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EDITORIAL

Disability, anti-disability, post-disability: A critical trajectory

The emergence of the disability rights movement in the late 20th century reshaped clinical, social, and ethical understanding of disability. Rejecting the traditional medical model, the social model reframed disability as the product of environmental and attitudinal barriers rather than intrinsic deficit, underpinning major advances in rights, inclusion, and service provision. These developments parallel, in some respects, the critique advanced by the anti-psychiatry movement, which challenged the roles of power, social norms, and institutions in constructing 'mental illness'. Extending this critique raises an important question: might disability itself function as a socially constructed category that simultaneously enables and constrains those it seeks to support?

Contemporary views emphasize that disability emerges through the interaction of bodily variation with socially defined norms of function, autonomy, and participation.[1] This echoes the 1960s work of Szasz and Foucault, who questioned whether psychiatric diagnoses reflect objective pathology or normative judgements embedded within institutional frameworks. In both cases, classification does more than describe reality by defining individuals as 'patients' or 'disabled persons'. Being given a name or label determines expectations, trajectories, and social recognition.[2] This performative dimension is particularly relevant in developmental medicine, where diagnostic labels shape identity, expectations, experiences, and access to services.[3]

From this perspective, all dimensions of the International Classification of Functioning, Disability and Health (ICF) could arguably be seen as socially mediated,[4] including impairment in body function and structure, raising the possibility that the ICF reproduces rather than overcomes the assumptions underlying exclusion. A related tension arises from the institutionalization of disability within legal and administrative systems. Many achievements of disability advocacy, including access to education, healthcare, and social protection, depend upon establishing disability as a recognized category. In practice, this requires assessment, certification, and categorization, processes that reinforce disability as an administrative identity. Individuals must continually demonstrate eligibility within systems that are necessarily reductive. This mirrors concerns in psychiatry that diagnostic categories, while clinically useful, also regulate those individuals they describe.[5]

Disability studies have rightly promoted collective identity as a basis for solidarity and political advocacy. Yet disability identity is diverse and often mixed. Not everyone adopts disability as a central identity, and for some it sits uneasily alongside other aspects of selfhood. Although politically effective, identity-based approaches risk making difference seem fixed and may limit more fluid understandings of human experience.

These debates ultimately concern the norms against which disability is defined. Prevailing concepts of health emphasize autonomy, productivity, and independence – values that are historically and culturally contingent. However, such ideals can also marginalize alternative forms of embodiment and interdependence. Disability may therefore be understood less as an exceptional state than as one expression of normal human variation, challenging assumptions about what constitutes a desirable life.

These considerations suggest what might be termed an anti-disability perspective, analogous to anti-psychiatry. This does not reject disability rights or deny impairment but critically examines disability as a classification framework. It questions the necessity of fixed categories, emphasizes the expanding nature of human abilities, and seeks to reduce reliance on diagnostic labels as prerequisites for participation and support.

This perspective nevertheless encounters a paradox. The classifications that may constrain identity are also those through which individuals gain rights, resources, and recognition. Despite its conceptual limitations, the social model has transformed policy by exposing structural barriers and promoting inclusion. As in psychiatry, where tensions persist between biomedical, psychosocial, and critical approaches, the challenge is to balance critical reflection with practical necessity.

Applying an anti-psychiatric lens to disability highlights the dual nature of classification: the term 'disability' is both an instrument of emancipation and a potential source of constraint. The challenge is therefore to use categories without being confined by them. Clinical practice and policy should preserve the protections they enable while recognizing their limits and allowing greater flexibility, plurality, and person-centred understanding. This is particularly important in the field of developmental medicine, where variability is the rule rather than the exception.

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DATA AVAILABILITY STATEMENT

Not required.

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REFERENCES

1. Kostanjsek N, Celik C. The International Classification of Functioning, Disability and Health at 25: From conceptual backbone to computable language in childhood-onset disability. Dev Med Child Neurol. 2026 May 25. https://doi.org/10.1111/dmcn.70318. Online ahead of print.
2. Butler J. Excitable Speech: A Politics of the Performative. New York: Routledge; 1997.
3. Werkhoven S, Anderson JH, Robeyns IAM. Who benefits from diagnostic labels for developmental disorders? Dev Med Child Neurol. 2022; 64: 944–9.
4. Dan B. The ICF as a socio-psycho-biological model for the full participation of disabled individuals. Dev Med Child Neurol. 2024; 66: 1398–9.
5. Cohrs D, Aftab A. Implications of Critical Perspectives for Psychiatric Practice. Psychiatr Clin N Am. [In Press]. http://doi.org/10.1016/j.psc.2025.10.001.

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