

The Social Model of Disability: A Primer

Created by Raphael Morris for Reconstructing Judaism

What is the social model of disability?

The **social model of disability** is a framework for thinking about and working with disability. According to the social model, physical and psychological traits or **impairments** are not intrinsically disabling. Attributes or impairments only become **disabilities** when society is structured in a way that makes it inaccessible to people with those traits.

For example, shortsightedness is a common physical impairment. However, in a society where glasses and similar assistive technology are widely available, shortsightedness places very few limitations on a person's participation in society. Being shortsighted in such a society is therefore usually not a disability.

The social model maintains that other disabilities function similarly. For example, a person who uses a wheelchair may be disabled in a city whose infrastructure and architecture renders many buildings and events inaccessible by wheelchair. However, by changing the physical design of the city, and the social assumptions underpinning those physical design choices, we could create a world where impaired mobility is not disabling.

Deficit vs Difference

The social model is often contrasted with the **medical model of disability**, which has historically been the dominant framework of disability in modern Western culture. The medical model views disability through the lens of individual **deficit**. A person's impairments or disabling traits are seen as problems with the individual that limit their functioning or reduce their quality of life. The ideal way of helping disabled people, according to the medical model, is to 'fix' or 'cure' them.

In contrast, the social model views disability through the lens of **difference**. The fact that a particular trait is disabling in our current society does not mean that there is anything wrong with that trait or with people who have it. Rather, there is something wrong with a society that bars people with that trait from full participation.

Returning to our earlier examples may help illustrate the contrast. In the medical model, disability justice looks like cures for shortsightedness and impaired mobility - a world where no one needs glasses or a wheelchair. In the social model, disability justice looks like a world where glasses and wheelchairs are readily available to those who need them, and where using those technologies or others allows for full participation in society.

Jewish values and the social model

In Berakhot 10a, Rabbi Meir prays for the death of the wicked after bandits in his neighbourhood made him miserable. His wife, Beruriah, rebukes him, telling him not to pray for an end to sinners. Rather, he should pray for an end to sin itself. She teaches that when

Psalm 104:35 says “and the wicked will be no more”, this means not their death, but their repentance. Having repented, they will no longer be wicked.

Many Jewish texts are profoundly ableist, and it would be disingenuous to pretend otherwise. But Beruriah’s response in this text shares its core insight with the social model of disability: if something is harmful, the goal of eliminating the harm does not require eliminating the thing.

When advocates of the social model strive for an end to disability, they are not striving for a world without the differences that are disabling in our current society. Rather, they are striving for a world where difference is not disabling. In such a world, people with those differences will no longer be disabled.

Neurodiversity and the Social Model

According to the **neurodiversity paradigm**, suites of psychological traits (**‘neurotypes’**) like Autism and ADHD are forms of benign neurological difference rather than disorders. The paradigm describes individuals whose brains conform to societal or statistical norms around cognition, function, and processing as **neurotypical**. Individuals whose minds deviate from those norms are **neurodivergent**. The neurodiversity paradigm was heavily influenced by the social model’s framing of disability as difference instead of deficit.

Those who subscribe to the neurodiversity paradigm argue that rather than trying to ‘cure’ these conditions we should welcome them as forms of difference that enrich our society. A **neurodiverse** society includes individuals with a variety of neurotypes - both neurotypical and neurodivergent in various ways. There is no single ‘healthy’ neurotype.

An important note on terminology: an individual may be neurodivergent, but they cannot be neurodiverse. One Autistic person is no more neurodiverse than one Black person is racially diverse. Similarly, a group of people who are neurodivergent in the same way is not neurodiverse, just like a racially homogeneous non-white group is not racially diverse. Using ‘neurodiverse’ when you mean ‘neurodivergent’ can come across as uncomfortably euphemistic.

The social model of disability explains how neurodivergent neurotypes like Autism and ADHD can be benign differences and still be disabilities. There may be nothing inherently wrong with an Autistic person, yet because society is not designed for them, their neurotype may be heavily disabling. In a different society, these traits may not constitute disabilities at all. For example, traditional Jewish religious circles have actively encouraged many common Autistic traits, including rocking back and forth, fidgeting with garments, and hyperfixation on a particular text.

Best practices and the social model

One of the most insidious aspects of ableism is the way it forces disabled people to weigh their desire for dignity against their ability to advocate for their needs. A key benefit of adopting the social model of disability is that it creates a framework for disabled people to articulate their needs without conceding that these needs stem from any physical or

psychological deficit. Moreover, the social model places the responsibility on society to anticipate and address the needs of disabled people.

It is vital for organizations and communities to understand that when disabled people articulate an unmet need or express frustration with being disabled, this is a call for change and liberation, and not a confession of inadequacy. Conversely, when disabled people affirm their own dignity and autonomy, this must not be taken as a kind of resignation or satisfaction with a world that excludes, oppresses, and disables them.

When designing best practices and policies around disability, ask the following questions:

- ❖ How can we make it easier for disabled people to articulate their needs without exposing themselves to stigma and without forcing them to assume responsibility for getting their own needs met?
- ❖ How can we affirm the value of disabled people without becoming complacent about the fact that disability comes from systemic barriers that have not yet been dismantled?

Disability pride and disability as an identity

Disability pride takes from the social model of disability the starting assumption that there is nothing intrinsically wrong with disabled people. It takes pride in both the myriad forms of physical and psychological difference that our imperfect society turns into disabilities. These differences are often a rich source of culture, from sign language to stim toys to movements and communities. It is also a form of pride in survival. According to the social model, disabled people are by definition a marginalized class that has endured millennia of oppression. The history of surviving persecution is itself both a cause for celebration and a source of culture - an experience with which Jewish civilization is intimately familiar.

The framework of **disability as identity** goes beyond pride to encompass the full range of human experience - not only pride, but also mourning, memory, culture, and community. Those who express disability pride or claim disability as an identity may still resent the systemic barriers that render their differences disabling, much like how many feminists acknowledge the oppression baked into the social construction of gender.

Limitations of the social model of disability

No model is perfect, and the social model of disability is not without its problems. One key issue concerns the nature of the physical and psychological traits themselves that become disabilities in the face of systemic barriers. Literature on the social model often calls these traits 'impairments', suggesting a kind of difference that may not be wholly benign. Conversely, explanations of disability as purely social may not do justice to the experiences of people with conditions like chronic pain and chronic fatigue. Ultimately any model requires nuance and ongoing consultation in its application.

Bibliography

'Social Model of Disability.' *People with Disability Australia*. URL = [<pwd.org.au/resources/models-of-disability/>](http://pwd.org.au/resources/models-of-disability/). Accessed 9 Mar. 2025.

'Disability as a Valuable Form of Diversity, Not a Deficit.' Harkins, Elizabeth (2022). *Faculty Focus*. URL = [<www.facultyfocus.com/articles/equality-inclusion-and-diversity/disability-as-a-valuable-form-of-diversity-not-a-deficit/>](http://www.facultyfocus.com/articles/equality-inclusion-and-diversity/disability-as-a-valuable-form-of-diversity-not-a-deficit/). Accessed 9 Mar. 2025.

Berakhot 10a, Talmud Bavli. *Sefaria*. URL = <https://www.sefaria.org/Berakhot.10a.2?lang=bi&with=all&lang2=en>>. Accessed 9 Mar. 2025.

'Neurodivergent.' (2022). *Cleveland Clinic*. URL = my.clevelandclinic.org/health/symptoms/23154-neurodivergent>. Accessed 9 Mar. 2025.

'The neurodiversity paradigm.' Silvertant, Eva (2019). *Embrace Autism*. URL = embrace-autism.com/the-neurodiversity-paradigm/>. Accessed 9 Mar. 2025.

'Parade Mission.' *Disability Pride Parade*. URL = www.disabilityprideparade.org/parade-mission.html>. Accessed 9 Mar. 2025.

'The Social Identity Approach to Disability: Bridging Disability Studies and Psychological Science.' Dirth, Thomas and Branscombe, Nyla (2018). *Psychological Bulletin* 144 (12), 1300-1324. DOI: 10.1037/bul0000156.