

Construction of Disability in WHO's classifications

CHANGES AND CONTINUITIES

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The development of WHO's disability classifications

- In 1980 the World Health Organisation complemented **International Classification of Diseases (ICD)** with a framework focussing on consequences of diseases called **International Classification of Impairments, Disabilities and Handicaps (ICIDH)**
- In 2001 ICIDH was replaced by a renewed version called **International Classification of Functioning, Disability and Health (ICF)**
- In the ICIDH and ICF the focus is not in diseases but in the ability of an individual with a certain disease or disorder to perform certain tasks of daily living

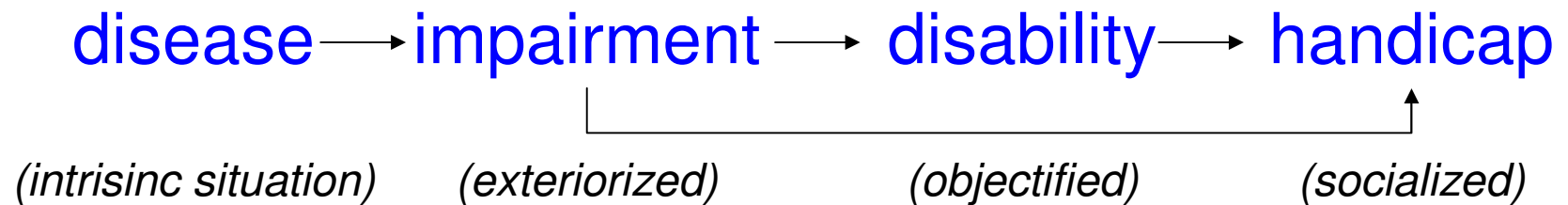
Uses of ICDH and ICF

- Data collection
- Evaluation
- Clinical work
- Planning and implementation of social policies
- Education

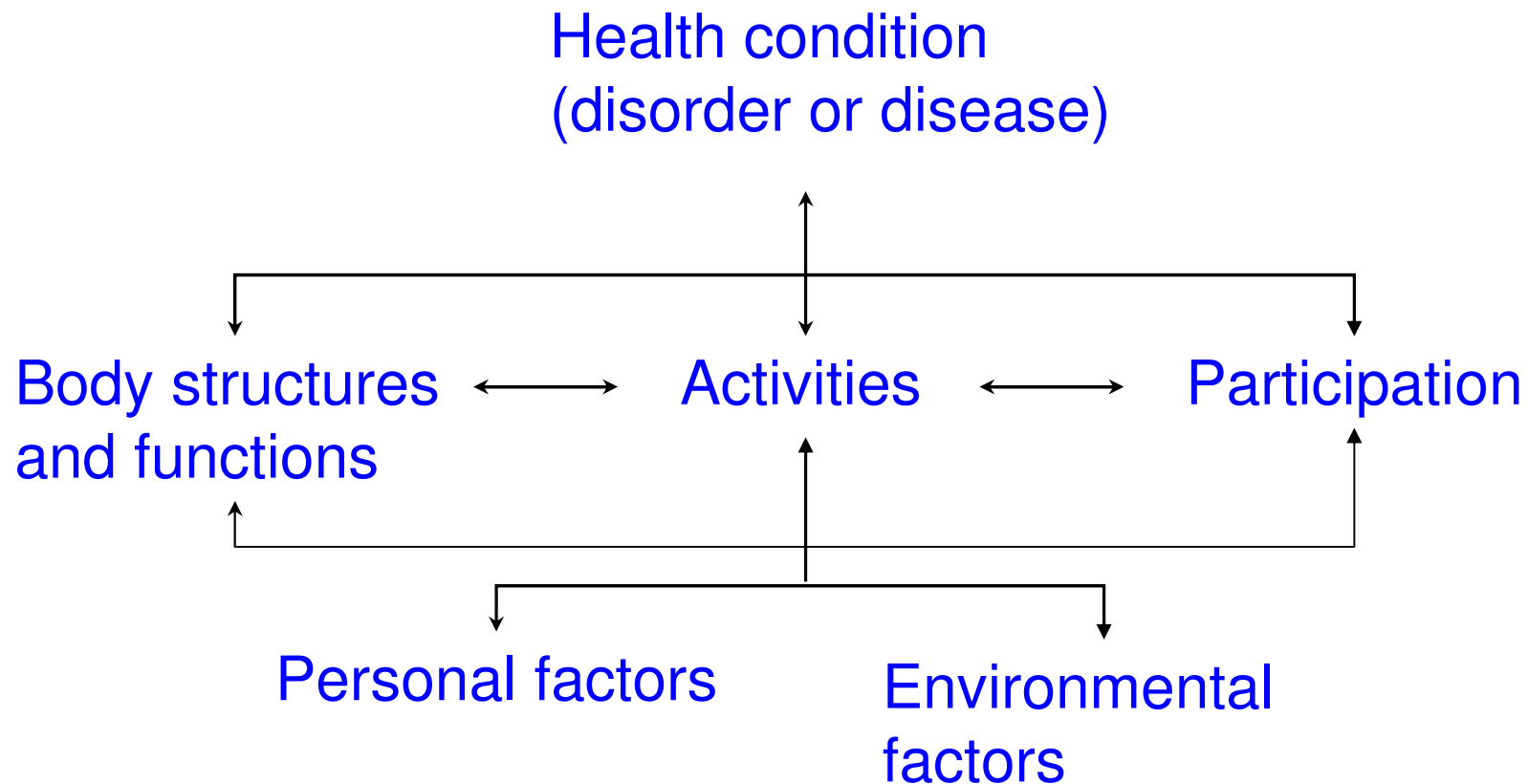
Classification as social practice

- **Classificatory systems**
 - are always artificial
 - focus on certain human traits
 - frame these traits in certain ways
 - shape understandings of these traits and people that carry them
 - construct reality
 - are intertwined with bio-power
 - are techniques of governing bodies and populations
- **Key theorists: Ian Hacking, Michel Foucault**

The ICDH model of disability



The ICF model of disability



What has changed?

- The terminology: the meanings of some terms (e.g. “**disability**”) have changed, some terms (e.g. “**handicap**”) have been given up, new terms (e.g. “**contextual factors**”) have been created
- However, the differences between the ICF and ICIDH seem less pronounced on the level of the “depth knowledge” on which the classifications are based

Rules of knowledge production in ICF and ICIDH

Quantify!
Create norms!
Objectify!
Medicalize!

Quantification

- In the ICDH and ICF all information about disabled individuals is transformed into numbers
- This enables counting and statistical analyses

ICIDH coding rules

Section	Impairments (i)	Disabilities (d)	Handicaps (h)
Main category	1/Impairments of intelligence	1/Behaviour disabilities	6/Economic self-sufficiency handicaps
Subcategory	moderate mental retardation	knowledge acquisition disability	(is replaced by scales)
Code	i12	d15	h6
Scales	—	0–6 0=not disabled 6=deteriorating disability	1–8 1=wealthy 8=economically inactive

ICF coding rules

Component	Body functions (b)	Body structures (s)	Activities and participation (d or a/p)	Environmental factors (e)
Main category	1/Mental functions	1/Nervous system	8/Major life areas	4/Attitudes
Subcategory	Intellectual functions	Brain structures	Economic self-sufficiency	Individual attitudes of people in positions of authority
Code	b117	s110	d870	e430
Qualifier	scale: xxxx.0–4 0=NO impairment 4=COMPLETE impairment		scale: xxxx.0–4 0=NO difficulty 4= COMPLETE difficulty	scale: xxxx./+0–4 0=NO barrier 4=COMPLETE barrier +0=NO facilitator +4=COMPLETE facilitator

Quantification 2

- Theodore M. Porter (1995) *Trust in Numbers. The Pursuit of Objectivity in Science and Public life*
- Numbers seem objective and can hence operate as a legitimate basis of decisions for the bureaucratic officials
- Quantification is not only a method of description but also a method of intervention
- Numbers abstract away people's individuality and in this way help to suppress moral feelings

Creating norms

- ICF and ICDH enable distribution of individuals around norms
- Norms are based on the distinction between normal and abnormal

Norms in the ICDH

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Norms in the ICF

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“**Activity limitations** are difficulties an individual may have in executing activities. An activity limitation may range from a slight to severe deviation in terms of quality or quantity in executing the activity in a manner or to the extent that is expected of people without the health condition.”

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Creating norms 2

- Comparing people with norms also creates those norms
- Boundaries of normality have been partially redrawn in the ICF
 - F.ex homosexuality, pregnancy and living on welfare are not anymore labelled as “deviant”
- Like ICDH, also ICF promotes current western middle-class lifestyle
 - Health, productivity, deference central norms

Creating norms 3

- In modern democracies power operates through norms
- Those who fail to conform are stigmatised
- Normalisation is the practical equivalent of creating norms
- Normalisation attempts to eliminate differences

Objectification

- Making people objects of study that are judged according to strict, uniform standards
- Allows the expert to speak authoritatively of the people under scrutiny

Objectification in the ICDH

“In order to measure the consequences of disease, those who are affected have to be ascertained. The process of ascertainment of the disabled and handicapped is itself dubious, at least as an absolute proposition, and two crucial questions need to be acknowledged. The first concerns the sense in which individual is disabled or handicapped. This should have been made clear by the definitions of the concepts, and it is hoped that the ideas will serve to rebut those who try to dismiss the scheme as an attempt to classify the unclassifiable. The second question, which underpins the first, is directed at the reason for ascertainment, because any attempt clarify thinking in this area can be vulnerable to the protests of those who are concerned that categorization or labelling engenders stigma. However, this attitude surely denies the possibility of any coherent attempt to alter the present situation.”

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Medicalization

- Process of defining social problems as medical problems
- ICDH and ICF represent new kind of medicalisation
 - Focus is in the individual's support needs and in his ability to maintain mainstream lifestyle
 - The distinction between normal and pathological remains
 - The solution to the “problem” of disability lies in the **restoration of the norm** through adjustments in the individual and in the environment
 - Deep cultural or economic structures are left unchallenged

Conclusions

- ICHD and ICF have more similarities than differences
- Can be used in work for improving the living conditions of disabled people
- At the same time they reproduce hegemonic values and existing power relations