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## **Disability at the Intersections**

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*Abstract:* Complete and accurate understandings of stratification depend on more regular consideration of disability. To build sociologists' recognition of disability as a socially constructed axis of stratification, we first demonstrate the construction of the disability category through classic legitimating processes: moral attributions, biological attributions, separation, and dichotomization. Expanding understandings of basic processes of stratification, we then document the centrality of disability in the social construction of class, race, gender, sexual orientation, and age. Finally, we show various ways disability functions as an axis of stratification in intersection with other key axes of stratification.

*Keywords:* disability, stratification, social construction, inequality, race, gender, class

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## **Disability at the Intersections**

### **1 INTRODUCTION**

Axes of stratification are socially constructed and largely impact people's lives through social processes that result from the person's perceived status. Disability is more prevalent than most realize, and people with disabilities<sup>1</sup> experience marked limitations in access to material goods, status, and power. While sociologists regularly engage with dominant constructions of race, class, and gender, the discipline as a whole continues to fall short in critically examining how cultural values of normalcy and disability shape observed social patterns (Altman & Barnartt, 2000; Gordon & Rosenblum, 2001). This manuscript provides a beginning point for considering how disability, as a category of marginalization, creates inequities in interaction with other categories of exclusion (Barnartt, 2013; Sommo & Chaskes, 2013). We join a growing chorus of intellectual voices in history (Kudlick, 2003; Longmore & Umansky, 2001; Nielsen, 2012), psychology (Rosa, Bogart, Bonnett, Estill, & Colton, 2016), and gender studies (Garland-Thomson 2013) who call for the integration of disability more fully into their disciplines.

Intersectionality is often employed as a tool that combines separate understandings of various axes of stratification. In other words, after trying to understand how race and disability operate in isolation, we then consider them in conjunction. We argue, though, that stratification theory should begin rather than end at intersectionality. Disability is interwoven in the very construction of the categories of race, class, gender, etc., such that you cannot truly understand a single axis of stratification unless you consider stratifying categories in intersection from the very beginning. With intersectionality the foundation rather than pinnacle of stratification theory, sociologists' thin engagement with disability leaves us with an incomplete understanding of stratification more broadly.

## **2 SOCIAL CONSTRUCTION OF DISABILITY THROUGH CLASSIC LEGITIMIZING PROCESSES**

Stratifying categories (e.g., class, race, and gender) are social constructs, legitimated through the social production of moral and biological attributions, separation, and dichotomization (Barnes & Oliver, 1993; Gordon & Rosenblum, 2001). While classic theories of stratification emphasized unitary understandings of categories of inequality, theorizing in recent decades emphasizes the ways oppression is produced through mutually-constitutive processes (Brewer, 1989; Erevelles & Minear, 2010). The framework of intersectionality, which rose out of 1970s Black feminism (McCall, 2005), emphasizes how systems of power and oppression are interlocked and cannot be understood without taking all dimensions into account simultaneously (Collins, 1999; Crenshaw, 1989, 1991). To improve sociologists' recognition of disability as a key axis of stratification, this section applies understandings of the construction and legitimation of other primary axes of stratification to understand the social construction of the disability category.

### ***2.1 Legitimation through Moral Attributions***

Stratifying categories are first legitimated as categories that represent moral differences. In other words, cultures or communities assign different values to groups of people, so it appears fair and just that persons in more highly valued categories (e.g., White people, men) receive more resources and rewards than persons in less valued categories (e.g., Black people, women). For instance, throughout American history, white elites have justified the poorer outcomes of lower class persons and racial minorities as the result of an innate propensity for crime (Ferguson, 2000) or problematic morals (Lamont, Small, & Harding, 2010; Roberts, 1997). Despite cultural shifts, women are still perceived as less intelligent and emotionally stable than

men (Jaschik, 2005). Moral attributions also frame stratification as correct or natural. For example, the enduring belief that the US is a meritocracy (Newman, Johnston, & Lown, 2015) reflects a moral framing of social class. These beliefs undergird ideas that harder-working more-talented people are naturally sorted into the upper class, and that lazy less-talented people are naturally sorted into the lower class (Bowker & Star, 1999; Davis & Moore, 1945).

Disability categories have moral attributes too, founded in a powerful ideology of abnormal versus normal, bad versus good, which began in the 1800s and intensified in the twentieth century. In the colonial era, local communities managed differences across persons with varying levels of integration and acceptance, typically not recognizing difference as 'disability' (Russell & Malhotra, 2002; Trent, 1994). As individualism, progress, and industrialization became priorities during the Age of Enlightenment, elites and professionals emphasized the importance of marking people as "good" or "bad" citizens (Baynton, 2001; Carey, 2009; Samuels, 2014). Persons perceived to lack competence or self-sufficiency were increasingly 'othered' (Erevelles, 1996), as the notion of "deviant" emerged as a counterpoint to "normal" in the mid-1800s (Davis, 2013). Cultural productions such as freak shows inculcated this belief system within the American public (Garland-Thomson, 1997; Samuels, 2011). The freak shows of the 1800s have been replaced by more contemporary cultural productions emphasizing disability as "other." These productions include tragedy porn (Longmore 2015), which has been used by organizations in fund-raising efforts, as well as inspiration porn, images which objectify disabled people in the name of inspiring a nondisabled audience.

## ***2.2 Legitimation through Biological Attributions***

Axes of stratification are also legitimated through biological attributions. Differences perceived to be biological rather than social reinforce perceptions of inequality as natural and

appropriate (Fischer et al., 1996; Grusky & Ku, 2008; Ridgeway, 2014; Tilly, 1998). For instance, with racial categories assumed to represent fixed and immutable qualities (e.g., temperament, sexuality, athletic ability) (Barnartt, 2013; Omi & Winant, 1986), the poorer outcomes of racial minorities can be perceived as the natural result of lower average IQs (Herrnstein & Murray, 1994). Biological conceptions of race, although long rejected by scientists, continue to be an important means of perpetuating injustice (Roberts, 2012). In one example, the increasing number of Americans seeking DNA-based tests of ancestry reinforces biological notions of race, despite serious limitations in these tests' methodologies (Duster, 2016). Gender stratification is particularly legitimated through biological explanations, centered around women's unique ability to give birth and breastfeed (Barnartt, 2013; Firestone, 1970; Gilman, 1898). Women, though, actually spend most of their time at home doing *house* service (cooking, cleaning, mending) rather than *child* service (bearing children, breastfeeding), services that provide a foundation for patriarchy and capitalism (Gilman, 1898). Although some juxtapose sex as biological and gender as social, even the characteristics used to determine sex are culturally selected, with hormone levels, for instance, disregarded in sex determinations (Henig, 2017).

The disability category is similarly legitimated by portraying disability as an immutable biological trait (Barnartt, 2016), typically defined according to limitations in individuals' functionality (Gordon & Rosenblum, 2001). Countering the inconsistent use of terms like "disability," "impairment," and "handicap," sociologist Saad Nagi used "ability" and "inability" to emphasize that inability depends on a person's role and environment (Nagi, 1964), and that ability can be facilitated by changes to the environment (Howards, Brehm, & Nagi, 1980; Nagi, 1976). Criticized at the time for medicalizing disability (Albrecht, 2010), Nagi and colleagues are still not sufficiently recognized by sociologists for helping to advance recognition of

disability as a social rather than individual phenomena (Altman, 2016). In the 1980s, the social model of disability arose in the UK as a counterpoint to the medical model of disability (Albrecht, 2010). Using Marxist perspectives on the prioritization of industrial production over all else in capitalist societies, this model positioned disability as a failure of society to accommodate human diversity rather than as a failure of individuals (Pfeiffer, 2001). In other words, the social context, social norms, the built environment, and institutional practices profoundly shape how biological differences are experienced (Baynton, 2001). Many disabilities even have explicit social rather than biological causes, directly resulting from poverty, state violence, or dangerous workplaces (Fish, Published online first; Shifrer, 2018; Turner, 2013). For example, poor children are at higher risk of learning disabilities because of lead poisoning (Margai & Henry, 2003), men of color are at heightened risk of disabling injury or death at the hands of the state (Moore Jr., Lewis, & Brown, 2018), and dangerous workplaces can cause permanent bodily injury or cancer (Ralph, 2012; Turner, 2013).

The estimate that approximately one in five Americans has a disability (Centers for Disease Control and Prevention, 2009), is complicated by disabled persons' indistinctness as a social group (Gliedman & Roth, 1980). In addition to inconsistent terminology, Gliedman and Roth (1980) point out that depictions of disability as a life-long, full-time experience exclude people, for one, who experience disability later in life. The most prevalent disabilities include changes to functionality resulting from injury, accident, or old age; or conditions such as arthritis, rheumatism, back problems, and heart trouble (Centers for Disease Control and Prevention, 2009). Even narrowing the focus on ascribed disabilities, prevalence rates are still high, with approximately 10% of school-aged youth diagnosed with disability (OSEP, 2015) and 4% of the US population with a serious mental illness (National Institute of Mental Health,

2016). A clear definition of disability became more pressing when the American with Disabilities Act (ADA) passed in 1990, the first civil rights law to prohibit discrimination against persons with disabilities. Yet, definitions have only become less stable because of recognition of how society shapes definitions, classifications, and experiences of disability (Rembis, 2009). For instance, some disability categories, such as mental illnesses and learning disabilities, are diagnosed inconsistently and subjectively (Mulvany, 2000; Shifrer & Fish, Published online first), just as the physical differences recognized as 'disabilities' vary over place and time (Jenkins 1998). In sum, rather than concrete immutable differences, we are all deeply implicated in who experiences life as a "disabled" person (Miles, Nishida, & Forber-Pratt, 2017). In other words, disability is social as well as biological through the human traits we perpetuate as 'normal,' the narrowly conceived structure of our institutions and society, and the social violences more prevalent in oppressed communities.

### ***2.3 Legitimation through Separation***

Biological and moral attributions justify the third important means of legitimating and perpetuating axes of stratification: separation and segregation (Daniels, 1975). Segregation by class and race in the US remains pervasive across contexts and institutions. For instance, around three-quarters of students are White at the schools of the average White student, in contrast to around one-quarter at the schools of the average Black or Latinx student (Orfield, Frankenberg, Ee, & Kuscera, 2014). Women were largely segregated into the home space, excluded from paid labor and powerful social networks (Chafetz, 1989), and women remain separated into lower status industries and positions (Grusky & Charles, 2001). Separation is also a persistent feature in the lives of persons with disabilities (Gordon & Rosenblum, 2001). In the early 1900s, blatant and complete segregation (into institutions, asylums, poorhouses) was normative, particularly for



those with intellectual disabilities (Ferguson, 2014; Schweik, 2010), or deafness or blindness (Burch, 2002). Normalization, the belief that each individual has the right to circumstances as close to "regular" as possible, ushered in the beginnings of deinstitutionalization in the 1960s and 70s in the US (Shakespeare, 2006). But, even in the absence of formal segregation, people with disabilities continue to be pushed out of public spaces. Despite the ADA, the burden of change often remains with specialized offices or even the individual, leaving structural and institutional processes unchanged.

Separation is also pervasive for contemporary youth with disabilities. Nearly a decade after school racial segregation was (at least formally) disbanded under the guise of "separate is never equal," students with disabilities were still educated in separate schools (Barnartt & Seelman, 1988), and then eventually within separate classrooms in mainstream schools (Idol, 2006). After an increasing emphasis on inclusion, many students, particularly those with more mild disabilities (e.g., learning disabilities), now receive special education accommodations and services within the same classrooms as their non-disabled peers (Spellings, Knudsen, & Guard, 2007). Nonetheless, schools' sorting processes, and the visibility of special education labels, continue to limit these children's opportunities to learn and their immersion with peers (Shifrer, 2013, 2016; Shifrer, Callahan, & Muller, 2013). In recounting the abuses that occurred within the Willowbrook State School for intellectually disabled children, Goode et al. (2013) conclude with a foreboding argument that the US's individualistic rhetoric masks a political and economic climate conducive to increasing segregation of people with disabilities. Through separation, resources are more easily disproportionately allocated to those in the more valued category. Through separation, distinct ideologies and cultures emerge, sometimes confirming negative

stereotypes about those in the less valued category. Separation is a key means of reifying and perpetuating stratifying categories.

#### ***2.4 Legitimation through Dichotomization***

Finally, stratifying categories are established, legitimated, and perpetuated through dichotomization, that is, through binary operationalizations that evoke universality and inevitability (Annamma, Jackson, & Morrison, 2017). Dichotomization clearly delineates between normal/able/good and abnormal/unable/bad, masking any inter-group heterogeneity that might impair the perceived integrity of the categorization (Gordon & Rosenblum, 2001). Stratifying categories emerge in these simple powerful dichotomies: high versus low class, White versus Black, man versus woman (Gordon & Rosenblum, 2001). These binary categories are constructed in relationship to one another, even as their relationship is constructed as opposite and unequal. Challenges to these binary categories are met with great cultural resistance, exemplified by the oppression experienced by intersex individuals and those who identify as genderqueer (Davis, 2015; Fausto, 2000). A contemporary gender revolution specifically aims to disrupt dichotomous understandings of gender (Barnartt, 2013), with non-binary gender identities particularly evident among younger cohorts (Wilkinson, Liu, & Pearson, 2018). Intersectional approaches explicitly recognize this aspect of stratification, by encouraging a focus on intra-category heterogeneity (Crenshaw, 1991; Hancock, 2007), and arguing for conceptualizations of oppression that employ continuums rather than dichotomies (Colker 1996).

Disability continues to be legitimated through dichotomous conceptualizations, despite calls for continuous diagnoses and classifications from some researchers and practitioners (Sweet & Decoteau, 2017). Claims for Social Security benefits or special education services require a dichotomous diagnosis, a "diagnostic determinism" Brown (1990) describes as perpetuating

perspectives of disorders as the discrete result of individual biological dysfunction. Dichotomous conceptualizations of disability disregard inconsistencies in definitions of disability (Nakkeeran & Nakkeeran, 2018), and fluidity in the experience of disability (Barnartt, 2010, 2016). For instance, inattention, hyperactivity, and impulsivity are associated with attention deficit hyperactivity disorder (ADHD), autism, and intellectual disability, just as social skill deficits are characteristic of autism, learning disabilities, emotional disturbance, intellectual disability, and ADHD (Gresham, 1992; LoVullo & Matson, 2009). Dichotomous categories also reinforce moral attributions for stratifying categories and justify separation along axes of stratification.

### **3 CENTRALITY OF DISABILITY IN THE SOCIAL CONSTRUCTION AND LEGITIMATION OF OTHER AXES OF STRATIFICATION**

Intersectional theory emphasizes how axes of stratification mutually construct one another (Hill Collins, 1998). With intersectionality the foundation rather than the pinnacle of stratification theory, we essentially cannot understand the origins and perpetuation of a single axis of stratification unless we consider it in intersection with other important axes of stratification. Disability ideology fundamentally aligns with key tenets of stratification theory. For these two reasons, the exclusion of disability from stratification theory is a profound disciplinary omission. This section describes the central role of disability in the social construction and legitimation of class, race, gender, sexual orientation, and age.

#### ***3.1 Disability and Class***

The emergence of class categories (Tilly, 1998) and the rise of disability ideology (Eyer, 1975; Freund, 1982) are each attributed to the rise of capitalism. Disabled people in the preindustrial era often maintained important family and community roles. The economic shift from farming to factory work, though, solidified growing cultural beliefs that disability did not

belong in the public sphere (Braddock & Parish, 2001). With capitalism, disability became an affront to the whole society, justifying the separation of people who did not possess "standard worker's body" from all realms of mainstream life (Russell & Malhotra, 2002). Norms of ideal workers were particularly perpetuated by Fordism, the philosophies underlying mass production and mass consumption in the US in the early 20<sup>th</sup> century (Richter 2016). City ordinances called Ugly Laws emerged, barring people with visible disabilities from public (Schweik, 2010). Yet, with disability more prevalent among poor people, or poor people more likely to be perceived as disabled, Ugly Laws policed poor people as much as they did people with disabilities (Schweik, 2010). At the same time, intellectual disability and mental illness were increasingly viewed as the root cause of criminality (Carey, 2009; Trent, 1994). In all, these perspectives and laws did not distinguish between class and disability status, targeting anybody perceived to be the antithesis of American ideals of hard work, independence, and rugged individualism (Schweik, 2010). Erevelles (1996, p. 521) describes disability as the conceptual category that justifies "the social hierarchies produced and maintained within capitalist societies." In these ways, disability was intimately interwoven in the establishment and legitimation of social class as an axis of stratification.

### ***3.2 Disability and Race***

Notions of disability were also central in establishing race as an axis of stratification. Racial minorities, poor people, and people with disabilities were all thought to represent evolutionary regression (Samuels, 2014). In a racist determination of disorder on the basis of phenotype, Down syndrome was first described as the regressive Mongoloid racial category (Chapman, Carey, & Ben-Moshe, 2014). Slavery was defended through arguments that Black Americans were defective in mind, body, and character (Erevelles & Minear, 2010; Nielsen,

2012), and susceptible to other forms of disability (Baynton, 2001). In another example of the conflation of race and disability in the early 19<sup>th</sup> century, Black women were blamed for infertility and congenital disabilities because of their supposed lewd immoral behavior, whereas infertility and congenital disabilities among White women were attributed to their pure delicate constitutions (Barclay, 2017). Social sanctions against inter-racial dating and residential segregation were based to a large extent on maintaining the purity of the white race, preventing the injection of genetic inferiority (e.g., deficiency, disability) (Erevelles & Minear, 2010; Omi & Winant, 1986). Similarly, with increasing fears of a declining "national stock," entire groups of ethnic minority immigrants were subjected to extra scrutiny when entering the country, suspected to have inferior genetic make-ups (Baynton, 2001; Nielsen, 2012). The establishment and maintenance of the racial hierarchy explicitly depended on disability ideology.

### ***3.3 Disability and Gender***

Disability was central in the construction of gender categories. Women were excluded from full citizenship because of their supposed deviations from the male norm, essentially characterized as being mentally, emotionally, and physically disabled (i.e., irrational, excessively emotional, and weak) (Baynton, 2001). Pregnancy was even framed as disability (Baynton, 2001). Disability ideology was used to justify gender discrimination, particularly for women who overstepped their proscribed gender roles (Nielsen, 2012). Controlling women and their reproduction also aimed to preserve our "national stock" (Baynton, 2001; Nielsen, 2012), with efforts especially pernicious for Black women (Roberts, 1997). Gender is assigned and perceived inconsistently, and non-binary genders occur in other cultures (Barnartt, 2013; Serano, 2007). Yet, in the US, people whose experienced gender does not align with their perceived sex are explicitly framed as disabled through inclusion in the American Psychiatric Association's

*Diagnostic and Statistical Manual of Mental Disorders (DSM)* (Johnson, 2015). In these ways, gender categories were and continue to be explicitly managed through disability ideology.

### ***3.4 Disability, Sexual Orientation, and Age***

Homosexuality, included in the *DSM* until 1973 (Drescher, 2015), was also explicitly framed as a mental disorder or disability. Queer theory extends Foucault's (1978) idea that sexuality is socially constructed to contextualize understandings of sexuality across time and space (Sullivan, 2003) and problematize heterosexuality rather than homosexuality (Löfgren-Mårtenson, 2013). In a similar radical critique of normativity, Crip Theory criticizes ableism by questioning whether 'perfect' bodies are really preferable and whether any bodies are 'normal' (Löfgren-Mårtenson, 2013; McRuer, 2006). Erevelles (1996) argues disability ideology is used to uphold mandatory heterosexuality and 'family values' in order to naturalize the systems of domination that facilitate capitalism.

Although not as central in the stratification literature as other axes, age is an axis of stratification. Economic inequality, and other inequalities that limit autonomy, are more prevalent in older populations (O'Rand 2018). Age is intimately interwoven with disability (Barnartt, 2017; Zola, 1991). Old age is marked by an uptick in disability (Sommo & Chaskes, 2013), with 17% of those aged 18-44 years in 2016 reporting any disability versus 29% of those aged 45-64 years (Okoro, Hollis, Cyrus, & Griffin-Blake, 2018). With our cultural preferences for youth, non-dependence, and the idealized worker, the discrimination experienced by older people with disabilities is acute (Sheets, 2005). Although not all disabled people are older, and not all older people are disabled (Kaye et al. 2010), perceived age can depend on perceived disability just as experienced age can depend on experienced disability. In these ways, the

experience and perception of age is socially constructed, in part, through the intersection of disability and through disability ideology.

#### **4 INTERSECTIONAL EFFECTS OF DISABILITY**

Intersectionalists point out that group oppression is too often understood through the experiences of "the most privileged group members" (Crenshaw, 1989, p. 140). Intersectionalists caution that a unitary approach to race, for instance, prioritizes the experiences of Black men over Black women, resulting in the conflation or dismissal of intra-group difference (Crenshaw, 1991). Black feminists document how their experiences are not accurately identified or addressed in feminist movements, which have historically prioritized the concerns of white, middle-class women (Davis, 1981). Disability scholars similarly point out how neither feminism nor disability theories provide sufficient frameworks for, or attention to, the unique experiences of disabled women (Barnartt, 2013; Conejo, 2013; Schriener, Barnartt, & Altman, 1997), and criticize the complacent Whiteness of Disability Studies (Bell, 2016). Calling for intersectional approaches, Frederick and Shifrer (2018) show how analogizing race and disability propagates essentialist views of disability and marginalizes the experiences of disabled persons of color. Although early attempts to understand experiences along multiple axes of stratification took an additive approach (e.g., "double jeopardy") (Barnartt, 2013), intersectionalists instead encourage a multiplicative approach (Hancock, 2007) and an emphasis on persons with multiple low-status categories (Choo & Ferree, 2010). This section documents how disability functions as an axis of stratification in intersection with other key stratifying categories. This section then concludes by detailing how disability can be a point of pride and source of identity, emphasizing the importance of intersectionality for activism as well as scholarly research.

##### ***4.1 Limited Access to Material Goods and Power***

Disability interacts with other axes of stratification to limit access to material goods and power. Poor youth are more likely to enter school with disability (Shifrer, Muller, & Callahan, 2011), setting a trajectory for stratified educational and occupational outcomes. Disabled persons are much less likely to be employed (Bureau of Labor Statistics, 2017), and experience significant earnings disparities if employed (Maroto & Pettinicchio, 2015). Poor and working class adults spend longer periods of time in disability because of differences in access to healthcare and resources that support healthy lifestyles (Albrecht, 1992; Link & Phelan, 1995), and more taxing and dangerous workplaces and neighborhoods (Ralph, 2012; Turner, 2013). Perhaps as a result of related material disadvantages, disability appears to also be more prevalent among sexual minorities (Coston, 2019; Fredriksen-Goldsen, Kim, & Barkan, 2012). Finally, class and race shape public perceptions of whether a disabled person deserves benefits and accommodations (Hansen, Bourgois, & Drucker, 2014).

The power of people with disabilities is limited, for one, through high levels of social control (Dobransky, 2011). Special education controls learning opportunities (Shifrer et al. 2011; Shifrer 2013, 2016), potentially particularly limiting opportunities for youth with more restrictive placements, that is, youth educated into separate classrooms with different curriculum. Among youth with disabilities, placements are more restrictive for racial minority youth than for white youth (National Council on Disability, 2018). Persons with disabilities experience more social control from the state, at heightened risk of violent crime and police brutality (Moore, 2010; Sherry, 2016), particularly if they are also persons of color (Gardiner, Diaz, & Brown, 2016; Moore Jr., Lewis, & Brown, 2018). Kerima Cevik (2015), an independent researcher who identifies as a Black woman and has an autistic son, documents the institutional silence in response to police brutality against persons of color and persons with disabilities.



#### ***4.2 Reduced Personhood and Status***

Persons with disabilities are perceived to be less human (Kafer, 2013), particularly if they have mental illness or an intellectual disability (Gove, 2004; Sherry, 2013; Trent, 1994). These processes work, in part, through the racialization of disability diagnoses. The subjective nature of many disability labels have enabled them to be used as tools to reduce the personhood of people belonging to other marginalized groups. For example, Black men became increasingly likely to be diagnosed with schizophrenia in the 1960s and 70s, with their disaffection and anger portrayed as a disorder rather than warranted by the oppression they experience (Metzl, 2010). In a contemporary process, the learning struggles of Black youth are more often attributed to intellectual disability, and the learning struggles of White youth are more often attributed to autism (a disability that often connotes a high IQ) (Blanchett, 2010; Grandin, 2008; Ong-Dean, 2009). Black youth's heightened risk of being classified with disability by their schools appears to be both the result of their lower average social class (Shifrer, 2018; Shifrer, Muller, & Callahan, 2010; Shifrer et al., 2011), and teachers' racialized perceptions of achievement and behavior (Fish, 2017; Watts & Erevelles, 2004).

In addition to reduced personhood, the right to exist is even at risk for people with disabilities. In the early 20<sup>th</sup> century, the state imposed compulsory sterilization and marriage restrictions on the "feeble-minded," and those with other disabilities, to prevent the passing of "defective" genes (Wray, 2006). Though these heavy-handed practices fell out of favor, the values underlying the Eugenics Movement persist (Duster, 2003). Prenatal technologies, initially designed to identify life-threatening diseases, are now used to identify a range of fetal anomalies. In this new era, beliefs that people with disabilities should not inhabit the world, often called New Genetics or New Eugenics, are so ingrained that the majority of the population

unquestioningly employ reproductive biotechnologies to identify and eliminate fetuses with unwanted characteristics (Hubbard, 2013; Landsman, 2009). Anne Finger (1993), disabled with childhood polio, recounts her own experiences as a feminist, a disability advocate, and a mother, balancing being pro-choice with personal angst over prenatal testing for fetuses with disabilities. Duster (2003) argues the onslaught of genetic screenings may also perpetuate racialized discrimination by linking certain disorders to racial minority groups. And then, woman with disabilities who dare to bring children into the world are punished by social worker intervention and inquisition after childbirth (Frederick, 2015, 2017a, 2017b), and disproportionate blame when biomedical interventions do not successfully 'cure' their children (Mauldin, 2016).

Sexuality is another key site where disability and gender interact to reduce personhood and status. To validate their exclusion from sexuality and parenthood, intellectually disabled women were portrayed as excessively sexual/fertile, and intellectually disabled men were depicted as sexual predators (Gill, 2015). More recent research suggests disability may be more stigmatizing for men because of norms of masculinity, although the sexuality of men with disabilities is privileged over the sexuality of women with disabilities (Coston & Kimmel, 2012). Disability and sexuality identities are similar, depending on visibility level, in that people in the less valued category along either axis often resist pathologization and hesitate to share their status with family (Mauldin, 2018). Mauldin's (2018) ethnography documents how "coming out" and "becoming Deaf" are both attempts to gain agency and "re-author meanings of... bodies and experiences." Criticizing the social model of disability for reinforcing heteronormativity, Rembis (2010) envisions a "dismodernism," where there are no dis/abled sexualities or bodies, and bodies and identities are malleable rather than fixed.

#### ***4.3 Pride, Identity, and Activism***

As important as it is to recognize that disability reduces personhood and status, it is just as crucial to recognize how disability can be a point of pride and social identity (Ladau, 2014; Miles et al., 2017). Community building depends on positive disability identity and pride (Gill, 1997; Ralph, 2012; Sommo & Chaskes, 2013), with social activism in particular a product of "disability consciousness" rather than a "disability culture" (Barnartt, 1996). The term "persons with disabilities" emerged as a way to center the person before the disability, but then "disabled people" popularized in defiance of the idea that disability is too negative to be a leading descriptor (Liebowitz, 2015; Linton, 1998). Some contemporary disability activists prefer one over the other, others use both (smith, 2018). The intersectional emphasis on intra-group diversity (Crenshaw, 1991) provides an important foundation for understanding the multiplicity of perspectives on identity and activist ideology among persons with disabilities.

First, disability pride is expressed in different ways. Mauldin's (2016) ethnographic study documented the pathologization of deafness and deaf culture within cochlear implant clinics, where doctors sought to 'cure' deafness. A refusal of "treatment" can coincide with a positive disability identity (Hahn & Belt, 2004), and, choice and risk, even when counter to 'expert' medical advice, are basic human rights (Zola, 1991). Yet, s. e. smith (2018), disability activist and blogger, describes a conversation with a disabled friend that helped them reconcile that a person might desire a cure while not expecting others to want the same cure. Almassi (2010) similarly argues Christopher Reeves' desire to walk, after being paralyzed in a horse-riding accident, should neither be valorized as natural (thus framing not-walking as deviant), nor demonized as a failure to recognize the social roots of disability. Almassi concludes a person can seek bodily modification to align body and identity, without intimating this preferred body is

universally and objectively better for others. Almassi extends this logic as motivation for radical feminists to be more accepting of transgender persons.

Similarly, examining disabled persons' diverse perspectives on the social model illuminates related tensions for other minority groups. Critical perspectives reject the medical model because it frames disability as unwanted deficiency and limits the development of group solidarity (Albrecht, 1992). Individualized perspectives of disability also limit the efficacy of policy aimed at improving lives (Grossman, 2018; Howards et al., 1980). And yet, disability scholars, some with disabilities themselves, criticize the social model for ignoring some people's tangible pain or material limitations, and for over-emphasizing the extent to which disability is a social construct (Erevelles, 1996; Shakespeare, 2006; Sommo & Chaskes, 2013). Shakespeare (2006, p. 56) explains: "while I acknowledge the importance of environments and contexts, including discrimination and prejudice, I do not simply define disability as the external disabling barriers or oppression... The problems associated with disability cannot be entirely eliminated by any imaginable form of social arrangements. The priority for a progressive disability politics is to engage with impairment, not to ignore it."

In a parallel, Serano (2007), a transwoman and biologist, provides a scathing critique of sociologists' emphasis on gender as socially constructed, when many transgender people experience gender as internal and intrinsic. In the same vein, a qualitative study found transgender people appreciate medicalization, because it validates activism (being transgender is not a 'choice') and facilitates gender affirming medical services (Johnson, 2015, 2019). Yet, transgender people also report discomfort at the pathologization of inclusion in the *DSM*, even with the update from "gender identity disorder" to "gender dysphoria" with the *DSM-5* (Johnson, 2019). Addressing tensions that apply to many *DSM* diagnoses (e.g., mental illness, learning

disabilities), Johnson (2019, p. 529) concludes: "If medicine is to maintain its authority over human problems and its role in finding solutions for those problems, it must expand its models to account for the diverse and polymorphous components of health and wellness or risk promoting partial understandings that eclipse lived experience and prevent comprehensive healing."

Finding parallels across seemingly disparate social groups is a central exercise of sociology. Activism may similarly benefit at the intersection of different social groups. Noted historian and activist Barbara Ransby (2018) roots the contemporary political movement Black Lives Matter in Black feminist and anti-capitalist politics. Annamma, Connor, and Ferri (2013) propose DisCrit (Dis/ability Critical Race Studies), a framework combining Critical Race Theory and Disability studies, as a means of keeping race and dis/ability centered both theoretically and methodologically in research.

## **5. CONCLUSION**

Centering disability in sociological analyses facilitates more complete and accurate understandings of stratification. To build sociologists' recognition of disability as a socially constructed axis of stratification, we demonstrated how the disability category was constructed through the same processes that legitimize other axes of stratification: moral attributions, biological attributions, separation, and dichotomization. Stratification theory must begin rather than end at intersectionality. To enrich understandings of basic processes of stratification, we then documented the centrality of disability in the social construction of class, race, gender, sexual orientation, and age. Finally, we showed various ways disability functions as an axis of stratification in intersection with other key axes of stratification.

### ***5.1 Centrality of Disability in Processes of Stratification***

Our failure to consistently recognize disability ideology in virtually all processes of stratification reflects disability's persistence as the "master trope of human disqualification" (Mitchell & Snyder, 2001, p. 3). Other oppressed groups establish their lack of disability to raise their status (Baynton, 2001; Erevelles, 1996). That is, women argue they are just as capable as men, and racial minorities argue their biological traits are not inferior to those of White people. Disability is even the last socially accepted defense for eugenics (Landsman, 2009). Disability ideology organizes status hierarchies, by providing 'objective' criteria of which status categories are normal and which are abnormal/deficient (Erevelles, 1996; Erevelles & Minear, 2010). Sociologists even reinforce these assumptions by not questioning them the way they now question assumptions associated with other axes of stratification. Because stratification on the basis of disability is unquestioned in ways stratification along other axes is not, disability remains central in the legitimation and perpetuation of other axes of stratification.

### ***5.2 Socially Constructed Nature of Stratification Theory***

The sociological disregard for disability points to the socially constructed nature of stratification theory. Feminist scholars document how 'science' has largely been a product of the understandings and priorities of dominant social groups, reflecting and perpetuating structures of power and inequality (Haraway, 1988; Harding, 1991). Because classic sociologists perceived the prevalence of White male scholars as natural, stratification theory began with a primary focus on class (Grusky & Ku, 2008). Weber introduced ideas of race in sociology in the late 1800s but did not take a critical view until later writings (Manasse, 1947). Truly multidimensional models of stratification that moved beyond class were not evident in sociological research until the 1950s (Grusky & Charles, 2001). One of the first sociologists of gender, Gilman (1898), often turned to functional ideas from evolutionary theory. Daniels (2008) marks the mid-1970s as the

first formal integration of feminist perspectives into sociological research, with pieces like Daniels (1975) and Smith (1974). Hirschmann (2012) claims "disability is the new gender." The contemporary failure of academics to recognize disability as a central axis of stratification reflects the bias of a profession ideologically structured around notions of individualistic achievement, or what has been described as 'academic ableism' (Dolmage, 2017; Miles et al., 2017; Price, 2011). Most sociologists move through their training and build their research and teaching careers without being asked to meaningfully engage with disability. When we lack the analytic tools to see the disability story or to analyze the social component of disabled people's lives, we often get the story wrong when we inevitably encounter disability in our research.

## ENDNOTES

<sup>1</sup> Respecting varying language preferences in disability communities, we alternate between person first language (people with disabilities) and identity first language (disabled people) throughout this article.

<sup>2</sup> The term "inspiration porn" refers to the ways disabled people are held up to inspire nondisabled audiences. The origin of the term is believed to come from comedian Stella Young's Ted Talk, "I'm Not Your Inspiration, Thank You Very Much."

[https://www.ted.com/talks/stella\\_young\\_i\\_m\\_not\\_your\\_inspiration\\_thank\\_you\\_very\\_much?language=en](https://www.ted.com/talks/stella_young_i_m_not_your_inspiration_thank_you_very_much?language=en).

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