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CURRENT ISSUE



## Exploring how the social model of disability can be re-invigorated for autism: in response to Jonathan Levitt

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### ABSTRACT

Levitt argues that the social model of disability needs to be re-invigorated, potentially by adapting the tool for separate countries. The social model has been successfully applied for some disabled groups in the United Kingdom. However, the social model is not implemented for neurodivergent labels such as autism, through the negative language of autism, causing severe problems for autistic individuals' daily lives. The social model can be re-invigorated for autism, removing social barriers by changing non-autistic people's attitudes towards autism through ensuring positive language of autism, preventing the categorisation of autism and fully enacting The Autism Act 2009 and The Equality Act 2010.

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Autism; social model of disability; emancipation; impairment labels; neurodiversity

### How is the social model implemented in the United Kingdom?

Levitt (2017) argues that the social model of disability should be re-invigorated by making a bespoke social model of disability for each separate country it is applied to. He proposes that the social model has been successful for himself and other disabled people in the United Kingdom over the last 22 years. However, I contest that the social model has been fully implemented in the United Kingdom for all impairment labels, traditionally being successfully deployed for people with physical and sensory impairments, while neurodivergent labels have been left behind in modern times (Graby 2016).

While the social model has numerous flaws (Mallett and Runswick-Cole 2014), it is largely associated with physical and sensory impairments, as shown by how blind people use folding canes and have braille at all entrances and stairs. The practice of Universal Design is enshrined in US law but less so in the UK Equality Act 2010, and is not much used in the United Kingdom (Milton, Martin, and Melham 2016); the principle is meaningfully practised, however, when designing new buildings which should be accessible for people with physical and sensory impairments.

In the UK education system, inclusion is practised as a form of integration largely due to the dominance of medical/deficit-based discourse utilised to gain extra support for Special Educational Needs and Disability pupils. For instance, the high numbers of autistic pupils with Education Health and Care Plans is a sign of how the education system requires bolt-on support for anyone who is different from the mythical norm (Milton, Martin, and Melham 2016), helping to perpetuate ableism and internalised ableism (Campbell 2008). The commonly reported struggles parents face gaining adequate support for autistic pupils often causes severe psychological distress to autistic pupils due to poorly implemented inclusion policies (Beardon 2017).

### **Social model is not practised for the autism label**

The medical model of disability is the dominant model in autism studies (Graby 2016). The UK full-time employment rate for people with autism is stagnant at around 15% (National Autistic Society 2016). Even with The Autism Act 2009 and The Equality Act 2010, autistic individuals could be discriminated against in the Criminal Justice System (Beardon 2008). Autistic individuals expend prodigious amounts of energy forcing themselves to meet Predominant Neurotype (Beardon 2008) demands and expectations, often causing undue psychological harm to themselves (Beardon 2017). This leads to higher suicide rates for autistic individuals:

7.3%–15% of people who have been hospitalised for attempted suicide also have an autism diagnosis. This is much higher than the 1% rate of autism diagnosis we would expect in the general UK population. (Cassidy 2015)

The above-average autistic suicide is symptomatic of autistic individuals being compared with Predominant Neurotype societal demands and expectations (Beardon 2017). An example of wider prejudice against neurodivergent labels is the UK government favouring 'really disabled people' to the detriment of neurodivergent labels or unseen disabilities:

Disability benefits should go to 'really disabled people' not those 'taking pills at home, who suffer from anxiety'. (Anon 2017)

Cuts to welfare in the United Kingdom have thus helped to segregate the different impairment types (Graby 2016), driving internalised ableism. This article, however, argues that the social model should be more widely implemented for all neurodivergent labels. Shifting autism research away from causes and biological effects onto services and social issues will also assist autistic individuals by exploring the impact of living in Predominant Neurotype society.

Autistic individuals are treated harshly for multiple reasons, primarily due to the language used to describe autism. The language used to describe a topic affects how people treat the topic. This is reflected in the recent rise in hate crime against European Union migrants after the Brexit Referendum in the United Kingdom. For neurodivergent labels, Sayal et al. (2010) suggest that teachers believing pupils

have attention deficit hyperactivity disorder (ADHD) predisposes the teachers to have negative opinions of the labelled pupils due to labelling effects. The Autism Strategy (Department of Health 2015) explicitly mentions the problems individuals with Asperger's syndrome face in their everyday lives, due to the misconception that Asperger's syndrome is mild autism or that Asperger's syndrome is not autism. Significantly, clinicians over-identified the number of cases of Asperger's syndrome by ignoring the differential marker of delayed speech development between Asperger's syndrome and autism, primarily due to the positive connotations of Asperger's syndrome. The autism discourse is dominated by concepts of autism being a disorder and a deficit (Graby 2016). This allows Predominant Neurotypes to treat autistic people as less than human, because autistic individuals are seen as diminished versions of the perfect Predominant Neurotype person (Campbell 2008). This is a profound type of barrier, something which has to be tackled using the social model of disability.

Also, the social model is not implemented for autistic individuals due to the burden of adapting to each other being unreasonably and unevenly placed onto autistic individuals compared with Predominant Neurotype institutions. Predominant Neurotype society forces autistic individuals to adapt to an environment which is not adapted for autistic individuals. For instance, autistic pupils are forced to learn a social skills curriculum in addition to the national curriculum. With increasing academisation it is less likely that autism-friendly universal design will be implemented (Milton, Martin, and Melham 2016). To compound the imbalance, Predominant Neurotype society ignores the challenges autistic individuals often experience, actively creating a social barrier to their employment (Graby 2016). These factors contribute towards the systematic discrimination and oppression of autistic individuals by Predominant Neurotype society.

### **How do we implement the social model for autistic individuals?**

Levitt (2017) argues that the social model can be re-invigorated by asking five questions which adapt the social model for individual countries. I contest the limited view of Levitt's scope and believe that, in order to make the social model ubiquitous, these questions need to be applied to specific impairment labels by each country; universal and consistent application of the social model will benefit people of all impairment labels. Here I reply to Levitt's questions not from a country's perspective, but from the perspective of the autism neurodivergent label:

- (1) 'Which aspects of the negative influence of society on disability (other than barriers to inclusion) are particularly worth focusing on and how can these be effectively addressed?' (Levitt 2017, 4).

The primary social barrier to be removed is the negative language and discourse of the autism label, such as deficit and disorder, along with removing subcategories and sublevels. For instance, having a blanket Autism Spectrum label where

a person's impairment is not measured but described upon diagnosis could help to avoid the negative stereotypes caused by the negative discourse of autism. A blanket Autism Spectrum label could ensure autistic potential is the primary focus when judging autistic individuals (Beardon 2017). Autism emancipation is achieved through not breaking up the autism label, which can help save autistic lives.

- (2) 'What ways of using the model (apart from a practical tool) seem promising and how can these ways be fruitfully implemented?' (Levitt 2017, 4).

There is still scope to use the social model in practical ways; particularly, the basic income can be liberating for all disabled people – with every citizen being financially secure, there is less competition and stigma attached to having an impairment label. In particular, the removal of needs-based assessment for the levels of 'impairment' no longer matters (Mays 2016). A basic income stops discrimination against autistic individuals and other neurodivergent individuals, meaning people with autism and other neurodivergent people could be as seen being equally impaired and worthwhile to society. This would overcome the current social barriers neurodivergent individuals face in gaining employment (Graby 2016).

- (3) 'To which groups of people (other than disability professionals in developed countries) is it important to disseminate the model and how can it be conveyed effectively?' (Levitt 2017, 4).

Disseminating the social model to all autistic individuals and recognising that each autistic person is the 'expert' on their autism will allow for increased autistic self-advocacy and self-regulation. Allowing autistic individuals to control their lives will lead to greater autism emancipation by reducing the mental health damage caused by autistic individuals forcing themselves to adapt to Predominant Neurotype societal demands.

- (4) 'Is it a good idea to present the social model in a manner which is contradictory (as opposed to complementary) to other models or that implies it is the only model conducive to emancipating disabled people?' (Levitt 2017, 5).

From the point of view of neurodivergence, the social model should be seen as being complementary to other disability models. The Nordic countries use and discuss the UK social model in addition to their relational models. The social model is not the only model of disability and the model does have numerous limitations. The social model does not always explain how disability is experienced; for instance, the Nordic relational models can sometimes better explain disabled people's experiences (Mallett and Runswick-Cole 2014), for instance how an autistic individual can experience crippling anxiety awaiting an email reply from a Predominant Neurotype person who thinks the autistic individual will be OK while they do not respond to the email (Beardon 2017).

- (5) 'What should be the primary goals of the social model and what steps can we take to achieve these objectives?' (Levitt 2017, 5).

The primary goal of the social model has always been to take the focus from the individual impairment, and to shift the gaze towards societal structures. This now needs to happen by Predominantly Neurotype institutions taking responsibility for making adjustments. The social model should be shifting the burden of making adjustments away from autistic people onto Predominant Neurotype institutions. This can be done by changing the law or fully implementing existing legislation, such as local authorities' and NHS Trusts' obligations to The Autism Act 2009, along with institutions enacting reasonable adjustments under The Equality Act 2010, and also changing the autism discourse to take on positive connotations of autism by moving away from toxic words and debates like 'disorder' and 'deficit'. By doing this, Predominant Neurotype society will finally treat autistic individuals as equal to themselves, leading to full autism emancipation.

### **How can the social model achieve full autism emancipation?**

When implemented, the social model is a powerful tool for achieving emancipation of all disabled people. Similar to other neurodivergent labels, the negative discourse about autism helps to ensure that the social model of disability is not applied to it, leading the UK education system to be un-inclusive. Because most autistic individuals simultaneously experience other neurodivergent labels, implementing the social model for autism will spread the social model for more neurodivergent labels. By focusing on stopping the negative discourse of autism, barring the categorisation of the autism label along with proper application of The Autism Act 2009 and The Equality Act 2010, the social model can be used to achieve autism emancipation by creating positive societal attitudes towards autism and shifting the imbalanced burden of adapting away from autistic individuals onto Predominant Neurotype institutions. This can prevent damage to autistic individuals' mental health, helping to prevent the undue loss of autistic lives and leading to the full emancipation of the autistic population.

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