Understanding Models and Theories of Disability in the Social Sciences: A Philosophy of Science Approach

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ABSTRACT

This article analyses the foundations of disability models by focusing on their theoretical and philosophical bases. By updating classical typologies, it seeks to clarify the underlying principles of disability theories and to better understand the associated intellectual issues. Although the scientific literature traditionally opposes the medical model, which considers disability as an individual pathology, and the social model, which perceives it as a form of social oppression, this division masks a diversity of theoretical currents. The latter are distinguished by their ontological and epistemological anchoring. Between nominalism, realism, materialism and idealism, four positions of study of disability can be identified. By reinterpreting Priestley's typology (1998) in light of contemporary scientific perspectives, the article highlights four major theoretical orientations of the study of disability: subjective materialism; subjective idealism; objective materialism; and objective idealism. The proposed rereading allows us to better understand the diversity of research perspectives that exist beyond the simple opposition between medical and social models and opens up new avenues for a more complex and nuanced understanding of disability.

1. Introduction

Disability Studies is a specific field of research that has developed in response to the demands of militant social movements for the rights of disabled people. Rooted in a critical perspective, these studies aim to deconstruct the dominant view of disability as a simple individual pathology and place it in a social, political and cultural perspective. By linking scientific research and social mobilisation, Disability Studies have gradually acquired an autonomous academic status, like Women Studies or Ethnic Studies (Albrecht et al. 2001). Disability Studies emerged in the United States, Great Britain and Scandinavia in the 1970s. They were structured differently depending on the geographical area in which they emerged. By highlighting a 'social/political/cultural paradigm' opposed to the

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medical model focused on prevention, treatment and cure (Linton 1998), Disability Studies reject an exclusively curative and rehabilitative approach to disability (Fougeyrollas 2002, Winance & Ravaud 2010). In their view, disability is not just a medical issue, but much more a social issue linked to exclusionary social and cultural environments and contexts. From the outset, Disability Studies have been characterised by a multidisciplinary approach, due to the complex and global nature of disability. The phenomenon crosses disciplinary boundaries, incorporating sociological, political, cultural, geographical and philosophical aspects. When we look at the different ways in which disability has been considered and studied in society, we see that the dichotomy between the medical model and the social model of disability that is widely reported in the scientific literature actually masks a diversity of theoretical positions. This article aims to highlight the underlying principles of the models and theories of disability that are often simplified in the scientific literature.

By drawing on the philosophy of science to examine how disability has been perceived and studied, this article shows that the dichotomy common in scientific literature between the medical model and the social model of disability actually masks a variety of theoretical positions. In ontological terms, individual and medical analyses are characterised by nominalism, while Disability Studies have led to the emergence of realist positions. Within these two models, epistemological orientations add further complexity, giving rise to research that studies disability through the prism of materialism or idealism. To better understand the dynamics of research, it is essential to clarify these typologies. Through an analysis of these different approaches, this article proposes to update Priestley's (1998) classification by highlighting four major theoretical positions in the study of disability. Subjective materialism, which is based on an essentialist medical determinism; subjective idealism, which asserts that the social environment only exists in individual interpretations; objective materialism, which emphasises the role of social structures in the production of disability; and finally, objective idealism, which considers that disability originates in ideal elements and discourses. At the crossroads of these different theoretical approaches, the updating of Priestley's analytical grid in the light of contemporary scientific perspectives enables us to highlight more consensual positions that propose to question disability as a social reality while navigating between materialism and idealism. Faced with their own scientific, philosophical and even political issues, these different currents in the study of disability take different positions on the

use of the terms impairment (medical element) and disability (social disadvantage). According to subjective materialism and subjective idealism, disability automatically follows from the existence of an impairment. A person who has bodily, mental or psychological characteristics that deviate from a medical norm is thus considered to be disabled. On the other hand, for the objective materialism and objective idealism positions, disability refers to a form of oppression (produced by social structures for the materialists, and more by language and culture for the idealists) which is added to the impairment. While acknowledging these elements, some contemporary researchers in phenomenology, as we shall see, are proposing not to leave the monopoly of the concept of disability to the medical professions by choosing to question the lived experience of disability.

2. Clarifying typologies and understanding the research dynamics of Disability Studies using the philosophy of science

A lack of clarity due to the existence of multiple models of disability

For Canadian researcher Marcia Rioux (1997: 103), "There are four social and scientific formulations of disability that can be identified and which are reflected in the treatment of disabled people in law, in policy, in programs and in rights instruments". These four formulations break down into two radically opposed perceptions of disability: one perception of disability as an individual pathology, against which Disability Studies has set itself up, and one as a social pathology. Their opposition lies in the origin of the disability. In the first case, it is inherent in the individual, in the second it is linked to the social structure, the pathology to be treated does not exist at the level of the individual but of society, and "disability is recognized as difference rather than as an anomaly" (Rioux 1997: 105). Rioux goes a step further, and divides each of the two perceptions she proposes into two distinct approaches. The biomedical and functional approaches stem from the perception of disability as an individual pathology, while the environmental and human rights approaches subdivide the perception of disability as a social pathology.

While the biomedical approach is based on the assumption "that disability is caused by a mental or physical condition that can be prevented or ameliorated through medical, biological or genetic intervention" (Rioux 1997:

103), the functional approach considers that the deficit is directly linked to the individual and places the emphasis on rehabilitation so that he or she "can function more independently and become a productive member of society" (Rioux 1997: 104).

About the subdivisions of the perception of disability as a social pathology, the environmental approach postulates that "personal abilities and limitations are the result not only of factors residing in the individual, but of the interaction between individuals and their environment" (Rioux 1997: 105). Finally, the human rights approach to disability goes beyond environmental factors "to focus on broad systemic factors that keep certain people from participating as equals in society" (Rioux 1997: 106).

Rioux's typology has been used extensively by a number of authors, particularly in French-speaking countries (Albrecht et al. 2001, Barral 2004, De Riedmatten et al. 2003, Fougeyrollas 2007, Ravaud 1999). The latter do not speak of two perceptions, but of two opposing models of disability, the individual model and the social model. While Rioux explicitly mentions four approaches that fit within the two perceptions of disability (biomedical approach, functional approach, environmental approach, human rights approach), the authors who re-use Rioux's typology again use the term model but here to designate the approaches themselves (biomedical model, functional model, environmental model, human rights model). For them, the notion of model applies at two levels: within the individual model, there is a biomedical model, which they also describe as curative, and a functional model (called 'readaptive' by Ravaud (1999) and De Riedmatten et al. (2003) and biopsychosocial by Fougeyrollas (2007). As for the social model, it is subdivided into two models, environmental and human rights.

Leaving aside medical and individual approaches, Grue's typology (2011) focuses on the different ways of perceiving disability as a social pathology, which is at the heart of Disability Studies. For him, Disability Studies can be divided into three main models (the British social model, the cultural minority model and the gap model) which, while different, are united in their opposition to an individual and medical view of disability. His typology highlights models that can be directly linked to their geographical area of emergence.

Grue points out that in the United States, the various forms of mobilisation, activism and lobbying have contributed to the development of a model of cultural minorities and the perception of disabled people as a minority group.

Disability studies based on this model have focused on cultural otherness and the cultural factors behind disability.

The mobilisations in Great Britain gave rise to a model more focused on the oppression of disabled people, which Grue (2011) calls the 'British social model'. Originating in the work of the Union of the Physically Disabled against Segregation (UPIAS), this model was gradually developed "along the analytical lines of Marxist sociology" (Grue 2011: 538). In contrast with the United States, the composition of British society, which is heavily working class and the cradle of the Industrial Revolution, may, according to Grue, explain why the British have turned more towards an explanation of disability derived from historical materialism.

Scandinavian research has taken a different approach. Indeed, the gap model that has guided much of the research does not take a stance on issues relating to disability as a group (oppressed group or group constituting cultural otherness) but considers it in terms of public policy. For Grue, this model is the most aware of the importance of the role of states and public policy, both as a factor in creating disability and as a factor in responding to it. In the framework of the gap model: "disability is explained as the gap between those capacities and the opportunities offered by society and its institutions; disability is, therefore, something that can and should be addressed by the full spectrum of policy tools, ranging from medical intervention, when appropriate, to anti-discrimination measures directed at employers, academic institutions, commercial entities and so on" (Grue 2011: 540).

When reading these different typologies, we are quickly overwhelmed by all these models and it is difficult to establish an overall picture, a complete representation and a clear scientific overview of how society and science have approached disability. The difficulty is compounded by the fact that we are dealing with two categories of typologies. The first refers to different hierarchical levels of reflection, a general level (disability as an individual or social pathology) and several specific levels (within the general level) which change to a greater or lesser extent depending on the author. The latter attempts to move away from the individual/social dichotomy by proposing linear typologies. Grue (2011) defines the social model differently from other authors. The social model he refers to is a subdivision of what other authors refer to as the social model. Reading his article, we realise that what he means by the social model, even describing it as 'British', must be considered in its own right, as a specific current within the perception of disability as a social pathology. While some authors (Albrecht et

al. 2001, De Riedmatten et al. 2003, Fougeyrollas 2007, Ravaud 1999) speak of the social model, evoking Rioux's (1997) perception of disability as a social pathology, the expression is used by Grue to refer to a specific stream of research within this perception.

To understand the differences between the two types of social models, it is necessary to take a step back and look at their theoretical and philosophical roots. The general social model, the perception that disability is a social pathology, refers to a particular ontological stance. In contrast, the typically British social model referred to by Grue refers to a specific epistemological stance while being part of the same ontology.

2.2 Theoretical models of disability based on an ontological and epistemological position

In the philosophy of science, the notions of model and theory are linked. A model can be described as "a theoretical statement based on the schematic and formalised simulation, in a given language (verbal, mathematical, graphical, etc.), of an object of knowledge and, beyond that, of a reality" (Moriconi-Ebrard 2013: 681)[1][2]. Theory, on the other hand, is a construct of the mind referring to "a way of conceiving and perceiving facts and of organising their representation" (Willett 1996: 6)[3] or "an attempt to explain or represent an aspect of reality" (Littlejohn 1989: 2–31 in Willett 1996)[4]. Based on these definitions, we can see that both theory and model have a representative and explanatory vocation. For Willett, drawing on Simon (1957), what distinguishes the model from the theory is its scale of application.

Generally speaking, the model has a more limited application; it is an extension of a theory, but is also derived from a theory: "The model thus appears as a concrete part of the theory which is directly related to a set of behaviours" (Willett

[1] All the translations of the French references below were carried out by the author.

[2] "[...] un énoncé théorique fondé sur la simulation schématique et formalisée, dans un langage donné (verbal, mathématique, graphique...), d'un objet de connaissance et, au-delà, d'une réalité" (Moriconi-Ebrard 2013: 681).

[3] "[...] une manière de concevoir et de percevoir les faits et d'organiser leur représentation" (Willett 1996: 6).

[4] "[...] tentative d'explication ou de représentation d'un aspect de la réalité" (Littlejohn 1989: 6 in Willett 1996).

1996: 9)[5]. The model, although it can take several forms (Stiker 2013), is, therefore, the concrete tool at the service of the abstract theory. Its function is to be "an instrument for the production and exposition of knowledge" (Le Moigne 1987: 1)[6], to shed light on all or part of the aspect of reality that the theory represents or wishes to explain. Whereas the purpose of the model is to represent and explain an aspect of reality, the theory is placed upstream of the model, dictating the position to be adopted with reality. For Stiker (2013: 251) a theory "provides an overview of a large field of knowledge, allowing certain hypotheses, promoted to the rank of principles, to account for regularities established by experience"[7]. To better understand the differences between the models identified in the various typologies, and in particular, to identify what would enable us to distinguish the two social models (global social model and British social model), it is necessary to look at their theoretical roots.

For Stiker, the two main models of disability, the individual model and the social model, have no theoretical basis. Even if they do represent a way of looking at disability, they do not explain and do not answer the question: "Why are people and situations considered in the way they are?" (Stiker 2013: 252)[8]. Stiker points out that they are merely operating models, "definitions that can introduce and enable a 'policy', vis-à-vis the group that will respond to this categorisation, enabling social actions, institutional practice, financial choices, etc." (Stiker 2013: 247–248)[9]. For Stiker, there are two crucial elements in the architecture of a theory: the presence of an initial notion posed as an axiom, a postulate that provides an overall vision, and a whole series of hypotheses deduced from this initial notion which, once confronted with the data collected, provide access to this overall vision.

[5] "[...] le modèle apparaît donc comme une partie concrète de la théorie qui est directement en rapport avec un ensemble de comportements" (Willett 1996: 9).

[6] "[...] un instrument de production et d'exposition des connaissances" (Le Moigne 1987: 1).

[7] "[...] apporte une vision d'ensemble d'un large champ du savoir, permettant à certaines hypothèses, promues au rang de principes, de rendre compte des régularités établies par l'expérience" (Stiker 2013: 251).

[8] "[...] pourquoi les personnes et les situations sont prises en considération comme elles le sont?" (Stiker 2013: 252).

[9] "[...] définitions pouvant introduire et permettre une 'politique', vis-à-vis du groupe qui va répondre à cette catégorisation, permettre des actions sociales, une pratique institutionnelle, des choix financiers, etc." (Stiker 2013: 247–248).

The individual model and the social model have each defined an axiom and a central postulate and, in their way, propose a representation of disability. Even so, without hypotheses to explain "what drives the way our society [...] treats people with disabilities and disability situations" (Stiker 2013: 251)[10], they do not provide us with "knowledge detached from observation and serving as a basis for the 'abstract' intelligence of the thought system(s) relating to disability" (Stiker 2013: 248)[11].

Using Priestley's reading grid (1998), we can see that the philosophical framework, both ontological and epistemological, makes it possible to explain the general opposition between the individual model (the perception of disability as an individual pathology) and the social model (the perception of disability as a social pathology). This opposition crystallises around the question of the existence or non-existence of social phenomena outside our perception. These two opposing models reflect two conceptions of the "disability object" and the reality associated with it. In the individual model, the various factors causing disability are to be found at the level of the individual and take the form of biological or functional elements. Disability is an individual object. In the social model, on the other hand, the various factors causing disability are not to be found at the level of the individual, but in a social reality that oppresses, stigmatises and marginalises individuals who are different. Disability is a social object.

For Priestley (1998: 76), the social model, the perception of disability as a social pathology (Rioux 1997), is part of an ontological realist position which considers that social phenomena "have some 'real' existence beyond our observations and interpretations that they exist independently of the individuals who experience them" (Priestley 1998: 76). For those who defend this position, social phenomena interact directly with the individual and are responsible for disability. In contrast, the individual model is based on a nominalistic ontology, which postulates that "social phenomena have no 'real' existence beyond our perceptions and interpretations of them" (Priestley 1998: 76).

Whereas for nominalist ontology, social reality exists only because we talk about it, for realism taken in the traditional and metaphysical sense, abstract entities and universals are real, beyond our perception (Lecourt 2006). For

[10] "[...] ce qui commande la façon dont notre société [...] traite les personnes handicapées et les situations de handicap" (Stiker 2013: 251).

[11] "[...] connaissance détachée de l'observation et servant de base à l'intelligence 'abstraite' du ou des système(s) de pensée relatif(s) au handicap" (Stiker 2013: 248).

Gaudet & Robert (2018), this ontological posture based on Cartesian philosophy, which differentiates the subject from the object, has dominated the Western scientific world since the Enlightenment. This simple ontological anchoring, uncoupled with an epistemological positioning, does not make these models theoretical models with an explanatory vocation. Epistemology, unlike ontology, does not refer to how reality is considered, but rather to how science organises itself to access knowledge. As a discipline that studies the way we know, epistemology "makes our ways of knowing an object of knowledge" (Fourez & Larochelle 2002: 9)[12]. If we consider epistemology in its applied sense and look at the different ways of accessing knowledge, we see that it maintains a strong link with ontology. For Barreau (2001: 1), "epistemology gives ontology a language, and probably more than a language [even though] ontology "goes beyond science and even purely epistemological reflection on science"[13].

Considering that social phenomena do or do not exist outside our perceptions, that the origin of disability lies at the level of the individual or society, does not inform us about the means deployed to understand disability and to provide explanations for it. While materialism accords reality and primacy to matter in the explanation of phenomena, idealism is rooted in a primacy (logical, causal and temporal) of thought over matter (Lecourt 2006, Thomas-Fogiel 2017). Explaining disability through materialist epistemology is tantamount to seeking its origin in material elements and, conversely, ideal elements for idealism.

To return to our question about the differences between the typologies of models of disability, researchers who evoke a social model to designate a perception of disability as a social pathology are referring to a simple ontological position. Those, such as Grue (2011), who have noted the presence of a 'British' social model refer to a model that is part of the same ontological position, but in addition adopts a materialist and Marxist epistemological posture. Researchers such as Oliver (1990), Barnes (1991) and Abberley (1997) have contributed to the construction of a genuine theory of the social oppression of disabled people. For Stiker, the theory of social oppression is indeed a theory because it 'relativ-

[12] "[...] fait un objet de connaissance nos manières de connaître" (Fourez & Larochelle 2002: 9).
[13] " [...] l'épistémologie donne un langage et sans doute davantage qu'un langage à l'ontologie [même si] l'ontologie 'déborde' la science et même la réflexion purement épistémologique sur la science" (Barreau 2001: 1).

ises' infirmity and disability, by raising awareness "that there is no more infirmity than there is poverty per se, these phenomena are more or less "ideological" products of a state of society that has placed obstacles of all kinds in the lives of some of its fragile members" (2013: 273–274)[14].

3. Theoretical models of disability based on an ontological and epistemological position

Between nominalism and realism, materialism and idealism, Priestley (1998) has identified four theoretical positions in the study of disability: subjective materialism (nominalism/materialism), subjective idealism (nominalism/idealism), objective materialism (realism/materialism) and objective idealism (realism/idealism).

The position of subjective materialism, with its nominalistic ontology, is the one that best represents the logic of thought on which Disability Studies has taken its stand. It brings together work in medical sociology characterised by an individual perception of disability, strong determinism and biological essentialism. According to this position, disability originates in the existence of biological, medical and pathological elements. The theoretical position of subjective idealism places emphasis on the phenomena of exclusion and stigmatisation that occur during social interactions. Focusing almost exclusively on individuals' perception of social reality, it is also nominalistic. It has also been the subject of work from a phenomenological perspective or symbolic interactionism. What these studies have in common is that they focus on personal experiences, beliefs and interpretations without adopting the point of view of disabled people. The theorists of objective materialism, on the other hand, consider that disability is caused by the social environment and its oppressive structures. With its realist ontology, it corresponds to the British social model. Finally, the theoretical position of objective idealism looks beyond inter-individual relations to analyse more globally the cultural and normative processes that lead to the particular social treatment of people with disabilities. Looking at disability as a social construct, linked in particular to language, it takes account of the contributions of post-modernism, new critical thinking and, more recently, crip theories.

[14] "[...] qu'il n'y a pas plus d'infirmité qu'il n'y a de pauvreté en soi, ces phénomènes sont des produits, plus ou moins 'idéologiques' d'un état de société qui a posé des obstacles de tous ordres dans la vie de certains de ses membres fragiles" (Stiker 2013: 273–274).

3.1 Subjective materialism: medical determinism and essentialism

Priestley (1998) calls the first theoretical position in the study of disability, based on nominalist ontology and materialist epistemology, "subjective materialism". This position, which he calls the "model of the materialist individual", corresponds to the medical and rehabilitative vision of disability against which the mobilisation movements that gave rise to Disability Studies have set themselves up. In this theoretical posture, environmental and social factors play no role in the production of disability situations. It is from this position that models of disability based on biological and genetic determinism are rooted (medical, biomedical, functional models, etc.). By focusing in a deterministic and positivist way on impairments, while trying to contain as far as possible any subjective data, it perceives disability as its direct product (Filiatrault 2016). For Priestley (1998), the research that falls within this perception is empiricist and is based in particular on the observation and classification of individuals and bodies.

Empiricist philosophy considers that "all our knowledge comes solely from our direct relationship, initially through our senses, with the external world [...] [it is a] scientific approach that privileges experience and the observation of facts over explanatory theory" (Ruby 2013: 332)[15]. For Besnier (2016), empiricists are opposed to rationalists on the question of the real or imaginary status of the laws of thought. While rationalists assert that reason has knowledge that precedes all experience, empiricists postulate that nothing is innate in the human mind and that the laws of thought have an imaginary status. For empiricists "experience [...] is therefore declared to be the sole source of knowledge" (Ruby 2013: 308)[16]. From an epistemological point of view, Besnier (2016) explains that, in empiricism, as in materialism in general, the structures to be called upon to access knowledge belong solely to the object and not to the subject, since knowledge must be devoid of any parasitic subjectivity. "The goal here is to derive general statements of knowledge from objective facts and to minimise the influence of subjective values in the process" (Priestley 1998: 77).

For this position, which focuses its analysis on "impaired bodies" (Priestley 1998: 78), "social phenomena have no real existence beyond material

[15] "Toute notre connaissance provient uniquement de la relation directe, d'abord au moyen de nos sens, avec le monde extérieur [...] [c'est une] démarche scientifique qui privilégie l'expérience et l'observation des faits au détriment de la théorie explicative" (Ruby 2013: 332).

[16] "L'expérience [...] est par conséquent déclarée seule source de la connaissance" (Ruby 2013: 332).

individuals" (Priestley 1998: 77). It is not the individual's relations and relationships with the environment that determine his existence and destiny, but his biological characteristics: "Disability is the physical product of biology acting upon the functioning of material individuals (bodies)" (Priestley 1998: 78).

Since they perceive disability as being the direct product of impairment, institutional classifications of disability, particularly those of the World Health Organisation (WHO), can be linked to this position of subjective materialism. Backed up by nomenclatures, they are used as a basis for the introduction of public policies for aid and support for disabled people by the States. In 1980, for example, the World Health Organisation introduced the International Classification of Impairments, Disabilities and Handicaps (ICIDH) in response to the failure of the International Classification of Diseases (ICD) to take account of chronic diseases, the consequences of disease and trauma. Using the terms impairment, disability and handicap, the ICIDH highlights several successive levels of consequences of illness and trauma (Fougeyrollas 2002, Ravaud and Fougeyrollas 2005), as well as three levels of experience of disorders: "at the level of the organ, the individual and the social level" (Ravaud 1999: 67)[17]. Conveying a notion of cause and effect between illness, impairment, disability and handicap, the ICIDH places the responsibility for disability on the individual, since the latter follows linearly from these personal attributes, whatever the characteristics of the environment in which he or she evolves. Conveying a notion of cause and effect between illness, impairment, disability and handicap, the ICIDH places the responsibility for disability on the individual, since the latter is the linear result of these personal attributes, whatever the characteristics of the environment in which he or she evolves. The International Classification of Functioning Disability and Health (ICF), adopted in 2001, goes further by introducing the issue of disability as the product of the interaction between a person and his or her environment. However, by ignoring the influence of environmental factors in the definition of activity, this classification continues to highlight the causal link between impairment and disability and to place the responsibility for disability on the individual (Fougeyrollas 2010).

These different individual and medical positions have been criticised for their essentialism. For Feely (2016: 2) essentialist thinking assumes "that for any specific kind of entity (e.g. a human body) there exists a specific set of

[17] "[...] au niveau de l'organe, de la personne et au niveau social" (Ravaud 1999: 67).

attributes or characteristics that any entity of that kind must possess. These essential attributes or characteristics are presumed to be immutable, inherent and context-independent. Put differently, an individual entity (e.g. a human body) must possess an essential set of attributes or characteristics to secure membership of its type or kind (i.e. to be a proper human body)" (Feely 2016: 2). The individual and medical vision of disability is essentialist in the sense that it excludes people with impairments from the status of "normal" human being. The latter would not have, either permanently or temporarily, or would have lost, the physical, mental or psychic characteristics that would make them "normally" constituted human beings.

3.2 Subjective idealism: the social and cultural environment is non-existent outside individual interpretations

The second theoretical position for the study of disability, subjective idealism, is also part of a nominalist ontology but, unlike the first, is part of an idealist epistemology. Priestley (1998) also refers to it as the "idealist individual model".

Always focused on the study of individuals, this position is not based on biological and medical aspects but rather on cognitive aspects, centred on the personal experiences, beliefs and interpretations of individual players. Disability is not directly linked to a biological defect or lesion, but "is the product of personal experience and the negotiation of social roles between individuals" (Priestley 1998: 80). Various works based on subjective idealism can be linked to it. Defining "an interpretation of the act of knowing, according to which knowing consists in apprehending these mental realities alone [idealists] are concerned with asserting the sole power of the mind in the construction of truth" (Lecourt 2006: 577)[18]. If we take up Besnier's (2016) analogy in the context of idealism, in contrast to the previous materialist and empiricist position, the only structures that need to be called upon in order to know are located solely in the subject. While for subjective materialism, social phenomena have no existence apart from their biological aspects, for subjective idealism, they have no real existence apart from the experience that individuals have of them (Priestley 1998). This position has given rise to several studies questioning the

[18] "[...] une interprétation de l'acte de connaissance, selon laquelle connaître consiste à appréhender ces seules réalités mentales [les idéalistes] s'attachent à faire valoir la seule puissance de l'esprit dans l'édification de la vérité" (Lecourt 2006: 577).

experiences of disabled people, their behaviour and their ability to cope with disability. Some work in the phenomenology of disability can be linked to this study position.

Indeed, several phenomenological writings take a more or less direct interest in disability, considering disabled people as an object of study for philosophical thought experiments (Hall 2021). While Straus (1966), who is interested in the upright posture of the human being, presents disability as a frightening and surprising disturbance of the ordinary (Hall 2021), Leder (1990) describes the experience of pain and illness from the point of view of a non-disabled person. Inviting presumably able-bodied readers to imagine what it would be like to lose their current bodily capacities, these works consider that the example of disability allows us to question the whole of the human condition. Reducing disability to lack, weakness, pain, disadvantage or suffering, these works do not seek to highlight the experiences as lived by the people concerned (Hall 2021, Reynolds 2018). For Abberley (1991), these various studies provide more information about the fears of the researchers themselves and of society about disability than about disability itself.

Following the example of the phenomenology of disability, certain works based on symbolic interactionism can find their place in the position of subjective idealism. Symbolic interactionism, which was to become a speciality of American sociology, envisages the links between the individual and society as a process (Lacaze 2013). For Blumer (1937) and Goffman (1963), individuals act and construct the world based on the meanings they give to things and people, which emerge, are modified and are interpreted in social action. By giving an important place to these interpretations from which meanings emerge, symbolic interactionism does not deny the social positions of individuals but puts their importance into perspective by assuming that the actions of individuals are only partially structured by the attributes linked to their social position (Etienne et al. 2004). In this field, the work of Goffman (1963) is emblematic. Although it has been the starting point for a great deal of work in disability studies, Goffman's symbolic interactionism has been criticised. Researchers who take a realist ontology (both materialist and idealist) criticise him for taking the dominant point of view (Filiatrault 2016) and also for focusing only on elements that help to differentiate people with disabilities (Stiker 2013).

For both Abberley (1991) and Murphy (1990), interactionist approaches, which suggest that all differences can be potentially stigmatised, opt

for a fatalistic approach by locking themselves into a kind of absolute and unchanging truth, without looking for the causes and providing explanations for these stigmatisation processes. Interactionism simply describes beliefs, without explaining them, "without any attempt to specify why particular ideas are held in particular societies at particular times, other than by reference to other ideas" (Abberley 1991: 8).

3.3 Objective materialism: the importance of social structures in the production of disability

The third theoretical position for the study of disability is called objective materialism by Priestley (1998). He calls this position of realist ontology and materialist epistemology the "social creationism" model. He uses a neologism coined by Oliver (1990) to describe the British social model approach, distinguishing it from both the biological determinism of the medical model and the non-materialist approaches that also view disability as a social pathology (realist ontology and idealist epistemology approaches, which we will discuss later) (Shakespeare 2006). Objective materialism actually corresponds to the British social model referred to by Grue (2011) in his typology and which fits in, but is not confused with, the perception of disability as a social pathology (Rioux 1997).

Generally speaking, researchers who take their cue from the British social model therefore focus on social barriers and are interested in their historical origins and their sociological and political determinants (Stiker 2013). The root of the problems faced by people with disabilities is not to be found in their bodily dysfunctions but in the existence of an oppressive and discriminatory society (Söder 2009). For Carol Thomas (2004: 581), the British social model considers that disability "is a form of social oppression on a par with other forms of oppression in our society associated with gender, race, class, and sexuality" (Thomas 2004: 581). While the individual model focuses on impairment, this social model, described by Shakespeare (2006: 11) as a "strong social model" emphasises structural environmental factors by analysing physical barriers and, above all, institutional and economic obstacles. From this materialist perspective, disability is seen as socially created by socio-economic factors, barriers and social discrimination (Söder 2009). For Oliver and Barnes, "it was the coming of capitalism that created disability as an individual problem and that it was not until the latter half of the twentieth century that this came to be challenged,

largely by politicized disabled people" (Oliver & Barnes 2012: 3). Like the position of subjective individualism, the British social model is materialistic but radically opposed to its medical essentialism. Indeed, it strongly contests: "medical or psychological assessments and discourses that purport to define possibilities, places, roles, wires, etc., in terms of measures and diagnoses of impairment, and more generally still, anything that, from the specific point of view of impairment, attempts to circumscribe them, or helps to identify them, and more often than not inferiorities them" (Stiker 2013: 271)[19].

Initially developed within the framework of UPIAS and its founding manifesto (1976) by Paul Hunt and Vic Finkelstein, the British social model was built on an observation made by the two activist researchers. Faced with the social treatment reserved for people with disabilities (exclusion from the labour market, education, inaccessibility, etc.), the only way for them to one day take control of their own lives was to engage in a political struggle against the social response they received in order to bring about change in society (Thomas 2004). Initially, the British social model was based on a clear difference between the concepts of impairment and disability. Whereas impairment "refers to bodily and medical issues"[20] (Filiatrault 2016: 11–12), disability refers to the social oppression that takes shape around impairment and is added to it. This segmentation is reminiscent of the schema on which the WHO classifications (and in particular the ICIDH) are based.

What needs to be made clear is that although impairment is seen as a precondition for disability, the British social model does not show a natural causal link between impairment and disability. It is indeed society which, through the oppression it generates, adds disability to impairment. For Finkelstein and Hunt (UPIAS 1976), disability cannot be summed up as impairment; it is an additional form of oppression (Finkelstein 2001, Thomas 2004). Oliver (1990) was the first to develop and discuss a British social model of disability, initially in a course and then in a book published in 1990, *Politics of Disablement* (Filiatrault 2016, Thomas 2004). The theory he wished to develop had to respond to two main problems that his status as a sociologist with a disability had

[19] "[...] les évaluations et les discours médicaux ou psychologiques qui prétendent définir les possibilités, les places, les rôles, les filaires, etc., en fonction des mesures et des diagnostics de la déficience, et d'une manière plus générale encore, tout ce qui, à partir du point de vue spécifique de la déficience, tente de les circonscrire, ou contribue à les repérer, et le plus souvent les infériorise" (Stiker 2013: 271).

[20] "[...] se réfère à des enjeux corporels et médicaux" (Filiatrault 2016: 11–12).

enabled him to identify: the absence of disability in sociological work and the existence of barriers that prevented him from participating fully in society. His theory was underpinned by a more general objective: "to produce a scientifically valid sociological explanation of the situation and experiences of disabled people and to guide them in their actions for political change" (Söder 2009: 69). Considering that disability has been shaped as a social category by historical processes, he was the first to develop a comprehensive materialist and Marxist theory of understanding disability (Barnes 2012).

The British materialist social model has acquired an almost iconic status over time. Whether authors are for or against it, their writings often enter into dialogue with it (Thomas 2004). Despite this, there have been many criticisms of the British social model and oppression theory. They focus mainly on the fact that it seems exaggerated to summarise disability as a 100% social phenomenon. Its theorists are criticised for conceptually separating disability and impairment in a dichotomous way, focusing solely on the social aspects linked to oppression. For Bury (1991, 2010) and Williams (2000) in medical sociology, as for Shakespeare and Watson (2001) who place themselves in disability studies, but who adopt a realist and idealist perspective of disability, it is "nonsensical to deny any causal relationship between chronic illness/impairment and disability" (Thomas 2004: 577). In their view, this would be tantamount to giving no importance to the body and the embodied and experienced dimension, to the detriment of over-represented social factors. On the subject of this relegation of bodily aspects, Williams (1999) does not hesitate to speak of social essentialism. In their early theorisations, although Finkelstein and Hunt (UPIAS 1976) did conceptually separate impairment from disability, they did not eliminate all links between disability and impairment, since they considered the latter to be a condition for the production of disability, the basis on which social oppression was expressed. In light of this, Carol Thomas (2004) explains this criticism by the fact that the Finkelstein and Hunt interpretation gradually dissolved into a British social model that was a victim of its own success and which, over time and through use, was simplified and caricatured, losing its original essence. Adherence to the social model would thus have been equated, in many minds, with the position that deficiencies and chronic illnesses would not entail any restrictions on activity (Thomas 2004). This misperception would have led many researchers to firmly reject any idea of a materialist approach. While Finkelstein and Hunt did not deny the aspects related to disability, it should not be at the centre of the analysis but remain in the private sphere of the individual. For

Thomas (2004: 572), summarising Finkelstein's thinking, "any focus on 'personal experiences' is only acceptable if it is in the service of galvanising the broader struggle for social change". What people need to publicise, then, is not their impairments, but rather the many social exclusions that constitute disability.

Despite criticism and questioning, the development of a 'new materialism' of disability (Goodley et al. 2019) inherited from the British social model is central to the thinking of a second generation of radical theorists in Disability Studies (Braidotti 2005, 2006, 2013, 2018; Braidotti & Hlavajova 2018; Feely 2016; Flynn 2017; Fox & Alldred 2015). In a break with traditional materialist analyses that focused on the logic of social production, the new generation of theorists is apprehending the complexities of disability by combining the advantages of older theories (the ability to contest material oppression) while taking into account the embodiment of the body and the lived and experienced dimension of disability (Feely 2016). By adopting this more consensual approach, the 'new materialism' makes it possible to create links and bridges between studies based on the objective materialism inherited from the British social model and the positions based on subjective and postmodern idealism, which we will describe in more detail below, and which have always campaigned for recognition of the place of the body and people's experiences in research.

3.4 Objective idealism: ideal elements and discourses at the root of disability

The fourth theoretical position for the study of disability, which has a realist ontology but an idealist epistemology, comes under the heading of objective idealism for Priestley (1998). The work in this area comes from a second generation of social modellers, who conceptualised disability after the work of the British social model, especially from the 1990s onwards (Gustavsson 2004). Work in this area has focused in particular on the forms of oppression produced by language and culture (Gustavsson 2004). For Filiatrault (2016) they are part of the postmodern trend and are rooted more in cultural studies than in sociology.
For Marian Corker and Tom Shakespeare, who published a book entitled *Disability/Postmodernity* in 2002, the philosophy of the Enlightenment is at the heart of modernity. By conveying values such as reason, it places science as the means to access truth and achieve social progress. In this modernist context, the subject, perfectly rational and independent, is the foundation. In this modernist context, the subject, perfectly rational and independent, "is the ground of both

ontology (being) and epistemology (theories of knowledge)" (Corker & Shakespeare 2002: 2). For them, the individual medical model of disability and the British social model are part of modern thinking, built around binarity (true, false; normal, abnormal) or the overemphasis on theory to the detriment of lived experience (Corker & Shakespeare 2002). Structured in conjunction with the capitalist project, they see modernism as complicit in the creation of social inequalities and systems of privilege and power based on disability, gender, race, class, sexuality or age, and manifested in the rich/poor divide. Ideological drift, the disasters of the twentieth century and the failure of the communist project are said to have led to a loss of legitimacy for the great explanatory theories (theories of knowledge and social progress) and the grand narratives (Keucheyan 2010, Lyotard 1979). The latter is no longer sufficient to explain the way societies function (Lyotard 1979) and the new global context shaped by globalisation, the emergence of new communication technologies, the advent of universal consumerism, etc. In contrast to modernism, which focuses on the quest for reality and truth, postmodern theories bring together a range of approaches that have in common the rejection of simplistic explanations and an understanding of the social world as a tangle of complex, uncertain and unstable phenomena. The loss of influence of Marxism, whose ambition was the emancipation of the working class, combined with the various North American identity movements of the 1960s (black Americans, homosexuals, disabled people) also helped to bring identity issues to the forefront of post-modernist research (Keucheyan 2010). Generally speaking, its emergence in the 1980s and 1990s contributed to the development of a cultural turn in the social sciences, emphasising the fact that identity is not just economic and relative to a social class, but that it is also cultural. For postmodern thinkers in Disability Studies such as Shakespeare and Watson (2001), disability as an object of research is the quintessential postmodern concept because "it is so complex, so variable, so contingent, so situated. It sits at the intersection of biology and society and of agency and structure. Disability cannot be reduced to a singular identity: it is a multiplicity, a plurality." (Shakespeare & Watson 2001: 19).

Post-modern thinkers in Disability Studies argue that the Marxist origins of the theories that shaped the British social model made it possible to offer a committed reading of disability and a critique of capitalism (Corker 1999, Corker & French 1999). While acknowledging these contributions, they nevertheless see its realist ontology and the search for the material causes of disa-

bility as a simplistic explanation that relegates the individual and his or her culture to the background. In line with the linguistic turn in the social sciences, many researchers have based themselves on the following theoretical hypothesis: "language practices not merely reflect but also are social orders, and thus strongly influence living conditions of people with disabilities" (Gustavsson 2004: 60). For them, language enables the different groups in society to construct social orders, but power structures favour the orders and discourses of the dominant social groups. By seeking to give a voice to minority groups, they aim to rebalance this relationship of domination (Gustavsson 2004). For Robert McRuer (2002), disabled people are caught up in an epidemic of signification because they are named and described using terms that help to create a veritable disability-producing schema. Indeed, as Michalko (2002) points out, while 'sighted people' are not named even though they are everywhere, 'blind people' are pointed out, defined and listed.

As with objective materialism and subjective materialism, which have been described as medical and social essentialist perspectives respectively, some criticise the 'discursive essentialism' of these post-modern positions. As Bhaskar and Danermark (2006) point out, some of these positions can indeed be distinguished by their strong relativism. "It is argued that our way of speaking about reality is a social construction and when we construct our understanding of reality in mutual interaction with other members of the society we thus construct our understanding of the world. In this act of construction, there are only signs, not things. We lose the object - the death of the object - and reality becomes only 'text'. This has far reaching consequences" (Bhaskar & Danermark 2006: 284). Contrary to realists who may consider, for example, that dyslexia is a phenomenon determined by the conjunction of a brain different functioning and a social organisation that places great importance on reading and writing, Danermark points out that certain extreme positions go so far as to assert that dyslexia is a phenomenon that is entirely a social construct. Since we cannot talk about dyslexia in a society where the art of reading and writing is not developed, these positions claim that Gutenberg 'invented' dyslexia (Danermark 2002).

Following the example of the new, more consensual materialism, new, more open research perspectives are developing in the continuity of the first post-modern reflections. In reaction to the various forms of essentialism and shortcuts proposed by the theories and the major classic models for explaining disability (medical, social and discursive essentialism), critical Disability Studies is more concerned with the nuance and sophistication of explanations. By using

the qualifier 'critical', the researchers hope to stimulate a qualitative change in disability studies by adopting a stance that initiates a shift "from the established to the new; from the orthodox to the evolving; from the specific to the expansive" (Goodley et al. 2019: 976). As well as being a self-critical and reflexive movement, critical Disability Studies has several fundamental characteristics. For example, they mobilise intersectionality in their reflections on mutual processes of exclusion (associated with race, ethnicity, gender, sex/sexuality, age, class, nation and disability) (Goodley et al. 2019) or focus on the Western-centric context of production of models of disability (Chataika 2018, Grech & Soldatic 2016, Soldatic & Johnson 2017).

Critical Disability Studies also recognises and uses the queer tools and reading keys that it mobilises to propose reflections on the experience and place of disability in society and culture.

Several researchers, for example, claim to be crip theorists (Baril 2015, Crow 1996, Davidson 2016, Kafer 2013, Mollow 2006, Nicki 2001, Price 2015, Siebers 2008, Wendell 1996). Founded by Robert McRuer (2006), crip theories are the transgressive and subversive counterpart of disability studies. They are characterised by the use of contributions from queer theories to reflect on the links between disability and the processes of defining identity, the relationship with the norm, legitimacy or even desire and sexuality (Puiseux 2018). The idea behind crip theories is to propose an alternative model of disability that aims to recognise the complexity of disability by taking full account of the "subjective/personal and social/political dimension of this reality" (Baril 2018: 197)[21]. Crip theories have had a particular influence on the philosophy of disability, and more specifically on phenomenology, as they have permeated disability studies in general. From the position of subjective idealism, we noted above the existence of several works of phenomenology which, while conceding that disability is a medical reality, do not study it from the point of view of the person concerned. Crip phenomenology, which is part of the more general field of critical phenomenology (Guenther 2019, Hall 2021, Reynolds 2018, Wiessler 2023), defends the fact that disability is the result of oppression, stigmatisation and discrimination, and proposes to analyse impairment and disability from the perspective of lived experience.

[21] "[...] en tenant pleinement compte de la dimension subjective /personnelle et sociale/politique de cette réalité" (Baril 2018: 197).

Convinced that existing models of disability are inadequate to theorise the subjective experiences of living as a disabled person, crip phenomenologists attempt to understand how "ableism and heteronormativity work together, along with capitalism, white supremacy, patriarchy, and other forms of structural violence, to shape those experiences" (Hall 2021: 18). These various phenomenological reflections make it possible to reconsider the distinction between the concepts of impairment and disability, a central element of the British social model. While accepting that disability is a form of oppression in addition to impairment, several researchers (Hughes & Paterson 1997, Kafer 2013, Wendell 1996, Wieseler 2023) are campaigning for a reappropriation of the concept of impairment by proposing phenomenological analyses centred on an approach to impairment. The fact that the British social model equates disability with physical dysfunction has had the consequence, in their view, of leaving the disabled body "in the exclusive jurisdiction of medical hermeneutics" (Hugues & Paterson 1997: 330). By focusing on the bodily experience of oppression, stigmatisation and discrimination, they seek to understand the complexity of the embodiment of disability but also want to show that impairments established in relation to a medical norm are also a social construct, imbued with ideological prejudices about what constitutes normality and deviance (Kafer 2013, Wieseler 2023).

Contemporary approaches to disability studies are distinguished by their ability to go beyond the limits of strictly materialistic perspectives, avoiding social essentialism, and exclusively idealistic approaches, and moving away from discursive essentialism. Like the currents of new materialism, which are less radical in their stance, these studies now navigate between different epistemological positions to grasp the complexity of disability (Figure 1). This dynamic encourages the integration of contributions from various theoretical currents, leading to a more comprehensive and nuanced understanding. Some researchers (Archer 1995, Bhaskar 1978, Bhaskar & Danermark 2006, Collier 1994, Danermark 2002, Escuriet 2021, Vehmas & Watson 2014) take the view that disability can be produced by multiple factors, whether social or cultural, and recommend adopting critical realism as their frame of reference. Governed by several principles (ontological stratification, the transitive and intransitive dimension of reality, causality in terms of generative mechanisms, the presence of trends rather than empirical regularities and the importance of contextualisation (Danermark 2002), critical realism offers the possibility of articulating material and ideal dimensions while studying disability both at the level of individual experience and in a more social and global dimension.

Shakespeare (2013) adopts an interactional and holistic approach which synthesises disability as a lived experience for the individual determined by the interaction of intrinsic and extrinsic factors. "The approach to disability that I propose to adopt suggests that disability is always an interaction between individual and structural factors. Rather than getting fixated on defining disability as a deficit or a structural disadvantage or alternatively a product of cultural discourse, a holistic understanding is required. Put simply, the experience of disabled person results from the relationship between factors intrinsic to the individual, and extrinsic factors arising from the wider context in which she finds herself" (Shakespeare 2013: 88). Shakespeare's position is not unlike that defended by Fougeyrollas and the International Network on the Disability Creation Process (INDCP) team (Escuriet 2020, Fougeyrollas et al. 1998, Fougeyrollas 2010). In opposition to the WHO's ICF, they developed the The Human Development Model – Disability Creation Process (HDM-DCP), which considers disability to be the result of the interaction between personal factors, environmental factors and lifestyle habits. Backed by tools and a classification system, this model goes beyond philosophical considerations and is used in practical ways to support people with disabilities.

Epistemology Ontology	Materialist	Idealist
	Subjective materialism	**Subjective idealism**
Nominalist	Environmental, social and cultural factors play no role in the creation of disability No research into the causes of the social and cultural oppression of people with disabilities Disability: direct product of impairments Interest in biological and medical aspects, medical and rehabilitative vision of disability Analysis of 'weakened bodies' (Priestley 1998) Medical essentialism World Health Organisation (WHO) Classifications (ICIDH/ICF)	Environmental, social and cultural factors play no role in the creation of disability No research into the causes of the social and cultural oppression of people with disabilities Disability: direct product of impairments Interest in personal experiences, beliefs and interpretations without adopting the disabled person's point of view Phenomenology/symbolic interactionism

Realist	**Objective materialism** Environmental (social) factors are at the root of disability Disability is a form of social oppression The problems of people with disabilities lie in the existence of an oppressive and discriminatory society There is a clear difference between impairment and disability; impairment refers to bodily issues, whereas disability refers to the social oppression that is added to the impairment Analysis of the socio-economic factors, barriers and social discrimination at the root of the oppression of people with disabilities Materialist and Marxist analyses, theory of oppression Social essentialism and a lack of analysis of the lived dimension of disability for its detractors. For Thomas (2004), this is linked to a misinterpretation of Finkelstein and Hunt's original model (UPIAS 1976)	**Objective idealism** Environmental (cultural) factors are at the root of disability Disability is a form of oppression produced by language and culture It is studied by focusing on the body and lived experience. Post-modernism Discursive essentialism, these approaches can be characterised by a strong relativism
Approaches that can help make the link between Objective materialism and Objective idealism More recent development of 'new materialism' studies, which deploy materialist analyses by taking into account the lived dimension of disability Critical disability studies and crip theory: intersectional analyses or, for example, questioning the Western-centric context of theoretical models for studying disability Contributions of queer theory Crip phenomenology Critical realism Shakespeare's interactional approach (2013) The Human Development Model – Disability Creation Process (HDM-DCP)		

Figure 1*: Summary of the different theoretical positions in the study of disability according to Priestley 1998*

4. Conclusion

In conclusion, Disability Studies today represents a dynamic and constantly evolving field of research, which has succeeded in deconstructing the traditional perception of disability as a simple individual pathology to be managed by medical means. Through a critical approach, these studies have helped to place dis-

ability in a broader perspective, encompassing social, political and cultural dimensions. This field emerged as a direct result of the social movements that campaigned for the recognition of the rights of disabled people, opposing the dominant medical and rehabilitation approaches. This article highlights the plurality of theoretical models that make up the scientific landscape of disability. Although the division between the medical model and the social model of disability is a central framework in the literature, it nevertheless masks the richness and diversity of the underlying theoretical approaches. An analysis of the typologies emerging from the intersection of ontology and epistemology reveals that our understanding of disability goes far beyond the individual model/social model dichotomy. Indeed, the updating of Priestley's typology (1998) has made it possible to distinguish theoretical currents that shed different light on the nature of disability and its causes. Subjective materialism, rooted in essentialist medical determinism, perpetuates a view of disability as an inherent characteristic of the individual. Subjective idealism postulates that disability only exists through individual perceptions. About positions that consider disability to be a social pathology, objective materialism places the responsibility for disability situations on material and social factors, while objective idealism emphasises discursive and ideal elements. The elements of Rioux's (1997) and Priestley's (1998) typologies are relatively rigid and compartmentalised and do not interact easily with each other. More contemporary work in the fields of 'new materialism', critical disability studies, crip theory, crip phenomenology, critical realism and interactional approaches, on the other hand, is characterised by greater ontological and epistemological openness.

The reinterpretation of Priestley's typology proposed in this article contributes to a better understanding of theoretical positions in disability studies by offering a more dynamic and integrative perspective. By going beyond the limits of the fixed categories initially proposed, this approach highlights the possible intersections between different conceptions of disability, while revealing the complementarities between them. In particular, it shows how the material and social dimensions can be analysed in conjunction with discursive and ideational elements, enabling a more nuanced and contextualised reading of the causes and experiences of disability. In addition, this re-reading encourages a less dichotomous and more synthetic vision of theoretical frameworks, making dialogue possible between positions that are sometimes perceived as opposed. Generally speaking, this article has also shown the importance of the philosophy of science in clarifying and structuring the different approaches to disability

studies. By clarifying the epistemological and ontological foundations of disability models, it is possible to identify more clearly the areas of convergence and divergence between the different schools of thought. This clarification is crucial if we are to understand not only the diversity of research in this field, but also how it can complement or contradict each other.

Beyond these philosophical considerations, Disability Studies can exert a direct influence on contemporary political struggles. By emphasising the importance of social, cultural and political environments in the production of disability situations, Disability Studies is helping to rethink relations between individuals and society, to redefine notions of citizenship, social justice and equal rights, and to build more inclusive societies.

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