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Withers, A. J. *Disability Politics & Theory*. Halifax and Winnipeg: Fernwood Publishing, 2012. ISBN: 978-1-55266-473-5

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Disability and anti-poverty activist A. J. Withers' recent book, *Disability Politics & Theory*, is an open denunciation of what Withers call the "medical-industrial complex," which includes "doctors, medical researchers, pharmaceutical corporations, insurance corporations, hospitals and others involved in the medical industry" (31). This book rejects the medical model of disability, in favour of what Withers call the radical model: an inclusive recognition of a community based on solidarity and openness. (Instead of working on assumptions and in respect to Withers' preferences, I use the pronoun 'they' to refer to Withers. Likewise, I treat Withers as a plural noun and use 'themselves' and 'their' accordingly in this review.)

Withers propose an understanding of the nuances of disability according to six models: the eugenic model, the medical model, the charity model, the rights and social models, and Withers' own radical model. The book begins with eugenics model because, according to its author, eugenics "created the first modern classification of disability" (3). This classification was taken up by the medical model, which "views disability as an individual tragedy and as based within the body" (4). Disability as a tragedy is then reinforced by the charity model "accepting medicalization as the primary way of defining disability" (4). Further, eugenics is for Withers very present and at work in people's everyday life in many different forms and shapes. Especially important, this book stresses that a person who may be considered disabled can also be discriminated against on basis of race, gender, and sexual orientation, among other factors.

The characterization of the models that find their roots in eugenics may resemble ableism,

defined as the usage of abilities as indicators of worthiness and of pathologization. However, for Withers, “ableism is a misnomer [because it] implies that one is being oppressed because of (or a perceived lack of) ability when, in reality, one experiences oppression because of disability” (8). In other words, the abilities are there in the disabled person, but they are not recognized. What Withers find, however, is disablism: oppression by those in power constituting the medical-industrial complex “to call us disabled” (107). This classification is then taken up by these models to exploit the disabled image for the benefit of those in power.

In regards to the rights and social models, Withers state that, “social theory was important to create disability movements and fight for change. My life is better for it, and I owe the utmost respect to the people who developed the social model” (96). However, oppression and social construction of disabilities, race, gender, sexual orientation, and other forms of oppression continue. Rather than doing the work to finish oppression, the ‘disability cheque’ that many (but fewer and fewer) receive has served in some cases to accentuate social disparities and inequalities. Instead of solely advocating for a monthly cheque, which in many ways reinforces the status quo of disablism, Withers argue that we ought to fight for the building of community. The social and rights models have focused so much on long-term goals (e.g., paid employment and access to the system) that the short-term necessities such as paying the rent have been left up to the oppressed person to resolve, and hence community-building has not been a priority.

The solution to the oppression caused by disablism will come from the radical model. The radical model is a response to the deficiencies of the five previously studied models, which do not address the wide spectrum of oppression that disabled people face as part of their daily lives. Further, as Withers explain: a “foundational component of the radical model is the idea of intersectionality: addressing multiple oppressions together and in conjunction with each other ...

A conceptualization of disability that did not include, at its base, the acknowledgment of and engagement with the interlocutory nature of oppressions could not be a radical model” (99). What we need, then, is a second wave that would redefine what disability is and rework who can claim the definition. Withers mean to “problematize the entire disability labelling process” because “successfully eliminating the systems that permit the creation of the category of disability would leave every member of all of these marginalized groups better off” (105, 106). While the radical model is trying to eliminate disablism as an oppression device, it recognizes disability as an invaluable form of difference.

Withers may be right: disability is both a malleable and undefinable term. It has been molded by the medical-industrial complex according to the interests of disablism. But disability, we learn from the radical model, is also a word that should be kept free, to be claimed by those who self-identify as such. Despite Withers’ denunciation of the medical model, I would like to point out that recent movements from within the medical-industrial complex may benefit the radical model. For example, in medical literature, Rita Charon, a physician as well as a literary critic, has published extensively on Narrative Medicine, which attempts to open the avenues of communication between doctor and patient and to create communities of support between the different health care professionals and patients. For more, see Rita Charon, *Narrative Medicine: Honoring the Stories of Illness* (New York: Oxford University Press, 2006). Certainly, it is not fair that, even though doctors “are typically not trained to deliver social services”, they control access for people with disabilities to housing, food, education, transportation, etc. (43). But rather than wholesale, radically rejecting medical institutions, we may find there are medical professionals who recognize their undue influence and are working on reform. In the end, initiatives such as Withers’ radical model and Charon’s narrative medicine aim for the same

target: to bring more fairness into the current system and to create open dialogues for change.

Precisely because of its optimistic and critical approach, I enjoyed and learned much from this text. The book shows me that there is much work to be done and that we can all participate in redefining disability as a positive differential. From its strong arguments with a focus on North American legislation and the medical model, and its advocacy for an inclusive and solidarity-based disability community, *Disability Politics & Theory* is an important addition to Canadian humanities and social sciences academia and activism.