

## Theoretical Articles

# Decolonial Theory and Disability Studies: On the Modernity/Coloniality of Ability

Thomas P. Dirth\*<sup>a</sup>, Glenn A. Adams<sup>b</sup>

[a] Psychology Department, Bemidji State University, Bemidji, MN, USA. [b] Psychology Department, University of Kansas, Lawrence, KS, USA.

### Abstract

This paper applies a decolonial approach to hegemonic psychological science by engaging marginalized knowledge perspectives of Disability Studies (DS) to reveal and disrupt oppressive knowledge formations associated with standard understandings of ability. In the first section of the paper, we draw upon mainstream DS scholarship to challenge individualistic orientations to disability (evident in the medical model and positive psychology perspectives) that pervade psychological science. The purpose of this approach is to normalize disability by thinking through disabled ways of being as viable and valuable. In the second section of the paper, we draw upon critical race and global disability perspectives to denaturalize hegemonic accounts of ability. Rather than essential properties of human bodies and minds, the capabilities of the modern subject reflect technological and ideological investments that enable a privileged few, while disabling the marginalized global majority. We conclude by discussing implications of decolonial theory for DS and ways in which considerations of disability subjectivity can inform the decolonial project.

**Keywords:** ability, coloniality, decolonial theory, denaturalization, disability, disability studies, global disability, neoliberalism, positive psychology, social model

Journal of Social and Political Psychology, 2019, Vol. 7(1), 260–289, <https://doi.org/10.5964/jspp.v7i1.762>

Received: 2017-03-07. Accepted: 2019-02-01. Published (VoR): 2019-04-05.

Handling Editor: Sherianne Kramer, University of Amsterdam, Amsterdam, The Netherlands

\*Corresponding author at: Psychology Department, Bemidji State University, 1600 Birchmont St. NE, Bemidji, MN 56601, USA. E-mail: [thomas.dirth@bemidjistate.edu](mailto:thomas.dirth@bemidjistate.edu)



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As the editorial team noted in their introduction article to the Special Thematic Section (Adams, Dobles, Gómez, Kurtiş, & Molina, 2015), an important analytic strategy for decolonizing psychological science is to draw upon marginal knowledge formations to re-think taken-for-granted standards of human psychological functioning. One source of marginalized knowledge that is especially useful for this purpose can be found within Disability Studies (DS). DS is a trans-disciplinary intellectual and activist project that takes as its starting point the idea that the experience of disability, rather than an individual medical affliction and irredeemable tragedy, is both a marginalized cultural identity and an epistemic perspective with disruptive analytical potential (Linton, 1998, 2005). In this paper, we use DS perspectives as a transgressive standpoint to enable a decolonial analysis of conventional systems

of knowledge in hegemonic<sup>i</sup> psychological science. Our specific point of critique is the imagination of the psychological person as *able*: unencumbered by constraint and free to self-determine life outcomes.

After defining and situating standard articulations of disability within hegemonic psychological science, we apply decolonial strategies of a cultural psychology analysis (see Table 1; cf. Adams, Kurtiş, Salter, & Anderson, 2012). A first strategy is to *normalize* ways of being that mainstream systems of knowledge portray as abnormal or pathological. For this purpose, we draw heavily on a *social model* of disability, which emphasizes the primacy of social, political, economic, and environmental factors in the disability experience (Shakespeare, 2006, 2013). A second strategy is to *denaturalize* the ways of being that hegemonic systems of knowledge portray as “just-natural” standards (Salter & Adams, 2013). For this purpose, we call upon critical DS perspectives, especially those from majority world spaces, to problematize taken-for-granted notions of *ability* (Campbell, 2009; Grech, 2011, 2012; Meekosha, 2011). To conclude, we consider the broader implications of DS perspectives for the decolonial project (and vice versa).

Table 1

*Decolonial Strategies in Perspectives of Disability Studies*

Critical Constructions of Disability	Decolonial Strategies
<p><b>Social</b></p> <ul style="list-style-type: none"> <li>Disability as socially constructed by environmental barriers and negative social attitudes</li> <li>Function of social, political, and environmental affordances</li> <li>Best articulated via Western rights movement discourse and activism</li> </ul>	<p><b>Normalizing</b></p> <ul style="list-style-type: none"> <li>Recognizing the value and viability of diverse disability experiences including the expressions of disability culture</li> <li>Relocating pathology from inside individuals to the cultural and ecological context</li> <li>Reconceptualizing disability as a historically oppressed minority group identity rather than an individual aberration</li> </ul>
<p><b>Critical/Global Disability</b></p> <ul style="list-style-type: none"> <li>Disability as ability’s “other”</li> <li>Function of ableist ideologies/ investments and disabling global arrangements</li> <li>Best articulated via marginalized global and intersectional disability subjectivities</li> </ul>	<p><b>Denaturalizing Ability</b></p> <ul style="list-style-type: none"> <li>Turning the lens back on taken-for-granted understandings of <i>ability</i> that underpin hegemonic individualist epistemology</li> <li>Problematizing ideologies, technologies, and structures underpin normate ability</li> <li>Problematizing seemingly natural arrangements that produce impairment disable majority world communities</li> </ul>

## Defining Disability

Definitions of disability vary across different schools of thought and institutional purposes (Iezzoni & Freedman, 2008). Modern understandings of disability owe much to modern bureaucratic institutions (e.g., the U.S. Social Security Administration) designed to provide government assistance to people unable to participate in the workforce (Stone, 1986). The historical intent of formal disability definitions was to identify people who require and are (not) worthy of assistance, using medical practitioners to make such designations. Current definitions of disability reflect the evolution of normative requirements of citizens, including language that frames disability in terms of anti-discrimination (Americans with Disabilities Act, 1990) and more global initiatives (International Classification of Functioning [ICF]; WHO, 2001).

Disability can also be understood as a subjective experience that varies as a function of sociocultural context (e.g., Fernández, Branscombe, Gómez, & Morales, 2012; Ingstad & Whyte, 2007), impairment factors (e.g., Bogart, Rottenstein, Lund, & Bouchard, 2017), differential engagement with cultural narratives about disability (Dirth & Branscombe, 2018; Garland-Thomson, 2005; Little, 2010; Wang, 1998), and identities that intersect with disability (i.e., race, gender, sexuality; Erelles & Minear, 2010; Silvers, 1999). As a result, the historical, political, and subjective correlates of disability belie neat and uniform definitions.

In the present analysis, we situate disability as an epistemic and epistemological standpoint for reconsideration of under-theorized and taken-for-granted notions of *ability* within mainstream psychological science. In service of this objective, we define disability broadly as the “expression of a physical or mental limitation in a social context ... [a] gap between a person’s capabilities and the demands of the environment” (Pope & Tarlov, 1991, p. 1 as cited in Olkin & Pledger, 2003). The strength of this definition is the notion of *limitation in context*, which holds potential for disrupting the hegemonic model of the person as essentially free from contextual constraints.

Another benefit of this definition is to avoid an overly reductionist construction of disability, typical of social and psychological sciences, as a collection of idiosyncratic medical diagnoses (Bickenbach, 1993). Such articulations of disability tend to defer to medically diagnosed impairment as the ‘gold standard’ of objectivity. Moreover, such definitions often fail to challenge what Garland-Thomson (1997) referred to as the *normate*: the presumption that human organisms come naturally equipped with a standard set of abilities or capacities that constitute the species-typical, “abled” person. This presumption affords an intuitive understanding of disabled experiences as conditions that arise “when things go wrong”: that is, when a person’s set of physical or mental endowments differs from the normate in a way that presents a chronic gap or mismatch with environmental demands.

## Standard Approaches to Disability in Hegemonic Psychological Science

Traditional conceptualizations of disability in psychological science have their foundations in the Enlightenment project that sought to define and classify human variability to distinguish the “normal” from the primitive, deviant, and under-developed (Davis, 1995). A fundamental premise of this project was that human differences could be objectively measured and used to predict life outcomes to better understand and exert control over life (Croizet, 2011; McPhail & Freeman, 2005). This premise of increasing human freedom and reducing human suffering through scientific understanding indubitably shaped the enterprise of psychological science toward classifying differences and distinguishing those bodies that departed from Male Eurocentric standards of normality (Richards, 2012). In short, psychological approaches to disability have their basis in this ongoing disciplinary project of identifying departures from the norm and intervening upon such differences in the direction of a normate standard.

### Medical Model of Disability

The clearest expression of this dominant conceptualization of disability within contemporary psychological science is the medical model of disability. The medical model positions disability within the body or mind of the affected individual, and pathologizes disability as a manifestation of disease or illness (Bickenbach, 1993). From this lens, disability is a “...biological inferiority, malfunction, pathology, and deviance when compared with (or normed on) individuals without disabilities” (Smart & Smart, 2006, p. 30).

Implicit in this conception of disability as a pathological deviation in need of correction is a conception of the normate as the just-natural mode of human existence (Campbell, 2009; Garland-Thomson, 1997). The medical model takes for granted the normate as the universal expression of inborn human essence that, in the absence of some disabling injury or tragic deformity, produces a person with a standard range of species-typical abilities. This privileging of the individual body/mind as the *objective* source of (dis)ability not only prompts increasingly reductionistic analyses of the causes and outcomes associated with the deviant “other” (Abberley, 1987; Hahn, 1985), but also diverts attention from the sociocultural construction of the normate.

An under-appreciated implication of the medical model is the abstraction of the person (and disability) from social and historical context (Mills, 2007). The medical model privileges discussion of causation in terms of bodily systems; obscures the larger contextual (e.g., geopolitical, economic, cultural) forces that differentially afford health and illness (e.g., Adams & Salter, 2007; Yen, 2016); and lends “scientific credibility to the idea that disabilities are wholly an individual experience” (Smart & Smart, 2006, p. 30). As with illness and disease more generally, the medical model does not deny outright the person-environment interaction as a feature of disability etiology and prognosis but recognizes that some contexts are more pathogenic or disabling than others. However, the medical model privileges the analysis of disability as the product of *individual* bodies/minds that deviate from the normate rather than as a product of social, political, economic, and structural factors that differentially disable *or enable* people as a function of their corporeal differences (Hahn, 1985; Kiesler, 2000; Smart & Smart, 2006).

In its abstraction of organism from sociocultural and historical context and its tendency to understand health and illness at the level of (increasingly microscopic) bodily processes moderated (or not) by social forces, the medical model resonates with and reinforces the individualist underpinnings of hegemonic psychological science (Jackman, 1996; Sampson, 1977, 1981). The medical model fits especially well within the contemporary era of neoliberal individualism (see Cabanas, 2018) and its model of society as an aggregate of “free agents who are at liberty to engage in social relations based on some more-or-less rational calculation of costs and benefits” (Adams et al., 2015, p. 220). Informed by the medical model, psychological science portrays disability in contrast to this experience of freedom from constraint, as a disruption to the essential capacity for unrestrained and independent action, or as a deviation from the cultural mandate to be “solely responsible for [one’s] own outcomes and positioned as free of responsibility to others” (Tomlinson & Lipsitz, 2013, p. 8). Given this construction of the problem, the prescribed solution to the disruption caused by disability is the elimination of impairment-related restraints via corrective interventions within the body and/or mind (e.g., surgeries, pharmaceuticals, therapy, technological accessories).

## Positive Psychology

Pushing back against the prevailing focus on individual deficits and pathological conditions in hegemonic psychological science, scholars and scientists have articulated the perspective of positive psychology to focus on ways of being that promote optimal fulfilment (Seligman & Csikszentmihalyi, 2000; Seligman, Steen, Park, & Peterson, 2005). The emphasis of positive psychology on human flourishing has gained considerable influence, expanding beyond the boundaries of psychological science to inform such disciplines as economics, education, and neuroscience (Rusk & Waters, 2013). Positive psychology perspectives are particularly prominent in self-help consultation industries (Cabanas, 2018). For instance, life-coaches and corporate productivity specialists leverage positive psychology research to teach “techniques [on] how to handle stress, cope with insecurity, and convert emotional management into more productive and flexible behaviour” (Cabanas, 2018, p. 4). The popularity of positive psy-

chology perspectives has made this approach a generative research area on development and elaboration of psychological constructs like well-being, positive affect, and life satisfaction (see Diener, 2000 for review).

However, the positive psychology movement is not without critics. Several authors have critiqued the ahistorical, apolitical, and universalist (perhaps even imperialist) model of human development that informs many perspectives of positive psychology (e.g., Becker & Marecek, 2008a, 2008b; Binkley, 2014; Cabanas, 2018; Christopher & Hickenbottom, 2008). Specific to present purposes is the observation that positive psychology reflects and reproduces neoliberal individualist constructions of persons/humans as unrestrained, market-based agents (Adams et al., 2015; Becker & Marecek, 2008a; Cabanas, 2018; Sugarman, 2015). The neoliberal individualist roots of positive psychology approaches are evident in an emphasis on a self-determined and self-interested pursuit of happiness (Becker & Marecek, 2008a, 2008b; Binkley, 2014; Christopher & Hickenbottom, 2008). The almost exclusive consideration of hedonic (freedom from pain or constraint) and eudaimonic (individual agency to choose what aligns with one's "true" self; Ryan & Deci, 2001) articulations of happiness privilege autonomous pathways to well-being, rendering interdependent, political, and/or community-based arrangements more difficult to apprehend and/or justify (Sugarman, 2015). Accordingly, optimal health and well-being can only be achieved when one is free and able to chart one's own course, pursue one's authentic desires, and take responsibility for self-direction, growth, and integration (Ryan & Deci, 2001)—all key features of neoliberal individualist constructions of self and society.

Positive psychology approaches have found fertile ground in disability psychology (Wehmeyer, 2013). The important contribution of work in this area is to de-emphasize a traditional focus on remediation and rehabilitation of deficiencies in favor of investigations into psychological correlates of optimal quality of life for disabled people (Dunn & Brody, 2008). One theme of this work is an embrace of psychological virtues such as optimism, hope, resilience, benefit-finding, meaning-making, and post-traumatic growth (Martz & Livneh, 2016). Researchers and practitioners working from positive psychology perspectives often recommend education (Niemic, Shogren, & Wehmeyer, 2017) and public health (Kobau et al., 2011) interventions to develop character strengths—for example, wisdom, courage, humanity, justice and transcendence (Peterson & Seligman, 2004)—to help people cope with the predicament of disability. This emphasis on strengths counteracts the objectification of disabled people as helpless victims (Fine & Asch, 1988) and decouples the person from the impairment condition (Wright, 1983). To be sure, the focus on strength and capacity in positive psychological approaches to disability is a welcome change from traditional approaches that reproduce stigmatizing knowledge formations (Dunn & Brody, 2008; Dunn & Dougherty, 2005; Dunn, Uswatte, Elliott, Lastres, & Beard, 2013; Wehmeyer, 2013).

Without denying the advantages of this shift, we note that positive psychology approaches have the same foundations in individualist epistemology as the medical model, especially to the extent that they propose individual bodies/minds as the ultimate site for psychological intervention (Dunn et al., 2013). Specifically, the emphasis of positive psychology approaches on self-determined and self-interested pathways to happiness requires a model of society and the self that is "perfectible...all-knowing, [and] 'able...to conquer [the] limitations of their nature'" (Shakespeare, 1994, p. 298). This model casts disability as the 'Other' against which a normate version of human subjectivity is defined (Davis, 2011). From this perspective, the injury of disability is not a deviation from species-typical body/mind standards, but the inability of a person to exercise self-direction and achieve the neoliberal individualist mandate of "becoming more independent, self-sufficient, enterprising, competitive, flexible, adaptable, risk-seeking, less reliant on government support, and oriented toward pursuing self-interest" (Sugarman, 2015, p. 109).

Likewise, a celebratory account of disabled people thriving and flourishing despite limitations or disadvantages (Albrecht & Devlieger, 1999; Dunn & Dougherty, 2005; Grue, 2016) can also closely resemble, if not reproduce neoliberal self-help interventions that place personal barriers (e.g., self-defeating thought processes and self-monitoring deficiencies; Niemiec et al., 2017) as the target of change, while deflecting attention from the social norms, policies, and environments that exacerbate stressful social encounters (Dirth & Branscombe, 2017; Smart, 2009; Smart & Smart, 2006). The focus on self-regulation that is common in positive psychological interventions might be therapeutic in some contexts and for some people; however, it can also promote social anxiety and internalized oppression for disabled people as they look ever more inward for causes and solutions to suboptimal outcomes (Sugarman, 2015; Watermeyer & Görgens, 2014). This internal focus to engage in a chronic struggle to overcome everyday constraints in isolated pursuit of self-determination (Campbell, 2009; Watermeyer & Görgens, 2014; Wendell, 1996) can further alienate disabled people from each other, obscuring values of resistance, access, fellowship, and interdependence that can be more useful for sustaining disabled people's quality of life (Branscombe, Fernández, Gómez, & Cronin, 2011; Gray, 2009; Kafer, 2013; Nario-Redmond, Noel, & Fern, 2013).

Finally, some manifestations of positive psychology reproduce a tragedy narrative of disability by presenting disability largely as a personal adversity to be overcome (Swain & French, 2000). Disabled people who successfully navigate abled spaces (i.e., outperforming lowered expectations) or accomplish extraordinary feats (e.g., completing a marathon, climbing a mountain, getting into an Ivy League school) serve as exemplars of neoliberal agency (Campbell, 2009; Kafer, 2013; Perry, 2015; Serlin, 2015). Disability is culturally figured as the most daunting of obstacles, and if someone can independently achieve in the face of such adversity, then surely no one else, regardless of ability-level, has an excuse for failure to achieve similar feats. Not only does this approach assume disability as a personal tragedy, but it constrains possible ways of being disabled. In short, one can either risk objectification as an inspirational figure for personally overcoming disability adversity with good cheer and grit (Grue, 2016), or risk backlash for advocating for social and political change, as this may be perceived as an indicator of whining, laziness, or trying to 'cheat the system'.

## Summary

The medical model of disability and the strengths-based orientation of positive psychology are typical of standard approaches that portray disability as a personal affliction located in bodily or mental impairments that deviate from the normate and constrain self-directed agency and action. The medical model equates disability to disease or impairment; directs attention to the naming and diagnosis of disabling conditions or disease syndromes; and prescribes individualized treatment interventions to remedy the disease or impairment. Even though laudatory accounts of grit and resilience in positive psychological approaches to disability appear to valorize disabled ways-of-being (Dunn & Dougherty, 2005; Wehmeyer, 2013), these accounts echo the emphasis of the medical model on restoration of disabled bodies to a normate standard. Common to both the medical model and positive psychology approaches is an atomistic conception of action and disability that resonates with the neoliberal individualist models of self and society that inform hegemonic psychological science. These models locate the sources of action and disability within atomistic selves abstracted from the social and physical context, and they obscure the structural or ecological affordances that enable or disable action and agency. In the process, they reflect and reproduce a neoliberal individualist valorization of unrestrained autonomy and independence as an optimal way of being to which all people should aspire, and subsequently reproduce a construction of disability that is marked by tragedy and devaluation.

## Normalizing Disability: The Social Model

In response to the pathologizing tendencies of hegemonic approaches to disability, we apply decolonial strategies of a cultural psychology analysis (Adams et al., 2012) to rethink mainstream constructions of the person. The first decolonial strategy is to normalize or render defensible the ways of being associated with the chronic experiences of disability that hegemonic perspectives portray as pathological or suboptimal. A useful set of resources for this purpose is the alternative conceptualizations associated with the *social model*<sup>ii</sup> of disability—the conceptualization of disability as a social creation distinct from biological impairment (Shakespeare, 2006).

### Contributions of the Social Model

The social model of disability provides an epistemic base rooted in the marginalized subjectivity of disabled people. The view from this epistemic base affords an appreciation for disability experience, not as an adverse or inferior way of being that requires perpetual intervention, but instead as a viable and valuable mode of human existence. This normalization of disabled experience is associated with three related themes of the social model.

#### Disability as Social Construction

The medical model locates disability in pathological deviations from a normate body that prevent a person from engaging in the typical range of human action. In contrast, the social model locates disability in environmental constraints—ecological, economic, political, and cultural (Abberley, 1987; Hahn, 1985; Linton, 1998; Smart & Smart, 2006)—that prevent a person from performing desired actions. In other words, whereas the medical model emphasizes the impairments side of the capacity-environment gap, the social model emphasizes the ecological affordances side. From this perspective, the experience of disability reflects a sociocultural process of disablement, in the form of ecological factors that contribute to social isolation and material disadvantage, as much as or even more than individual impairment (Oliver, 1996; Shakespeare, 2006). The physical presentation of people only matters to the extent that “social institutions and human-made environments [are] created without taking into account the characteristics of all people” (Asch, 2001, p. 394).

The understanding of disability as a social construction serves the normalizing turn by illuminating how seemingly sub-optimal ways of being are an adaptation to the cultural ecology in which disabled people must function. For instance, observers may infer that a disabled person experiences disorganization, confusion, recklessness, shyness, and even anger as a function of his/her impairment. Drawing upon this inference, practitioners working with disabled people may advocate training in social skills or cultivation of personal assets and character strengths like problem-focused coping, resilience, meaning-making, or humor (Dunn et al., 2009; Martz & Livneh, 2016). In contrast, the normalizing strategy of the social model prompts re-evaluation of the ostensibly sub-optimal characteristics by illuminating their sources in paternalistic interactions (e.g., pushing someone’s wheelchair without permission) and environmental obstacles (e.g., a pole in the middle of the sidewalk or a hallway that leads to an inaccessible exit). By focusing on ecological affordances rather than individual impairments, this strategy redistributes responsibility for addressing the disability gap from the disabled person to the society that the person inhabits (Smart & Smart, 2006).

#### Disability as a Valuable Experience

The second way in which the social model normalizes disability is by enabling a sense of pride concerning disability experience (Linton, 1998; Swain & French, 2000). In contrast to hegemonic perspectives that treat disability

as an inferior deviation from the normate, the social model affirms disability as a viable expression of human diversity. Rather than something pathological that requires remediation, the social model illuminates how disability experiences include valuable ways of being that are worthy of emulation. For example, disability culture is associated with alternative values that are useful in the context of disability but are invisible in the context of neoliberal individualism. These values include acceptance of human differences in form and function, tolerance for lack of resolution to undesirable outcomes, creativity in the face of limited resources, nontraditional modes of completing tasks, and a matter-of-fact acceptance of vulnerability and interdependence as a part of life (Gill, 2009). Other examples that illuminate the generativity and innovation of disabled ways of being include linguistic and communication technologies (i.e. Sign language; Reagan, 1995; Senghas & Monaghan, 2002), visual and performative art (i.e., Disability Arts movement; Campbell & Oliver, 1996), and adaptive sports (Lundberg, Taniguchi, McCormick, & Tibbs, 2011). These cultural forms are not simply provisional forms of normate language, arts, and sports culture. Instead, they constitute creative extensions to the range of human possibility that expand the repertoire of human ability and experience.

The understanding of disability as a valuable experience helps to explain patterns that otherwise seem paradoxical from the perspective of hegemonic psychological science. For example, rather than experiencing their lives as tragic or diminished, disabled people often report similar quality of life and satisfaction as their nondisabled peers (e.g., Albrecht & Devlieger, 1999; Scheier, Weintraub, & Carver, 1986; Taylor & Brown, 1988; Tennen & Affleck, 1999). Many people who express strong social identification with the disability community show no desire to be cured of their impairments (Fernández, Branscombe, Gómez, & Morales, 2012; Hahn & Belt, 2004), and they can even express a preference for their children to have the same disability (e.g., Deafness; Levy, 2002).

Cultural productions across myriad disability communities speak to the potential for creative insider solutions that can supplement or provide alternatives to medical expertise and explanation. For instance, the consumer/survivor/ex-patient<sup>iii</sup> (c/s/x) movement calls for a reconsideration of standard approaches to mental illness in psychological science. Specific targets for critique are reductionistic approaches (e.g., an over-reliance on psycho-pharmaceutical treatments) that attempt to remediate difference while neglecting cultural-ecological forces that turn difference into chronic distress (Schrader, Jones, & Shattell, 2013). In asserting the viability of diverse mental states (e.g., hearing voices) and neurological function (e.g., neurodiversity), the c/s/x movement has evolved into an expansive network (e.g., Icarus Project, Madness Radio) that allows people who experience “madness” to speak as experts about their personal experiences, management of symptoms, and strategies for navigating the mental health system. As this example of the c/s/x movement suggests, the social model is associated with alternative forms of knowledge production and context-specific “conception[s] of health and well-being that [could] produce more effective responses to trauma and stress than do imported prescriptions of mainstream science” (Adams et al., 2012, p. 224).<sup>iv</sup>

### Disability as Identity

These features of the social model—disability as a social construction and valuable experience—suggest a third way in which the social model normalizes disability: by affording an experience of disability as a basis for social identification. Whereas the medical model emphasizes a focus on impairment in terms of discrete deviations from normate standards, the social model suggests that people with different kinds of impairments share an experience of marginalization and sociocultural disablement that provides the basis for ‘imagined community’ (Anderson, 2006) across otherwise diverse experiences. This re-conceptualization of disability as a minority group experience



(e.g., Hahn, 1985, 1988) affords the development of a politicized social identity around which disabled people can organize resistance to societal oppression.

The conceptual move toward collective identity can be counter-intuitive for many disabled people given sociocultural barriers of geographic isolation<sup>v</sup> and societal stigmatization that push people to disavow disability category membership (Dirth & Branscombe, 2018). An important resource to counteract barriers to imagination of disability community is the production and expression of disability culture (Barnes & Mercer, 2001; Peters, 2000; Pfeiffer, 2015). One cultural development is the burgeoning study of disability history. Disability history illuminates the role of both disabled people and cultural constructions of disability in various historical events. It also documents the history of disability oppression that informs the ongoing struggle of disabled people for civil rights (Fleischer, Zames, & Zames, 2012; Longmore, 2003; Nielson, 2012; Stiker, 1999). The articulation of disability histories provides a sense of intergenerational connection and an imagination of community across time and impairment-type that are crucial for disability social identification (Linton, 1998).

The experience of disability as a social identity provides several important benefits. One benefit is to provide epistemic support or critical consciousness about the sources of marginalization in systemic injustice (rather than focusing on individual deviance; Freire, 1970; Oliver, 1996). Another benefit is a sense of social support in the face of neglect, isolation, and discrimination (Abberley, 1987; Hahn, 1985, 1988). As a function of these processes, identification with the disabled community buffers the harmful psychological consequences of disability discrimination, and subsequently predicts enhanced psychological well-being, thereby providing resources for sustainable health (Bogart, Lund, & Rottenstein, 2018; Fernández et al., 2012; Nario-Redmond et al., 2013).

This idea that disability social identification could be a resource for well-being seems antithetical to hegemonic perspectives in psychological science associated with the medical model, which construct disability as individual abnormality and tragedy (e.g., Barker, 1948; Swain & French, 2000; Tajfel, 1978). This idea also contrasts positive psychology approaches that emphasize personal meaning-making and cultivation of individual strengths (Ball & Nario-Redmond, 2014). Whereas the medical model and positive psychology turn attention away from collective manifestations of disability experience, the social model illuminates how the category *disabled* is both a social construction and a liberatory social identity that provides resources for well-being in the face of pervasive discrimination.

Beyond its implications for individual health, disability social identity constitutes a source of empowerment for people across disparate impairments to seek social and political change from a common identity position (Fleischer et al., 2012). This mobilization of solidarity across impairment-type is tangible in the political gains of the disability rights movement both within the United States (Rehabilitation Act, Section 504, 1973; Americans with Disabilities Act, 1990; ADA Amendments Act, 2005) and internationally (United Nations, Convention on the Rights of People with Disabilities; United Nations, 2006). Accordingly, this feature of the social model constitutes an exemplary case of politicized social identity (Simon & Klandermans, 2001) that provides resources for contesting discriminatory treatment, perceiving alternative futures to the status quo of inequality, and working toward social change on behalf of disabled people (Dirth & Branscombe, 2018; Jetten, Iyer, Branscombe, & Zhang, 2013; Nario-Redmond & Oleson, 2016; Tajfel & Turner, 1979).

## Summary

The social model of disability contributes to a decolonial analysis by normalizing disability. Far from being an aberration or a non-viable life experience, disability is ubiquitous fact of human existence. With advancements in life-sustaining medical technology, many people will find themselves occupying the disabled position at some point over the life-course (Joffe-Walt, 2013). Moreover, in societies with a declining birth rate and increasing proportion of elders in the population, the experience of disability will be an increasingly common or modal situation. By normalizing the experience of disability, rather than celebrating people who conform to normative standards and perform ability despite limitations, the social model helps to illuminate viable models of person and action that are better suited to this situation. More generally, by facilitating the articulation and development of disability social identities, the social model of disability has fostered ways of knowing and being that can benefit all humanity. We return to this idea in a subsequent section.

## Limitations of the Social Model

Although the social model serves as a powerful paradigm from which to normalize disabled ways of being, it has several limitations. For one, its near-exclusive focus on sociocultural and ecological constraints obscures the material reality of impairment (Abberley, 1987; Crow, 1992; French, 1993; Hughes & Peterson, 1997; Morris, 1991). In other words, the deployment of the social model to prescribe disability pride often obscures and marginalizes voices of disabled people whose experiences of chronic pain, fatigue, or other acute conditions do not fit neatly into valorizing articulations of disability (Thomas, 1999; Watson, 2002; Wendell, 1996).

A second limitation of the social model is that the articulation of disability as a politicized social identity can come with pressure to homogenize or speak in one voice about the experience of disability and disability oppression. This emphasis on unity within disability communities under the pretext of concentrating political efficacy (e.g., Abberley, 1987) can suppress intersectional experiences of disabled people who occupy other marginalized identity positions. Critics argue that standard articulations of the social model obscure variation in the construction and experience of disability identity across gender, ethnic, racial, religious, and socioeconomic locations (Moodley & Graham, 2015; Pal, 2011; Schneider, Mokomane, & Graham, 2016). These critics associate standard articulations of the social model with a minority experience of disability that reflects and reproduces racial, gender, and class privilege (Annamma, Connor, & Ferri, 2013; Bell, 2006; Fine & Asch, 1988).

A related limitation of the social model concerns its epistemic foundation in the cultural ecologies of Euro-America global modernity that disproportionately inform hegemonic psychological science (Barnes & Sheldon, 2010; Grech, 2011; Meekosha, 2011). Although the social model advocates systemic inclusion for disabled people, it devotes less attention to the question of “inclusion into what?” (Grech, 2009). In other words, the social model typically leaves unchallenged or treats as unremarkable the neoliberal individualist conception of action—as the property of autonomous individuals who are characteristically free from constraint—that informs normative standards. Although the social model provides several analytic trajectories for normalizing disabled ways of being, these analyses often have a common focus on securing individual rights within current hegemonic systems rather than offering a more fundamental critique of standard knowledge and ways of being associated with those hegemonic systems. In contrast, a decolonial perspective emphasizes that neoliberal individualist understandings of the person and the related emphasis on human rights are not just natural but instead are the product of the colonial violence associated with Euro-American global modernity (Grech, 2015; Grosfoguel, 2007). By advocating these ways of knowing

and being, conventional articulations of the social model may inadvertently valorize and reproduce ideologies and ways of being that are a source of oppression (Ghai, 2002; Grech, 2009; Meekosha, 2011).<sup>vi</sup>

## Denaturalizing Ability: Critical Disability Studies

The second decolonial strategy is to turn the analytic lens back on the ‘just-natural’ features of the human organism that are rooted in dominant understandings of ability. A key set of resources for denaturalizing ability comes from a cluster of perspectives under the heading of *critical disability studies* (CDS; see Goodley, 2013; Meekosha & Shuttleworth, 2009), especially CDS perspectives that consider intersections of disability with race, gender, class, and culture. These marginalized positions have a distinct capacity to reveal the neoliberal individualist constructions of person and action that are taken for granted by hegemonic psychological science and linger in the dominant articulations of DS.

### Critical Intersections of Disability and Race

One set of marginalized positions from which to denaturalize hegemonic understandings of ability come from intersections of CDS scholarship with Critical Race Theory (CRT; Crenshaw, Gotanda, Peller, & Thomas, 1995). Racial minority voices within the broader disability community have long critiqued DS scholarship for universalizing a White experience of disability as a default norm and overlooking the experiences and meanings of disability for people of color (Bell, 2006; Erevelles & Minear, 2010). At the same time, CDS scholars have noted a conspicuous lack of disability inclusion within CRT scholarship (Annamma et al., 2013). It is beyond the scope of this project to give a full account of the intersection of CRT and CDS perspectives. Instead, we consider how this intersection can denaturalize ability by illuminating its material and ideological investments.

### From Disablism to Ableism

Resonating with hegemonic understandings of oppression and social inequality in general, standard approaches to disability oppression emphasize the detrimental consequences of *disablism*: problematic biases and socially constructed barriers that prevent disabled people from achieving their natural potential (Abberley, 1987; Campbell, 2009; Goodley, 2014; Miller, Parker, & Gillinson, 2004; Wolbring, 2008). Psychology-inflected versions of these approaches locate the source of disability oppression in the biased minds of ignorant or insensitive individuals (Adams, Biernat, Branscombe, Crandall, & Wrightsman, 2008). They suggest interventions designed to counter individual biases to remove unjust barriers and to liberate disadvantaged (disabled) people to achieve the potential that they could experience within an otherwise fair society.

In response to conventional understandings of oppression as an isolated issue in an otherwise just system, CRT perspectives recommend that inequality must be approached in terms of sociocultural affordances (in the form of identity endowments or privileges) that structure oppressive social relations in the first place (Adams et al., 2008). Applied to the present topic, this more systemic understanding directs attention beyond barriers that disable to illuminate socially constructed privileges and affordances—tools, technologies, infrastructures, and human networks—that *enable* normative activity. This perspective “shift[s] our gaze from a disability pre-occupied minoritization towards ableist normativity, and concentrates on what the study of disability tells us about the production, operation and continuation of [ability]” (Campbell, 2012, p. 215).

## Possessive Investment in Ability

Among other consequences, the turn from disablism to ableism prescribes remedies to social inequality that do not merely promote tolerance or increase access for disabled people but also reveal and disrupt the ableist foundations of mainstream institutions. Drawing on CRT analyses, CDS perspectives can reveal *possessive investments* by people with dominant identities in identity-serving ideologies or everyday constructions of reality that otherwise masquerade as neutral or natural (i.e., Lipsitz, 2006).

A pertinent case is the science and industry of ability testing. The history of science is replete with examples of questionable research (e.g., phrenology, anthropological physiognomy, and eugenics) that purportedly documented group differences in ability and served to legitimize existing power relations (Annamma et al., 2013; Croizet, 2008, 2011, 2013; Menchaca, 1997). The veneer of objectivity provided researchers, practitioners, and policy makers with moral cover to impose such oppressive policies as forced sterilization, apartheid segregation, colonial rule, and immigration bans (Grech, 2015; Pfeiffer, 1994)—policies that delivered material benefits to the ruling classes, marginalized non-normate bodies, and naturalized the superiority of White/Abled ways of being.

A CDS analysis illuminates the construction and validation of normate ability through scientific diagnoses of deviance and “otherness”. Rather than politically neutral indicators of objective ability that predict achievement, ability tests are cultural products that are designed to reflect, reproduce, and launder inequalities (Croizet, 2008, 2011, 2013). A classic example is the conception and measurement of intelligence. Rather than a clear, a priori sense of what constituted intellectual merit, scientists advocated and rejected indicators based on their ability to reproduce inter-group inequality. In other words, the validity of an instrument depended in part on the extent to which it accurately documented differences between groups—for example, people of African and European descent—that conventional wisdom assumed to differ in intelligence. Only those instruments that registered mean differences as a function of membership in groups of presumptively different intelligence could qualify as a valid indicator of intelligence. As this example illuminates, the possessive investment in ability testing is evident not only in identity-biased deployment of supposedly objective instruments, but also in the identity-biased development of instruments. Even if practitioners could deploy ability tests in neutral conditions akin to the physicist’s vacuum (Shweder, 1990), the use of identity-biased instruments would ensure that the result would nevertheless reflect and reproduce inequalities.

Besides illuminating the historical and technological investments that hegemonic science has made in the reification of ability, CDS perspectives help to denaturalize the taken-for-granted, neoliberal individualist ways of being that inform prescriptions of psychological science. Indeed, disability is the “other” against which neoliberal individualism and modern egalitarianism become imaginable (Davis, 2011). Perspectives of CDS illuminate how the scientific enterprise of testing constructs ability as an individual quality and an indicator of one’s “true” merit (Croizet, 2008). This conception of ability as individual property underlies entrepreneurial practices of “taking care of the body” (Davis, 2002, 2013) and cultivating individual talents that are crucial to the legitimization and maintenance of neoliberal individualism. The inward focus on the development of individual attributes further obscures the reality that “...everyone is virtually disabled, both in the sense that abled norms are intrinsically impossible to embody fully and in the sense that abled status is always temporary” (McRuer, 2006, pp. 95-96). Additionally, the emphasis on self-care has an increasingly individualizing effect, encouraging people to navigate social inequality by assimilating to oppressive standards rather than mobilizing together in collective action with similarly disadvantaged others to challenge these standards (Bulhan, 1985). Nowhere is this epistemology of ability more apparent than in emergent discourses on individual flourishing in (positive) psychological research, which promise the possibility

of realizing one's "full potential" by investing in and consuming the latest technologies of personal development (Steger, Kashdan, & Oishi, 2008). A CDS lens helps to reveal how investments in ability not only relegate (raced/disabled) non-normate bodies to the margins, but also lead people more generally to pursue (untenable) normate ways of being predicated on high levels of resource consumption.

## Global Disability Studies

Another set of precarious vantage points from which to denaturalize hegemonic understandings of ability come from the combination of CDS scholarship with epistemic perspectives of the Global South<sup>vii</sup> in the form of Global Disability Studies (GDS). Almost 80% of people who would qualify as disabled live in majority world settings. Both the likelihood of acquiring a disability through injury or disease and the estimates of years lived with disability are much higher in majority world settings than in centers of Eurocentric global modernity (Fujiura, Park, & Rutkowski-Kmitta, 2005; McConkey & O'Toole, 1995; Priestley, 2001). People with impairments in the majority world are often the poorest of the poor, inhabiting societies that lack resources to provide basic infrastructure for citizens in general (Godrej, 2005; Meekosha, 2011), let alone the sort of accommodations for which disabled activists mobilize in the West. Given such circumstances, issues of rights and accommodation are a low priority of governments and a luxury of the rich and powerful.

An important contribution of GDS perspectives is to reveal the epistemic foundation of mainstream DS in settings that are Western, Educated, Industrial, Rich, and (supposedly) Democratic—in a word, WEIRD (Henrich, Heine, & Norenzayan, 2010). For example, as we noted, modern definitions of disability are WEIRD humanist conceptions that arose to provide bureaucratic designations for allocation of governmental assistance (Stone, 1986; Whyte & Ingstad, 1995). Likewise, the social model of disability had its origins in WEIRD rights movements that prioritized the development of disabled identity as a political mobilization strategy against oppressive social attitudes and infantilizing governmental policies.

The WEIRD epistemic standpoint that characterizes Western DS tends to pathologize ways of understanding and managing impairment in the majority world, often rehearsing and reproducing problematic accounts of a "homogenized 'third world'<sup>viii</sup> constructed as backward, undeveloped and brutal towards its weaker members..." (Grech, 2011, p. 89). Well-meaning scholars and practitioners impose seemingly progressive configurations of Western disability as the prescriptive standard against which they find traditional societies of the majority world to be the epitome of disability oppression: sites of constrained opportunity, limited accessibility, and prevailing norms of dependence (Grech, 2009). In contrast to this pathologization of majority world experiences of disability, GDS perspectives adopt the epistemic standpoint of majority world communities to rethink conventional perspectives on disability.

## Normalizing Majority World Disability

Although the focus of this section is the denaturalizing strategy of a decolonial analysis, we pause briefly to consider how GDS perspectives normalize majority world experience of disability and associated ways of being that hegemonic perspectives portray in a pathological fashion. For example, consider the relative dearth of politicized disability identity (and corresponding emphasis on rights and accessibility) in majority world settings. In a previous section, we noted the tendency in hegemonic DS to understand disability as a social construction. This tendency assumes that one can resolve disability by reducing the gap between the person and environmental demands (Hughes & Peterson, 1997; Shakespeare & Watson, 2002). However, the ecology of everyday life in many settings

of the global South includes sources of injury, sickness, disease, and impairment that are resistant to easy fixes—especially given their geopolitical determinants (Erevelles, 2011; Ghai, 2002; Meekosha, 2011). In such settings, the urgency of everyday subsistence and survival overshadows the prescription for disability pride, self-esteem, and individual self-determination (Ghai, 2002).

Similarly, consider the prevailing emphasis among DS theorists and activists on independent self-sufficiency: a primary expression of self-determination within hegemonic formulations of politicized disability identity that receives less emphasis in majority world spaces. A decolonial lens suggests that the de-emphasis of independence in majority world settings is not so much about failure to conform to a natural standard as it is attunement to an alternative standard. Within the cultural ecologies of embeddedness that characterize many settings of the majority world, the overarching objective of human development is not so much to be an independent center of agency and action. Instead, the objective is to contribute to distributed activity, obligations of care, and coordination of action necessary for collective survival (Heine, 2007; Kurtiş & Adams, 2013; Rogoff, 2003). From this perspective, the organizing principle for social justice is not (as in hegemonic articulations of Western DS) rights and access to the levels of activity and consumption typical of Euro-American global modernity (Fleischer et al., 2012). Instead, the emphasis may be on survivability, ongoing viability, and capacity to enhance networks of connection that, for better and worse, provide people with identity and meaning (Adams et al., 2012).

A clue to this distinction in conceptions of self-determination comes from work by Aldersey and colleagues (2014) who conducted participatory-action field research among disability activists and service providers in Kinshasa, Democratic Republic of the Congo. A primary theme that emerged from this work was the importance of employment as a determinant of well-being, not only for people with impairments, but among Kinshasa residents in general. Although one might understand the emphasis on employment to imply freedom from dependence on others in the service of independent living, participants reported more relational reasons for the focus on employment. Rather than freeing themselves from relational connections to pursue independence, people desired employment to enable productive contributions to family and community.

### De-Naturalizing Ability

Returning to the focus of this section on the denaturalizing strategy of a decolonial analysis, the important contribution of GDS perspectives is to illuminate how mainstream DS' emphases on self-sufficiency, freedom from constraint, and independence are not simply about access to “just natural” forms of normate activity. Instead, these emphases reflect cultural ecologies of neoliberal individualism that are the product (and fertile ground for reproduction) of ongoing colonial violence and associated disability.

As the word “ecologies” makes explicit, the cultural foundations of neoliberal individualism are not just beliefs and values, but also include associated material realities. Chief among these material affordances is an affluent baseline of social and economic resources that enables the corresponding experience of freedom from constraint and abstraction from context. Perspectives of GDS emphasize that the affluence that enables the productivity of WEIRD societies is not the innocent result of benign technological progress. Instead, this affluence is a product of historical and ongoing violence that (re)produces material disablement in its wake (Ghai, 2002; Grech, 2009, 2011; Erevelles, 2011; Meekosha, 2011). As Grech (2015) recounts, colonizers enacted extraordinarily cruel violence to bring colonized populations under control. Diseases, corporeal punishment, enslavement, and a “habitus of war” (Shaw, 2000) produced impairment and disfigurement that distinguished the colonizer from the colonized Other. Colonizers then used these products of colonial violence as the justification for further violence, arguing

that people in majority world societies were physically and mentally unfit and required colonial intervention to bring civilization. Contemporary interventions into majority world settings reproduce the view that backward Others require civilization and development and tacitly asserts that people in WEIRD settings are “infinitely more civilized, caring, developed, and human” (Grech, 2015, p. 14).

Indeed, GDS perspectives reveal the dark side of values like self-sufficiency and freedom from constraint, often prescribed by mainstream DS, by situating these values within histories of colonial violence and by tracing their dependence to ongoing disablement produced in the (post)-colonial present. We refer here to the spectacular violence of open warfare that kills and maims thousands of people each year in the service of plunder. However, we also refer to forms of “slow violence” (Nixon, 2011)—unexploded landmines and bombs, ecological degradation, and destruction of public health or other social service infrastructure—that continue to impair and to disable long after conflicts disappear from awareness of the dominant global minority (Erevelles, 2011; Meekosha, 2011). In addition, we refer to the violence of a neoliberal economic regime that enables the unconstrained pursuit of happiness among a privileged global minority, but uproots others from lifestyles oriented toward collective self-sufficiency and requires them to seek exploitative forms of employment that regard them as disposable or that expose them to hazardous working conditions (Meekosha, 2011). Finally, we refer to unprecedented rates of production and consumption required to fuel the resource-intensive lifestyles of neoliberal “self-care” (Davis, 2002, 2013), with outputs of waste and pollution that poison human habitats and promote impairment, disease, and death. A particularly significant cost is global climate change (Karl & Trenberth, 2003), which produces disablement via the frequency and severity of natural catastrophes that disrupt livelihoods, destroy fragile infrastructures, and exacerbate conflicts over resources (e.g., water, food security; Schmidhuber & Tubiello, 2007; Vörösmarty, Green, Salisbury, & Lammers, 2000).

The benefits of investments in neoliberal cultural ecologies accrue primarily to a privileged global minority in WEIRD settings, including people who live with impairments. These people have resources that position them well to take advantage of opportunities for choice, self-expression, achievement, and personal fulfillment. Perspectives of GDS illuminate the costs of these investments—particularly multiple forms of disablement that weigh disproportionately on people in majority world settings.

## Summary

Whereas social model approaches emphasize disability as a viable and valuable position from which to assert political power, perspectives of CDS draw upon the experience of “precarious” epistemic standpoints—especially those associated with racially subordinated communities—to turn the analytic lens and problematize prevailing constructions of ability (Meekosha & Shuttleworth, 2009; Meekosha, Shuttleworth, & Soldatic, 2013). Rather than a straightforward expression of natural endowment, apparently normal abilities reflect cultural ecologies that *enable* autonomy, agency, and freedom from constraint. From these epistemic perspectives, the injustice of disability is not merely one of inaccessibility or barriers that prevent people with impairments from achieving normate lifestyles and standards of productivity (i.e., disablism; Miller et al., 2004; Omansky-Gordon & Rosenblum, 2001). Instead, the broader injustice of disability lies in ableism of everyday life: that is, technologies and ideologies that institutionalize neoliberal individualist ways of being, (re)present them as just-natural values, and prescribe them as lifestyles to which everyone—regardless of impairments—should aspire (Campbell, 2009; Kafer, 2013; McRuer, 2013).

It is no coincidence that GDS perspectives have their epistemic foundation in racially subordinated communities, whether these are racial minorities in the minority world or the racialized human majority in the majority world. These communities have been an enduring source of epistemic standpoints from which to challenge the “unbearable whiteness” (Mills, 1994; Romano, 1993) that constitutes much of hegemonic psychological science. These perspectives of “theory from the South” (Comaroff & Comaroff, 2012) provide an epistemic position from which to perceive not only the culturally particular character of hegemonic psychological science, but also how apparently natural laws of hegemonic psychological science reflect and reproduce the coloniality of being.

## Dis/ability and the Coloniality of Being

Psychologists have increasingly noted the extent to which conventional wisdom in hegemonic psychological science has its epistemic roots in the particular cultural-historical settings of Euro-American global modernity (Gergen, Gulerce, Lock, & Misra, 1996; Henrich, Heine, & Norenzayan, 2010). Psychologists have been slower to recognize how these modern ways of being have a “darker side” (e.g., Mignolo, 2012) that decolonial theorists refer to as the “coloniality of being” (e.g., Adams, Estrada-Villalta, & Ordóñez, 2018; Maldonado-Torres, 2007): the enhancement and exaltation of Euro-American experience and corresponding suppression and degradation of “Other” experience, via exercise of racialized colonial power. The coloniality of being is evident in two moments.

First, coloniality is evident in the origins of modern ways of being. The neoliberal individualist models of person and society associated with Euro-American global modernity are not a reflection of human essence in its pure or natural form. Instead the experience of freedom from constraint and abstraction from context associated with these ways of being is very much dependent on contextual affordances associated with colonial violence. As we noted in the discussion of GDS perspectives, the impressive achievements, exploration and expression of personal desires, and habits of self-expansion characteristic of European modernity are not natural endowments of the human organism or inherent features of the normate body abstracted from context. Instead, these modern ways of being, available to the privileged few, reflect appropriation and extraction of Others’ productivity and the corresponding disablement of majority world bodies through physical and economic violence.

Second, coloniality is evident in the imposition of these ways of being as prescriptive forms for global humanity. Rather than acknowledge the violence inherent in ways of being associated with Euro-American global modernity, hegemonic psychological science elevates these ways of being to the status of prescriptive standard against which to measure individual and collective adjustment. Individuals are healthy to the extent that they conform to these standard ways of being, and collectives are healthy to the extent that they afford their constituents the possibility of normate lifestyles. As hegemonic psychological science elevates these modern ways of being to the level of prescriptive standard, it encourages ignorance about the disabling costs associated with enablement of normate subjectivity.

### Decolonial Perspectives: Implications for Disability Studies

The implications of a decolonial approach for DS are not simply as a metaphor for a general process of liberation from oppression applied to people who deviate from normate standards of ability (Tuck & Yang, 2012). More profoundly, a decolonial perspective links the emergence of normate standards (and othering of people who deviate



from those standards) to ongoing violence associated with the colonial domination that produced Euro-American modernity (Meekosha, 2011).

Among other implications, the act of linking normate forms to colonial violence prompts a re-thinking of responses to impairment and conceptualizations of disability in mainstream DS (Goodley, 2013; Meekosha & Shuttleworth, 2009). From this perspective, the emphasis on rights, access, and self-sufficiency that characterizes dominant initiatives in DS scholarship and activism is not a neutral standard. Instead, this emphasis reflects the foundation of mainstream DS in WEIRD cultural settings and White racial sensibilities. As a result of this epistemic foundation, interventions based on this conception may be inappropriate for global implementation. Such interventions certainly seem inappropriate for exportation outside WEIRD settings given the realities of embeddedness and interdependence that characterize everyday life in marginalized communities of the majority world (including racialized communities within WEIRD settings). Everyday survival in these settings requires attention to broad networks of obligation and coordination of action, even among people otherwise without obvious impairment, to achieve a modest standard of living (Ghai, 2002; Grech, 2009). However, a decolonial analysis suggests that such interventions may be inappropriate more generally—even for apparently abled people within WEIRD settings—to the extent that they afford ableist ways of being that are unsustainable both for an individual over time and multiplied across the whole of humanity.

Building on this point, the chief contribution of a decolonial analysis is to afford mainstream DS tools for self-reflexive interrogation about complicity in neoliberal individualist (and therefore ableist) ways of being. Stated another way, decolonial perspectives respond to calls for inclusion of disabled people into mainstream society by posing the question: *inclusion into what?* (Davis, 1995; Grech, 2009, 2011; Meekosha, 2011). Implicit in this question is a recognition that normate or standard ways of being in WEIRD settings are not naturally superior, culture-neutral, or racially innocent standards. Instead, they are modern/colonial forms that reflect and reproduce colonial violence. Rather than assimilate to self-defeating or auto-oppressive standards (Bulhan, 1985), a decolonial analysis provides DS with resources to imagine alternatives.

A DS that takes seriously a decolonial analysis will be better positioned to work alongside synergistic movements for global social justice. Mainstream perspectives of DS have been reluctant to explore intersections of disability with other forms of identity-based oppression, partly due to concerns that such intersections might disrupt or dilute the solidarity and political power of disability identity. A decolonial analysis can effectively illuminate the historical threads that connect intersectional histories of oppression and thereby provide structural alliances with other social justice movements to illuminate and contest the disablement associated with neoliberal ableism.

## Disability Studies: Implications for the Decolonial Project

The primary implication of DS for the decolonial project is to provide epistemic resources for understanding coloniality as a process of enablement/disablement. The colonial violence that produced the modern order has enabled a dominating WEIRD minority, endowing them capacity for action, freedom from constraint, and scaffolding for (over)achievement that people in these settings (and scientists observing them) understand as the full realization of natural human potential. The inseparable dark side of this enablement of modern being is a process of disablement or coloniality of being (Adams et al., 2018; Maldonado-Torres, 2007): the destruction of community, expropriation of means of production, and consequent reduction in the capacity of the subordinated majority to meet environmental demands and to attain even the most modest aspirations. In other words, the disablement<sup>ix</sup> of

colonial violence has occurred not only through production of bodily impairment, but also through constraints on action and limitations on achievement of otherwise abled people.

Hegemonic perspectives of psychological science obscure the cultural-historical scaffolding of enablement and instead portray ability as an essential individual property, indicator of merit, and basis for allocation of rewards. Similarly, hegemonic global institutions treat WEIRD ways of being as the leading edge of cultural progress that they elevate as a standard for universal emulation. Both forms of hegemonic understanding launder or legitimize colonial injustice by portraying inequality as the just-natural result of inherent differences in merit or deservingness. In contrast, DS perspectives illuminate the cultural affordances that provide the foundation for otherwise natural ability. From this perspective, the performance of people in dominant positions is not the just-natural product of superior talents, evidence of their merit, and explanation for superior outcomes. Instead, their performance benefits from epistemic and material investments that act as performance-enhancement devices that artificially inflate their outcomes in ways that, thinking otherwise (Escobar, 2007), one might conclude to be illegitimate.

A final contribution of DS perspectives is to illuminate the creativity and value of disabled ways of being as an alternative to the destructive consequences of normate ability or modern ways of being (Linton, 1998; Smart & Smart, 2006). Rather than expressions of impairment or forms of pathology in need of cure, DS perspectives emphasize how disabled ways of being constitute innovative adaptations to bridge the gap between individual capabilities and environmental demands. These innovations are not limited to inventions that enable people with impairments to assimilate to normate standards of activity. More important for current purposes, they also include ways of thinking and being attuned to the relationality of everyday life (Adams, 2014), which challenge normate standards. In this way, DS perspectives illuminate sustainable ways of being that answer Fanon's revolutionary call for new concepts upon which to build a psychology of global humanity. We offer this paper as a step toward this goal.

## Notes

i) Our use of *hegemonic* is consistent with the idea that common sense and scientific understandings of what constitutes a person are not based on neutral or objective facts, but instead reflect the historical exercise of power by which certain taken-for-granted understandings have triumphed over others according to how they resonate with dominant economic and political needs of the day (Gramsci, 1971; Mather, 2003).

ii) We use the term "social model" in a general sense to refer both to the original articulation (e.g., UPIAS, 1976) and subsequent, related elaborations: the affirmation model (Swain & French, 2000), the sociopolitical model (Hahn, 1985), environmental/functional models (Smart & Smart, 2006), and cultural models (Barnes & Mercer, 2001; Conyers, 2003). Without denying the important differences between these elaborations, they have in common a focus on the socially constructed character of disability. The origins of the social model lie in the work of activists who formulated it to promote political solidarity and to provide a discursive tool for civil rights of disabled citizens (Oliver, 1996; Shakespeare, 2006). The social model has not only informed a wealth of disability-directed knowledge production in academic spaces (i.e., Disability Studies; Linton, 2005), but has also instigated political mobilization and collective action by disabled people (Anspach, 1979; Hahn, 1985, 1988; Scotch, 1988).

iii) The *c/s/x* movement began as an ex-patient directed advocacy effort responding to the restructuring of the U.S. mental health care system in the mid-20<sup>th</sup> century, primarily advocating for patients' rights and alternatives to drug treatments for psychological disorders (Schrader et al., 2013). An alternative name for the *c/s/x* movement is the Mad Pride movement, which reclaims the term "madness" to contest its derogatory connotation (Rowland, 2015).

- iv) Space prohibits elaboration on parallel examples like the “Spoonie” community, Deaf culture, Autism self-advocacy (Ne’eman, 2010), and Little People of America.
- v) Disability is not usually transmitted inter-generationally, so disabled people must find each other outside a familial context. Moreover, constraints of time, resource, and accessibility of transportation/venue can add barriers to meeting disabled people.
- vi) In this respect, hegemonic articulations of the disability rights movement bear striking similarities to other rights and social justice movements in their tendency to reproduce intellectual imperialism. That is, hegemonic articulations of disability rights movements based in realities defined by Euro-American norms typically claim their ways of being as indubitably superior, while neglecting the possibility that these ways of being are the products of a particular context that do not travel well—and may cause harm—when imposed in other settings.
- vii) Work in Global Disability Studies (GDS) typically uses “Global South” to denote global spaces that were “historically conquered or controlled by modern imperial, ‘Global North’ powers, leaving a continuing legacy of poverty, economic exploitation and dependence” (Meekosha, 2011, p. 669). As an alternative construction for many of the same spaces, we use “majority world” both as an accurate description of global population (i.e., most humans inhabit these settings) and to connote prescriptive authority of these settings relative to the centers of Euro-American global modernity that disproportionately inform mainstream academic work (Kağıtçıbaşı, 1995; Kurtiş & Adams, 2013; Mohanty, 1988).
- viii) Grech’s (2011) commentary parallels decolonial feminist critiques of Western feminist discourse, particularly Mohanty’s (1988) critique of its production of “the average Third World woman” as “ignorant, poor, uneducated, tradition-bound, religious...few having ‘choices’ or the freedom to act” (p. 72). The connection to the critical work of Global Feminism to “decolonizing liberation” is important because it models the use of epistemic perspectives of the majority world to illuminate how corresponding hegemonic perspectives rest upon neoliberal individualist foundations that detract from their social justice potential (see Kurtiş & Adams, 2015).
- ix) This use of disability as a metaphor to refer to the effects of colonial violence on otherwise abled people is not without problems. The uncritical appropriation of the word *disabled* obscures the material reality of disablement. Although disabled activists often share with other social justice advocates a concern for increasing accessibility to opportunities or making accommodations for people from impoverished backgrounds, they also have more specific concerns—for example, accommodations to the built environment to ensure access for people with bodily impairments—that require a more concentrated focus. For these reasons, the point of disability as a metaphor for effects of colonial violence is not to claim and colonize disabled movements, but instead to privilege the marginalized subjectivity of disability as an important epistemic resource for thinking about the character of (and responses to) colonial violence.

## Funding

The authors have no funding to report.

## Competing Interests

The authors have declared that no competing interests exist.

## Acknowledgments

This work benefitted from conversations and feedback provided by past and present members of the Cultural Psychology Research Group at the University of Kansas.

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