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### **Cover Page Footnote**

I am grateful for thoughts and suggestions from my colleagues G. Thomas Couser, Karyn Valerius, and Christopher Niedt, from participants at the March 2022 interdisciplinary Conference "Disability at the Intersection of History, Culture, Religion, Gender, and Health," and the editors and readers at the Journal of Gender, Ethnic and Cross-Cultural Studies.



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## “HANDICAP REMOVED”: AN ALTERNATIVE PATH TO THE SOCIAL MODEL

CRAIG M. RUSTICI<sup>1</sup>

### Abstract

This article identifies an expression of a social model of disability in a 1966 film promoting Hofstra University’s Program for the Higher Education of the Handicapped and traces that model back to books published by the pioneering rehabilitation physician Henry H. Kessler in 1935 and 1947, decades before the UPIAS (Union of the Physically Impaired against Segregation) *Fundamental Principles of Disability* (1976). In light of Kessler’s articulation of social and minority models, identification of contrasting religious, charity and medical models, and discussion of disability stigma, this article reassesses Ruth O’Brien’s critique, in *Crippled Justice* (2001), of Kessler and the twentieth-century rehabilitation movement.

Contrary to O’Brien’s critique, Kessler does not simply expect people with disabilities to adapt themselves to the existing society; instead, he insists that the “general public” change its handicapping attitudes and accept the person living with impairments as a “natural unit of the common society.” Rather than, as O’Brien charges, embracing the norm, Kessler questions the concept “normal” and anticipates Rosemarie Garland-Thomson’s concept “normate.” Further, rather than stressing the psychological maladjustment of people with disabilities, Kessler attributes ableist prejudice to its own form of personality maladjustment. O’Brien’s critique better fits the career and writing of Howard A. Rusk whom she pairs with Kessler as founders and leaders of the rehabilitation movement.

This article also proposes factors that prevented Kessler’s social-contextual model from spawning the social movement that UPIAS’s *Fundamental Principles* later would. Those factors include what David Pettinicchio identifies as an entrenched disability policy monopoly (*Politics of Empowerment* 2019), the absence of a cross-disability collective identity, and the absence of a civil rights frame for addressing discrimination against underprivileged minorities. The seeds of the later disability rights movement, though, appear in early articulations of social and minority models within the rehabilitation movement.

**Keywords:** social model, minority model, rehabilitation, disability stigma

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The title of this article alludes to voiceover narration in a short film commissioned by Hofstra University, where I teach. In 1963, the Trustees at Hofstra resolved to make the campus accessible to people with physical disabilities, and for the next two decades the University installed ramps, lowered public telephones and water fountains, and retrofitted multistory buildings with exterior wheelchair lifts. Hofstra also commissioned a 1966 film *All Things on Wheels Aren't Equal* to advocate for campus accessibility. The film's opening shot presents a key unlocking a wheelchair lift, as the unseen narrator declares, "Handicap removed." By suggesting that an accessible environment eliminates a handicap, this scene anticipates the social model of disability. A few moments later, the narrator again anticipates the social model by asserting, "There are over a million disabled people under the age of twenty-one handicapped by a curb, a flight of stairs, something out of reach." Here, the physical environment rather than the wheelchair user's physical impairment "handicaps" or disables. The final shot of the film presents a young boy in a wheelchair, as the narrator observes, "Occupation, today a child, physically disabled, tomorrow, teacher, artist, scientist, lawyer, architect, handicapped? That's up to us." Once again, the film differentiates between an impairment rooted in physiology and a handicap determined by the social environment, that is, "us."<sup>2</sup> Mike Oliver and Tom Shakespeare have both traced the earliest articulation of the social model of disability to *The Fundamental Principles of Disability* published by the British Union of the Physically Impaired against Segregation (UPIAS) in 1976 and based (the pamphlet's title page asserts) on a discussion held in November 1975.<sup>3</sup> There UPIAS asserts, "It is society which disables physically 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."<sup>4</sup> In this article, to understand the intimation of such concepts in the Hofstra film produced nine years earlier, I identify an alternative source of the social model and reassess a disability-studies critique of the twentieth-century rehabilitation movement.

The path to that alternative source passes through the career of Harold Yuker and leads to books the pioneering rehabilitation physician Henry Kessler published as early as 1935. Yuker, who lived with cerebral palsy, developed and published the Attitudes Toward Disabled Persons (ATDP) scale in

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<sup>2</sup> *All Things on Wheels Aren't Equal*, directed by Alexander Buttice (1966; Palamar Productions). <https://archive.org/details/AllThingsOnWheelsArentEqual1966>.

<sup>3</sup> Michael Oliver, "The Social Model in Action: If I Had a Hammer," in *Implementing the Social Model of Disability: Theory and Research*, ed. Colin Barnes and Geoffrey Mercer (Leeds: Disability Press, 2004), 19; Tom Shakespeare, *Disability Rights and Wrongs Revisited* (New York: Routledge, 2014), 12.

<sup>4</sup> Union of the Physically Impaired Against Segregation, *Fundamental Principles of Disability*. 1976, Center for Disability Studies, accessed February 25, 2022, 3. <https://disability-studies.leeds.ac.uk/wp-content/uploads/sites/40/library/UPIAS-fundamental-principles.pdf>.

1960, helped lead Hofstra's Program for the Higher Education of the Disabled (PHED), and collaborated with colleagues in the Hofstra Psychology Department (J. Richard Block and Alfred Cohn) on published disability research. Although the film credits identify Harold Goldberg, another of Yucker's Hofstra colleagues, as screenwriter, they identify Yucker as "Hofstra Project Director," and I infer Yucker's influence upon the screenplay. In an academic monograph published in 1986, twenty years after the film, Yucker explicitly draws the contrast implied in the screenplay, as he differentiates between disability ("a person's physical or mental condition") and handicap ("the way a person is treated").<sup>5</sup> For a source of this differentiation, Yucker cites not the 1976 UPIAS manifesto but rather the 1953 second edition of Henry Kessler's *The Rehabilitation of the Physically Handicapped*. In fact, in the first (1947) edition of that text, Kessler anticipates the distinction between impairment and disability, a distinction that, according to Tom Shakespeare, "defines the social model approach." "The presence of a physical defect, however, does not constitute a disability," Kessler writes. "Only when the defect causes an actual restriction of activity or arouses a psychosocial prejudice, will it be so defined." He thus contrasts impairment ("physical defect") with disability created, in some cases at least, by others' prejudice. He draws much the same distinction again in the same texts as he observes that the person living with a functional impairment "bears a double burden, his actual disability [impairment] and the social restrictions [disability] it incurs." Shakespeare notes the absence thus far of "systematic historical research" into "pre-1975 social-contextual approaches" to disability and cites "tantalizing clues" to such an approach as early as 1958.<sup>6</sup> Examining Kessler's writing on disability demonstrates the need both to extend such research into the 1930s and to reassess Ruth O'Brien's critique of Kessler's advocacy for rehabilitation medicine.

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<sup>5</sup> Harold E. Yucker and J. R. Block, *Research with the Attitude Toward Disabled Persons Scales (ATDP), 1960-1985* (Hempstead, NY: Center for the Study of Attitudes Toward Persons with Disabilities, 1986), 36.

<sup>6</sup> Tom Shakespeare, *Disability Rights and Wrongs* (New York: Routledge, 2006), 18-19; Henry H. Kessler, *The Rehabilitation of the Physically Handicapped* (New York: Columbia University Press, 1947), 12-13, 19. In fact, Kessler contributed to what, drawing upon Irving Zola and William Frey, Shakespeare cites as the earliest text identified thus far to differentiate between impairment and disability, namely, a 1958 "Guide to the Evaluation of Permanent Impairment of the Extremities and Back" published in the *Journal of the American Medical Association*. Kessler served on the eight-member committee that drafted the "Guide," which distinguishes between "permanent impairment," a "purely medical condition" and "permanent disability," a condition affected by not only medical but also "non-medical factors such as age, sex, education, economic and social environment." According to the "Guide," assessing disability is "an administrative decision" and beyond the physician's responsibilities. Committee on Medical Rating of Physical Impairment, "Guide to the Evaluation of Permanent Impairment of the Extremities and Back," special issue, *Journal of the American Medical Association* 166 (February 15, 1958): unpaginated preface; William D. Frey, *Functional Assessment in the 80s: A Conceptual Enigma, a Technical Challenge* (East Lansing: University Center for International Rehabilitation, Michigan State University, 1983), 17; Irving Kenneth Zola, "Towards Inclusion: The Role of People with Disabilities in Policy and Research Issues in the United States—A Historical and Political Analysis," in *Disability Is Not Measles: New Research Paradigms in Disability*, eds. Marcia H. Rioux and Michael Bach (North York, ON: L'Institut Roehar Institute, 1994), 53.

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“There have developed,” Kessler writes, “social attitudes and legal limitations which seriously handicap the . . . disabled in their efforts to earn a livelihood.” This statement unequivocally asserts, to use more contemporary diction, that the social and legal environment disables, that is, causes physical (and perhaps mental) impairments to function as disabilities. It could fit comfortably into a document of the 1970s disability rights movement such as Frank G. Bowe’s landmark *Handicapping America* (1978), which declares from the outset that “America handicaps disabled people” and later, more elaborately that when “a disability, in interaction with a specific set of environmental conditions, makes an individual unable to perform certain activities. . . . The environment itself is handicapping.” In this text, Bowe, who later joined the Hofstra faculty in 1989, thus helped disseminate a “social-contextual” model in the United States. Kessler, though, writes his critique of handicapping attitudes and laws decades earlier in a 1935 book with the decidedly dated title *The Crippled and the Disabled*.<sup>7</sup>

Kessler also anticipates the binary distinction between medical and social models that, according to Shakespeare, originated in analyses Michael Oliver published in 1983 and 1990. As Shakespeare observes, Oliver links the medical model to an individual, “personal tragedy theory” of disability and contrasts it with the social model.<sup>8</sup> Kessler articulates such a binary distinction decades earlier in 1947, as he insists that the “definition of physical handicap,” in contrast to physical defect “must be necessarily social and economic rather than medical.” Kessler’s understanding of other, earlier models of disability prepared him to formulate a nascent social model and to self-consciously contrast it with a medical model. He devotes nineteen pages in his 1935 text to a historical survey of social attitudes toward people with disabilities. He recognizes what disability scholars have termed a religious or symbolic model in which, especially in medieval and Reformation Christianity, people with disabilities are “appraised morally.”<sup>9</sup> Impairments were interpreted as “the result of evil action,” he writes, and “it was assumed that the crippled in body were crippled in mind as well.” He notes the rise in the eighteenth century of what we might term a “charity model” making people with disabilities dependent upon “the pity and the mercy” of the community and focused primarily on confining them

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<sup>7</sup> Henry H. Kessler, *The Crippled and the Disabled* (New York: Columbia University Press, 1935), 3; Frank G. Bowe, *Handicapping America: Barriers to Disabled People* (New York: Harper & Row, 1978), vi, 16.

<sup>8</sup> Shakespeare, *Disability Rights and Wrongs*, 15; Michael Oliver, “Social Work and Disability: Old and New Directions,” in *Social Work with Disabled People* (London: Palgrave, 1983), 14, 21–22; Michael Oliver, *The Politics of Disablement* (London: Palgrave, 1990), 15, 115.

<sup>9</sup> G. Thomas Couser, *Disability in Contemporary Life Writing* (Ann Arbor, MI: University of Michigan Press, 2009), 21–22.

out of sight.<sup>10</sup> According to Kessler, the rise of orthopedics displaces the religious model and inaugurates a new (medical) paradigm: “The power to improve the defective physically, the insistence upon change and remolding rather than the former submission to the inevitable or the pious acceptance of an unfortunate condition, characterize all subsequent endeavor.”<sup>11</sup>

As if foreseeing a turn to a social model, Kessler credits orthopedics with “more efficient means . . . to change the social attitude.” Not surprisingly, then, in that same text he bluntly asserts, “The disabled person is merely a psychosocial concept, which has developed as the result of deeply rooted human prejudices and economic necessity.” Here, the phrase “economic necessity” appears to allude to Kessler’s charge that leaders have cited workers’ disabilities to explain away high unemployment. If, as experts claimed, the U.S. reached full employment (“the peak of manpower utilization”) in 1946 “with an irreducible minimum of two million unemployed (due to age and physical incapacity),” then, he argues, the Depression era estimates of “five million unemployables” were “false.” Since “no solution” to a “critical social and economic problem” was “available it was necessary to invoke a scapegoat,” namely disability.<sup>12</sup>

Kessler anticipates too the minority model that, Shakespeare contends, has informed North American social-contextual approaches to disability. His acute appreciation of a disabling social environment prompts him to ask whether the category “physically handicapped,” a less “malevolent” alternative to “cripple,” should “include the social disabilities associated with the racial features of the Semite, or the color features and pigmentation of the Negro and Chinese?”<sup>13</sup> The putatively distinctive somatic traits of Jews, Blacks, and Asians do not constitute physical defects, but in the culture he addresses, they do amount to “social handicaps.” Certainly, by the standard articulated in the UPIAS *Fundamental Principles*, being “isolated and excluded from full participation in society,” those

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<sup>10</sup> Bill Hughes, “Invalidating Emotions in the Non-Disabled Imaginary: Fear, Pity and Disgust.” In *Routledge Handbook of Disability Studies*, eds. Nick Watson and Simo Vehmas, 2<sup>nd</sup> ed. (New York: Routledge, 2020), 93–95.

<sup>11</sup> Henry H. Kessler, *The Rehabilitation of the Physically Handicapped* (New York: Columbia University Press, 1947), 13; Kessler, *Crippled*, vii, 18–22. Direct, personal experience as well as a historical perspective inform Kessler’s understanding of disability. Less than two years after he began practicing rehabilitation medicine, Kessler contracted tuberculosis with inflammation and fluid build-up in the tissue surrounding his lungs. While undertaking a rural rest cure, he could not work to support his wife and young son financially. “I now joined the ranks of the disabled,” he writes in his memoir. However, he retained an income through the generosity of his employers at the New Jersey Rehabilitation Commission. A social-contextual model, though, does not seem to inform his understanding of his own, temporary disability. He writes of being “struck down” by the disease and rescued by his employer without addressing any disabling attitudes or institutions. Henry H. Kessler, *The Knife is Not Enough* (New York: W. W. Norton, 1968), 42, 48.

<sup>12</sup> Kessler, *Crippled*, 13, 22; Kessler, *Rehabilitation*, 18.

<sup>13</sup> Kessler, *Rehabilitation*, 12.

minorities were disabled. Moreover, as Dennis Tyler has documented, texts as dissimilar as the majority decision in *Plessy v. Ferguson* (1896) and an early, 1892 essay by James Weldon Johnson used the term “disabilities” to name the oppression imposed upon Black Americans.<sup>14</sup> Although Kessler draws an analogy between the disabled and members of disadvantaged American racial and ethnic minorities, writing three decades before the 1964 Civil Rights Act, he does not take the further step that Renee R. Anspach later would and advocate disability identity politics.<sup>15</sup>

As Rosemarie Garland-Thomson has suggested, seeds of a minority model appear in Erving Goffman’s 1963 *Stigma: Notes on the Management of Spoiled Identity*. There, Goffman sets the stage for a minority model by aligning “abominations of the body” (or “various physical deformities”) with “the tribal stigma of race, nation, and religion” as two of three broad types of stigma. “Normals,” he suggests, stigmatize others based on bodily anomalies as well as racial, ethnic, and religious identities. Not surprisingly in light of my exposition of Kessler’s writing thus far, he uses terms, metaphors, and concepts that anticipate Goffman’s. Goffman, for example, opens his study by tracing the etymology of “stigma” to the ancient Greek practice of cutting or burning signs “into the body” to “expose something unusual or bad” about the bearer.” Kessler too employs a metaphor of painful bodily inscription as well as the term “stigma” as he characterizes the word “cripple” as “a brand that has come down through the centuries, carrying with it the stigma of repugnance and aversion.” Goffman contends the stigmatized individual is “reduced in our minds from a whole and usual person to a tainted, discounted one,” someone “not quite human.” Kessler recognizes this discounting as he characterizes the word “cripple” as a “mark . . . of deviation, of alienism.” As he proceeds to describe “cripple” also as a “mark of social status, an evidence of caste” Kessler implies, as Goffman would later assert, that “we [‘normals’] exercise varieties of discrimination” that “reduce” the stigmatized individual’s “life chances.”<sup>16</sup>

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<sup>14</sup> Of course, as Black writers such as Julia Anna Cooper recognized, Jim Crow social handicaps often produced physical handicaps. Dennis Tyler, *Disabilities of the Color Line: Redressing Antiblackness from Slavery to the Present*. Crip: New Directions in Disability Studies (New York: New York University Press, 2022), 113, 164–66.

<sup>15</sup> Shakespeare, *Disability Rights and Wrongs*, 23–24; Kessler, *Crippled*, 12. Renee R. Anspach, “From Stigma to Identity Politics: Political Activism Among the Physically Disabled and Former Mental Patients,” *Social Science & Medicine. Part A: Medical Psychology & Medical Sociology* 13 (1979): 772–73.

<sup>16</sup> Garland-Thomson observes that “Goffman’s work underpins the nascent field of disability studies in the social sciences” and that “stigma theory thus provides a means of precisely tracing the production of cultural ‘minorities’ or ‘others.’” Rosemarie Garland-Thomson, *Extraordinary Bodies: Figuring Physical Disability in American Culture and Literature* (New York: Columbia University Press, 1997), 30–31; Erving Goffman, *Stigma: Notes on the Management of Spoiled Identity* (Englewood Cliffs, NJ: Prentice Hall, 1963), 1, 3–5, 7; Kessler, *Rehabilitation*, 11.

Those familiar with Kessler through Ruth O'Brien's influential critique of rehabilitation medicine in *Crippled Justice: The History of Modern Disability Policy in the Workplace* (2001) may find the account of Kessler's thoughts that I offer here surprising.<sup>17</sup> Far from crediting him with articulating a nascent social model, O'Brien contends that Kessler and other rehabilitation physicians "developed a medical model for the whole of society." In O'Brien's account, that model did not focus on better accommodating people with disabilities but rather on preventing such people from impairing society, since, she explains, "an unrehabilitated individual could weaken and erode society's health." Psychiatrists who strongly influenced rehabilitation medicine recognized, O'Brien contends, that "disabled people were also crippled by a society that held them in low esteem. But rather than placing the burden on society, [these] psychiatrists thought the person with a disability should shoulder it." In sharp contrast, writing in 1935 Kessler insists, "The disabled man must not only be cared for and educated so that he may be able to fill an independent place in the social and economic life of society, but the attitude of the general public—of children, parents, workers, employers—must be changed, so that the afflicted person will be accepted by them as a natural unit of the common society to which all belong."<sup>18</sup>

O'Brien also contends that "the rehabilitation movement embraced the norm." "Rehabilitation doctors," she asserts, "treated disabled people with the hope that they, too, could fit into the middle of the bell-shaped curve." Writing in 1935, though, Kessler critiques the concept "normal" and bluntly asserts, "There is no such entity as a normal person." Kessler addresses three conceptions of normality as either a) ideal perfection, b) absence of defect, or c) a statistical average. To dispute the first two, he cites empirical evidence, including his own seven-year study of over 6,500 New Jersey factory workers. He found only 7 percent of those workers "free from gross defects detectable by physical examinations." If the ideal or the absence of defect is so rare, can it reasonably be considered "normal"? When he returns to this topic in 1947, draft and discharge statistics provide further evidence. He opens *The Rehabilitation of the Physically Handicapped* with the troubling fact that 40 percent of "selectees

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<sup>17</sup> Sharon L. Snyder and David T. Mitchell, Samuel R. Bagenstos, Richard V. Ericson, and Sarah F. Rose have all cited O'Brien's view of rehabilitation medicine approvingly. Sharon L., Snyder and David T. Mitchell, *Cultural Locations of Disability* (Chicago: University of Chicago Press, 2010), 21; Samuel R. Bagenstos, *Law and the Contradictions of the Disability Rights Movement* (New Haven: Yale University Press, 2009), 22, 157; Richard V. Ericson, *Crime in an Insecure World* (Cambridge: Polity, 2007), 103; Sarah F. Rose, *No Right to Be Idle: The Invention of Disability, 1840s–1930s* (Chapel Hill: University of North Carolina Press, 2017), 226.

<sup>18</sup> Ruth O'Brien, *Crippled Justice: The History of Modern Disability Policy in the Workplace* (Chicago: University of Chicago Press, 2001), 22, 28, 50; Kessler, *Crippled*, 22.

for military service were rejected because they could not meet the standard physical requirements.” The high percentage of candidates rejected from military service plus their subsequent success (alongside “women . . . and the superannuated”) as workers in defense factories prompt Kessler to recommend reassessing definitions of physical (and industrial) fitness. Under “false concepts of physical fitness,” he charges, “vague standards have been created that have condemned those with physical defects as unproductive and socially useless.”<sup>19</sup>

Kessler’s critique of the third, statistical conception of normal is less probing. He asserts that the appearance of “objectivity” is illusory; “social judgments,” rather than mathematical averages, function as “criteria or standards.” Although Kessler omits an illustrative example, one appears in Lennard Davis’s analysis of how the eugenicist Francis Galton sought to avoid the “middling of desired traits” under a bell-shaped curve. To avoid endorsing mediocrity by treating average intelligence or height as “normal,” Galton substituted ranking for averaging, revised the normal curve into quartiles and thus created what Davis terms “a new ideal” for extremes of desired traits. Kessler’s skepticism regarding self-serving conceptions of normal leads to a less sophisticated anticipation of Rosemarie Garland Thomson’s concept “normate”: “the social figure through which people can represent themselves as definitive human beings.” “The use of the term normal,” he contends, “implies a judgment in which we, who consider ourselves normal, use ourselves as the standard and the subject of our attention as the deviation from that standard.”<sup>20</sup>

O’Brien also charges that, inspired in part by Sigmund Freud’s reading of the deformed villain Richard III, Kessler’s form of rehabilitation medicine attributed “twisted and maladjusted personalities” to people with physical or mental impairments. Kessler does assert that “personality maladjustment often plays a more important role in the . . . incapacity to work than the physical defect.” That claim, however, leads to another incipient formulation of the social model. “Organic defects have often been over-emphasized . . . . An organic disability becomes an actual disability only when the individual senses a defect and feels a consciousness of that defect reflected by his environment.” Here again, he asserts that the environment renders the defect a disability.<sup>21</sup>

Further, Kessler condemns dismissing unemployed workers with disabilities as “social misfits.” “The dominant factors in this maladjustment,” that is, the inability of such workers “to secure or hold

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<sup>19</sup> O’Brien, *Crippled Justice*, 59; Kessler, *Crippled*, 4–5; Kessler, *Rehabilitation*, 3–4.

<sup>20</sup> Lennard J. Davis, *Disability, Deafness, and the Body* (New York: Verso, 1995), 33; Kessler, *Crippled*, 3, 5–6; Thomson, *Extraordinary*, 8.

<sup>21</sup> O’Brien, *Crippled Justice*, 7; Kessler, *Crippled*, 10, 12.

jobs,” he contends, are not their twisted personalities but rather “national economic conditions and local prejudices.” Far from assuming that “disabled people all suffered from emotional maladjustments,” Kessler asserts that “in a great number of soldiers mutilated by war, a defense reaction never develops.” Although Kessler does address the “retraction of the ego” in a minority of such cases, he also employs psychoanalytic terminology to pathologize ableist prejudice. The “inhibited, repressed, and limited ego,” he asserts, finds needed “satisfaction” through superiority over the “cripple.” “Prejudice” against the “physically handicapped,” he contends, “is a poison compounded of demonology and ego need.” He thus attributes ableist prejudice to its own form of personality maladjustment.<sup>22</sup>

Moreover, O’Brien sometimes appears to conflate emotional and vocational maladjustment. Kessler reports that he “considers the disabled as maladjusted vocationally and seeks a remedy” for that maladjustment “in legislation and changing social attitudes.” His emphasis on adjusted social attitudes here conflicts with O’Brien’s contention that Kessler’s rehabilitation medicine expected people with disabilities to “accommodate society rather than have society accommodate them.” Kessler uses the term “maladjustment” broadly to discuss social dislocation and an absence of fit between individual and society. The opening sentence of Kessler’s 1935, Depression-era monograph, for example, situates that text in a moment of “serious,” international, “economic and political maladjustment.” He welcomes a more enlightened twentieth-century attitude that attributes poverty not to individual moral failings but rather to “economic waste and inefficiency” produced by inadequate “social planning.” Far from attributing emotional maladjustment to people with disabilities, there Kessler explicitly regrets that such an enlightened attitude, attentive to the impact of social planning and free of moral stigma, has not been “applied to the problems of the person handicapped by a crippling deformity.” For Kessler, maladjustment is often a socio-economic problem rather than an individual one.<sup>23</sup>

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I can propose possible explanations for the disparity between my account of Kessler and O’Brien’s. O’Brien focuses her study on the second half of the twentieth century, starting with postwar developments leading to the 1954 Vocational Rehabilitation Act. At times, she appears to be attempting to fit Kessler’s career into the scope of her study. She asserts, for example, that Kessler “generated his views about rehabilitation during World War II,” even though he began serving on the New Jersey

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<sup>22</sup> Kessler, *Crippled*, 10; O’Brien, *Crippled Justice*, 21; Kessler, *Rehabilitation*, 12, 18.

<sup>23</sup> Kessler, *Crippled*, vii, 10; O’Brien, *Crippled Justice*, 5.

Rehabilitation Commission in 1920 and had published two monographs on the subject by 1935. O'Brien's discussion of Kessler rests on a narrow foundation: she directly cites just one of Kessler's books, *The Principles and Practices of Rehabilitation* (1950), a somewhat unrepresentative text. Published nineteen years after Kessler's first monograph on rehabilitation, this volume is an edited collection with most of its twenty-one chapters written by others; Kessler's own contribution is necessarily less developed than in his three earlier monographs.<sup>24</sup>

O'Brien also pairs Kessler with another pioneering rehabilitation physician, Howard A. Rusk, and her critique fits Rusk's career and writing better than Kessler's. Unlike Kessler, Rusk first became involved in rehabilitation medicine during World War II, and in a 1951 article he asserts, much like O'Brien, that the "modern concept of rehabilitation . . . springs both directly and indirectly from the war."<sup>25</sup> Less cautious than Kessler about "embrac[ing] the norm," Rusk identifies the goal of rehabilitation as "conditioning for normal function and adjustment" and restoration of "some degree of normal living." According to O'Brien, the views of the psychiatrists and brothers William and Karl Menninger encouraged Rusk and Kessler to assume that people with disabilities were psychologically maladjusted. True, in a pamphlet he co-wrote with Mary Switzer, Director of the Office of Vocational Rehabilitation, Rusk presents a lengthy quotation in which Karl Menninger observes, "This psychological adjustment may have implications for the patient that are far more crippling to his total functioning as a person than the physical disability itself." Kessler, however, does not cite either of the Menninger brothers in monographs published in 1970, 1950, 1947, or 1935. Rusk fleetingly approaches the social model in a 1960 co-authored article, as he asserts, "The crippled have been handicapped as much by the attitude of society as by their physical limitations." Unlike Kessler but consistent with O'Brien's critique, though, Rusk primarily burdens the disabled person, who "reflects to a great degree the attitudes met in his community and family" with the task of transcending such attitudes: "but if he is fortunate he will evolve a personal philosophy that, although he is handicapped by deformity, old age, or chronic illness, he has an obligation to make his maximum contribution to society." Here, Rusk's focus quickly returns to disabling physical conditions rather than social attitudes and to disabled people's obligations to society rather than society's obligations to them. The contrast between the views of Rusk and Kessler comes into sharp

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<sup>24</sup> O'Brien, *Crippled Justice*, 42; Henry H. Kessler, *Disability—Determination and Evaluation* (Philadelphia: Lea and Febiger, 1970), vii.

<sup>25</sup> For ways that World War II impacted disability policy and disability advocacy, see Audra Jennings, *Out of the Horrors of War: Disability Politics in World War II America* (Philadelphia, University of Pennsylvania Press, 2016).

relief if we compare how they recommend that nondisabled people alter their attitudes toward people with disabilities. Rusk advises, “Members of the family of a crippled child or adult must accept him as a person with special problems who can, with proper help, serve as a contributing member of society.” For his part, as we have seen, Kessler insists that the “general public” accept “the afflicted person . . . as a natural unit of the common society to which all belong.” Rusk focuses narrowly on family members, but Kessler calls upon “workers’ and “employers” as well. Kessler characterizes the person with disabilities as “natural,” but Rusk, more inclined to “embrace the norm,” describes them as people “with special problems.”<sup>26</sup> According to Richard Verville, Kessler was “far less involved” in the intersections among “government, politics, and rehabilitation” than Rusk, who, as a *New York Times* editor with a weekly column for two decades, had ready means to present his views to a wide audience. These factors may have led O’Brien, in a history of disability policy, to conflate Kessler’s views with those of the more politically engaged and widely published Rusk.<sup>27</sup>

Although Kessler’s views remain largely consistent over forty years of writing about disability, O’Brien’s focus on the second half of the twentieth century does obscure his most forceful calls for social action. His last monograph *Disability—Determination and Evaluation* (1970) echoes passages from earlier volumes and endorses “the dichotomy of concepts between impairment and disability.” Even so, Kessler struggles to incorporate his critique of normality fully into his writing. He appears to embrace the norm, as O’Brien charges, by continuing to differentiate between the “normal” and the “physically handicapped,” even after asserting, “There is no such entity as a normal person.” In fact, in the 1950 text that O’Brien cites, Kessler casually (and chillingly) discusses surgical normalizing in the case of a boy born with six fingers on one hand and consequently regarded as accident prone by potential employers. “It was, of course, a simple matter,” Kessler writes, “to make him perfectly normal by removing the extra finger.” In one passage, in his 1947 *Rehabilitation of the Physically Handicapped*, that appears to substantiate O’Brien’s critique, Kessler implies that psychosocial

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<sup>26</sup> Richard Verville, *War, Politics, and Philanthropy: The History of Rehabilitation Medicine* (Lanham, MD: University Press of America, 2009), 14; Howard A. Rusk and Eugene J. Taylor. “Rehabilitation.” *The Annals of the American Academy of Political and Social Science* 273, no. 1 (1951): 138. Howard A. Rusk, “Convalescence and Rehabilitation,” *Proceedings of the American Philosophical Society* 90, no. 4 (1946): 274; Howard A. Rusk, “The Broadening Horizons of Rehabilitation and Physical Medicine,” *Archives of Physical Medicine and Rehabilitation* 30, no. 1 (1949): 28; O’Brien, *Crippled Justice*, 46; Howard A. Rusk and Mary E. Switzer, *Doing Something for the Disabled* (Washington D.C.: Public Affairs Committee, 1953), 15; Howard A. Rusk and Donald V. Wilson, “New Resources for Rehabilitation and Health,” *The Annals of the American Academy of Political and Social Science* 329, no. 1 (1960): 106; Kessler, *Crippled*, 22.

<sup>27</sup> Verville, *War, Politics, and Philanthropy*, 94; Nava Blum and Elizabeth Fee, “Howard A. Rusk (1901–1989) from Military Medicine to Comprehensive Rehabilitation,” *American Journal of Public Health* 98, no. 2 (2008): 256.

prejudice is one more obstacle for the person with disabilities to overcome: “This truculent attitude on the part of society is the greatest hurdle that the disabled person is called upon to surmount.” Here, though, the passive formulation “is called upon” enables Kessler to cite this expectation without necessarily endorsing it. In fact, two pages later he poses a rhetorical question that challenges the reasonableness of such an expectation: “Of what use then are physical restoration programs, education and vocational training, if the physically handicapped are to meet discrimination and exclusion on every side?”<sup>28</sup>

Moreover, Kessler’s ideas seem most radical in their Depression era formulation, which falls outside the focus of O’Brien’s study. Kessler situates his 1935 monograph in response to an international economic, social, and political crisis that has, he asserts, “intensified” the problems of people with disabilities. He wonders whether America’s “democratic and capitalistic society” will be able to match the “achievement” of Soviet Russia which appears to have solved “the struggle of the disabled for economic and vocational status” by absorbing them “into the industrial economy.” That 1935 text does not focus on rehabilitation practices, as does the 1950 volume that O’Brien cites; instead, it investigates “what role legislation has played in reducing the social and economic differential between the disabled and the nondisabled.” Writing months before members of the League of the Physically Handicapped conducted a sit-in for more than a week at the New York City Emergency Relief Board to demand their fair share of Works Progress Administration jobs, Kessler adopts the relatively political diction of rights and justice, as he advocates “do[ing] justice to” people with disabilities, “advanc[ing] their claims for recognition,” and affording them their “rightful opportunit[ies].”<sup>29</sup>

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Keeping in mind that, as Felicia Kornbluh and Audra Jennings have observed and as protests by the League of the Physically Handicapped demonstrate, episodes in the disability rights movement predate UPIAS’s articulation of a social-contextual model, I can suggest several reasons why Kessler’s call for “organized political and social action,” informed by a recognition that society disables, did not produce disability activism matching that found in the 1970s.<sup>30</sup> O’Brien charges that Kessler and other

<sup>28</sup> Kessler, *Disability*, viii. Kessler, *Crippled*, 4, 11, 25; Henry H. Kessler, *The Principles and Practices of Rehabilitation* (Philadelphia: Lea and Febiger, 1950), 36. Kessler, *Rehabilitation*, 18, 20.

<sup>29</sup> Kessler, *Crippled*, vii–viii, 9, 48; Paul K. Longmore, *Why I Burned My Book and Other Essays on Disability* (Philadelphia: Temple University Press, 2003), 54, 65–67.

<sup>30</sup> Jennings, *Out of the Horrors of War*, 9; Felicia Kornbluh, “Disability, Antiprofessionalism, and Civil Rights: The National Federation of the Blind and the ‘Right to Organize’ in the 1950s,” *The Journal of American History* 97, no. 4 (2011): 1026.

physicians who conceived of themselves as participants in a “rehabilitation movement” misconstrued “the definition of a social movement.” Instead, these professionals who acted without the “grassroots participation” of disabled people, formed, O’Brien contends, “an epistemic community, one united by a coherent set of ideas, values, and beliefs that influenced policy makers.”<sup>31</sup>

David Pettinicchio’s study of twentieth-century disability policy provides a context for understanding interactions between grassroots and elites in the disability rights movement. Citing the 1973 Rehabilitation Act in particular, he argues, “Disability rights began as an elite-driven movement,” initially “not grounded in the demands” of grassroots activists. As Pettinicchio notes, the Act’s eleven declarations of purpose focus on authorizing and improving rehabilitation services; only one, which mentions “requirements regarding barrier-free construction of public facilities,” hints at the groundbreaking, anti-discriminatory provisions that legislative elites incorporated into the law’s final section. Four years after the Rehabilitation Act became law and once the potential impact of its anti-discriminatory provisions became clear, grassroots activists played a crucial role through the well-known sit-ins that pressured the Carter administration to issue enabling regulations. Activist and sit-in leader Kitty Cone reports that before Section 504 “people with disabilities, ourselves didn’t think the issues we faced in our daily lives were the product of prejudice and discrimination.” For Pettinicchio, then, the genesis and implementation of Section 504 demonstrate how “policies empower activists who in turn empower policy makers to move ahead with legislative projects in the face of political threats.” The initial absence of grassroots participation in the rehabilitation movement alone, therefore, does not fully explain why Kessler’s articulation of a social-contextual model did not provoke greater social action.<sup>32</sup>

Allison C. Carey’s survey of social movement theories most relevant to the rise of disability rights activism in the 1960s and 1970s helps illuminate other factors affecting the impact of Kessler’s social-contextual model. Citing research by Doug McAdam, Carey explains, “Political opportunity theory argues that movements tend to flourish when the political structure is open to or vulnerable to change.” For much of the twentieth century, though, Pettinicchio argues, disability policy makers were,

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<sup>31</sup> Kessler, *Rehabilitation*, 16; O’Brien, *Crippled Justice*, 29.

<sup>32</sup> David Pettinicchio, *Politics of Empowerment: Disability Rights and the Cycle of American Policy Reform* (Redwood City, CA: Stanford University Press, 2019), 3, 6–7; “Rehabilitation Act of 1973 (Original Text),” U.S. Equal Employment Opportunity Commission, accessed August 1, 2022, <https://www.eeoc.gov/rehabilitation-act-1973-original-text>; Kitty Cone, “Short History of the 504 Sit In,” Disability Rights Education and Defense Fund (website), accessed August 1, 2022, <https://dredf.org/504-sit-in-20th-anniversary/short-history-of-the-504-sit-in/>.

in fact, impervious to change. A disability policy monopoly formed, through the collaboration of legislators, administrators, service professionals, and interest groups, after the 1920 Smith-Fess Act extended rehabilitation programs to nonveterans with disabilities. A largely unquestioned consensus held that government should provide rehabilitation services to integrate people with disabilities into society. For decades, the solution to disability was more rehabilitation, so that, Pettinicchio reports, “Total federal funds spent on rehabilitation (in 1952 dollars) increased by about 423 percent in the 1940s.” Ultimately, threats of cutbacks and austerity under the Nixon administration created the vulnerability that opened policy makers to newer, civil rights paradigms.<sup>33</sup>

The nascent social-contextual model that Kessler articulates does at least partially satisfy one condition for an active social movement, namely, constructing a “frame.” Drawing upon research by David A. Snow, Carey defines frames as “the ways in which social movements construct meaning to identify particular problems, explain those problems, and advocate particular solutions.” A social-contextual model begins to identify and explain the problem, namely, a disabling social environment; At first glance, though, Kessler’s call for “organized political and social action” seems to propose a largely vague, perhaps naive solution. “Social prejudice” and “discrimination can be overcome,” he contends in 1935, “by education and propaganda and by the extension of existing [rehabilitation] legislation.” Rather than relying entirely on “education and propaganda,” however, Kessler does contemplate “legislative measures” to “mitigate” the “effects” of social prejudice. For example, he recommends a step that the U.S. Congress would take more than a decade later, in 1948, when it outlawed restrictions against disabled employees in the civil service. He also advocates a more radical program for those fully capable of working but unemployed only due to “social prejudice,” namely “compulsory employment,” as in Weimar Germany where, he explains, a 1918 law compelled “all firms with not less than fifty workers to employ at least 2 percent of men disabled in war and in industry.” By 1947, though, Kessler appears to have rethought that recommendation and largely despaired of overcoming prejudice. Compulsory employment would “establish a vocational ghetto for the handicapped,” he warns, offering them only the “poorest jobs”; the “resistance” provoked “would only hurt the cause.” “Thirty years of organized effort on behalf of the disabled” and to combat “aversion”

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<sup>33</sup> Allison C. Carey, *Disability and the Sociological Imagination* (Los Angeles: Sage, 2022), 226; Doug McAdam, *Political Process and the Development of Black Insurgency, 1930–1970* (Chicago: University of Chicago Press, 1982); Doug McAdam, “Political Opportunities: Conceptual Origins, Current Problems, Future Directions,” in *Comparative Perspectives on Social Movements*, ed. Doug McAdam, John D. McCarthy, and Mayer N. Zaid (Cambridge: Cambridge University Press), 20–40; Pettinicchio, *Politics*, 1, 19, 41, 62, 64, 84.

against them “have produced only limited results”; “There is only one real hope for the disabled,” he concludes, “rehabilitation.” Kessler thus embraces the disability policy monopoly that Pettinicchio has identified.<sup>34</sup>

At least two additional factors reduced the impact of the frame provided by the minority model implied in Kessler’s social-contextual approach. Social movements, Carey notes, often depend upon a recognized collective identity. In the United States in the first half of the twentieth century, though, little evidence of a cross-disability identity appears. Cross-disability organizations such as the American Federation of the Physically Handicapped (operating 1940–58) were rare. AFPH may have been the first, and “single-issue” disability groups greatly outnumbered it.<sup>35</sup> Pettinicchio has analyzed records of disability advocacy groups testifying before Congress 1946–60. Of the more than fifty groups testifying, 33 percent focused on deafness or blindness, 18 percent on mental or cognitive disabilities, and 6 percent on epilepsy. Just 6 percent addressed disability more generally. Not surprisingly then, Pettinicchio reports that “nine of nineteen [disability-related] federal laws passed between 1948 and 1960 dealt specifically with deaf/blind constituents, and five, with mental health.”<sup>36</sup> Kessler asserts that, if single-issue disability organizations united, they could “exert tremendous influence and service.” If, as Kessler contends, rehabilitation “represents the first attempt to treat” disability in the United States “as a unified problem,” it may have encouraged such coordination.<sup>37</sup> Still, for much of the twentieth century the absence of a collective disability consciousness blunted the impact of Kessler’s nascent social-contextual model.

Additionally, recognizing that people living with impairments experience “social disabilities” much like those oppressing Jews, Blacks, and Asians is less empowering until effective strategies for combatting the social disabilities of such minorities have emerged. Carey notes how the Black civil

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<sup>34</sup> Carey, *Disability*, 266; David A. Snow, “Framing and Social Movements,” in *Encyclopedia of Social and Political Movements*, ed. David A. Snow, Donatella della Porta, Doug McAdam, and Bert Klandermans (Malden, MA: Wiley-Blackwell, 2013); Kessler, *Crippled*, 136, 255, 264–65; Pettinicchio, *Politics*, 46; Kessler, *Rehabilitation*, 250–51.

<sup>35</sup> Carey, *Disability*, 268. For the history and impact of the AFPH, see Jennings, *Out of the Horrors of War*. Fred Pelka designates AFPH “the nation’s first national, cross-disability political organization.” Pettinicchio is more cautious—“considered one of the first”—perhaps because the short-lived League of the Physically Handicapped (1935–38), which included amputees and people living with polio, cerebral palsy, and tuberculosis, preceded AFPH. The League, though, was a local (New York City) rather than national organization. Fred Pelka, *The ABC-CLIO Companion to the Disability Rights Movement* (Santa Barbara: ABC-CLIO, 1997), 190–91, 344; Pettinicchio, *Politics*, 36–37.

<sup>36</sup> Pettinicchio, *Politics*, 34–37, 43.

<sup>37</sup> Kessler, *Rehabilitation*, 250; Kessler, *Crippled*, 255. Along similar lines, Pettinicchio characterizes the 1954 Rehabilitation Act as “an important political step toward thinking about disability as a cohesive community . . .” Pettinicchio, *Politics*, 43.

rights movement provided a fuller frame for disability rights advocacy.<sup>38</sup> In fact, experience opposing apartheid in South Africa, whose government expelled him in 1968, informed the disability rights activism of Vic Finkelstein, a founder of UPIAS. In the United States, before passing the Americans with Disabilities Act (1990) or Section 504 of the Rehabilitation Act (1973), legislators attempted to amend the 1964 Civil Rights Act to prohibit discrimination based on disability. Advocates also drew upon *Brown v. Board of Education* to argue that separate “paratransit” systems were inherently unequal. Without the frame of 1960s civil rights activism and a collective disability identity, the social-contextual model did not provoke a broad social movement.<sup>39</sup>

Pettinicchio traces continuities between the rehabilitation and disability rights movements. *Rehabilitationists*, to borrow Brad Byrom’s term, cultivated disability identity by viewing people with disabilities less as individuals with disparate conditions and more as a collective client constituency. They cultivated activism by encouraging advocacy groups to lobby legislators for sustained or expanded rehabilitation services. Policymakers, Pettinicchio contends, “came to see civil rights as a logical next step rather than a rupture in the rehabilitation paradigm.”<sup>40</sup>

The seeds of such continuities appear in Kessler’s articulation, as early as 1935, of social-contextual and minority models. To return to the Hofstra promotional film I discussed at the start of this article, it too presents seeds of such continuity. That film and the accessibility program it promotes were embedded in rehabilitation networks. The film credits acknowledge support from the Vocational Rehabilitation Administration and collaboration with the Human Resources Center, a nearby multifaceted vocational rehabilitation nonprofit. Still, for that program’s leaders and participants, civil rights were a next logical step. Consider, for example, the founder and director of the Human Resources Center, Henry Viscardi, who closely advised Hofstra’s Program for Higher Education of the Disabled (PHED) and appears in the film as an unnamed “businessman, president of a corporation, community leader . . . capable and successful . . . [and] physically disabled.” Viscardi, who according to Howard

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<sup>38</sup> To demonstrate that, in turn, disability rights advocates sometimes influenced the Black civil rights movement, Felicia Kornbluh notes that in his brief for *Brown v. Board of Education*, Thurgood Marshall drew upon the work of Jacobus TenBroek, President of the National Federation of the Blind and a constitutional law scholar, who studied the equal protection clause and wrote *The Antislavery Origins of the Fourteenth Amendment* (1951). Felicia Kornbluh, “Disability, Antiprofessionalism, and Civil Rights,” 2026. Floyd W. Matson, *Blind Justice: Jacobus TenBroek and the Vision of Equality* (Washington, D.C.: US Government Printing Office, 2005), 127.

<sup>39</sup> Carey, *Disability*, 266; Jane Campbell, *Disability Politics: Understanding Our Past, Changing Our Future* (London: Routledge, 1996), 6–7; Pettinicchio, *Politics*, 8, 64–65.

<sup>40</sup> Brad Byrom, “A Pupil and a Patient: Hospital-Schools in Progressive America,” in *The New Disability History: American Perspectives* (New York: NYU Press, 2001), 136; Pettinicchio, *Politics*, 17, 44, 51, 84.

Rusk “epitomize[d] rehabilitation,” went on to chair the 1977 White House Conference on Handicapped Individuals that advocated amending the 1964 Civil Rights Act to include people with physical and mental disabilities. Consider too Harold Yucker, who directed PHED, partnered closely with Viscardi, and published at least four scholarly monographs through Viscardi’s Human Resource Center. According to Connie Panzarino, Hofstra alum, memoirist, and activist for queer and disability rights, when Yucker addressed the first cohort of students in the program, he “talked about civil rights, the right to be autonomous” and how to effect change. Encouraged by these words, “imprinted,” she reports, “in my mind,” Panzarino organized a disability student group on campus, joined Judy Heumann’s Disabled in Action, and later founded the Disabled Lesbian Alliance. Another student served by PHED, Paul Hearne, who lived with osteogenesis imperfecta and graduated from Viscardi’s Human Resources School as well as Hofstra, and Hofstra’s Law School, founded, in 1977, the Handicapped Persons Legal Support Unit, one of the first disability law centers. The articulations of a social model that bookend the 1966 film, then, point ahead to the disability rights movement that students such as Hearne and Panzarino would later lead.<sup>41</sup>

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<sup>41</sup> Harold E. Yucker and J. Richard Block, *Challenging Barriers to Change: Attitudes towards the Disabled* (Albertson, NY: Human Resources Center, 1979), 5. Rusk made his observation in a book jacket blurb for Viscardi’s memoir. Henry Viscardi, *A Man’s Stature*. (Middlebury, VT: Paul S. Eriksson, 1952); White House Conference on Handicapped Individuals, *Implementation Plan* (Washington, D.C.: U.S. Government Printing Office, 1978), 4; Connie Panzarino, *The Me in the Mirror* (Seattle: Seal Press, 1994), 113, 122, 176–77, 219–20; Doris Fleischer Zames and Frieda Zames, *The Disability Rights Movement: From Charity to Confrontation* (Philadelphia: Temple University Press, 2011), 77.

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