Title – Disability

Authors:
Professor Simon Darcy*
UTS Business School, University of Technology Sydney, Australia
14-18 Ultimo Road, Ultimo NSW 2007
Tel: 61 2 9514 5100
Fax: 61 2 9514 5195
Email: simon.darcy@uts.edu.au
* Corresponding author

Professor Alison McIntosh
School of Hospitality & Tourism,
Auckland University of Technology, New Zealand. Email: alison.mcintosh@aut.ac.nz

Dr Cheryl Cockburn-Wootten
Waikato Management School,
University of Waikato, Hamilton, New Zealand. Email: cwootten@waikato.ac.nz

Abstract
Disability is a highly contested construct that has been under defined and conceptualised within tourism scholarship. This entry will provide a human rights definition of disability before outlining the major conceptualisations of disability as a policy and research construct. These conceptualisations include the medical or individual model of disability, the social model of disability, critical disability studies and ableism. The entry concludes with a challenge to tourism academics to include disability and accessibility within the curriculum and for researchers to be more conscious in their conceptualisation of disability to understand the implications for scholarship from the inception of the research idea, through all aspects of fieldwork, analysis and contribution to the development of both tourism and disability studies scholarship. What the entry does not do is examine the history of disability in tourism scholarship as that is covered in the entry on "accessible tourism".

Key Words: *disability, impairment, accessible tourism, stakeholders, medical model of disability, social model of disability, ableism*

<div style="text-align:center">**Disability**</div>

Introduction

Disability is a highly contested construct that has been under theorised and conceptualised in tourism scholarship. Relatively few scholars have defined, critically conceptualised and operationalised the term in their research or scholarship, which was revealed by the imprecision of language used in a published empirical disability tourism research study (Gillovic, McIntosh, Darcy, & Cockburn-Wootten, 2018). Most definitions of disability before 1980 came from a medical or health perspective. This dominant worldview where disability had been defined in terms of deficit, loss or abnormality of the body is still prevalent today with the focus on a person's health condition (World Health Organization, 2021). The advent of the disability social movement in the 1970s challenged the underlying tenant that a person's impairment disables their social participation, with 'disability' imposed on top of a person's impairment through the socially constructed social, economic, legal and built environment barriers together with hostile social attitudes. This development of social approaches to disability while developing from the disability community social movement has been brought into the Academy with the development of disability studies. The remainder of the entry examines the tenants of the major social conceptualisations of disability including medical model of disability, social model of disability, ableism and the influence of critical disability studies within the critical tourism movement. For a more detailed understanding about conceptualising disability in tourism scholarship see Darcy and Buhalis (2011).

From a Medical Worldview to Social Approaches to Disability

The advent of the 'disabled' people's movement has seen a shift in our understanding of the definition of disability to focus on the types of disabling experiences rather than an individual's impairment (Watson & Vehmas, 2019). This has seen a change in the definition by the World Health Organization in response to social approaches that has been referred to as the biopsychosocial approach comprised of: the body function and structure (impairment); activities (limitation); participation (restriction); and with environmental and personal factors moderating a person's interaction with society. However, the disability studies community has critiqued the biopsychosocial approach as still based on a 'deficit' approach to understanding impairment and the nature of the disabling social environment.

The social understandings of disability have gained momentum and have been incorporated into human rights initiatives of the United Nations' *Convention on the Rights of Persons with Disabilities*. Instead of focusing on an individual's deficits, 'disability' is defined through broad groupings of types of access needs to challenge identified barriers for mobility, vision, hearing, cognitive, learning, mental health, physical disfigurement and sensitivities. Disability can also be characterised as visible or invisible (not discernible to others), and for this group 'disclosure' becomes a significant social issue. Whether visible or invisible, people living with disability face social stigmatisation and marginalisation in tourism experiences (McIntosh, 2020). As studies have shown, disability cannot be seen in isolation to the relative 'severity' (WHO health term) or the level of support needs (social understanding from independent to very high), which affects an individual's level of independence and the level of accessibility (support needs) they require to participate in tourism. Figure 1 presents the 'Pyramid of Disability and Support Needs' that individuals require and hence can inform the clustering of discrete market segments (Darcy & Buhalis, 2011).

Figure 1 about here

This reconceptualisation of disability from a health concern of the individual to a social consideration, with the aim to create enabling rather than disabling environments and challenge discriminative practices, has gained increased attention across disciplinary divides. Ultimately, disability is a complex and heterogeneous phenomenon involving aspects of a person's body/functioning and the environment in which they live. Socially conceptualising disability involves starting with the lived experiences of people with disability as the centre of the knowledge base. Yet, disability is perceived very differently by competing stakeholders including medical/health, legislative, academic and community sectors, as well as their significant others and the wider society. Concepts defining disability have predominantly been shaped by social, ethical, medical, economic and legislative changes. Changes in conceptualisations of disability serve as the driving force behind past and future social change for a more inclusive and diverse society (Oliver, 1996).

The social model of disability perceives the concept differently to the medical/individual model. The social model, often positioned as opposing the medical model of disability, opens up opportunities for different conceptualisations that can engender change and inclusion. This model draws on social constructionist and interpretative paradigms to position individuals as disabled by society rather than by their bodies or impairment. As such, disability is not due to individual characteristics, or any medical issue, but rather the wider society that consciously or unconsciously creates barriers and constraints (intrapersonal, interpersonal and structural) to the full and inclusive functioning of individuals living with disability (McKercher & Darcy, 2018). Disability is thus an issue of social, political and economic injustice (Oliver, 1996). Reconceptualising disability as socially induced and constructed refocuses our attention on creating social solutions and transformative change to improve social participation, and in this case, across all aspects of the tourism system.

Ableism
More recently, theorists have sought other social theory to challenge social practices that affect people with disabilities' experiences. Ableism has developed as a critique of socially accepted understandings of 'idealised bodies', minds and capabilities situated at the epistemological 'systems of life, personhood, power and liveability'. A simple explanation is that it is discrimination and prejudice in favour of the 'able-bodied' at the detriment to those with disabilities. However, it is much more than hostile social attitudes and 'it is a trajectory of perfection, a deep way of thinking about bodies, wholeness, permeability and how certain clusters of people are en-abled via valued entitlements. In short, ableism functions to 'inaugurat[e] the norm' (Campbell 2009, 5).' (Campbell, 2019, p146). Ableist discourses, processes and practices thereby normatively promote a specific understanding of what it means to be 'able' and which bodies, capabilities, and intelligences are deemed 'normal' and, hence economically valuable. In doing so, they create a strong binary opposition between 'able' bodied, capabilities and intelligences, and 'others' who are constructed as 'inferior', 'deviant' or 'abnormal'. Hence, given the embodied nature of understanding ableism, it is somewhat surprising that there hasn't been a stronger connection to critical tourism studies within scholarship.

Engaging with Critical Disability and Critical Tourism Studies
Critical disability studies and critical tourism studies have illustrated the relational and social consequences of different conceptions for individuals, communities and societies. Critical conceptions examine issues and inequalities at all levels of society from macro, meso to micro. These injustices are usually a result of deliberate assumptions made about particular groups

and activities in society. These understandings will shape who is included in any decision-making, ethical considerations, and who has the power to engage at differing levels in society. Researchers working within this perspective will also examine the activities and language of organising relationships and understandings of people, objects and the environment. For instance, researchers will examine how myths, language, 'common-sense' understandings and discourses organise understandings that can limit or open up capabilities, experiences and activities for the person (Gillovic, McIntosh, Darcy & Cockburn-Wootten, 2018). At the civil and political levels of society, critical researchers have discussed how conceptualisations of disability shape political engagement, decision-making and can reduce the agency of individuals to be active and empowered participants (Cockburn-Wootten & McIntosh, 2020).

Conclusion
Disability is a dynamic, multifaceted, contested and multilevel social construction that shapes conceptions and has consequences for individuals, communities, organisations and governments. As there is no one definition, tourism researchers need to give important ethical consideration to how they define and conceptualise the term within all aspects of the research, writing and engagement processes. Approaches have moved away from the medical perspectives, which dehumanised and homogenised people by only focusing on health. This perspective ignored wider structural and societal constructions. Concerns were raised around the medical model's research design processes, decision making and outcomes. Participants were excluded from medical and social science research processes and in particular decision-making around interpretation of results and research outcomes, all of which had consequences for people to live inclusive lives. The social approaches and ablest perspectives shifted the attention towards examining the connections and relationships with other processes in society. This provided opportunities for critical researchers to both highlight the inequalities and the possibilities for change in society. One way to begin this process is to develop relationships within the wider community, gain understandings of the lived experiences of communities and how they wish to be constructed, and, through co-creation, participate in research studies.

References

Campbell, F. (2019). Precision ableism: a studies in ableism approach to developing histories of disability and abledment. *Rethinking History, 23*(2), 138-156. doi:10.1080/13642529.2019.1607475

Cockburn-Wootten, C., & McIntosh, A. (2020). Improving the Accessibility of the Tourism Industry in New Zealand. *Sustainability, 12*(24), 10478.

Darcy, S., & Buhalis, D. (2011). Chapter 2 - Conceptualising Disability. In D. Buhalis & S. Darcy (Eds.), *Accessible Tourism: Concepts and Issues* (pp. 21-44). Bristol, UK: Channel View Publications.

Gillovic, B., McIntosh, A., Darcy, S., & Cockburn-Wootten, C. (2018). Enabling the language of accessible tourism. *JOURNAL OF SUSTAINABLE TOURISM, 26*(4), 615-630. doi:10.1080/09669582.2017.1377209

McIntosh, A. (2020). The hidden side of travel: Epilepsy and tourism. *Annals of Tourism Research, 81*, 102856. doi:https://doi.org/10.1016/j.annals.2019.102856

McKercher, B., & Darcy, S. (2018). Re-conceptualizing barriers to travel by people with disabilities. *Tourism Management Perspectives, 26*, 59-66. doi:https://doi.org/10.1016/j.tmp.2018.01.003

Oliver, M. (1996). *Understanding Disability: From Theory to Practice*. Basingstoke, Houndmills: Macmillan.

Watson, N., & Vehmas, S. (2019). *Routledge handbook of disability studies*: Routledge.

World Health Organization. (2021). WHO Health Topics - Disability. Retrieved from https://www.who.int/health-topics/disability#tab=tab_1