Locating disability in the majority world: geography or poverty?

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Alison Sheldon, Centre for Disability Studies, University of Leeds, Leeds LS2 9JT, United Kingdom

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If we want to eradicate disability on a global scale, the questions we ask and where we look for answers to those questions are of the utmost importance. There are different epistemological positions when we come to think about disability and the majority world, and it's these that I'm going to talk about today.

Both poverty and economic polarisation are on the rise. As the rich get richer, the poor get poorer. Of the world's population around 50% survive on less than $2 a day; and at the turn of the millennium, 20% of the world's people disposed of 86% of the world's wealth, leaving the other 80% of the global population struggling to survive on the remaining 14% (Castells 2001). This polarisation is happening both within and between nations, so people in poorer countries, many who live in richer countries and disabled people worldwide are feeling its effects. Those disabled people who live in poorer parts of the world are thus said to be 'the poorest, most isolated group in the poorest, most isolated places' (Charlton 1998: 43). Analyses of disability and the majority world usually focus on this latter group of people.

Some excellent work has been published that illuminates the differing experiences of disabled people in different parts of the world – albeit interpreted on the whole from a 'minority world' standpoint. This isn't the only way to go about it though, and it might be possible to broaden our understanding by looking beyond geography. A more fruitful way forward might be to think harder about poverty as it exists in all corners of the globe, and the mechanisms that create and sustain it. In order to make a case for such a non-geographical analysis, I will firstly consider the

intertwined problems of disability, underdevelopment and capitalism, before attempting to locate the 'majority world' – firstly as a geographical entity and secondly as an entity defined in a non-statist framework – in terms of human poverty. I will then discuss the links between disability and poverty. Here I will talk briefly about pockets of poverty that exist in richer countries that are too often overlooked, and within which disabled people are disproportionately represented – with a particular focus on the homeless population as an example. Finally I will consider the implications of viewing the majority world not as a location defined by lines of latitude, not as a location that you can point to on a map, but as a location that exists outside of a statist framework – defined by inequitable access to and control over resources and inhabited by the global poor.

Disability, underdevelopment and capitalism

Disability is understood in a number of ways. We have what Peter Coleridge (1993) calls a traditional model – rooted in superstition, religion, belief systems; individual models (both idealist and materialist), relational models, the biopsychosocial model.. I'm not going to weigh up the relative advantages and disadvantages of each, but I'll just say a few words about my position. For me, disability in a global context can best be illuminated using the materialist insights of the UK's disabled people's movement – insights that I think apply equally when considering the impoverishment of disabled people (both at home and abroad) and the impoverishment created by a world system characterised by skewed economic development (Sheldon 2005).

The social model of disability – the 'big idea' of the British disabled people's movement' (Hasler 1993) – makes a crude conceptual distinction between impairment (the biological) and disability (the social), and is – although written before the term 'social model' was coined – exemplified in UPIAS's statement from 1976, that:

> In our view, it is society which disables… impaired people. Disability is something imposed on top of our impairments, by the way we are unnecessarily isolated and excluded from full participation in society. Disabled people are therefore an oppressed group in society. To understand this it is necessary to grasp the distinction between the… impairment and the

Alison Sheldon, Centre for Disability Studies, University of Leeds, UK

social situation, called 'disability', of people with such impairment. Thus we define impairment as lacking part of or all of a limb, or having a defective limb, organ or mechanism of the body; and disability as the disadvantage or restriction of activity caused by a contemporary social organisation which takes no or little account of people who have… impairments and thus excludes them from participation in the mainstream of social activities. (1976: 3-4)

The social model has been interpreted in a number of ways, but the materialist accounts associated with disabled writers like Vic Finkelstein and Mike Oliver understand disability to be a logical outcome of the capitalist mode of production. Using the insights of this model, an important critique has been developed of the root cause of disablement - the capitalist system. In Britain, disability in its current form is said to have emerged at the time of the industrial revolution, with the growth of the commodity labour market a key factor in the process of disablement (Finkelstein 1980 Gleeson, 1997; Oliver 1990; Russell 2002). This interpretation of the social model insists that 'the fundamental relationships of capitalist society are implicated in the social oppression of disabled people', so that logically, 'the elimination of disablement… requires a radical transformation, rather than a reform of capitalism (Gleeson 1997: 196). It also implies that disability studies shouldn't take disabled and oppressed people to be the main object of enquiry. Rather, the object of study should be the systems that disable those with impairments (Finkelstein 2001).

In looking to structural explanation of disability, these accounts also suggests shared agendas with other casualties of the current mode of production – a mode that was always global in nature, but is said to increasingly operate outside a statist framework as the capitalist mode of production now 'shapes social relationships over the entire planet' (Castells 1996: 471).

Accordingly, many writers have argued that the roots of the poverty found in certain states are located in the global capitalist system and its inequitable distribution of wealth. It is not natural or inevitable (see Hoogvelt 1997). The development of capitalism is itself rooted in colonialism, which is thus blamed for 'almost all the imbalances that now cripple the economies, societies and politics' of poorer states (Harrison 1993: 45). Whilst the question of colonialism should still be 'central to our thinking today' (Ahmad

Alison Sheldon, Centre for Disability Studies, University of Leeds, UK

2003: 52), we now have other forms of global control. The International Monetary Fund (IMF) and the World Bank - western controlled and set up under the sponsorship and direction of the United States - now dictate economic policy-making in much of the world. Many of the neo-liberal policies that countries are forced to pursue in order to receive 'aid' are detrimental to the interests of the populace – in particular to populations already at a disadvantage such as the disabled population.

So far I've tried to be careful about how I describe the world – poorer states, richer countries. Language is a minefield and some of the basic terms we all use lack clarity. This is particularly true of the term 'majority world' which – like 'disability' – is used to mean more than one thing.

Locating the majority world

A lot of you have probably read Emma Stone's 1999 edited collection 'Disability and Development: Learning from action and research in the majority World'. Emma's book is important because she was (to my knowledge at least) the first disability studies scholar to use the concepts 'majority and minority world' in her analysis of disability. Her broad definition of the term 'majority world' states:

> The majority world is the world that the vast majority of the world's people live in, yet they have access to a fraction of the world's wealth and power. (Stone 1999: 4)

However, in discussions about disability in a 'majority world' context, there seem to be two different epistemologies running at the same time, depending on how we choose to divide the world up for analysis – the first (and most common) divides the world geographically and focuses on how disability is experienced in different parts of the world; the second focuses on poverty – on access to and control over resources.

At one point, Stone asserts the following when describing her use of terms, locating them firmly in geography:

> Majority world: "developing countries, the South, the Third World"

> Minority world: "the west, the North industrialised countries" (Stone 1999: 4)

Having defined her terms geographically, Stone then tells us that the term majority world:

> ..gets away from geographical notions about wealth and power. There are pockets of great deprivation in countries of the North and pockets of incredible wealth in countries of the South. (Stone 1999: 4)

State-centred analyses can be incredibly useful and the nation state is a nice manageable unit of analysis for researchers. However, they can also be "open to criticism for neglecting the global context in which governments act" (Crow, 2004: 109). They can also disguise important variations *within* states.

Whilst great strides have been made in better understanding experiences of disability in 'countries of the South', the 'pockets of deprivation in countries of the North' have not been included in our analyses of disability in the majority world, and there is as yet little understanding of the role of the wider political economy. The dominant understanding of the majority world remains tied to geography. Whilst poverty is acknowledged, we look for it only in the parts of the world that we once referred to as: "developing countries, the South, the Third World". These are not the only places poverty can be found – there is poverty in Leeds, there is poverty in Manchester – and wherever there is poverty there will be disabled people.

Disability and poverty

It's well documented that 'disabled people are grossly over-represented amongst poor people' (Beresford 1996: 53) and that this is true across the globe. The root causes of impairment are often themselves a product of poverty; and people with impairments are more likely to be poor because of their exclusion from the productive process, from education, access to appropriate support, the mainstream life of the community etc. Additionally, their costs of living are often higher because of various additional expenses they might incur.

Alison Sheldon, Centre for Disability Studies, University of Leeds, UK

Both impairment and disability are thus linked to poverty. A vicious circle of poverty often referred to where poverty leads to impairment and impairment in a disabling society leads to poverty. This is useful in highlighting these causal relationships but perhaps tends to obscure commonalities between disabled people and non-disabled poor people – 'the exclusion disabled people experience is most often on the basis of issues almost universal to poor people' (Yeo, 2005: 33). Nonetheless it's estimated that half a billion disabled people are among the poorest of the poor (Metts, 2000) and that they comprise 15-20% of the poorest in low income countries (Elwan, 1999).

What then of disabled people who are part of the majority world (poverty definition) yet also live in wealthy states? According to Whyte and Ingstad (1995: 9):

> In Europe and North America, disability is a political privilege entitling one to financial support and a series of services.

Whilst this is undoubtedly the case for many, it is by no means true for all. In Britain and the United States over 60% of disabled people are said to live below the poverty line (Beresford 1996) – and this may well be an underestimation. Furthermore, not all disabled people are able to access the supports to which they should be entitled; and not all disabled people are considered part of the 'deserving poor' for whom such provision is made – homeless disabled people being one such example. Even in rich countries, they experience grinding poverty, their access to services is severely limited and they are almost completely ignored by academics, policy makers and the disabled people's movement.

Disabled and homeless: the undeserving poor?

It's argued that homelessness has 'been a part of the capitalist system from the beginning', but has been on the rise since the 80s in part due to the neoliberal policy enactment and of course the recent economic crisis (Poposky, 2009: 2). In the United States, tent cities and homeless encampments have been reported in cities all over the country. The mayor of Sacramento (home of one such camp) called for "tough love" and "zero tolerance" to people who had lost their homes, before forceably evicting them and

dispersing them out around the city (with a little help from California Governor Arnold Schwarzenegger) (Poposky, 2009: 2). This zero tolerance approach is not unusual. Homelessness has been primarily interpreted 'as a consequence of personal pathologies' (O'Sullivan 203: 46), thus those affected are blamed for their own situation; and there a 'virtual absence of macro-level or structural variables in most explanations of homelessness' (O'Sullivan 203: 52).

Indeed, this is true of British conceptions of poverty generally. An EU survey in 1976 asked about perceived causes of poverty. In Britain 43% 'believed laziness and lack of willpower' (Alcock 1997: 22) was the main cause. Much higher than in all other countries where structural causes were more often quoted. Peter Alcock argues that whilst risk of poverty in Britain is 'related to class status' (1997: 24),
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> structural explanations of poverty are largely absent from popular debate because perceptions of poverty are linked to experiences of poverty and thus to the individuals who are…experiencing it. (Alcock 1997: 23)

Those who have addressed homelessness at a macro-level name its fundamental causes as:

> job loss, low wages, lack of affordable quality housing… all of which are symptoms of a greater problem, which is the exploitative nature of the capitalist system (Poposky 2009: 2).

Resources relating to the intersection of disability and homelessness in the UK are few and far between. It's difficult to find reliable figures as to the extent of impairment amongst homeless people, but The Big Issue in the North suggests that in 1997, 59% of vendors had "a long term illness or disability" (The Big Issue 1998) and other evidence suggests that as many as 50 of the homeless population may have significant impairments – at least those using services (Harris *et al*, 2006; Greef undated). Links between homelessness and various forms of emotional distress are well documented (Rees 2009), with around 40% of homeless people said to fall into this category. It is suggested that around 12% of homeless people may have an 'intellectual disability' (Oakes and Davies, 2008) and Jennifer Harris and

colleagues' recent study found that the majority of clients of the service providers she examined in Dundee appeared to have impairments "related to extreme socio-economic deprivation, chronic ill-health or alcohol and drug usage" (Harris *et al.*, 2006: 7).

As Nora Groce (1999) has argued, in low-income countries, those with impairments are treated well or badly in part due to cultural beliefs about casuality – how they acquired their impairment. Similarly, within the homeless community, the prevalence of self-medication 'as a means to cope' (Rees, 2009) – seems to colour moral judgements about disabled homeless people as belonging to the 'undeserving poor'. Hence

> ..the issue of impairment is fuelled by the distinct possibility that it has been caused by alcohol/drugs and possible involvement in criminality. The service response is crucially overlaid with moral overtones of disapproval and pervasiveness of the view that such people are lucky to receive any help at all (Harris *et al.*, 2006: 10)

Many do *not* receive help. One of the biggest challenges for homeless disabled people is accessing any kind of service at all. Whilst it is possible to register with doctors, dentists and so on without an address, knowledge of this is generally low and few are registered with a GP (lack of access to health services is an indicator of poverty according to the UNDP's Human Poverty Index). Unsurprisingly then, homeless people have elevated mortality rates, being up to 5 times more likely to die that the equivalent age group of the general population (Rees, 2009) – another indicator of poverty.

Accounts of disability and homelessness in the UK and America differ little from accounts of disability in low income countries. Governments do little to alleviate the suffering of disabled homeless people leaving it to the 'goodwill' of voluntary agencies; and popular perceptions are that they 'brought it upon themselves'. There is a lack of interest from both disability studies academics and the disabled people's movement – both perhaps uncomfortable at the possibility of 'self-inflicted' impairment and keen to hold onto disability as an administrative category for the deserving. It is uncomfortable too to acknowledge that disabled people in our apparently privileged society are living lives of such profound exclusion. It's far more comforting to think that this is

something that just happens 'over there' in a neatly-packaged geographically-defined majority world.

Conclusion

Our analyses have exposed important truths about poverty between nations. However, in turning our attention to analysing poverty between, but not within nation states, we run the risk of both marginalising those impoverished disabled people who live in richer states; and disguising the commonalties of the world's disabled population. I would argue then that rather than simply dividing the world up geographically, we need to hold on to the other sense of the term 'majority world' and focus too on inequitable distribution of resources closer to home.

It suits us perhaps to locate poverty in other places a long way away from us and to blame it on backward attitudes and bad governance. It suits us too to blame the poor for their own poverty and homeless disabled people for their impairments. In thinking about disability and the majority world, these are some of the dominant epistemologies I would like to challenge.

As Amartya Sen argued a decade ago:

> African Americans have an ABSOLUTELY lower chance of reaching mature ages than do people of many third world societies, such as China and Sri Lanka, or parts of India... the presence of such intergroup contrasts within the richer countries can be seen to be an important aspect of the understanding of development and underdevelopment. (Sen, 2000: 6)

There is much to be gained then by taking our analyses beyond the merely geographical. If we seriously address the fact that the majority world exists here in the UK – in shop doorways, on park benches, in temporary accommodation – our understanding of disability in the majority world can only deepen, along with our broader understanding of the structural forces that create and sustain human disadvantage on a global scale.

Alison Sheldon, Centre for Disability Studies, University of Leeds, UK

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Alison Sheldon, Centre for Disability Studies, University of Leeds, UK

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