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Presage of a paradigm shift? Beyond the social model of disability toward resistance theories of disability

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Over the last decade, a growing number of scholars in Disability Studies have begun to critique the social model of disability. This paper documents the movement in these critiques, analyzing several ways paradigms and theories have been used in relation to the social model and the ways in which resistance plays a part in these paradigms. In the second part of the paper, we begin to explore the implications of resistance theory for disability theory, noting that resistance appears to exist throughout all paradigms at play in disability studies while it is rarely explicitly addressed. We conclude by describing the potential use of resistance theory for both theory and praxis.

Introduction

There is no doubt that the social model of disability has put down substantial roots worldwide. However, since the 1981 International Year of Disabled Persons (IYDP), the international organization and globalization of the disability rights movement has clearly gained adherents for the social model at multiple global and societal levels. Evidence for the influence of the social model abounds in international declarations and conventions, in national legislation, in global expansion of Community-Based Rehabilitation Programmes, in the growing number of Disability Studies degrees in universities, in the push for inclusive education at primary and secondary school levels, and in the research literature.

Within the last few years, however, scholars within the Disability Rights Movement have begun to critique the social model, creating a heated debate about potential alternatives to the social model. In his article in *Disability Tribune*, Richard Light (2000) pinpoints the current tensions and offers a challenge that begins with his title 'Social Model or Unsociable Muddle?':

It is becoming increasingly clear that one of the key issues in disability activism—the Social Model of Disability—is subject to repeated attacks, particularly within the academic community. ... Despite our concerns about harmful criticism of the social

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model, we wholeheartedly endorse attempts to offer a more comprehensive or inclusive social *theory* of disability. ... [This] is a heartfelt plea for theorists to understand the damage that is done by sweeping claims as to the social model's shortcomings, without proposing alternatives that are acceptable to the disability community (p. 10).

While we agree that the disability studies community sometimes appears to be in an 'unsociable muddle' we question the feasibility and usefulness of a 'comprehensive or inclusive social *theory* of disability.' Rather, we agree with Tom Shakespeare and Nicholas Watson (2001) who argue that 'the "strong" social model itself has become a problem' (p. 13) and 'that a modernist theory of disability—seeking to provide an overarching meta-analysis covering all dimensions of every disabled person's experience—is not a useful or attainable concept' (p. 19). We understand Shakespeare and Watson to use 'strong social model' in reference to the original, traditional British social model that emerged from the Fundamental principles of disability as articulated by the Union of the Physically Impaired (UPIAS, see Oliver, 1996). In this articulation UPIAS mapped out a distinction between disability and impairment and an opposition to segregation. Perhaps it is prophetic that such bold critiques of the social model come from disabled people and disability studies scholars. We propose that the fact that such critiques come from within the disability community, or those close to the community, heralds the beginning of a paradigm shift toward an eclectic 'model' (loosely defined) that welcomes diverse paradigmatic representations.

In response to these critiques and our own questioning, we respond to two issues underscored by Light's and Shakespeare and Watson's comments. First, we examine the current critique of the social model and begin to chart the parameters of a shift in the social model conversation. These parameters reveal emerging eclectic versions of a social model interconnected through a growing corpus of paradigms and theories that incorporate aspects of the traditional or 'strong social model', yet provide ways of theorizing disability more suited to current contexts and more responsive to emerging world trends. Second, we begin to chart the application of resistance theory to the evolution of the social model. We view resistance theory as a way to build on previous work while simultaneously moving us forward toward thinking about and enacting praxis from a local to a global scale. In claiming that we hope to move the debate forward toward praxis on a global scale, we are not suggesting that resistance theory offers a substitute grand narrative, nor that resistance theory can be comparatively applied as a unifying theory of disability. Rather, we view resistance theory as offering a way to understand the complex relationships and negotiations between divergent ideas like discourse, the material body, socio-political systems and processes, power relations, cultural contexts of disability, impairment, and so on. It is our hope that these two tasks will serve as a platform for debate that will stir the imagination and spur movement away from the current 'unsociable muddle.'

Paradigms, theories and models

In this article, we take a dialectic position in relation to paradigms, theories and

models. For the purposes of communication, we suggest generally that paradigms construct theories that use models in different ways and these models often lead to new theories that, in turn, can prompt new paradigms. In reviewing the literature on the social model, the first problem that becomes apparent is the conceptualization of a model. The language surrounding the social model complicates the issues. For example Donoghue (2003) variously describes social constructionism inherent in the social model as a paradigm, a theory, and a doctrine. Elsewhere, Shakespeare and Watson (1997) assert that the social model has been described as an ideology and a tenet.

Beginning with the concept of a paradigm—most often associated with Thomas Kuhn (1962)—Skrtic (1991) notes that although the concept of a paradigm was the central element in Kuhn's work, even Kuhn's use of the term was neither clear nor consistent (p. 8). Morrow and Torres (1995) argue that paradigms are essentially 'a combination of meta-theoretical, theoretical and methodological assumptions about how to develop a cumulative tradition of research' (pp. 24–25). Paradigms are associated with particular assumptions about the world and are often linked to historical communities of researchers (e.g., humanists, structuralists, postmodernists, functionalists). For example, a functionalist paradigm assumes that social reality is objective, orderly and rational, and that human behaviour can be predicted and controlled. From the functionalist worldview, disabled individuals have inherently pathological conditions that can be objectively diagnosed, treated, and in some cases ameliorated. A structuralist paradigm focuses on material conditions of existence and emphasizes processes or relations of production within class structures or identity categories. A structuralist worldview explains disability as a product of oppositional structures within a socio-political system that produces disablement through inequities and social injustice. In contrast, a postmodern paradigm negates the likelihood of objective reality, assumes that ambiguity is at play in the world, and destabilizes notions about oppositional power relations by revealing the tensions and paradoxes of the social world. Interestingly, authors often situate their use of the social model of disability within a particular paradigm and seem to assume that any model would be so situated. However, in the next section, we provide evidence that the social model as represented in the disability studies literature does not inhere within one paradigm and, in fact, can be found moving fluidly between and among paradigms.

Specific theories that guide research are often assumed to emerge from paradigms yet Kuhn has demonstrated that paradigms can shift as a result of theoretical evolution. A theory provides a framework or perspective that permits an understanding of the world, providing an organization for investigation and communication. Theorists typically deal with at least one of three dimensions of theory: (1) subjectivity; (2) objectivity; or (3) the spaces between subjectivity and objectivity. Theories employing assumptions of subjectivity focus on symbolic meanings constructed by individuals and/or groups. In contrast, theories assuming objectivity focus on material phenomena and structures assumed to reveal proven truths about reality. A functionalist paradigm, typically based on objectivity, may employ theories of

psychological behaviourism to explain, investigate, and seek interventions and cures for disability while a structuralist paradigm, using objectivity or subjectivity, might use identity or class theory to explain and propose solutions for disablement.

A recent trend in disability and other theorizing explores a third dimension—the spaces between subjectivity and objectivity—thereby deconstructing subjective/objective and disability/impairment binaries to simultaneously examine material phenomena (e.g., the physical body) and symbolic meaning (e.g., interpretations of the body and/or oppression in dialectic with disablement). This trend is often located within a postmodern paradigm, in which the binaries or oppositions become illusory, and might yield theories that permit the concurrent deconstruction of material existence *and* socio-political processes at play in co-constructing disability. Considering this last possibility, it seems likely that theories emerging from postmodernism could move the heated debates about disability/impairment forward, thereby freeing us to concentrate on models (again, loosely defined) that account for the material reality of living with physical bodies that might not work perfectly while also actively resisting the oppression of disablement. Shakespeare and Watson (2001) make a similar argument about postmodern accounts when they claim that:

... disability is the quintessential post-modern 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 (p. 19).

Models, in turn, clarify and organize a set of practices and tools for testing or deconstructing theories. Rarely would a model be derived from a single theory. Instead, models typically are constituted by multiple theories. The notion of a model is rather consistent with functionalism and structuralism, therefore it is useful within both subjective and objective theoretical frameworks. For example, the social model of disability has been used to explain the ways in which disability is constructed by society and as a call to action against the oppression of disabled people. In contrast, the medical model—an objectivist account of disability within which various theories operate—has been used to explain, diagnose, treat, and ‘cure’ disability as pathology. Many historical/materialist accounts of disability are also objectivist in their assumptions (i.e., that their version of the world is the ‘correct’ and ‘true’ version). Later we address the dilemmas of this stance in relation to the vast theoretical opportunities available to disability studies and uncover the presence of a fluid notion of the social model. As a way of testing theories, a model works in conversation with theories inside and outside the model, informing or revising theories through their application to the problems they attempt to solve as well as through the tensions inherent within and between theories. As a result, a single model can give rise to competing theories, and become ‘a point of departure for diverse theoretical possibilities’ (Morrow & Torres, 1995, p. 25). As a consequence, ‘a model is neither “true” nor “false”, only serviceable and adequate to varying degrees, for its *raison d’être* is cognitive productivity’ (Morrow & Torres, 1995, p. 25).

As mentioned earlier, it is easy to assume that a model emerges from a collection of somewhat coherent theories that themselves emerge from a particular paradigm; this would be a cause/effect assumption about the interplay between paradigms, theories, and models. Our analysis of the disability studies literature of the last decade indicates that this has not been the case at all and that, in fact, as disability studies has engaged internationally with new theories, the interpretation and use of the social model has shifted to accommodate these theories. This suggests that we could be at a moment when the ‘strong social model’ (Shakespeare & Watson, 2001) is ready to recognize the eclecticism increasingly evident in the Disability Rights Movement and in disability studies.

Mapping the terrain

We propose that the social model and its constituent theories, through conversation with theories that once were outside the social model (e.g., feminist theory, critical theory, queer theory, race theory), has given rise to novel and eclectic theories of disability that inhere between and across paradigms. Some of these emerging theories have been viewed as dangerous (Oliver, 1996) and described as ‘linguistic diversions’ and ‘vacuous humanism’ (Gleeson, 1997, p. 182). Others believe that ‘though the social model has changed the way many disabled people and their allies think about disability ... it is time to attend to a theoretical deepening and to a local responsiveness to disability studies’ (Corker & Shakespeare, 2002, p. 13). In this section we provide an overview of four paradigmatic domains for analyzing disability theories, within three of which each author has identified, to some degree, with the assumptions behind the social model. From there, we explore disability theories related to and/or developed as alternatives to the social model. Our ultimate goal is to demonstrate that resistance could be the theoretical bridge that could offer a way to move through the debates about the social model.

Until the recent emergence of feminist and postmodernist accounts in disability studies in the mid-1990s, historical/materialist theories of disability dominated the social model. Today, the ‘strong social model’ is actively debated. Specifically, several theorists have begun to provide more nuanced views. For example, Shakespeare and Watson (1997) argue that a more holistic version of the social model is needed that ‘fully recognizes the way in which agency and structure are intrinsically knit together’ (p. 304). Barnes *et al.* (2002) assert that what is needed is a deepening of a materialist theorization of disability that encompasses questions of culture, difference and impairment (p. 53). Postmodernists (Corker & Shakespeare, 2002) argue that the social model ‘excludes important dimensions of disabled people’s lives and of their knowledge’ (p. 15) *and* that a theory is needed that doesn’t lose its radical edge through a focus on disability as active process of production. In this vein, Donoghue (2003) argues for a strategy that provides active responses to structural resistance. Corker (2000) combines disability politics, language planning and inclusive social policy in a theory of disability. Erevelles (2001) and others suggest alliances between feminist theory, historical-materialism and post-structural-

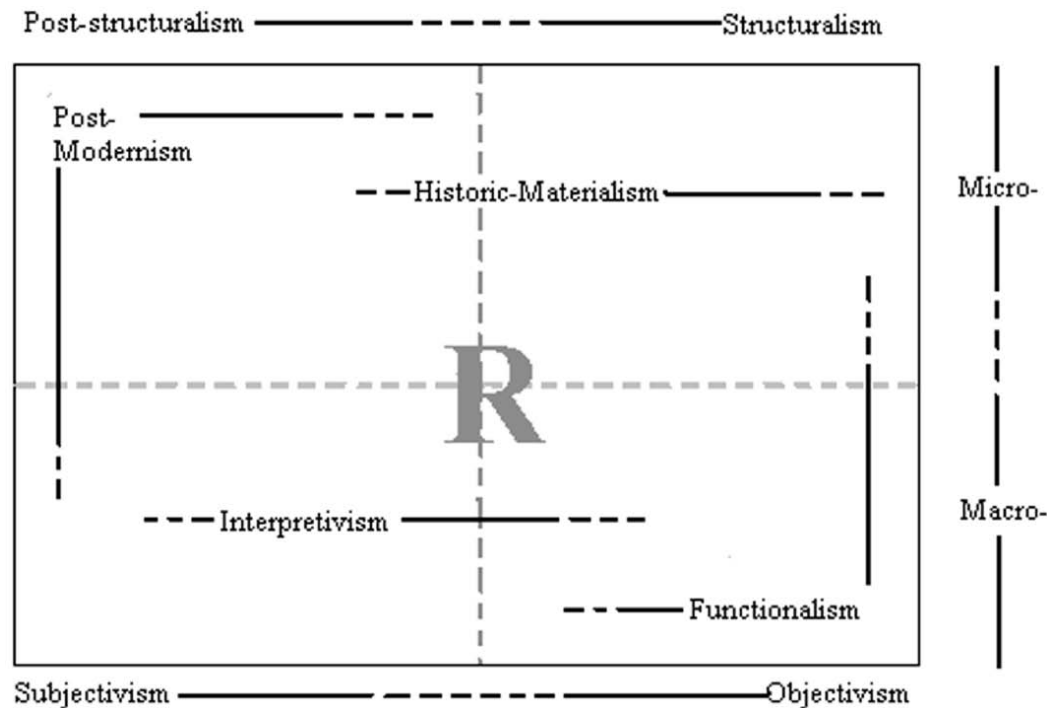


Figure 1. Paradigms in disability theory.

ism to theorize disabled bodies that matter. Many feminist theorists within disability studies (e.g., Thomas, 2001) propose a bio-social theorizing of impairment that ‘allows us to think through, rather than around, the intersections and interaction of disability (social oppression) and impairment (bio-social functions of our bodies’ (Thomas, 2001, p. 57).

To understand the variety and depth of disability theorizing, we have adapted four paradigms used in disability theory (Figure 1), each of which can be further classified as addressing micro- or macro-level issues and problems from across the continuum of subjectivist to objectivist standpoints (adapted from Skrtic, 1991, p. 13 and from Morrow & Torres, 1995, p. 26). These four paradigms are: post-modernism, historical-materialism, interpretivism, and functionalism. The paradigms are represented in the figure by their relative position to one another, and within disability studies by their relation to subjective, objective, or blended standpoints, micro- and macro- discourses, and whether or not they adhere to structural or post-structural theories. We have attempted to represent the permeability of the subjective/objective and micro-/macro- boundaries with faded, broken lines. The solid lines emanating from the four paradigms represent what might be considered a ‘pure’ epistemological stance, and the far points from each pure stance, where positions become ambiguous, are represented by broken lines.

The functionalist paradigm, most often a micro-objective one in relation to disability, contains the medical model and is located at the far lower right corner of the grid in Figure 1, representing its marginalization within disability theory and its extreme

objectivist stance pathologizing disability. To account for epidemiological studies, we have indicated the reach of functionalism into the macro- plane with a solid vertical bar. Authors in the postmodern paradigm generally take macro-subjective stances toward disability theorizing in which the broad socio-cultural processes that construct disability remain centered and strong subjectivity is assumed. Postmodernist inquiries into personal experience and individual bodies are represented by the vertical line going into the micro- range in the figure. Note its corresponding marginal location in the table on the far upper left corner of the grid due to its somewhat peripheral (but emerging) position within social model discourses and its radical stance toward subjectivity (Skrtic, 1995; Peters, 1996, 2000; Gabel, 1997, in press; Slee & Weiner, 1998; Corker & French, 1999). The dominance of the historical-materialist paradigm (the traditional 'strong social model') is represented by its rather central position on the grid. In this paradigm, broad social processes are analyzed primarily within structuralist and objectivist standpoints, although these analyses can move toward the subjective. Therefore, its location bridges most of the expanse of the continuum between radical subjectivism and radical objectivism (Hunt, 1966; Abberley, 1987; Fine & Asch, 1988; Oliver, 1990, 1991, 1996; Oliver & Barnes, 1998; Stiker, 1999; Erelles, 2000; Barton, 2001; Roth, 2002). Finally, interpretivism (micro-subjective), another traditional paradigm in disability studies, emphasizes disability as an individual experience, albeit one situated within a social context. Interpretivism's stronghold in disability theory in the US as well as its epistemological border-crossing places it, too, in a somewhat central location on the grid (Ferguson & Ferguson, 1995; Ingstad & Whyte, 1995; Thomson, 1997; Mitchell & Snyder, 1997, 2000; Linton, 1998, 2000; Kasnitz & Shuttleworth, 2001).

Within this framework, numerous theories are at play reaching out across paradigms to snag related ideas and blur the paradigmatic lines, thus the broken blue lines intersecting subjectivism and objectivism and structuralism and post-structuralism. Both lines are broken to indicate the permeability of these two epistemologies within disability studies. For example, within the interpretivist paradigm, one can find semiotic and feminist theory (Rogers & Swadener, 2001), two rather subjectivist standpoints. Within the postmodern paradigm one can find radical subjectivist aesthetic theory (Gabel, 1997, in press) that uses aspects of subjectivist/interpretivist culture theory (Peters, 2000). The historical-materialist paradigm houses objectivist, structural arguments about class struggle (Abberley, 1987; Erelles, 2000; Barton, 2001) yet links are made to feminist and post-structuralist theories (Erelles, 2001). While each author pursues disability theory from a different theoretical and epistemological standpoint, they all claim that their theorizing inheres within the 'social model of disability.' We argue that rather than dismissing these alternative versions as falling outside the 'strong' version of the social model, it is more productive for disability theory to embrace alternatives and encourage movement between paradigms and theories that eclecticism offers.

Resistance as both theory and practical action: a way forward

A common theme within these paradigms and their related theories is that of resistance. This is indicated in Figure 1 with a large 'R' that intersects all four quadrants. A few examples provide critical evidence of the central position that resistance holds across all paradigms. First, at the societal level, several theorists engage in the theme of resistance, embodied in their titles, suggesting an emphasis on resistance (e.g., Barton, 2001; Donoghue, 2003). Second, at the individual level of analysis, the theme of resistance is central to Allan's Foucauldian accounts of students' resistance to teachers' patronization and the institutional pathologization of disabilities (1999). Third, Gabel uses resistance to coerced identity in her development of a theory of an aesthetic of disability that actively opposes dehumanization and promotes alternative representations across micro- and macro-social levels (Gabel, 1997, in press). Finally, Swain and French (2000) promote an affirmative model of disability based on a culture that is 'proud, angry and strong.'

In *Disability, politics and the struggle for change*, Barton (2001) asserts that the crucial task ahead of us is 'to develop a theory of political action which also involves the generation of tactics or strategies for its implementation' (p. 3). We are also reminded of Richard Light's plea to propose alternatives to the social model that will maintain what Corker and Shakespeare refer to as its radical edge (2002). Resistance has much to offer in responding to these challenges and offers a productive bridge between the diverse versions of the social model.

Towards resistance theories of disability

Our preliminary review of the disability studies literature in relation to resistance reveals that there is a growing conceptual acknowledgement of resistance theory. Of course, more work needs to be done at the theoretical level. However, there is little work on the practical application of this theory to the social, economic, and political struggles of disabled people within the world's societies (Meekosha & Jakubowicz, 1996). Yet, it could be argued that the social model, itself, is the result of resistance to the medical model, to the oppression of disabled people, and to ableism. Simply put, the very premise of the social model is grounded in resistance aimed at social processes that oppress disabled people and as such, there is an implicit connection between the history of the social model and resistance theory.

To clarify, our use of resistance theory differentiates what we are proposing from the concept of 'struggle' within the Disability Rights Movement. The two are related: struggle uses forms of resistance and resistance can be understood as a kind of struggle. In this article, though, we are writing about resistance *theory*, or the articulated set of frameworks or perspectives that together are called resistance theory. Our use of resistance theory adheres to assumptions about the circulation of power through social relations. Per Foucault, power is an ever-present invisible force that becomes evident in its results (Foucault, 1973, 1977). For example, the social

processes that disable are only apparent in their results (e.g., eugenic policies, punitive disciplinary practices in schools, economic disenfranchisement, etc.). Resistance might take the form of struggle, but it could also be seen in articles, like this one, that analyze ideas or theories and bump up against tradition. Resistance is also evident in disability aesthetics within which art and experience are used to transgress, disrupt, and confront while also constructing a disability-centered notion of beauty and desire (Silvers, 2002; Gabel, in press). Furthermore, notions of struggle do not necessarily call to mind the kinds of resistance that push against disabled people from the outside (e.g., political resistance to disability rights). We believe resistance in this form needs an account within any resistance theory of disability.

Much of resistance theory has focused on studies of social movements that have deployed several tactics, predominantly identity politics (Guigni, 2002). In her counter-critique of identity politics, Young (2000) notes that excluded groups historically have organized discourses for the purpose of reversing stereotypes emanating from dominant groups in society. Discourses aimed at transforming structural inequalities have functioned primarily to encourage solidarity among those with a group affiliation, and to develop a sense of political agency in making justice claims to the wider society (Young, 2000, p. 103). These claims usually involve appeals to a common goal that exhorts people to put aside their experienced differences and suppress within-group disagreements and conflict. However, Young argues that disagreements are more likely to be addressed and overcome when a group includes differently situated voices that ‘speak across their differences and are accountable to one another’ (2000, p. 107). Specifically, justice claims must ‘draw on the situated knowledge of the people located in different [group] positions as resources for enlarging the understanding of everyone and moving them beyond their own parochial interests’ (Young, 2000, p. 109). This counter-critique has been coined as a deliberative approach to political action (Bohman, 1996). An approach such as that proposed by Young and Bohman incorporates resistance within social movements as a tool for transforming the target of their resistance—the larger society.

In relation to Young’s notion of deliberation, a hallmark of the social model has been its political standpoint on the relationship of disabled people to society. In general, the social model recognizes two groups in the social struggle—the disabled and non-disabled—even though the distinctions between these two groups is often unclear (e.g., invisibly disabled people and those whose impairments fluctuate). The situated knowledge of individual agents in a deliberative process is often unaddressed by the social model; however this problem has been recognized by several disability studies scholars. For example, Carol Thomas (2001, p. 51) notes that ‘the capacity to engage in political struggle is weakened if people feel that aspects of their experience, and of their sense of self, are alienated or denied by the terms and conditions of their struggle’. We argue that resistance theory gives us the flexibility needed to be responsive to particular contexts. At the same time, resistance theory can be used to construct claims about broad social processes such as disabled people’s responses to national policy. While the ‘strong social model’ has not

recognized individual agency, resistance theory recognizes agency in the sense that individual resistance operates across the individual and collective levels and is enacted through critical self-reflection coupled with action (Freire, 1970).

Resistance is inherently political but because it accommodates diverse stakeholders in fluid coalitions and assumes that they can co-resist oppression, its processes can inclusively unite across paradigmatic boundaries. Furthermore, resistance theory acknowledges the social forces opposing disabled people (also resistant processes) and illuminates responses to these forces. For example, Foucauldian resistance theory assumes that disabled people and their non-disabled political partners are simultaneously individuals and members of a collective. As such, experience and its influence on the construction of the disability identity are as important as the macro-social processes of disability community-building, disablement and the oppression of entire groups of people. The key is to understand and frame individual experience from a disability studies standpoint rather than from the singular disciplines of psychology or medicine.

The flexibility (and paradox) of resistance theory is both its predictability and unpredictability. On the one hand, it is impossible to predict what resistance will look like from context to context. On the other hand, resistance will predictably be present and it will erupt in response to oppression and from an understanding of and experience within the context. So while the American civil rights movement and the Ghandian revolution of the 20th century can both be characterized as involving non-violent political and economic resistance to oppression, they both erupted from within particular contexts and used culturally relevant strategies at different moments in their countries' histories. There are also examples of aesthetic resistance across the four paradigms (Gabel, 1997, in press; Mitchell & Snyder, 2000; Silvers, 2002); conscientization in Zimbabwe and the US (Chimedza & Peters, 1999; Peters & Chimedza, 2000;); and individual resistance of all kinds (Fine & Asch, 1988; Coleridge, 1996; Charlton, 1998).

The US disability rights movement's attempts to have Franklin Delano Roosevelt's (FDR) memorial depict Roosevelt as a wheelchair user could be considered a form of macro-resistance on both sides of the debate (Gabel, in press). On the disability rights side, resistance was successfully used to confront the social farce that denied FDR's disablement. FDR eventually was depicted sitting in a wheelchair, although he was draped with a blanket partially covering his chair. We suggest that this form of resistance attempted not only to represent FDR as disabled but additionally attempted to construct disability as a powerful identity, as a way of living in the world that can be associated with power. On the other side, there was resistance to representing FDR in his wheelchair, ostensibly because he preferred to be seen without a wheelchair or, less obviously, because associating a President with disability could either weaken the perception of authority in the Presidency or could strengthen the validity and credibility of disability.

Thinking of resistance in this way, as operating in all directions of the social sphere and across paradigmatic boundaries, helps one to understand the push and pull of the conversation of resistance. Resistance functions as a way for disabled

people to push against dominance while also attempting to pull society into disabled people's way of seeing. On the other hand, resistance to the representation of a powerful politician as disabled is the push of dominance against that representation as well as an attempt to pull others back into acceptance of dominant representations. Another way of thinking about these relations of resistance is as a dialectic. Disabled people and their political partners are in critical, de/re/constructive conversations with those who actively or passively participate in disablement. Various forms of resistance fold, unfold, and fold back into one another, while veriegated new forms of social relations emerge.

From another context, Peters & Chimedza (1999, 2000) describe resistance and the politics of education in Zimbabwe. In two decades (approximately 1973–1994) disabled people in Zimbabwe moved from institutionalization as the dominant experience to a self-managed and influential national political organization. The disability movement in Zimbabwe appropriated a conscientization approach in the liberation war for independence. Conscientization is a form of resistance that emphasizes social consciousness at micro- and macro-political levels. Conscientization is literally 'learning to perceive social, political, and economic contradictions, and to take action against the oppressive elements of reality' (Freire, 1970). It is a combination of collective reflection and action that occurs at both micro- and macro-levels of society. Prior to the passage of the Disabled Persons Act (DPA) of 1992, disabled people in Zimbabwe used conscientization to educate themselves about their oppression. This conscientization achieved solidarity and community. As a result, they turned outward to conscientize and educate politicians.

Ranga Mupinda, a disability rights leader in Zimbabwe, and Executive Director of National Council of Disabled People of Zimbabwe (NCDPZ) states that it is not enough for a Member of Parliament to present to Parliament the demands of disabled people out of pity, mercy, or charity.

What is needed is for the Member of Parliament to do so out of his own conscience that tells him or her of the genuine injustices disabled people are experiencing just as the war of liberation was a fight against an unjust system and not against individuals (Chimedza & Peters, 1999, p. 17).

Through conscientization, Zimbabweans achieved the passage of the DPA of 1992, but they did not stop there. NCDPZ 'used the law as the beginning, not the end, of the quest for equal human rights. It used the law as a tool to direct attention to the plight of disabled people and as a weapon to provide teeth for their human rights' (ibid.).

In contrast to Zimbabwe's response to the oppression of disabled people, Peters and Chimedza (2000) argue that the US civil rights movement has focused on political and economic resistance to forces of production through the pursuit of legal solutions. These acts have included the bus boycotts of the 1960s and attempts to legislate civil rights. Both the Zimbabwean and US resistance movements can be understood as erupting from particular socio-cultural contexts in which resistance to oppression could be predicted while the form of that resistance remained unpredict-

able; although in retrospect, explainable. This is the beauty of resistance theory: it does not require a particular paradigm or cultural context within which to operate because it is situationally malleable. It opens up comparative possibilities. It globalizes the struggle to end oppression of disabled people while it recognizes that the struggle is comprised of multiple forms of resistance situated across numerous cultural milieu. Norms of behaviour, perceptions of oppression, available cultural options, and legal and political climates differ from one scenario to the next, giving validity to resistance theory.

We argue that to date, and in conflict with its own historical premise, the social model has under-valued resistance, particularly when resistance comes from disabled people themselves. Yet, if resistance is understood as holding the potential for greater productivity, increased empowerment, and improved effectiveness in the fight against oppression—rather than constraining the power of collective resistance—resistance from within the disability rights movement can be harnessed for its generative energy and deliberative productivity. It can keep a movement alive and growing. It can foster increased solidarity while respecting individual rights.

As Michel Foucault has claimed, everything is dangerous. If one adheres to this notion, then it must be acknowledged that the social model itself poses dangers. The question is: what dangers does it pose? We believe the social model poses an ethical risk to its adherents. In its emphasis on collective solidarity, the social model runs the risk of developing a form of oppression from within to justify liberation from without. This problem is common in any group, notes Iris Marion Young (2000), and can be addressed by democratic processes that recognize the political, moral and ethical tensions between the need for group cohesion and the justice of individual self-determination. Resistance theory allows disability studies to acknowledge the importance of all forms of resistance by disabled people, including resistance by those individuals who do not accept the ‘party line’ but who have valid perspectives and who share values of liberation and freedom for disabled people. Regarding the tensions between individual and group within the disability community, we are claiming that the dominant discourse in disability studies becomes dangerous when it uses its authority to coerce or silence its members into acquiescence. As a result, individual reflection and action that collective forms of resistance depend upon become constrained.

Retracing the terrain

To reflect on our earlier claims about paradigmatic relationships with the social model, we return to the heuristic devices offered in an earlier section. We suggest that resistance is a common theme throughout each of the paradigms that have emerged in relation to and/or in reaction to the social model. Within three of the paradigms there is a basic assumption of resistance to oppression and each paradigm is used to formulate resistant theories and practices. The interpretivist paradigm resists universal claims in the ‘strong social model’. The postmodern paradigm emphasizes a resistant aesthetic with the use of de/re/constructive metaphor and art

as its hallmark. The historic-materialist paradigm rests upon resistance to class structure and the material relations of production while it sets a goal of politico-economic equity for the disabled. Resistance also links the paradigms across assumptions, particularly in wholesale resistance of the functionalism of the medical model.

The functionalist paradigm is the only one in which resistance seems absent but in actuality this is where the intersection of paradigms has generated the most resistance. Traditionally, social modelists have rejected the medical model outright and for good reasons. However, resistance exists within and around the medical model. As understood within the medical model, most of us resist our physical bodies in some way during our lifetime. For example, the first author resists 'mental illness' with medications and takes advantage of hearing aids that are prescribed within the medical model. The second author resisted the initial effects of her spinal cord injury through rehabilitation and continues to resist by taking advantage of medical science. Furthermore, many disabled people actively participate in their own medical decisions within the medical model and in doing so they even accept some aspects of the medical model as 'true' for them (e.g., that a spinal cord injury has predictable physical effects, that losing one's hearing has functional implications). Disability, after all, 'sits at the intersection of biology and society ... agency and structure' (Shakespeare & Watson, 2001, p. 19).

Our analysis of the last decade's responses and reactions to the social model indicate a shift in assumptions about theory and praxis. Today, a growing number of disabled people and theoreticians are using eclectic theories that move across and operate between paradigms while they are identifying their work as within the social model. Rather than weakening the social model, this trend actually strengthens it. Resistance theory connects paradigms and theories in a way that is at once conceptual and pragmatic. It meets Corker and Shakespeare's (2002) criteria that it have a 'radical edge' and that it accept the 'important dimensions of disabled people's lives and of their knowledge' (p. 15). It recognizes the 'way in which agency and structure are intrinsically knit together' (Shakespeare & Watson, 1997, p. 304) and that biology and sociology are simultaneously at play in disability (Shakespeare & Watson, 2001). It acknowledges and remains responsive to a materialist theorization that encompasses questions of society, difference and impairment (Barnes *et al.*, 2002, p. 53). Resistance theory allows for, even requires, an eclectic approach to theorizing, examples of which can be found in some of the most recent scholarship in the global literature produced by scholars seldom cited (Erevelles, 2000, 2001; Ghai, 2002; Meekosha, 2002).

Future movements

A more thorough exploration of various forms of resistance theory is needed, as is a deep inquiry into the uses of resistance by disabled people. Following that, an attempt at conceptualizing a heuristic model or framework could be useful, as would further inquiry into its applicability for examining and responding to the social,

political, and economic problems facing disabled people. Perhaps our work on Figure 1 is an early step in this process. Unanswered questions remain, including: (1) what does resistance look like across contexts, particularly global contexts? (2) what are the limitations of resistance theory in relation to the issues and problems facing disabled people? (3) how can resistance theory expand and improve the conversation about the social model and where we are heading? and (4) if possible, how can resistance theory examine and document its influence on social change while itself resisting grand narratives and truth claims?

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