Embodying disability in diversity management research

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Abstract
Purpose – The purpose of this paper is to introduce an embodied approach to disability into the field of diversity management research.
Design/methodology/approach – The paper critically examines previous diversity management research and it draws on previous disability research in the social sciences to develop an embodied approach to disability for diversity management research.
Findings – The paper argues that an embodied approach is required because previous diversity management research on disability ignores important aspects of disability.
Research limitations/implications – The embodied approach to disability proposed in this paper expands the understanding of disability in diversity management research, and it discusses implications for future research and for organizations.
Originality/value – The paper is unique in proposing an embodied approach to disability in diversity management research.
Keywords Equal opportunities, Disabilities, Management research

Paper type Conceptual paper

Introduction
During the past few decades western employers and government authorities have made increasing attempts to promote organizational diversity and advance the participation and integration of disabled people in working life. This ranges from government legislation such as the Americans with disabilities act (ADA) and the UK disability discrimination act (DDA), to company training programmes for disabled people and company recruitment strategies targeting disabled job seekers[1].

The same time period’s growth of diversity management practices in organizations has spurred an escalating interest amongst students of management and organization towards issues of diversity and diversity management. Contributions in this field have ranged from optimistic arguments in favour of the business case for diversity (Ross and Schneider, 1992; Kandola and Fullerton, 1994; Arredondo, 1996; McCune, 1996), to more critical assessments (Lorbiecki and Jack, 2000), to interrogations of intersectionalities of gender, race and culture (Acker, 1990, 2006; Calás, 1992; Calás and Smircich, 1996; Nkomo and Cox, 1996).

Although the majority of diversity management research has focused on the diversity aspects of gender, race and culture, a small body of literature has investigated issues of disability in organizations and in relation to diversity management initiatives in organizations. This research has taken three main forms:

- discussing disability in relation to the business case for diversity management (Woodhams and Danieli, 2000);
- studying the treatment and role of disabled people in organizations (Stone and Colella, 1996); and

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investigating the barriers that discriminate against disabled people in organizational life (Barnes and Mercer, 2005; Foster, 2007).

While this research plays an important role in bringing issues of disability on to the agenda of management and organizational studies in general and diversity management research in particular, it tends to focus more on issues of management and organization than on disability and disabled people. In particular, it ignores the disabled body and the bodily aspects of disability. Hence, it ignores important aspects of disability which matter to disabled people and which affect disabled people in organizational life. In aid of this gap, this paper therefore introduces an embodied approach to disability and discusses how this can contribute to the understanding of disability in diversity management research.

The first section of the paper examines how main currents in diversity management research have dealt with diversity and diversity management. The second section examines how disability has been understood in diversity management research and in the social sciences – in relation to the business case for diversity, and through the medical model, the stigma model, the social model and embodied approaches. Rejecting the medical model, the stigma model and the social model in favour of an embodied approach, the third section discusses how an embodied approach can inform the investigation of disability in the area of diversity management research. Finally, the conclusion summarizes the implications for future research and discusses implications for organizations.

Understanding diversity and diversity management
The rise of diversity management has been associated with three growing tendencies:

- demographic diversity of the working population in terms of gender, culture, ethnicity, age, sexuality and physical ability;
- the belief that diversity management can provide an alternative to practices of equal opportunities and affirmative action and that everybody will benefit from this alternative and
- the idea that organizations may benefit economically from managing the diversity of their workforce in a global economy characterized by increasing cultural complexity and an increasingly diverse customer base (Nkomo and Cox, 1996; Lorbiecki and Jack, 2000).

Further, the majority of popular accounts and research accounts of diversity management have been optimistic about the ability of diversity management to increase workplace tolerance for difference and enhance workplace equality and diversity (Rice, 1994; Scully, 1994; Segal, 1997; Kandola and Fullerton, 1994; Arredondo, 1996; McCune, 1996).

In contrast to these sentiments, critical research has drawn attention to the ways in which diversity management also constitutes an instrument of control (Vince and Booth, 1996; Lorbiecki and Jack, 2000). Lorbiecki and Jack (2000) argue that managing diversity involves people fitting the norm managing people rendered different from the norm. Indeed, it is well documented in management and organizational research that women and non-whites in western countries are often managed by white men (Kanter, 1977; Collinson and Hearn, 1996; Acker, 2006). The beneficiaries of diversity management therefore tend to be organizations and managers rather than those who are managed by organizations and managers.
Lorbiecki and Jack further problematize the management of diversity, arguing that at least in UK diversity management differences are fixed according to socio-demographic categories. This means that there is no movement between different diversity categories or between those who manage and those who are managed. Despite claims to end workplace discrimination, marginalization and stigmatization, the differences of those who manage are masked, the distance and difference between those who manage and those who are managed is maintained, and those who are managed remain stigmatized as different. In other words, difference is construed as a problem and management is seen as a solution. According to Lorbiecki and Jack, the implications of this are not changed by diversity management increasingly embracing the tenets that “everybody is different” and that “everybody benefits”. Even if this may emphasize the differences of those who manage and reduce the distance between those who manage and those who are managed, it risks trivializing differences and further undermining the importance of equal opportunities.

Understanding disability

Disability and the business case for diversity

Critical accounts such as the above are important in assessing the more general intentions, operations and consequences of diversity management. However, it says little about the construction and management of specific aspects of diversity – such as disability – in specific contexts.

Janssens and Zanoni (2005) provide some advancement in this direction. More specifically, they have shifted attention away from how allegedly fixed socio-demographic dimensions affect the performance of individuals, groups and organizations, and towards the different ways in which different organizations in different industries construct and manage different aspects of diversity. In their study of four Belgian service organizations, Janssens and Zanoni found that each organization constructed diversity differently from the next: (i) in a hospital ward, employees with culturally diverse backgrounds were seen to contribute to “culturally appropriate” service delivery; (ii) in a call centre offering international marketing consultancy, multilingual immigrants were seen to contribute to “high-quality, multilingual service”; (iii) in an engineering company facing a shortage of specialist labour, disabled people with specialist skills were recruited even though they were seen to reduce organizational flexibility and (iv) in a logistics company, the employment of immigrants and mentally disabled people was seen to constitute “flexible, compliant and cheap labour” (Janssens and Zanoni, 2005, p. 331).

Although Janssens and Zanoni stay clear of a normative endorsement of diversity management, their discussion is implicitly built around the business case for diversity as each organization has been given the burden of determining its business case. It is interesting to note that the third example which most clearly concerns the employment of disabled people stands out from the other three, suggesting that there is only a weak business case for employing disabled people.

While Janssens and Zanoni do not problematize this further, Woodhams and Danieli (2000) have scrutinized whether a business case can be made for employing disabled people and for creating an organizational environment that “enables disabled people to fulfil their potential” (Woodhams and Danieli, 2000, p. 404). Woodhams and Danieli assume that disabled people are a more heterogeneous group than women and ethnic minorities. Drawing on survey data with personnel managers in 526 organizations,
they identify three categories of initiatives that organizations introduce in order to improve the employment opportunities of disabled people:

- generic group initiatives aimed to increase awareness about disability and disabled employees (e.g. positive action training for staff with disabilities, recruitment targets and action plans);
- group initiatives only relevant to disabled people (e.g. sheltered placement schemes); and
- individual initiatives only relevant to disabled people (e.g. specialist disability equipment, adapted premises and adapted selection tests).

Woodhams and Danieli conclude that these initiatives do not go well with the diversity management approach. Despite the individualist flavour of diversity management and the pervasiveness of individual difference amongst disabled people, the individually adjusted initiatives required by organizations to accommodate disability are costly, and initiatives aimed at enabling one disabled person (e.g. a wheelchair user) may disable another (e.g. a visually impaired person). Thus, the organizational accommodation of disability is seen to contradict the for-profit logic of diversity management, and to contradict the claim that “everybody benefits”. This draws attention to an inherent ableism of diversity management wherein the able body is privileged and preferred while the disabled body is deemed too different and too problematic to be included.

The conflict which Woodhams and Danieli have identified between disability and the business case for diversity management may explain why diversity management research has devoted limited attention to discuss disability in relation to for-profit diversity management initiatives. Rather than promoting the integration of disabled people in work organizations, for-profit diversity management initiatives contribute to the exclusion of disabled people from participation in paid work in the first place (see also Barnes and Mercer, 2005; Foster, 2007). This may also explain why the majority of diversity management research which deals with issues of disability does not revolve around for-profit diversity management initiatives underpinned by the business case for a diverse workforce.

Disability as medical impairments and social stigma

The majority of diversity management research which actually deals with disability has been done by US scholars problematizing the treatment and role of disabled people in organizational life. This research is mostly pursued through a combination of the medical model and the stigma model of disability (see Stone and Colella, 1996; Colella, 2001). For instance, Stone and Colella (1996, p. 354) define disability in accordance with the medical model, arguing that disability is “a physical or mental impairment which limits one or more major life activities”. The medical model assumes that disability is suffered by individuals and that disability is caused genetically or by environmental incidents such as illness, accidents, war and pollution. It is primarily concerned with the detection, avoidance, elimination and categorization of impairment, and with how disabled people can be helped and rehabilitated through medical and psychological treatment. The medical model’s impact on this research may have to do with its impact on US disability legislation and the ADA. Much of this research deals with the role of the ADA in the organizational accommodation of disability (Cleveland et al., 1997; Mitchell et al., 1997; Baldridge and Veiga, 2001; Colella, 2001).
However, this research goes beyond the medical model by investigating the treatment, perception and discrimination of disabled people in organizational life. A number of studies have examined the status of disabled people in organizational life and organizations’ attitudes and biases towards recruiting and promoting disabled people (McFarlin et al., 1991; Jones, 1997). For instance, Czajka and DeNisi (1988) have reported negative workplace bias in the performance appraisal of emotionally disabled people, and Colella et al. (1997) have developed a model emphasizing the attitudes and perceptions of raters in performance appraisals of disabled employees. Similarly, Stone and Colella (1996) have developed a model to understand what factors affect the perception and treatment of disabled people at work. On their view, observers categorize disabled people according to subtypes (e.g. physically or mentally disabled) and use stereotypes to make inferences about the disabled person’s traits and abilities. Further, Colella (2001) has argued that the extent to which organizations seek to accommodate disability depends on co-workers’ perception of fairness of disability accommodation. Baldridge and Veiga (2001) argue that disabled employees’ willingness to request disability accommodation depends on factors such as their perception of the usefulness and fairness of accommodation, help-seeking appropriateness, social obligation and their anticipated image cost.

While much of this research defines disability in terms of the medical model above, the focus on perceptions, attitudes and biases relating to disabled people in the workplace is more akin to the stigma model of disability. The stigma model is derived from Goffman’s (1963) writings on the stigma attached to disabled people, and it defines disability as social stigma and restrictions suffered by individuals with physical and mental impairments because they fail to meet the norms of society. But whereas Goffman was concerned more broadly with how disabled individuals interact with their social surroundings, diversity management research based on the stigma model is primarily concerned with how disabled people are perceived and treated. Indeed, Goffman’s theory of stigma seems to merely play a token role in this research. Work in this area is highly informed by models and research findings in psychology, and it tends to ignore disability research in the broader social sciences. But even though this research largely views disability as an individual problem, it is striking that it pays very little attention to the concrete disabilities, problems and experiences of real people. Rather, research based on the stigma model of disability tends to work with abstract and disembodied models that focus on the traits and characteristics of disabled people and risk blaming the victim. Issues of embodiment tend to be reduced to issues of medical impairment and to the perception of physical appearance.

Disability as social and material barriers
Although research based on the stigma model acknowledges the discrimination and exclusion of disabled people in organizational life, they attribute this to the impairments, restrictions and functional shortcomings of the disabled individual. In contrast to this literature, writers from a largely UK background have adopted the social model of disability which launches a fundamental critique of the medical model. From a macro-level approach to disability and work, Barnes and Mercer (2005) have argued that social and material barriers are so significant that they continue to exclude disabled people from the labour market and segregate disabled employees in work organizations. According to Barnes and Mercer, the small proportion of disabled people which is employed in paid work is rarely to be found in professional and managerial
occupations. They are mostly to be found in semi-skilled and unskilled occupations, routine clerical and personal service work, and they are overrepresented in the rising numbers working from home.

Foster (2007) shares Barnes and Mercer’s (2005) adherence to the social model, but pursues a micro-level approach investigating how disabled employees experience and negotiate the organizational accommodation of disability as employers face the requirements of the DDA. But even though the DDA is supposed to facilitate the employment of disabled people, respondents argued that its reliance on the medical model facilitates an individualized approach to disability in organizations whereby disability is seen as an individual problem. Further, she found that disability was reinforced by a lack of formal organizational procedures to implement workplace adjustments, the limited role of HR departments in accommodating disability, and bullying, harassment and institutional discrimination of disabled employees during the adjustment process.

While this research highlights the social and material barriers which discriminate and exclude disabled people in organizational life, it has made little attempt to spell out the more general principles and assumptions of the social model of disability. The social model, which dominates disability research in the broader area of the social sciences, was coined by Oliver (1990) and builds on the ideas of the UK Union of the Physically Impaired Against Segregation founded in the mid-1970s. The social model defines disability as social oppression caused by social and material barriers in the environment. Thus, it assumes that disability is socially constructed and that disabled people are subjected to relations of power in social, institutional and material environments. Conversely, it assumes that disability can be resolved by removing barriers in the social and material environment. Research done under the umbrella of the social model is therefore primarily concerned with how people are disabled and discriminated against by factors in the social and material environment, from structures in the capitalist political economy that keep disabled people out of work (Abberley, 2002) to physical barriers in urban environments that inhibit the mobility of disabled people (Gleeson, 1999).

This suggests that the social model is powerful in understanding the disablist and disabling aspects of social and material practices. But at the same time it may be critiqued for taking a fairly rigid view of disability. The social model’s concern with major political and institutional change means that it tends to ignore the personal experiences of disabled people, view disability in terms of fixed categories, and reduce disabled people to passive victims (Allen et al., 2002; Imrie, 2004). Further, the social model has come under attack for ignoring the bodily aspects of disability and the importance of impairment, and for assuming that problems of disability are socially constructed in their entirety (French, 1993; Hughes and Paterson, 1997).

Whilst acknowledging that bodily impairments are real, proponents of the social model separate the body out from the social situation for fear of watering it out and getting trapped in the medical model’s reduction of disability to a purely physical phenomenon (see Oliver, 1990, 1996; Abberley, 1987). But by doing so, they concede the body to medical discourse and end up taking medical understandings of the body for granted (Hughes and Paterson, 1997).

Disability, impairment and embodiment
During the past decade or so a number of different attempts outside the field of management and organization studies have been made to develop embodied
approaches to disability which challenge the still dominant social model. These attempts range from medical sociology to phenomenological, feminist and post-structuralist approaches.

The traditional medical sociology approach stands out from the others and is also more problematic in terms of how it may help embody disability in diversity management research. This approach defines disability as "restriction or lack of ability to perform an activity in a normal manner" (Thomas, 2004, p. 575). Disability, then, is caused by impairments through disease, pathology, genetics, accident and trauma (Bury, 2000). Hence, medical sociology tends to reduce impairment to the medical model and ignore the oppressive aspects of disability. Admittedly, other contributions in medical sociology have challenged the medical model. Emphasizing the link between impairment and disability, Williams (1999) argues that disability is an emergent property produced by the interplay of physiological impairment, structural conditioning and socio-cultural interaction. However, the medical model has been more effectively challenged from outside medical sociology, by scholars pursuing an embodied approach at the intersection of feminism, phenomenology and post-structuralism.

These approaches are more useful in understanding the bodily aspects of disability because they avoid the reductionism of both the medical model and the social model. In the 1990s, disability scholars at the intersection of feminism and phenomenology started to develop an embodied approach to complement the social model, which they argued leaves out important issues that matter to disabled people (French, 1993; Crow, 1996; Hughes and Paterson, 1997; Corker and French, 1999). While social model proponents such as Oliver (1990) acknowledge that disability is experienced by disabled people, they do not pay much attention to this in the first place, and their acknowledgement of it is limited to how disabled experience social and material barriers. Hence, social model proponents ignore how disabled people experience their impairments as such. From a feminist perspective, Crow (1996) argues that the social model's neglect of experience is related to its one-sided emphasis on socio-political and institutional issues and its neglect of the personal.

In contrast to the social model, feminist and phenomenological approaches argue that disability is not just in the external social world (Thomas, 2004). It is also in people's lived and embodied experiences of impairment. Crow (1996, p. 209ff.) argues that "Many of us remain frustrated and disenchanted by pain, fatigue, depression and chronic illness. [...] For example, an individual's capacity to attend meetings and events might be restricted because of limited energy". Similarly, "Any person who lives with tinnitus – "noises in the head" which can be so severe and controlling that they cause mental illness [...] – would dispute that deaf people don’t experience physical pain as a consequence of their impairment" (Corker and French, 1999, p. 6).

This does not mean that disability is reducible to a medical model view of impairment and that disability is not socially constructed. Rather, it means that not all the bodily problems and experiences that affect disabled people are socially constructed. For instance, French (1993, p. 17) argues that this is the case with visually impaired people being unable "to recognize people, being nearly blinded when the sun comes out, and not being able to read non-verbal cues or emit them correctly". Similarly, this is the case with wheelchair users being unable to walk or run or hearing impaired people being unable to pick up certain sounds.

Further, scholars working from an embodied approach emphasize the bodily differences of disabilities and impairments. Not only do different people experience
different disabilities and impairments differently. Imrie (2004), for instance, argues that people may experience what is often seen as “the same” disability or impairment differently, and that experiences, problems and needs may vary between individuals and across gender, age and other intersectionalities.

Studies pursuing an embodied approach also challenge the social model’s assumption that disabled people are passive “victims” of circumstances beyond their control, insisting instead that disabled people are able to cope with their disabilities by enacting their surroundings (Imrie, 2004, p. 756). Referring to research by Allen et al. (2002), Imrie (2004) argues that vision-impaired people are able to create “memory maps” or guides of their home and neighbourhood environment that permit them to navigate, with relative ease, from one space to another.

Both the social model and the medical model are further challenged as research from an embodied approach argues that disability is produced through the interaction of social and bodily processes (Hall, 2000; Shakespeare and Watson, 2001; Thomas, 2004). In the words of Shakespeare and Watson (2001, p. 17), “People are disabled both by social barriers and by their bodies”. And, as suggested by Hall (2000), political decision-making, whereby the needs and interests of disabled people are ignored, is materialized in and on the body and in people’s social lives. For instance, political decisions (or non-decisions) which limit the accessibility of sports facilities and urban environments reduce the opportunities of disabled people to enhance their physical abilities and their opportunities to be physically and socially active.

This point has been taken further through an explicitly post-structuralist perspective, which argues that both disability and bodily impairment are socially constructed (Hughes and Paterson, 1997; Shakespeare and Watson, 2001). While previous contributors have implied that disability is biological and psychological as well as cultural and socio-political because people are restricted and disabled by bodily impairments (Thomas, 2004), Shakespeare and Watson argue that impairment is social because discursive representations of impairment are socially constructed. On this view, both the medical model and embodied approaches to impairment are socially and discursively constructed. Further, this challenge to the stability and objectivity of disability and impairment enables Shakespeare and Watson to challenge the disabled/normal dichotomy and argue that “everyone is impaired, in varying degrees” (Thomas, 2004, p. 574).

In summary, an embodied approach defines disability as social and bodily problems suffered by people with physical and mental impairments. Acknowledging that disability is both a matter of social oppression and restriction, it assumes that disability is produced through the interaction of social and bodily processes. Both disability and impairment is socially constructed, but at the same time, not all the bodily problems and experiences that affect disabled people are socially constructed. Further, an embodied approach assumes that disability and impairment are underpinned by bodily difference. Research pursued from this approach is therefore concerned with what tends to go missing in medical model research and in social model research. In particular, this involves studying people’s lived experiences of disabilities and impairments, how people cope with disabilities and impairments and how disabled people enact their surroundings.

Simultaneously attending to the social and bodily aspects of disability and impairments is not an easy balancing act, and social model adherents may argue that the emphasis on lived and embodied experience may marginalize or even ignore the oppressive aspects of disability, and that the emphasis on bodily difference may
fragment the disability community. Conversely, medical model adherents may argue that this emphasis may reduce impairments to subjective constructs. However, in principle there is nothing about an embodied approach which warrants such criticism. Rather, a concern with the bodily differences which underpin disabilities and impairments and a focus on people’s lived and embodied experiences of disabilities and impairments may challenge static categorizations of disability and impairment and problematize what disability and impairment means for real people (see Table I).

Embodying disability in diversity management research
As argued above, the conflict between disability and the ableist business case for diversity management has contributed to a limited attention to disability within diversity management practice and diversity management research. This means that future diversity management research cannot limit itself to investigate disability only in relation to for-profit diversity management initiatives. Rather, the field needs to investigate disability in relation to a broader range of management and organizational practices, including diversity management initiatives. Although research based on the stigma model and the social model of disability has discussed disability in relation to a broader range of management and organizational practices, this research ignores the important bodily aspects of disability which matter to disabled people and affect disabled people in organizational life. But as my discussion above suggests, these issues can be addressed through an embodied approach. Let me therefore discuss how an embodied approach may be introduced into diversity management research.

First, an embodied approach argues that not all the bodily problems and experiences that affect disabled people are socially constructed. Bringing this point into diversity management research makes it possible to investigate how disabled employees and job seekers are affected by problems and experiences that are not socially constructed. This might include studies of how visually impaired employees and job seekers are unable to recognize colleagues or how hearing impaired employees and job seekers are unable to pick up certain sounds.

Second, an embodied approach highlights people’s lived and embodied experiences of disabilities and impairments. Building on this approach, diversity management research may study how disabled people physically and otherwise experience their disabilities and impairments in work organization settings and in relation to diversity management initiatives. More specifically, this may involve investigating how feelings of pain and fatigue affect the ability of disabled employees to attend meetings, workshops and working lunches. This may also involve investigating how disabled people experience attempts by employers, organizations and colleagues to manage their disability – from exclusionary and discriminatory practices to organizational attempts to accommodate disability through disability legislation or through other initiatives.

Third, an embodied approach draws attention to the bodily differences of disabled people and to their different experiences, problems and needs. Hence, it may help diversity management research investigate how people with different and similar disabilities and impairments are affected differently by their disabilities and impairments and by diversity management initiatives and other organizational practices. For instance, this may involve investigating how different people with different and similar disabilities and impairments are affected by and experience attempts by organizations to accommodate these disabilities and impairments. This makes it particularly interesting to investigate how organizations embracing the
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Diversity management tenets that “everybody is different” and “everybody benefits” work to accommodate disability.

Fourth, an embodied approach emphasizes that disabled people are not passive objects but active subjects who cope with, enact and embody their social and material surroundings. This makes it possible for diversity management research to investigate how disabled employees and job seekers enact and embody their social and material surroundings in the workplace. For example, this may involve studies of how visually impaired employees and wheelchair-bound employees navigate and move around their work environment or how hearing impaired employees communicate with colleagues through sign-language, lip-reading, body language and information technology. But this may also involve investigating how disabled people enact and cope with for-profit diversity management initiatives.

Fifth, an embodied approach argues that disability is produced through the interaction of social and bodily processes. An embodied approach may therefore help diversity management research investigate how social and bodily processes interact to disable people in the context of work organizations. This may include studies into how inaccessible work environments and for-profit diversity management initiatives reduce the opportunities of disabled people to be physically and socially active at work and reduce their opportunities for employment and career development.

Sixth, an embodied approach argues that both disability and impairment are socially constructed. From this starting point, diversity management research may investigate how disabilities and impairments are understood by various actors in work organizations. For instance, this may involve examining how disability and impairment are constructed by disabled and able-bodied employees, by workers and by managers. And this may involve examining how general and particular notions of disability and impairment, disabled and able embodiment are valued and devalued in relation to different attempts to manage diversity, such as for-profit diversity management initiatives.

Finally, an embodied approach may help diversity management research further investigate why and how disabled people are discriminated against and why and how disability is neglected and excluded in diversity management practice and in work organizations. Even the neglect of disability in diversity management initiatives says something about how disability is managed.

The discrimination of disabled people and the neglect of disability in much diversity management practice does not merely have to do with the alleged conflict between disability and the business case for diversity management. Indeed, forces on different levels of analysis – individual, group and organization – may act and interact to exclude disability. While, on an organizational level, disability may be neglected because it conflicts with the business case for diversity management, additional explanations may be required to understand what goes on at the levels of groups and individuals. Future research at a group level of analysis may therefore investigate how the neglect of disability may be related to ableist group norms which render the disabled body deviant. And future research at an individual level of analysis may investigate how the neglect of disability may be related to the sense in which the disabled body draws attention to the vulnerability of any and every body. While these issues are actualized at different levels of analysis, this suggests that more research is needed to understand the role of an underlying ableism in excluding disability from diversity management practices.
Conclusion
In summary, this paper has aimed to introduce an embodied approach to disability into the field of diversity management research. While embodying an embodied approach expands the field’s understanding of disability and therefore diversity, this is not a matter of trivializing difference and rendering “everybody different”. Indeed, embodying disability may enable the field to take bodily difference seriously and address bodily differences that matter and make a difference to people who are discriminated against on the basis of these differences.

An embodied approach may help the area deal with a wider range of disability aspects than those admitted by the medical model, the stigma model and the social model of disability. More specifically, it makes it possible to study the bodily differences and the lived and embodied experiences of disabled people, and to investigate how disabled people cope with their disabilities and impairments at work and in relation to diversity management initiatives. Further, an embodied approach makes it possible to study how disabilities and impairments are socially constructed in the context of diversity management and work organizations, to study problems which are not socially constructed, and to study how disabilities and impairments are produced by the interaction of social and bodily forces.

Finally, an embodied understanding of disability may help management and organizational research in general and diversity management research in particular expand its knowledge and understanding of intersectionalities. Future research is therefore called to investigate how bodily impairments and disabilities affect employees in interaction with other identity markers such as gender, sexuality, race, ethnicity, culture, age and class.

An embodied approach to disability has important implications for organizations and for diversity management practice. Its focus on the lived and embodied experiences, the bodily differences and the enactment practices of disabled people challenges fixed categories of disability and diversity as well as wholesale, straightforward and rigid attempts to manage disability and diversity. This means that certain problems of disability and impairment are beyond management control, and that an exaggerated faith in the power of diversity management initiatives and other management practices should be avoided.

However, this does not mean that organizations should do nothing to accommodate and deal with problems of disability. Instead, the complexity of these issues makes it all the more important that organizations actively involve disabled people to deal with these problems. Organizations need to draw on the bodily knowledge of disabled people if they are to understand the specific problems, experiences and needs that disabled people face in work organizations. At the same time, disability and the organizational accommodation of disability should not be reduced to an issue “just” concerning disabled employees. It is therefore important that disability issues are made to involve both disabled and able-bodied employees at all levels of the organization.

Note
1. For instance, the Norwegian telecommunications company Telenor have since the late 1990s run recruitment and training programmes geared to help disabled people develop the “necessary” skills for employment in the “ordinary” labour market. And more recently, the Swedish fast-food restaurant chain Max Burger has announced that they within a year aim to recruit 100 disabled employees. Max Burger argues that employing
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disabled people is important because it helps able-bodied restaurant managers mature and become more sensitive in their leadership role.

References


**Further reading**


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