

# The Social Justice Perspective

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## Abstract

This article shines an important light on the continuing struggle of disabled people for dignity, citizenship rights, and access to the marketplace. Common threads bind the struggle for basic human rights among disenfranchised groups, offer experience and approaches to facilitate change, and move society towards social justice. The philosophy behind the Disability Rights movement offers disability service professionals the opportunity to reframe disability in order to effectively advocate for and facilitate social changes in higher education. Disability service professionals have an important role and crucial responsibility in moving their profession, students, and the campus towards a social justice model, supporting disability pride, offering equality, and promoting participatory democracy to disabled students.

*“Blind man breakin’ out of a trance  
 Puts both his hands in the pockets of chance  
 Hopin’ to find one circumstance  
 Of dignity”  
 (Dylan, 1994)*

Striving for dignity is at the core of social justice movements. Activists involved in social justice movements believe that oppressed people have a right to fair treatment and a share of the benefits of society based on their human rights and equality of all people (Longmore, 2003; Miller, 2001; Waddington & Diller, 2000), and the principles of participatory democracy (Weisman, 1999). This article will review the history of the Disability Rights movement within a social justice perspective and reflect on the implications this movement has on the disability service (DS) profession and the delivery of services to disabled students in higher education.

Social justice movements have struggled and continue to struggle with issues such as sexism, racism, heterosexism, ageism, ableism, and classism (Johnson, 2006). The Women’s movement opposes oppression from violence and harassment, and works for equal wages as well as reproductive and voting rights (Eisenberg & Ruthsdotter, 1998; Epstein, 2002; Hugemark &

Roman, 2002; Jones, 2008). Vietnam War Veterans advocated for medical, educational, and disability benefits (Madaus, Miller, & Vance, 2009); Veterans of the Gulf War and the Iraq invasion are fighting to get recognition and understanding for the debilitating, emotional trauma experienced in current approaches to war (Church, 2009; Madaus, Miller, & Vance, 2009; Shackelford, 2009). The Gay and Lesbian movement’s priority is acceptance and dignity, full inclusion in society with marriage rights, and access to benefits for partners (Gianoulis, 2004; Johnson & Summers, 2004; Nedeau, 2008). Through the Civil Rights movement, African Americans fight for racial dignity, respect, economic and social equality, and freedom from white domination (Microsoft Encarta Online Encyclopedia, 2009; National Park Service [NPS], n.d; Ruehl, 2009; Teaching Tolerance, 2009).

“I know one thing we did right  
 Was the day we started to fight  
 Keep your eyes on the prize, hold on (hold on)  
 Keep your eyes on the prize, hold on” (as cited in Marsh, 2009)

Alice Wine wrote this song after African Americans had won the right to vote, only to discover one more

barrier; they were required to pass a literacy test in order to qualify to vote. Songs of hope and empowerment were influential during the Civil Rights movement as they identified the common goal worth fighting for and offered optimism that the prize was achievable (Marsh, 2009; Ruehl, 2009).

All these social justice movements have made gains to varying degrees in achieving their goals related to social justice (Crow, 1996). African Americans and women won the right to vote (Eisenberg & Ruthsdotter, 1998; Microsoft Encarta Online Encyclopedia, 2009) as well as equal pay for equal work (Eisenberg & Ruthsdotter, 1998); women won reproductive rights with Roe vs. Wade (Eisenberg & Ruthsdotter, 1998; Nedeau, 2008). Several American states as well as countries such as Canada have passed legislation granting same-sex couples the right to marry (Gianoulis, 2004; Johnson & Summers, 2004; Jones, 2009.). Post traumatic stress disorder (PTSD) is now a recognized outcome of war (Church, 2009). These movements have worked hard to remove the barriers caused by privilege, which "...exists when one group has something of value that is denied to others simply because of the groups they belong to, rather than because of anything that they've done or failed to do" (Johnson, 2006, p. 21).

As a result of these gains, the Disability Rights and Gay Rights movements (Jones, 2009) were able to utilize those experiences, strategies, and perspectives in order to enhance their own struggle towards achieving social justice and empowerment in several ways (Crow, 1996; Madaus, 2000; Malhotra, 2001; Waddington & Diller, 2000). Activists realized that issues of physical access and attitudinal barriers could now be described as a socio-political problem (DeJong, 1983; Waddington & Diller, 2000). They also gained awareness that social programs, segregated education and housing programs, and employment quotas, inspired by a social welfare model (Hugemark & Roman, 2002; Marks, 2009; Waddington & Diller, 2000), lead to "social exclusion" (End Exclusion, 2007). Disability activists and scholars also recognized that social welfare models rely on a functional definition to qualify for services that can segregate those who are eligible, which further marginalizes the members of society who qualify for this service (Hugemark & Roman, 2002; Waddington & Diller, 2000). And lastly, they recognized that social welfare models require people to disclose their inabilities or limitations in order to gain access to special services (Shakespeare, 1996; Waddington & Diller, 2000). This disclosure in

turn reinforces the stereotypes about the incompetence of people who require special support (Hugemark & Roman, 2002; Linton, 1998; Longmore, 2003).

It is not an easy task to change a history of attitudes, behaviors, laws, and social policy that allow for discrimination and marginalization of a segment in our society. The struggle for equal rights now involves multiple racial groups such as Latinos and Asians (Teaching Tolerance, 2009) as well as the issues of rights based upon gender, disability, and sexual orientation (Hugemark & Roman, 2002; Malhotra, 2001; NPS, n.d.; Shakespeare, 1996). Members involved in a social cause need to keep an eye on the prize and persist in pressing for change as personal, social, and economic costs of exclusion and marginalization are too high to be ignored (End Exclusion, 2007; Hugemark & Roman, 2002; Linton, 1998; Shakespeare, 1996).

### **Disability Rights Movement**

*"There is a Third Kingdom the land of the crippled. This place is no democracy; it is a dictatorship. The usual rights of citizenship do not apply here. A great wall surrounds this place, and most of what goes on within the wall is unknown to those outside it"*

(Gallagher, 1990. p.1).

The focus of the Disability Rights movement has been to change the way the world is constructed so that everyone can participate in life's activities to the greatest extent possible with maximum independence (Longmore, 2003; Malhotra, 2001; Weisman, 1999; Winter, 2003). This movement has similar goals as the Civil Rights movement—to be treated with respect and dignity, have economic and social equality, experience usable and inclusive environments, and have the opportunity for full participation (UPAIS, 1976) in educational, employment, and community activities (Malhotra, 2001; Winter, 2003).

Throughout modern times in North America and parts of Western Europe, disability-specific groups have formed to champion specific interests with a focus to solve specific disability issues, not global issues. Examples include (Fleischer & Zames, 2001; Malhotra, 2001; Pullingart, 2002; Resource Center for Independent Living, 2004):

1921 - American Foundation for the Blind

1938 - March of Dimes as the National Foundation

for Infantile Paralysis

- 1939 - League of the Physically Handicapped
- 1940 - National Federation of the Blind
- 1948 - National Spinal Cord Injury Association
- 1950 - National Association for Retarded Citizens
- 1974 - People First Canada group began in British Columbia
- 1975 - Union of Physically Impaired Against Segregation (UPIAS) founded in Britain

In the 1970s, disabled activists and scholars from Great Britain, such as Ken Davis, Paul Hunt, and Vic Finkelstein (UPIAS, 1976) and the United States, such as Judy Huemann, Ed Roberts, Fred Fay, and Justin Dart (Fleischer & Zames, 2001; Pelka, 1997) started to question and voice opposition to society's response to various aspects of disability. In 1974, some of these activists, understanding the importance and the power of cross-disability communication and cooperation, came together in Washington, D.C. to propose a cross-disability coalition (Pelka, 1997). The American Coalition of Citizens with Disabilities (ACCD) was formed and initially brought 19 disability groups together for a common purpose of promoting disability inclusion (Pelka, 1997). The ACCD was led by the late Frank Bowe, a deaf activist and educator who, as its first Director, worked diligently to support the passage of the Rehabilitation Act of 1973 (Fleischer & Zames, 2001) and called for civil disobedience to bring pressure on the Carter administration to approve the regulations (Pelka, 1997). In 1977, at the local level, activists such as Irv Zola, Marsh Saxton, David Pfeiffer as well as former AHSSPPE member Andrea Schein (Pelka, 1997) and other local activists, formed Boston Self-Help, a grassroots peer counseling and cross-disability organization.

International activity was also prevalent. In Canada, the Coalition of Provincial Organizations of the Handicapped (COPHO) was founded in 1976 by people with disabilities and in 1994 they changed their name to the Council of Canadians with Disabilities (CCD) (Pullingart, 2002). The CCD remains focused on civil rights issues with the motto, "A voice of our own (Canadian Council on Disabilities [CCD], 2009)." A 1982 amendment to the Canadian Charter of Rights and Freedoms made Canada one of the few nations in which non-discrimination on the basis of disability became a constitutional right (Waddington & Diller, 2000). At the statutory level, the Canadian Human Rights Act has

prohibited disability discrimination since 1985 (Barnartt, 2008; Rogow, 2002). A Disability Discrimination Act was passed in Australia in 1992, and in Great Britain in 1995 (Waddington & Diller, 2000); both pieces of legislation focus on systemic discrimination, bringing social justice to the forefront, and removing the emphasis on social welfare approaches.

The fight for social justice for many disabled people is not merely a political one, but also a lived philosophy that reflects years of struggle and personal growth (Crow, 1996; Linton, 1998; Shakespeare, 1996). With this growth, struggle, and knowledge comes a clear understanding that what is shared by disabled people is far greater than physical difference; they share oppression, not just impairment (Crow, 1996; Longmore, 2003; UPIAS, 1975). As Miller (2001) states: "...of course social justice has always been, and must always be, a critical idea, one that challenges us to reform our institutions and practices in the name of greater fairness" (p. x). The Disability Rights movement is challenging society to change its treatment of disabled people in the interest of fairness and equal rights.

Johnson (2006) contends that the systems and structures established by society are the main source of discrimination where privilege is exercised to maintain traditional systems and social patterns in order to keep the status quo. While individuals may exhibit some form of exclusion through their actions (racism, sexism, ableism, etc.), these individuals are part of systems or structures that support their actions, making discrimination a systemic issue (Hugemark & Roman, 2002). "As with gender, race, sexuality and class: to understand how disability operates is to understand what it is to be fully human" (Garland-Thomson, 2006, p. 271).

Longmore (2003) suggests that the "implementation of the medical model in health care, social services, education, private charity and public policies has institutionalized prejudice and discrimination" (n.p.). This perspective is supported by Shakespeare (1996) who states that we "are socialized into thinking of disability in a medical model way. We can view this as internalized oppression" (p.106). Thus, disability is viewed in a negative way, maintaining discriminatory practices. These oppressive views and approaches to disability gave rise to the Disability Rights movement.

### Civil Disobedience to Reduce Discrimination

*“If the change in paradigm that the disabled seek is to come about, it will only be through active and vocal protest by the disabled themselves, and their insistence that there is more to disability than malfunctioning body parts, and more to being disabled than meets the eye.”*

(Eisenberg, Griggins, & Duval, 1982, p. xix)

The Civil Rights movement has had an effect not only on securing certain rights, but also in the manner in which those rights have been secured (Madaus, 2000). When traditional legal channels were exhausted, disabled persons learned to employ other techniques of social protest, such as demonstrations and sit-ins, learning from the Civil Rights movement (Barnartt, 2008; DeJong, 1983; Fleischer & Zames, 2001; Shakespeare, 1996). Linton (1998) suggests that because disabled people are “bound by common social and political experience,” they could use this common identity “to function as a basis for political activism” (p. 12) in order to increase their ability to participate in society.

Despite changes in legislation, disabled people continued to experience discrimination and exclusion. They began expressing their frustration and anger, leading to protests and civil disobedience in order to demand their civil rights (Fleischer & Zames, 2001; Malhotra, 2001) and bring attention to discriminatory practices (Barnartt, 2008; Shakespeare, 1996). Sample protests include (Barnartt, 2008; Fleischer & Zames, 2001; Malhotra, 2001; Resource Center for Independent Living, 2004):

- 1939 - The League of the Physically Handicapped protested at The Home Relief Bureau of New York City which was supposed to forward their job requests to the WPA, but was stamping all their applications ‘PH’ for physically handicapped, as a signal to the WPA not to give these people jobs.
- 1978 - Atlantis Community, founded by Wade Blank, staged a sit-in demonstration to protest the complete inaccessibility of Denver’s mass transit system. Up until this time, the city refused to purchase wheelchair lift-equipped buses. Atlantis later became American Disabled for Attendant Programs Today (ADAPT).
- 1986 - With pressure from the Paralyzed Veterans of America, the Air Carrier Access Act was passed. Before its passage, airlines could

refuse to serve people simply because they were disabled, and charged them more for airfare than non-disabled travelers.

- 1990s - ADAPT fought for reallocation of one quarter of the federal and state Medicaid dollars from institutional programs to consumer controlled community-based programs. Since then, ADAPT has decided the name will no longer be an acronym so it is now simply ADAPT; this organization is still fighting for community services and supports for people with disabilities of all ages, trying to reduce discriminatory practices.

The militant actions of the Disability Rights movement also spread to postsecondary institutions (Fleischer & Zames, 2001) when “new civil rights action began to take root, as exemplified by the work of students at the University of California at Berkeley” (Madaus, 2000, p. 7). This group of students fought for greater independence on campus and ultimately realized increased access through improved transportation options, classroom accessibility, and renovation of curb cuts (Fleischer & Zames, 2001; Madaus, 2000). Their activism paid off, paving the way for disabled students to realize that higher education was within reach.

The Disability Rights movement not only worked to gain respect and full participation in society, but also struggled to find acceptance for disabled people in other social movements (Amundson, 2009; Crow, 1996; Shakespeare, 1996; Triano, 2003). Unfortunately, other social movements excluded disabled individuals as a part of the composition of their individual and collective social justice models (Johnson, 2006; Malhotra, 2001; Shakespeare, 1996). According to Garland-Thomson (2006), “feminist theories all too often do not recognize disabilities in their litanies of identities that reflect the category of women” (p. 257). These movements fought for their own rights and joined others in their fight, but are noticeably absent in their support of the struggle for social justice by disabled people (Amundson 2009; Shakespeare, 1996).

Their exclusion and failure to see the parallels in the battle for acceptance continue to re-enforce the negative effects of people’s view of disability. “Positions held by the DR [Disability Rights] movement are summarily rejected by many within the academy, even though similar positions are unquestioningly endorsed when stated by advocates of women’s rights and ‘racial’ or ethnic civil rights” (Amundson, 2009, p. 169).

### A Different View of Disability

*“Pride is somewhere in your soul  
Pride is the peace within that finally makes you  
whole  
Celebrate your difference with pride  
Pride in yourself is bound to set you free  
Pride in who you are just a person like me  
Pride and self respect and gentle dignity  
No one can take away your pride.”*  
(Crescendo & Mooney, 1993, n.p.)

Activists began to realize that their oppression and marginalization was not only “rooted in the prejudices or misconceptions, but, also, in the good intentions, in the minds of persons without a disability as they are manifest in their interactions with persons with disabilities” (Winter, 2003, p. 3). As a way to address these prejudices and misconceptions, a group of activists from Britain known as the Union of Physically Impaired Against Segregation (UPIAS) introduced a social justice definition of disability in 1975. The UPIAS believed that disability was caused by social institutions, societal beliefs, and attachment to the Medical Model of Disability, sometimes called the Individual Model of Disability (Shakespeare, 1996), which defines disability around functionality and normalcy (UPIAS, 1976). This model infers that disability results from the individual’s physical or mental limitations, is a personal problem or tragedy, and is unconnected to the social response or the environment (Crow, 1996; Oliver, 1998; Shakespeare, 1996; Winter, 2003). The disabled person is expected to seek assistance in getting cured, fixed, or accommodated as it is their individual problem to solve in order to be included and participate in society (Crow, 1996; Linton, 1998; Longmore, 2003).

The UPIAS endeavored to change this view of disability by stating that *impairment* was a medical condition or illness and that *disability* was something imposed on top of impairment by the way society isolated and excluded full participation in many situations. Their political charter declared that it wasn’t the impairment, but society’s attitude towards the impairment that caused the disability.

Thus, we define impairment as lacking part of or all of a limb, or having a defective limb, organ or mechanism of the body; and disability as the disadvantage or restriction of activity caused by a contemporary social organization which takes no or

little account of people who have physical impairments and thus excludes them from participation in the mainstream of social activities. Physical disability is therefore a particular form of social oppression (UPIAS, 1976, p.14).

This was a pivotal moment in the Disability Rights movement (Crow, 1996; Shakespeare, 1996; Winter, 2003). Several disability scholars built on this new view of disability which later became known as the Social Model of Disability. Gill’s (1994) Interactional or Socio-political Model of Disability seems to summarize all the variations and builds on the following premises: disability is a difference; disability in and of itself is neutral; disability derives from the interaction between the individual and society; the remedy to this problem is to change the interaction between the individual and society; the agent of change can be the disabled person, an advocate, or anyone who affects the interaction between the individual and society (Block, Kroeger & Loewen, 2002). Disability stems from the failure of society to adjust to meet the needs of disabled people.

This model does not deny illness or the need for medical intervention; rather, it offers a lens that brings a clearer understanding of barriers created by society’s attitude toward disabled people and how these barriers affect them. It views “negative self-identity as a result of the experience of oppressive social relations, and focuses attention on the possibilities for changing society, empowering disabled people, and promoting a different self-understanding” (Shakespeare, 1996, p. 5) and extends hope for dignity and participation in society. It offers a fresh change from the medical model that considers “negative self-identity to be an outcome of physical impairment, and focus on the need for adjustment, mourning, and coming to terms with loss” (Shakespeare, 1996, p. 5). Table 1 depicts the distinction these activists made between disability and impairment.

This social approach also provides a more personal understanding of the disability experience (Linton, 1998; Oliver, 1989) and offers common ground in the disability community.

My life has two phases: before the social model of disability, and after it. Discovering this way of thinking about my experiences was the proverbial raft in stormy seas. It gave me an understanding of my life, shared with thousands, even millions, of other people around the world, and I clung to it (Crow, 1996, p. 55).

Table 1

*Term Comparison*

<b>Term</b>	<b>Medical Model</b>	<b>Social Model</b>
<b>Impairment</b>	A physical or mental condition, deficit, or limitation that requires treatment or fixing	Lacking part or all of limb, organ or mechanism of the body
<b>Disability</b>	The condition of being unable to perform a task due to an impairment which is an individual burden, personal tragedy or individual problem	The disadvantage or restriction of activity caused by design of environments which exclude disabled persons from participation in mainstream social activities
<b>Implication</b>	The individual must adjust or become more normal to fit into society and the established environments	Society must adapt the design of environments. Individual differences are considered normal and accepted through the design of inclusive and flexible environments

Disability rights activists and scholars have rejected the Medical Model of Disability and embraced variations of the Social Model of Disability with the perspective that it is society's response to disability that is the real problem which profoundly impacts the lives of disabled people (Shakespeare, 1996). The Disability Rights movement has reassigned "a meaning [to disability] that is consistent with a sociopolitical analysis of disability" (Linton, 1998, p. 10). The growth and development of the social model is a clear reflection on how disabled individuals and disability scholars are engaged in discourse about the interaction of these two powerful forces - disability and society. As a society, we continue to design environments that exclude people with disabilities or limit their participation, leading to oppression, segregation, and negative identity (Crow, 1996; Brown, 2007; Hugemark & Roman, 2002; Shakespeare, 1996; Weisman, 1999; Winter, 2003). This approach parallels the concerns of other racial and ethnic minority groups who believe that if the problem lies within society and the environment, then society and environment must change (Longmore, 2003; Shakespeare, 1996; Winter, 2003).

The focus on the Social Model of Disability has made an impact on the use of language regarding di-

2ability (Brown, 1997; Crow, 1996). Initially, society used terms like cripple, handicapped, physically challenged, and wheelchair bound (Fleischer & Zames, 2001; Linton, 1998). In the late 1970's, society started using "people first" language, person with a disability, as a way to focus on disability as a characteristic of the individual (Linton, 1998). In the mid 1990's, disability activists and scholars made a conscious decision to use the term disabled people. "Rather than maintaining disability as a secondary characteristic, disabled has become a marker of the identity that the individual and group wish to highlight and call attention to" (Linton, 1998, p. 13).

Disability scholars are now promoting a prideful use of disability as a form of claiming this identity within the social model. If disability becomes accepted as part of the diversity of humanity, then it can become a source of pride, a descriptor, and an identity rather than the source of the problem (Crow, 1996, Winter, 2003). Table 2 shows the evolution of the language change that reflects current thinking of disability by disability activists (Linton, 1998).

All of these changes, reformed view of disability and new language, are clearly linked to the natural flow in the development of a minority conscience as people

Table 2

*Evolution of Disability Language*


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<b>Disability Language Change</b>	
Cripple, Invalid ↓	Person is abnormal and is outside of the norm of society
Handicapped ↓	Person is abnormal, different, and needs a cure to belong
Person with a Disability ↓	Person has an abnormality, and with a cure, can belong
Disabled Person	Person is part of diversity of society, and can be proud of their difference

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proudly claim disability and the pride of a shared culture in the reframed view of disability. These changes parallel the pride demonstrated by the activists in the Civil Rights, Women's Rights, and Gay Rights movements (Crow; 1996; Epstein, 2002; Hugemark & Roman, 2002; Linton, 1998; Nedeau, 2008; Shakespeare, 1996; Triano, 2003).

### **Implications for the Disability Service Professional**

*“The world which people have constructed is made by and for nondisabled people; for those who can climb stairs, turn doorknobs, and faucets, see where they are going, hear voices, commit instructions and information to memory. Educational programs reflect these values”*

(Jastram & McCombs, 1981 p. A-2).

For the most part, twentieth century educational programs were designed for non-disabled people, making it difficult for disabled students to fully participate in higher education. Madaus (2000) documents the history and evolution of DS offices in higher education and reports that most offices were established in response to external forces such as legislation and social justice movements, not through a philosophy of inclusion.

Generally, practices in DS offices in most institutions have developed fairly traditional procedures with 3 major steps: (1) registration and documentation to

gain eligibility; (2) letters to, or discussions with, faculty regarding accommodations based on documentation; (3) provision of accommodations within reason, such as changing the educational task, or retrofitting the activity through collaboration between faculty and the DS office to manage the accommodation (Izzo, Murray & Novak, 2008; Ketterlin-Geller & Johnstone, 2006). This process requires disabled students to disclose personal information for the purpose of qualifying for special services (Waddington & Diller, 2000) in order to have the opportunity for increased participation in the classroom (Izzo, Murray & Novak, 2008).

According to a recent study (Guzman, 2009), this accommodation approach to helping disabled students and retrofitting activities through individualized and oftentimes segregated services is driven by the Medical Model of Disability. These individualized adjustments and accommodations tend to “reinforce the individual/medical notion that disability resides with the individual” (Guzman, 2008, para. 5) and focus on individual limitations that promote existing stereotypes of disabled individuals as tragic or inspirational; these stereotypes do not match the disability experience (Linton, 1998). A program based on helping, or taking care of, disabled students can be seen as patronizing (Linton, 1998) and does not necessarily value disability as part of the diversity of society (Harbour, 2009; Hugemark & Roman, 2002).

Recent studies have identified several problems

with the accommodation model of supporting disabled students. Students can feel humiliated and stigmatized by having to disclose disability information and request special treatment in order to participate in campus activities (Field, Sarver, & Shaw, 2003; Izzo, Murray & Novak, 2008; Ketterlin-Geller & Johnstone, 2006). Students and DS providers report that equal access to classroom participation, including reasonable accommodations, remains an issue (Burgstahler & Moore, 2009; Acosta, 2007; Izzo, Murray & Novak, 2008; Ketterlin-Geller & Johnstone, 2006). Faculty identify that it can be time consuming and difficult to find ways to retrofit the course activities or modify them after the fact (Ketterlin-Geller & Johnstone, 2006); in some cases faculty are unaware of their responsibility to provide accommodations (Burgstahler & Moore, 2009) or are unaware of the strategies to include disabled students (Harbour, 2009). Disability Service providers often end up playing the role of mediator between faculty and students, creating a dependency from faculty and students (Izzo, Murray, & Novak, 2008). This dependency discourages students from negotiating their own solutions directly with instructors and exercising self-empowerment (Shaw, 2002), and hinders instructors from developing their own solutions to create an inclusive environment.

Guzman's (2009) survey of DS providers reports that over 75% of DS staff concentrate on compliance rather than a social definition of disability to determine eligibility for services. "When disability is viewed through the lens of compliance, the focus is often placed on 'what must be done' rather than 'what can be done'" (Project Pace, 2009, n.p.). This legal focus by service professionals coupled with the practice of retrofitting course activities and recommending accommodations does not appear to ensure full participation of disabled persons in postsecondary education (Guzman, 2009; Izzo, Ketterlin-Geller, & Johnstone; 2006; McGuire & Scott, 2006; Murray & Novak, 2008). As Oliver (1996) states: "Integration is not a thing that can be delivered by politician, policy makers or educators, but a process of struggle that has to be joined" (p. 90).

According to Marks (2009), a social justice approach is not universally used or applied in higher education.

...many US colleges and universities adhere to a different framework, the social welfare model of DS. The social welfare model regards people with disabilities as the objects of philanthropy, charity

and good will. Social welfare models stress 'needs' rather than rights. Consequently, the social welfare model tends to take care of people, but it treats people with disabilities as less than equal and with paternalism (Marks, 2008, para. 12).

When one considers the Disability Rights movement and the struggle to achieve social justice, it seems that DS professionals have not embraced the goals of this movement, nor understand that they might play a role in maintaining a system that discriminates against disabled people and hinders their goal to achieve social justice. Their current approach to disability supports and policies can actually hinder the opportunity to achieve social justice as the services create an illusion of independence and equal opportunity for the person receiving special services (Brown, 2001). As long as institutions persist in designing environments that limit full participation, service provision will continue to be offered on a special basis as a retrofit, continuing the social welfare approach (Longmore, 2003).

This tactic emphasizes the differences in minority students rather than how the campus needs to improve and change in order to accept disability as part of the diversity of the campus (Harbour, 2009). Achieving full participation requires a change from a social welfare model to a social justice model with an emphasis on ethics and values as a way to reduce discrimination and academic barriers. "Restrictive environments and disabling barriers," part of the "systemic deprivation" (Oliver, 1996, p. 75) experienced by disabled people, lead to continued discrimination and exclusion from society's activities.

### **Recommendations**

The principles of non-discrimination, equal opportunity, and personal empowerment are fundamental in meeting the goals of the DS profession - ensuring full participation of persons with disabilities in higher education (Association on Higher Education And Disability [AHEAD], 2009). If the goal is full participation in higher education, then efforts from DS professionals compel others to find ways to ensure that all individuals are entitled to equal participation and not view any services as special or extraordinary when they are given to disabled students due to poorly designed environments (Marks 2008; Waddington & Diller, 2000). Exploring ways to include people with disabilities in all environments rather than maintain a parallel track (Guzman,



2009) leads to the promotion of environments that are inclusive, minimizing the need for retrofitting and different treatment (McGuire & Scott, 2006; Rose & Meyer, 2002). It is also important to lessen the emphasis on documentation and labeling that leads to discrimination and segregation with special treatment (Waddington & Diller, 2000; Longmore, 2003). Accommodations should be viewed as a social problem due to poor design and discrimination (Longmore, 2003) with the right to full participation, not a privilege based on documentation. This entails a shift from accommodations as a primary focus to strategies that minimize the need for accommodations (Burgstahler & Moore, 2009) as the guiding principal.

McGuire and Scott (2006) state “the time has come to move the paradigm relating to instructional access from accommodation to full inclusion.” Inclusive or universal design (Izzo, Murray, & Novak, 2008; McGuire & Scott, 2006; Rose & Meyer, 2002) is the best method for advancing social justice for the disabled persons in our campus communities. Weisman (1999) suggests that a focus on the spirit of the law rather than the letter of the law provides a way to create a systemic change in attitudes and behaviors within institutional structures in order to achieve full inclusion and participatory democracy.

Service professionals must explore a more enlightened view of disability and social justice in their work. If the movement towards social justice and the strengthening of community and culture are still for the most part elusive to the disabled students they serve, it is incumbent on service professionals to develop strategies which will educate and inform the campus community, including students, that full participation is a right, not a privilege. Encouraging all members of the campus to take responsibility for full inclusion of all constituents (Block, Loewen, & Kroeger, 2006) is a healthy response to accepting the diversity of the campus population (Harbour, 2009).

Laws and policy cannot be the only answer; therefore, as service professionals, we must continue to champion disability as ordinary, respectable, and positive (Marks, 2008), not special.

“Disability can be understood as something natural, and disability identity can open doors. People with disabilities choose how they feel about disability, and disability support professionals should do all we can to develop disability identity in its most positive context” (Marks, 2008, para. 29).

Disability Studies scholars advocate for activities

that celebrate the rich history and culture of the Disability Rights movement and personal voices of disabled writers, artists and musicians (Linton, 1998; Longmore, 2003) to replace the traditional disability awareness activities which do not focus on the rights of disabled students nor the richness of the disability culture and the disability experience. Service professionals could also collaborate with other disciplines to design Disability Studies courses/programs and examine how disability is portrayed in other academic areas such as Social Sciences, Medicine, and Education (Linton, 1998). The purpose would be to educate departments and the campus community to focus on a view of disability that is consistent with current research on disability and social justice, which Amundson (2009) strongly suggests is a missing piece of the campus discourse. “I will argue, discourse that defends the justice of socially inflicted disadvantage to people with impairments is not only accepted within the academy—it is virtually the norm” (p. 169).

As members of the academic community, DS professionals have the opportunity and the responsibility to engage faculty and senior administrators using Disability Studies as a form of political action and academic inquiry. This dialogue will provide the catalyst to inform and mobilize both disabled and non-disabled people, to develop allies among other disenfranchised groups, and explore the similarities in the struggle to achieve social justice. Coalitions are more effective than individual efforts as they offer the opportunity to develop stronger public support and increase visibility (Bystydzienski & Schacht, 2001) and awareness for social justice issues in our profession.

## Conclusion

*“...prejudice is a far greater problem than any impairment: discrimination is a bigger obstacle for them to ‘overcome’ than any disability”*

(Longmore, 2003, n.p.).

The challenge facing the DS profession is changing policies and practices so they are guided by a social justice model of disability in order to be consistent with the thinking of disability scholars and activists (Amundson, 2009; Guzman, 2009; Marks 2009). The DS profession has at times been forced to view and interpret the law in too narrow a fashion and not as it was intended-as civil rights legislation (Brown, 2007; Fleischer & Zames, 2001; Scotch, 1984). Guzman (2008) purports that

while some DS professionals:

will lack the support, tools and/or resources to provide other than individual accommodations, it is important to understand that in many situations complying with required minimums promotes the segregation, limited participation and unequal access of students with disabilities and, therefore, maintains a discriminatory environment which runs against the spirit of what legislations such as the ADA intended (para. 5).

Many service providers have started the process of changing their approach and understanding of disability but have yet to view full participation as a civil rights issue. They “often rely too heavily on environmental solutions” (Marks, 2008, n.p.) instead of focusing on equality and social justice. Public policy and societal perceptions regarding disability generally focus on costs to offer services, not on human rights for those who experience discrimination and exclusion (Longmore, 2003). Postsecondary institutions often do not provide per capita funding for disability resources and with the increasing numbers of disabled students (Henderson, 2001), resources and supports become thin. Limited budgetary allocations have an impact on potential decisions and solutions for bringing about change (National Council on Disability, 2003).

Treating disabled people as if they were invisible, designing buildings as if everyone was nondisabled, seeing people with disabilities as inferior or abnormal... all these aspects of their oppression enable nondisabled people to deny a basic truth of the human condition (Johnson, 2006. p. viii).

Disability Service professionals must make a paradigm shift in attitude and action that moves disability into a social movement resulting in full inclusion in all aspects of community life. “Suddenly what I had always known, deep down, was confirmed. It wasn’t my body that was responsible for all my difficulties; it was external factors, the barriers constructed by the society in which I live” (Crow, 1996, p. 55). Once this switch to viewing inclusion as a social justice issue is achieved, we will create an opportunity for disabled persons to embrace a clear and prideful identity and have a greater chance to realize participatory democracy (Weisman, 1999) in higher education with maximum independence. Disability Service professionals must increase individual and collective efforts to educate students, the campus community, and other disenfranchised groups that disability is not an isolated issue of social welfare,

but must and should be acknowledged as a struggle for human dignity, non-discrimination, equal opportunity, and personal empowerment through independence. This involves changing the focus from individual accommodations to removal of the barriers in our institutions and everyday life (Block et al., 2006). “...the true sign of success is not whether we are a source of perpetual aid that helps people scrape by -- it’s whether we are partners in building the capacity for transformational change” (Obama, 2009).

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## **Professional Perspective**

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Imagine if you will, a university where women or students of color are required to self-identify, provide documentation, and be made eligible to obtain textbooks, take exams, utilize technology, or participate in field trips. We would consider such an institution to be absurd and discriminatory in their attitudes and actions. So why, given the knowledge and technology we have available to us today, do we continue to require similar actions from disabled students?

In "The Social Justice Perspective" Gladys Loewen and William Pollard guide readers through key details of the Social Justice Movement and its applications within the field of disability services. They begin with a brief history and move through the Disability Rights Movement, medical model, and social welfare perspectives, and then continue with examples and parallels from other civil rights movements. We are reminded that, just as in other campaigns for civil rights, the problem lies with society and the environment, rather than with individuals; society and the environment need to change in order to include everyone. These examples help demonstrate the more just and equitable standards the social justice perspective offers and give practitioners "the opportunity to reframe disability in order to create social changes in higher education." The importance of re-evaluating our current assumptions, beliefs, practices, and procedures as disability service professionals is brought to the forefront. We are challenged to increase our efforts to remove barriers throughout our institutions and to infuse disability into our campus diversity efforts.