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Cartographies of Difference: from the Invention to the Reinvention of Disability

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Abstract

Drawing on the contributions of Foucault, Deleuze, and Guattari, this theoretical essay examines disability as a social construct traversed by power relations within capitalism, problematizing the binary hierarchies that organize social relations, such as the opposition between normality and abnormality. By interrogating the pathologization of bodily differences and the operation of ableism, we argue for the need to affirm difference as a relational and social category. To this end, we analyze the principal theoretical models of disability (biomedical, biopsychosocial, functional diversity, social, and Crip Theory), demonstrating how they remain entangled with power structures that seek to normalize and regulate bodies. Drawing on Deleuze and Guattari's concept of the rhizome, we propose understanding disability as a multiple, fluid, and interconnected phenomenon, engaged in an ongoing process of invention and reinvention. The essay contributes to the field of organizational studies by articulating post-structuralist critique with disability studies, mapping how organizational discourses and practices produce and govern difference and indicating possibilities for resistance and alternative forms of coexistence.

Keywords: difference; normality; disability; models of disability; organizational studies.

Introduction

Concern with disability emerged in the childhood of one of the authors, who lived alongside a young girl in the hinterland of Pernambuco, Brazil, whose distinctive mode of communication aroused curiosity and gave rise to myths among local children. In that context, the notion of disability as it is currently understood did not exist; bodily differences were regarded with curiosity and respect (Pessotti, 1984). This early experience led him to investigate difference within capitalism, particularly in organizational contexts. Over time, he began to question the validity of disability diagnoses, recognizing that the distinctions between workers with and without intellectual disabilities were often tenuous. This reflection expanded into an analysis of the logic of labeling and its entanglement with other forms of vulnerability in Brazil, such as poverty and race. His experience presiding over rehabilitation institutions further intensified these concerns, revealing how hasty diagnoses and segregated settings perpetuate stigma.

The arbitrariness of many diagnoses – particularly the association of conditions such as autism and cerebral palsy with intellectual disability – as well as the broader social effects of categorization, led him to question whether diversity management would, in fact, resolve these issues. He eventually concluded that it was necessary to deepen the analysis of difference, identity, and power under capitalism, since the very notion of disability, as we understand it today, is a modern construct (Piccolo & Mendes, 2012). With the emergence of capitalism in modernity, a universalizing perspective took shape, profoundly influencing social phenomena, including the social construction of normality in fields such as psychiatry, jurisprudence, and literature. These discourses do not merely describe what is considered appropriate in a given society; they actively shape it. The notion of normality must therefore be understood as historically variable and culturally contingent (Foucault, 2023).

Under feudalism, where exploitation was direct and political – enabled by the concentration of land ownership – many who lived on rural estates labored primarily for subsistence, and "different" individuals could participate in this economy to varying degrees (Russel & Malhotra, 2019). The rise of capitalism as a hegemonic system significantly transformed perceptions of bodies deemed "different," reshaping the criteria by which such differences were recognized and evaluated.

Nevertheless, although disability was experienced in distinct ways in pre-capitalist societies, this period cannot be romanticized. Research indicates that practices of exclusion and stigmatization were already present, albeit structured according to logics that differed from those of modernity. As Marchesan and Carpenedo (2021) observe, ableism traverses diverse historical contexts, assuming different meanings and forms – at times religious, at times moral, at times medical. Therefore, it is necessary to problematize the assumption that coexistence with difference in these contexts meant the absence of hierarchies or inequalities; rather, it involved specific ways in which they were lived.

Under capitalism, however, the primary form of oppression consisted of the exclusion of these individuals from exploitation as wage laborers, a process that contributed directly to their impoverishment. In this context, perceptions of bodily difference were redefined according to biological criteria, introducing a binary logic that opposed normality to abnormality.

A linear reading that contrasts traditional and modern societies, however, may be limiting – particularly when applied to the realities of the Global South. Authors such as Jessé Souza (2000) and Néstor García Canclini (2006) argue that Latin American modernity is marked by hybridism and overlapping temporalities, in which distinct historical forms coexist. Interpreting disability exclusively through the lens of a traditional-modern opposition, therefore, fails to capture the complexity of Brazil and Latin America, where archaic and modern forms of exclusion intertwine in new configurations.

Nevertheless, with the consolidation of modernity, individuals who did not conform to the standards established by normative conceptions of normality were increasingly marginalized from social life (Palma & Carneiro, 2018). It was within this historical context that the World Health Organization (WHO) developed the International Classification of Impairments, Disabilities, and Handicaps (ICIDH), thereby formalizing the modern concept of disability (Amiralian et al., 2000).

The relationship between individuals with "different" bodies and those with standardized bodies is marked by ambiguities that emerged from the establishment of criteria and standards used to label and define disability and non-disability. These standards have evolved throughout the history of capitalism, shaping how such differences are perceived and negotiated over time. Foucault (2023) questions the imposition of normative standards and demonstrates how such discourses operate as mechanisms of power, categorizing and classifying individuals according to criteria that are often arbitrary. Normality, therefore, must be understood as a discursive construct that reflects and sustains dynamics of power and social control.

Our central concern in this text lies in the classification of human beings as normal or abnormal, useful or useless, according to a metric that seeks to homogenize their relations with society and capital. By exploring the cartographies of difference, we aim to investigate the complex layers of meaning that surround the experience of disability, from its initial formulation to its contemporary representations. From this standpoint, we examine not only how disability is perceived and represented across different social and cultural contexts, but also how the very categories of disability are constructed, contested, and reconfigured over time.

This work takes the form of a theoretical essay. According to Meneghetti (2011), the theoretical essay is a mode of academic production grounded not in empirical data but in a rigorous argumentative process that articulates concepts, theories, and problematizations. Its purpose is to stimulate critical reflection, challenge established explanatory models, and propose new possibilities for understanding social phenomena. By clarifying its character as a theoretical essay, we seek to provide readers – specialists and non-specialists alike – with transparency regarding the methodological orientation of our analysis. This positioning aligns with the concluding provocation of this introduction, in which disability is situated not as an essence to be explained, but as a contested social construction whose reinvention may open new avenues of understanding within organizational studies. To that end, this discussion draws on the Philosophy of Difference articulated in the work of Gilles Deleuze and on Michel Foucault's theory of power.

Webs of Meaning and Argument in the Construction of Disability

Conceptualizing disability as difference requires questioning the binary hierarchies and dichotomies that structure our understanding of the world, including the opposition between

normality and disability. To advance this discussion, it is essential to recognize that difference is not constituted in isolation but relationally. Avtar Brah (2006), in her analysis of difference, diversity, and differentiation, emphasizes that identities are produced at the intersection of social relations, traversed by power, history, and context. Disability, therefore, cannot be understood solely as an individual experience; rather, it functions as a marker of difference constituted in relation to other axes of inequality and belonging.

This perspective challenges the rigid categories that define who is deemed capable or incapable within society. It proposes that disability should not be treated as a deficit to be corrected, but as a form of difference that expands our understanding of the world through the recognition of multiple modes of existence. Moreover, it is necessary to acknowledge that language, far from being neutral, is saturated with meanings and power relations. This recognition calls for sustained attention to dominant narratives that marginalize the experiences of those designated as **disabled** (Derrida, 2014).

Analyzing disability from this standpoint compels us to interrogate hierarchies of power and the assumptions underpinning traditional conceptions of language and difference. In this sense, adopting a "non-violent ethics, one that is based upon an understanding of how easily human life is annulled" (Butler, 2022, p. 16) entails recognizing that disability is embedded in complex social dynamics involving vulnerability, the struggle for rights, and one's position within the social order (Pessoa, 2018). It is crucial to distinguish *impairment* from *disability* in order to deepen this analysis (Diniz, 2012). The debate on disability thus extends beyond physical impairments or diagnosable conditions; it interrogates the very category of disability and the stigmas attached to it – stigmas that ultimately serve particular social structures and industries. The transition to modernity introduced biologically grounded identities, which, while enabling certain advances in citizenship, simultaneously obscured the non-biological dimensions through which social differences are constituted (Costa, 2014).

Indeed, Foucault (2014) argues that normativity is socially constructed and that power operates subtly within all social interactions. In the case of disability, control is exercised through medical practices and discourses that sustain and reproduce notions of normality. This dynamic is evident in the Diagnostic and Statistical Manual of Mental Disorders (DSM), which, among other aspects, has been criticized for privileging commercial interests that frequently take precedence over human well-being. The DSM has historically contributed to stigma and discrimination, as exemplified by the classification of homosexuality as a mental disorder until 1973. Ableism, understood as discrimination grounded in bodily difference (Mello, 2016), reflects this tendency and is performatively produced (McRuer, 2006; Campbell, 2009). Like racism and LGBTphobia, ableism hierarchizes individuals according to norms of beauty and functionality, perpetuating social prejudice and shaping processes of subjectivation and the perception of reality (Deleuze & Guattari, 2011a).

Ableism operates along two interconnected dimensions: a personal dimension, involving individual attitudes and emotional responses toward people with bodily differences; and a social dimension, encompassing socially embedded beliefs and values about such differences. Personal prejudices are frequently shaped and reinforced by dominant cultural narratives, and they manifest both structurally and individually. Structural ableism is embedded in policies, institutional practices, and organizational arrangements that discriminate against or exclude people with disabilities.

Individual ableism, in turn, refers to the belief that such individuals are inherently inferior or less capable (Carvalho-Freitas & Santos, 2023). At the same time, attention must be directed to corporeal normativity: the normalization and standardization of bodies constitute modalities of power that operate at both individual and structural levels, organizing social relations and institutional arrangements according to ideals of normality (Foucault, 2014). Such dynamics produce environments in which those who do not conform to these ideals are marginalized, thereby reinforcing hierarchies of power. For this reason, challenging the categories of normality and abnormality becomes a necessary condition for valuing human differences in all their forms.

(De)Constructing Discourses on Normality/Abnormality

In capitalist societies, ableism sustains the exclusion of people with bodily differences. Examining historically unequal social relations, as suggested by Goyer and Borri-Anadon (2019), it can be argued that diagnosis, by classifying individuals within the binary of normal/disabled, generates disciplinary practices that shape bodies and minds. Allen Frances (2016) criticizes the binary categorization of individuals as **normal** or **abnormal**, emphasizing that such an approach stigmatizes and marginalizes those who fail to conform to arbitrary standards. He questions the absence of objective laboratory criteria in psychiatry for defining normality and calls for a more nuanced and inclusive understanding of mental health.

Michel Foucault (2014) likewise critiques the notion of normality as a natural given, demonstrating instead how it is socially constructed and maintained through processes of normalization. He shows that institutions such as psychiatric hospitals, schools, and prisons operate within regimes that define and enforce standards of normality, excluding those who deviate from them from full participation in social life. Differences, therefore, reveal the artificiality of identities constituted under the assumptions of modernity and capitalism. Mantoan (2017) highlights this dynamic by criticizing the reduction of interpretive plurality to technical and political categories, such as the notion of the **"inclusive special school."** Foucault (2014, 2023) further analyzes how medicine and psychiatry classify and regulate deviant behaviors by pathologizing difference and reinforcing dominant norms.

In traditional societies, identity tends to be structured by tradition and kinship. In modernity, however, these anchors are destabilized, and the individual acquires a mutable identity. Deleuze and Guattari (2011b) critique the modern conception of identity that categorizes and classifies individuals according to established norms, thereby disregarding singularity. They advance an alternative understanding that affirms difference as a source of creative potential and resists the imposition of fixed identities. Derrida (2014), through his theory of deconstruction, similarly interrogates binary hierarchies – such as normal/disabled – that marginalize those who do not conform to dominant standards. He calls for the affirmation of difference as constitutive of the human condition.

In this text, we treat identity and difference as inseparable. o be gay, transgender, and/or Black, for example, is not to be "different" in a deficit sense; it is simply to be, thereby contesting the notion of a fixed and standardized identity. Deleuze (1988) invites us to deconstruct the conceptual frameworks that define and standardize bodily difference within contemporary capitalist society, fostering a more attentive understanding of lived differences and confronting the

ableism that sustains exclusion. Derrida (2014) raises the question of whether, in interpreting the signs we employ, we truly grasp their historical meanings. Disability, understood as a discursive construction rooted in colonial formations, is shaped by dualistic logics of normal/pathological that are informed both by biomedical knowledge and by capitalist rationalities.

The dominant discourse on disability emerges from an unstable coalition of governments, bureaucracies, and organizations that regulate the provision of services and the allocation of rights. Challenging the structures that perpetuate exclusion requires first understanding this discursive configuration. We therefore approach disability as a complex and relational construct, constituted through intricate networks of meaning. Diagnoses, labels, and stereotypes function as discursive mechanisms through which disability is continually (re)invented. The production of knowledge is never neutral; it carries political implications and opens – or forecloses – possibilities for imagining alternative futures from a post-structuralist standpoint. Accordingly, we shift the discussion of disability from the medical-legal-social domain toward a field of social interpretation, contesting diagnostic regimes and stereotypes, critiquing organizational practices that reinforce such discourses, and enabling alternative discursive productions of difference. In this text, we argue that disability is a social construct continuously invented and reinvented throughout the development of the capitalist system – a heterogeneous social phenomenon in which macro-political and micro-political segmentations intersect. Deleuze and Guattari (2011a) distinguish between molar and molecular, arborescent and rhizomatic segmentations. These are not opposing models, but processes that engender the real in its actuality and immanence.

Disability and Macropolitical Segmentarity

According to Deleuze and Guattari (2011a), macropolitical segmentarity refers to the rigidity in the division of society into binary categories that sustain and reproduce structures of power. In the context of disability, this rigidity becomes evident in diagnostic systems that discipline and regulate bodies and minds, as Foucault (2014) demonstrates. Such practices of control have evolved alongside capitalism, adapting to the shifting demands of the system, which currently adopts a biopsychosocial framework that takes into account the social, familial, and cultural contexts of individuals (Smith & Nicassio, 1995). Yet this framework continues to position difference in opposition to a presumed norm, rather than recognizing it as a creative force, as Deleuze (1988) suggests. The standardization of diagnostic practices thus continues to discipline, monitor, and regulate bodily differences by classifying them into predefined categories, such as hearing or visual impairment. For example, individuals with hearing loss may be classified as hearing impaired or deaf, depending on severity, and diagnoses may distinguish among conductive, sensorineural, mixed, or central types of loss (Speri, 2013). Similarly, visual loss is categorized into normal vision, moderate visual impairment, severe visual impairment, and blindness, with diverse etiologies (Santos, Manfredi & Isaac, 2009). Derrida (2014) challenges such rigid classificatory systems, arguing that language and definition are never neutral but are always traversed by relations of power and difference, thereby destabilizing the hierarchies of meaning attributed to disability.

The International Classification of Functioning, Disability, and Health (ICF) proposes a broader conception of health by incorporating dimensions such as functioning, bodily structures, and social participation (World Health Organization, 2001). In Brazil, functional diagnosis encompasses sensory, motor, psychomotor, linguistic, and cognitive dimensions, as well as the

individual's social context. The causes of physical disability may include congenital conditions, chronic illness, malnutrition, and trauma, among others (Werner, 1994). Intellectual disability and autism, in turn, are classified in the DSM-5 as disorders: intellectual disability is defined by significantly below-average intellectual functioning accompanied by limitations in adaptive behavior, while Autism Spectrum Disorder (ASD) is characterized by persistent deficits in social communication and restricted or repetitive patterns of behavior. Deleuze (1988) proposes that repetition should not be understood as mere reproduction, but as a creative process that generates variation and new possibilities. Applied to diagnostic and classificatory regimes, this perspective invites a reorientation: rather than reducing individuals to fixed categories, each person, in their singularity, must be understood within their specific context. Such an approach would open space for more inclusive and inventive practices, in which differences are affirmed as creative potentials rather than framed as limitations.

Disability and Micropolitical Segmentarity

Micropolitical segmentarity refers to subtle, capillary forms of organization and control that operate within everyday interactions and shape processes of subjectivation (Deleuze & Guattari, 2011a). In the context of disability, it functions through labels and stereotypes that configure identities and reinforce the division between **"us**" and **"them"** (Siqueira & Cardoso, 2011). Stereotypes, as Walter and Baptista (2007) argue, simplify and negatively generalize social groups, producing distorted representations that sustain discrimination. Brown and Turner (2002) suggest that stereotypes emerge from direct observation, socially mediated expectations, or a combination of both, thereby contributing to processes of marginalization. Goffman (2013) examines how **disability labels** perpetuate stigma, resulting in social devaluation and exclusion. Disability becomes marked as a sign of imperfection, associated with stigma that may elicit either submission or resistance on the part of those who are stigmatized. The moral interpretation of disability, discussed by Jodelet (2001), further consolidates this stigma, constraining the autonomy and full social participation of persons with disabilities.

Deleuze (1988) and Derrida (2014), within their respective theoretical frameworks, interrogate the binary constructions that sustain such hierarchies, emphasizing the need to recognize difference as a productive and creative force. Operating at the level of everyday subjectivity, micropolitics shapes social relations and reinforces stigmatizing representations, thereby reproducing the power dynamics that regulate subjectivities. Foucault (2014) analyzes how biopower configures conceptions of normality and deviance, while Peters (2000) calls for the deconstruction of these hierarchies in order to reveal and invert the power relations that sustain them. In *The Order of Things*, Foucault (2016) examines how epistemes structure categories of thought and the production of discourse across distinct historical periods, underscoring the inseparability of knowledge and power. He argues that epistemes delimit what may be considered true or false, and how individuals are classified and governed, thereby exposing the role of power in maintaining such classificatory regimes. Consequently, ways of **conceptualizing** disability – and responding to it – have shifted over time, particularly in relation to the social and historical conditions of modernity and, more specifically, to the ongoing reconfiguration of the capitalist system.

Paths of the Process of Becoming

This study draws on the work of Gilles Deleuze and Félix Guattari (2011a, 2011b, 2012a, 2012b, 2012c) and Michel Foucault (2014, 2023) to examine the complex interplay between power, knowledge, and social practices in the formation of discourses on disability. Deleuze (1988) advances an understanding of being as a dynamic multiplicity in constant becoming, thereby challenging the traditional conception of being as fixed and stable. For Deleuze, being is constituted through an infinite play of differences and relations, and these differences emerge through processes of differentiation and individuation. In the domain of knowledge, he critiques the notion that knowledge faithfully represents reality, arguing instead that it is a creative activity that produces concepts capable of engaging with the complexity of being.

Foucault (2014, 2023), in turn, examines the dynamics of power in contemporary society, particularly through the concepts of biopower and disciplinary control. His approach challenges the idea of power as centralized or sovereign, emphasizing its dispersed and capillary operation across institutions and social practices. Biopower, a central concept in his work, designates the expansion of power into the regulation of life itself – governing patterns of health, conduct, reproduction, and population management. As for disciplinary control, which manifests through practices of surveillance and normalization that influence behavior across all domains of social life, Foucault argues that power and knowledge are inseparable: knowledge is constituted within power relations that determine which forms of knowledge are authorized and legitimized in society.

On this basis, we argue that the concept of disability is a social construction that has no fixed essence but is continuously invented and reinvented through discourses and practices shaped by power dynamics. The principal theoretical models of disability – such as the biomedical model, the social model, and the biopsychosocial model – are examined in light of Deleuze (1988), Deleuze and Guattari (2011a, 2011b, 2012a, 2012b, 2012c), and Foucault (2014, 2016), as well as the contributions of Baudrillard (1991) and Crary (2016). These authors enable an analysis of how differences are perceived, categorized, and managed, highlighting the role of processes of differentiation and political relations in shaping such treatments. To explore the dynamic interaction between these theoretical perspectives and models of disability, the study adopts a cartographic approach inspired by Deleuze and Guattari. This perspective makes it possible to map the conceptual territories of different understandings of disability, apprehending the fluidity of their interrelations without imposing the rigidity of fixed categories. Cartography thus functions as a flexible analytical tool for engaging with the multiplicities and singularities that constitute the reality of disability, while contesting traditional assumptions about identity and linear causality.

In addition to cartography, the study undertakes a historical-critical analysis of the discursive and institutional practices that have shaped disability, following Foucault's (2014) methodological orientation. This involves examining the historical and social conditions that enabled the emergence and legitimation of distinct models of disability. Foucauldian approaches to archaeology and genealogy are employed to unveil the power dynamics that permeate these discourses, demonstrating how conceptions of disability have been produced, disseminated, and contested over time. By combining these analytical lenses, the study explores how Deleuze's concepts of multiplicity and becoming illuminate the operations of power and the possibilities of resistance in diverse social contexts. Simultaneously, Foucauldian analyses of power dynamics shed light on the conditions under which knowledge about disability is generated and authorized. To examine the

different theoretical models addressed here, we draw on the notion of the **plateau**, which affirms experiences as multiple and interconnected phenomena without hierarchical ordering (Deleuze & Guattari, 2011a).

The Plateaus of Disability: Exploring the Heights and Depths of Theoretical Models

Disability has been theorized along two principal lines of thought. The first emerged with the consolidation of capitalism and the epistemic transformations associated with modernity, framing disability as a condition to be corrected. Biological and medical knowledge became central instruments in this process, regulating and standardizing bodies that did not conform to the productive norms demanded by the system. Foucault demonstrates how medical and educational institutions came to discipline and regulate bodies, advancing ideals of normalization and efficiency. The biomedical model of disability, although transformed over time, continues to evolve by incorporating new discursive formulations, such as the biopsychosocial model and the discourse of functional diversity. Yet, even when these perspectives acknowledge social and psychological dimensions, they remain entangled in power structures that standardize difference in accordance with capitalist imperatives, privileging productivity and efficiency over human needs.

The second line of thought gained momentum with the post-World War II strengthening of human rights discourses and their critique of the biomedical model. Within this framework, the social model of disability emerged, shifting the analytical focus from individual impairments to the social, cultural, and environmental barriers that produce disability. Although this model represented an important conceptual shift, it – and its developments, such as Crip Theory – faces challenges in accounting for the multiplicity of lived experiences among persons with disabilities. Even when proposing new forms of engagement and recognition, these approaches may still operate within an economic rationality.

Drawing on their concept of the rhizome, Deleuze and Guattari (2011a, 2011b, 2012a, 2012b, 2012c) propose a model of knowledge and power characterized by multiplicity and interconnection, capable of reflecting the non-linear heterogeneity of disability experiences. The rhizome is compared to a non-hierarchical network in which connections emerge in decentralized and non-linear ways. This framework makes it possible to understand the experiences of people with disabilities as complex and interconnected forms of resistance to traditional structures of power and control. Baudrillard (1991) complements this perspective by emphasizing how contemporary societies are preoccupied with appearances and simulacra, reducing the complexity of human experience to normative representations. This dynamic is equally evident in the ways disability is represented, categorized, and managed within modern social systems.

Plateau #1: Biomedical/Individual Model of Disability

Howard Rusk (1953), often regarded as the father of rehabilitation medicine, played a decisive role in consolidating the biomedical or individual model of disability. Within this framework, disability was understood as a deviation from the normative body, inscribed within the normal/pathological binary. Emerging in the nineteenth century alongside the development of

modern medicine and psychiatry, this model legitimized diagnostic practices and therapeutic protocols aimed at correcting physical and functional abnormalities. It reinforced a linear and hierarchical logic in which biological and physiological dimensions were privileged as the primary determinants of disease (Rusk, 1953; Foucault, 2023; Davis, 2013).

Rusk's contributions were pioneering in the establishment of structured rehabilitation programs designed not only to promote physical recovery but also to facilitate the social and occupational reintegration of persons with disabilities. He emphasized the importance of initiating rehabilitation as early as possible and tailoring it to individual needs, acknowledging that each patient required a personalized plan to achieve their maximum potential (Rusk, 1953). This influence is reflected in the *International Classification of Impairments, Disabilities, and Handicaps* (ICIDH), published by the World Health Organization in 1980, which systematized disability across three levels – impairment, disability, and handicap. The ICIDH provided standardized diagnostic parameters at a global level, strengthening public policies and rehabilitation services (World Health Organization, 1980).

However, the biomedical model presents significant limitations. By reducing disability to a biological condition, it contributes to the medicalization of difference, legitimizing practices that reinforce disciplinary regulation of bodies and naturalize hierarchies between normal and abnormal (Foucault, 2014, 2016). Disability thus becomes framed as a pathology requiring correction, marginalizing singular experiences and generating stigmatization. Moreover, this model aligns with the productivist imperatives of contemporary capitalism, within which persons with disabilities are pressured to conform to standards of efficiency and performance, thereby intensifying processes of dehumanization (Crary, 2016). As Deleuze and Guattari (2011a, 2011b, 2012a, 2012b, 2012c) suggest, however, this hierarchical structure may be destabilized through the notion of the rhizome, which values multiplicity, connections, and flows, opening space for understanding disability not as a deviation to be normalized, but as a form of difference that produces singular modes of existence. From this standpoint, the biomedical model may also be interpreted as a simulacrum (Baudrillard, 1991): it seduces society with images of "cure" and "normality," generating a hyperreality that obscures bodily diversity and perpetuates structural ableism.

Plateau #2: Biopsychosocial Model

In response to the biomedical model's exclusive emphasis on physical and biological dimensions, George L. Engel (1977) proposed the biopsychosocial model, arguing that a proper understanding of health and illness requires moving beyond biology to incorporate psychological and social factors. From this perspective, health and disease must be analyzed within the context of the patient's life, taking into account elements such as stress, social support, and living conditions, all of which influence both the manifestation and progression of illness. Engel's proposal repositioned the patient from a passive recipient of care to an active participant in the therapeutic process, highlighting the importance of communication with health professionals and the work of multidisciplinary teams within a holistic framework in which body, mind, and environment are understood as interdependent dimensions (Engel, 1977).

The biopsychosocial model informed significant transformations in clinical practice and public policy. In 2001, the World Health Organization (WHO) consolidated this orientation through

the development of the International Classification of Functioning, Disability, and Health (ICF), which explicitly incorporated a biopsychosocial framework (World Health Organization, 2001). The ICF integrates physical conditions with contextual factors – both environmental and personal – thereby reflecting the complexity of interactions among biological, psychological, and social dimensions. In Brazil, the Brazilian Functionality Index (IFBr) exemplifies the application of this model, assessing the functioning of persons with disabilities in relation to their health conditions and the contexts in which they live (Pereira & Barbosa, 2016). Its principal contribution lies in offering a broader and more integrative understanding of disability, while simultaneously supporting assessment procedures and social benefit policies at national and international levels.

Despite its advances, the biopsychosocial model also has limitations and contradictions. Its structure continues to categorize and linearize dimensions of health, organizing them within an arborescent logic that does not fully apprehend the fluidity and rhizomatic interconnections of lived experience (Deleuze & Guattari, 2011a, 2011b, 2012a, 2012b, 2012c). Moreover, by incorporating psychological and social dimensions into rehabilitation, the model may be interpreted as a more sophisticated modality of biopower: regulation of bodies expands beyond biomedical normalization to include adaptation to the social and economic norms of contemporary capitalism, thereby reinforcing the centrality of functionality and productivity (Crary, 2016). Jean Baudrillard (2004) suggests that, although the model presents itself as more humane and inclusive, it continues to frame disability as a condition to be managed and adjusted, rather than recognizing it as a complex and singular mode of existence. In a similar vein, Marchesan and Carpenedo (2021) argue that by linearizing dimensions and maintaining functionality as a central organizing axis, the biopsychosocial model ultimately reinforces performance criteria aligned with the logic of productivity, contributing to the reproduction of structural ableism.

Plateau #3: Functional Diversity Model

The human rights model of disability emerged in dialogue with social movements advocating equality and justice, offering a critique not only of biomedical approaches but also of the limitations of the social model. Russell (1998) argues that disability must be understood as a matter of human and social rights, emphasizing inclusion, accessibility, and respect for individual differences, while denouncing how economic and social policies shape the lives of persons with disabilities. From this standpoint, the struggle extends beyond the removal of physical barriers to encompass the structural transformation of society toward genuine inclusion and substantive equality. Verdugo (2006) reinforces this perspective by arguing that it is not persons with disabilities who must adapt to a preexisting norm, but rather society that must transform itself to accommodate the plurality of human capacities. This line of thought gained particular prominence in the Spanish context with the formulation of the Diversity Model by Palacios and Romañach (2006), who grounded their proposal in bioethics and human rights and advanced the concept of "functional diversity" as its central category. In a subsequent publication, Romañach and Palacios (2007) consolidated this terminology, seeking to move beyond the historically negative connotations associated with terms such as "disability" and "incapacity" and to affirm the positivity of difference.

The principal contribution of this approach lies in shifting the understanding of disability from limitation to a legitimate expression of human diversity. It promotes a more inclusive and dignified vocabulary that values singularity and affirms difference as a positive category (Palacios &

Romañach, 2006; Romañach & Palacios, 2007). Deleuze and Guattari (2011a, 2011b, 2012a, 2012b, 2012c) provide conceptual tools to deepen this perspective by suggesting that inclusion and accessibility should not be conceived as mere adjustments to existing structures, but as ongoing, rhizomatic, and open-ended processes that accompany the multiplicity of human capacities. Within this framework, disability is no longer framed as a condition to be corrected or merely accommodated, but as a valid mode of existence to be fully integrated into the social fabric.

Despite its emancipatory promise, the functional diversity model also entails tensions and contradictions. In seeking to valorize difference, it may generate new forms of categorization and hierarchization of functionality, thereby refining mechanisms of normalization. From a Foucauldian perspective, this development can be interpreted as a reconfiguration of biopower: differences are acknowledged, yet only insofar as they can be rendered compatible with the imperatives of productivity and efficiency characteristic of contemporary capitalism (Crary, 2016). Campbell (2009) and Mello (2016) caution that the discourse of diversity can operate as a political euphemism, softening structural inequalities and obscuring material forms of oppression by incorporating difference into neoliberal management rationalities. Thus, although this model marks an important shift from disability toward difference, it remains susceptible to capturing diversity within mechanisms of control that subordinate bodies and experiences to market logics.

Plateau #4: Social Model of Disability

The emergence of the social model of disability was closely linked to the strengthening of human rights discourses in the post-World War II period and gained consolidation in the aftermath of the 1948 *Universal Declaration of Human Rights*. During the 1950s and 1960s, civil rights movements – particularly in the United States, including struggles against racial segregation and for gender equality – inspired the disability rights movement. Formulated primarily by activists and scholars with disabilities in the United Kingdom, the social model sought to develop a theoretical framework capable of demonstrating how social and economic structures produce and sustain exclusion. In contrast to the biomedical model, it asserted that disability is not confined to medical impairments but is produced by barriers imposed by society (Oliver, 1990; Barnes, 1997; Oliver & Barnes, 2012).

The principal contribution of the social model lies in relocating disability from the medical domain to the social domain by arguing that exclusion results from social, environmental, and attitudinal barriers. These include architectural and physical obstacles, barriers to communication and information, discriminatory attitudes, and the absence of inclusive policies and social support (Barnes, 1997). In this sense, the social model constituted a paradigmatic shift by politicizing disability and insisting that it is society – not the individual – that must be transformed. Oliver (1990) and Oliver and Barnes (2012) underscore this political dimension, emphasizing the struggle for accessibility and inclusion as strategies of emancipation. More recently, Foresti and Bousfield (2022), in analyzing the model's evolution, identify an initial phase centered on critiquing biomedical reductionism and social barriers, followed by a second phase incorporating dimensions such as gender, care, diversity, and intersectionality. This development has broadened the model's analytical scope, aligning it with more complex agendas of social justice.

Despite its transformative impact, however, the social model presents limitations and internal tensions. Shakespeare (2014) notes that by rigidly separating impairment from disability, the model risks oversimplification, neglecting the subjective and embodied dimensions of experience. Foresti and Bousfield (2022) likewise argue that, even in its more recent formulations, the model often operates through linear and causal reasoning, tending to universalize the condition of persons with disabilities as if it were homogeneous. From a Deleuzian and Guattarian perspective (2011a, 2011b, 2012a, 2012b, 2012c), the social model may be read as a new form of territorialization: while advocating the removal of barriers, it simultaneously produces codifications that stabilize disability within fixed identity categories. This risk is intensified by the manner in which inclusive policies and assistive technologies continually modulate the experience of disability, reinforcing dynamics characteristic of the society of control (Crary, 2016). Thus, although the social model marked a decisive moment in politicizing disability and shaping public policy, it faces the ongoing challenge of engaging multiplicity without subsuming it under normative or universalizing frameworks.

Plateau #5: Second-Generation Social Model – Feminist Disability Studies

The second generation of the social model of disability emerged in response to feminist critiques that identified limitations in the classical formulation, particularly regarding care needs and the forms of dependency inherent in many experiences of disability. Kittay (1999, 2002) argues that dependency is an inescapable condition of human life and should not be construed negatively. The author contends that society must recognize and value care work, which is disproportionately performed by women. In a similar vein, Morris (1991) underscores how caregiving responsibilities fall unevenly upon women, pointing to the need for public policies that support both persons who require care and those who provide it, as a matter of social justice. This development – often described as the second generation of the social model – incorporates the recognition of dependency and care relations as constitutive dimensions of human experience, while seeking to secure the autonomy of persons with disabilities and their active participation in society, especially in the formulation of policies that affect their lives (Kittay, 1999).

The principal contribution of this perspective lies in its complexification of disability analysis through the articulation of gender, care, and social justice. Within this framework, autonomy is no longer conceived in opposition to dependency but in relation to it, so that recognizing care does not negate self-determination. This reformulation also creates space for intersectional approaches that examine how gender, race, class, and disability intersect in the production of social differences. Studies such as Mello (2016) demonstrate that Black feminist thought and critical disability studies emphasize that disability cannot be understood in isolation, but only through the interweaving of multiple forms of oppression. This shift expands the analytical reach of the social model and strengthens its political force.

Despite these advances, the second-generation social model continues to face challenges. By centering dependency and care, there remains a risk of reproducing a linear analytical framework that treats these dimensions as discrete from broader social processes. From a rhizomatic perspective (Deleuze, 1988), dependency and care should be understood as inseparable elements within a network of fluid and interconnected relations, rather than as fixed or bounded categories. There is also the danger of homogenizing persons with disabilities as a group defined primarily by

dependency, thereby obscuring internal heterogeneity. Although feminist and intersectional disability scholarship, as highlighted by Mello (2016) and Brah (2006), seeks to resist such homogenization, the incomplete incorporation of intersectionality may still constrain the model's explanatory potential. Thus, while the second generation advances beyond certain simplifications of the classical social model, it continues to grapple with the challenge of fully apprehending the rhizomatic multiplicity of differences.

Plateau #6: The Conception of Disability in Crip Theory

Robert McRuer (2006) introduces Crip Theory as a theoretical field situated at the intersection of disability studies and Queer Theory to interrogate the dominant norms that regulate bodies, ability, and sexuality. Drawing on post-structuralist perspectives, this approach proposes understanding disability not merely as a medical or social condition, but as a critical analytic capable of exposing and challenging systemic injustices in contemporary society. McRuer (2006, 2018) emphasizes the importance of an intersectional framework that articulates disability with gender, race, and class, acknowledging the multiplicity of oppressions and forms of resistance that shape lived experience. Among his most significant conceptual contributions is the notion of crip time, which designates the contemporary condition in which disability is simultaneously hypervisible – in official discourses of inclusion – and invisible in the social, economic, and cultural practices that continue to sustain exclusion.

Crip Theory makes a decisive intervention by shifting disability away from the register of lack or deviation and reframing it as a site of critical and subversive potential. McRuer (2018) argues that the coexistence of visibility and invisibility generates a strategic terrain for resistance and the (re)imagination of social arrangements, in which disability can destabilize normative expectations concerning bodies, gender, sexuality, and productivity. From this perspective, disability is not merely an object of inclusion but a force that disrupts normality, expanding prevailing understandings of what it means to be human, useful, or productive. In dialogue with Deleuze and Guattari's concept of the rhizome (2011a, 2011b, 2012a, 2012b, 2012c), crip time may be interpreted as a network of non-linear interactions in which visibility and invisibility do not function as opposites but as interwoven dimensions that generate new connections and solidarities. This rhizomatic logic becomes particularly evident in transnational activist networks, which, like rhizomes, connect dispersed struggles and enable novel forms of collective articulation (McRuer, 2018). Crip Theory thus constitutes one of the most significant contributions to contemporary disability thought, especially in its dialogue with Queer Theory and its emphasis on multiplicity and difference as central to struggles for social justice.

Despite its theoretical innovation, Crip Theory also encounters limitations and internal tensions. Goodley (2014) and Kafer (2013) observe that, although the theory advances a powerful critique of cultural normativity, it may privilege this dimension at the expense of deeper analyses of capitalism, biopower, and governmentality. There is a risk that an emphasis on cultural critique may attenuate attention to the material conditions that structure inequality and exploitation. Moreover, Crip Theory itself may be susceptible to becoming a new normative regime, fixing identities within stabilized categories and rendering less recognized experiences – such as certain invisible or marginalized disabilities – once again invisible (Baudrillard, 2004; Crary, 2016). Deleuze (1988) cautions against essentialism, reminding us that bodies and subjectivities are always in flux and

should not be immobilized within fixed representations. In this sense, although Crip Theory radically expands critical horizons by affirming disability as a disruptive force, the challenge remains to maintain a critical tension around it so that it is not captured by the very structures it seeks to subvert.

Conclusions

This theoretical essay reflects on the premise that disability, far from constituting a static and universal concept, is a social construction deeply shaped by the power dynamics and economic structures of capitalism. We acknowledge that Crip Theory (McRuer, 2006, 2018) already provides a consistent post-structuralist foundation for rethinking disability through a critique of normativity. However, our contribution extends this approach by articulating Crip Theory with Deleuze and Guattari's concepts of rhizome, plateaus, and becoming, as well as with Foucault's notion of biopower. This articulation enables a cartographic mapping of how different models of disability are invented and reinvented, demonstrating that disability is not merely a critical category through which normativity is interrogated, but also a multiple field of disputes, negotiations, and reinventions. In doing so, we expand the dialogue between disability studies and organizational studies, offering an analytical framework that problematizes the intersections among capitalism, normalization, and difference.

Through the prisms of Foucault (2014, 2016), Deleuze and Guattari (2011a, 2011b, 2012a, 2012b, 2012c), and Baudrillard (1991, 2004, 2009), it is clear that the concept of disability has been invented and reinvented over time, shaped by the interests of dominant power structures. Foucault (2014, 2016) alerts us to how biopower regulates bodies and subjectivities, establishing norms that define what is considered normal or deviant. Throughout history, disability has functioned as a mechanism for legitimizing social exclusion and economic exploitation, while practices of normalization reinforce prevailing hierarchies. In this sense, disability emerges as the product of strategies of social control aimed at categorizing and marginalizing those who do not conform to hegemonic standards of productivity and efficiency imposed by capitalism.

Deleuze and Guattari (2011a, 2011b, 2012a, 2012b, 2012c), through the concept of the rhizome, offer a perspective of resistance to these modalities of control. Viewed through a rhizomatic lens, disability is not a fixed or natural condition but a fluid and multidimensional phenomenon, interwoven with other forms of difference and oppression. This approach allows us to contest rigid categorizations and to explore multiple possibilities of existence and resistance that unfold beyond established norms. Baudrillard (2004) complements this analysis by highlighting the role of consumer culture and communication technologies in the construction of social identities, including those of people with disabilities. Contemporary capitalism, by commodifying disability, reinforces stereotypes and restricts the recognition of difference as intrinsically valuable. From this standpoint, disability can be understood as a construct that serves market interests, transforming bodies and identities into commodities to be consumed, modified, and discarded according to economic and cultural imperatives (Baudrillard, 2009).

This essay advances two contributions that warrant further development. The first is theoretical. The struggle against ableism may inadvertently produce a trap of specificity: theoretical approaches to disability sometimes generate discussions that appear isolated, as though they were

detached from broader struggles over difference and the treatment of all those who diverge from **normative** standards. While there are undeniable specificities in the experiences of people with disabilities, treating these discussions as **essential** or **singular** – implying that only this group is subjected to discrimination for failing to **meet standards of normality** – may weaken both the political force of the theory and its capacity to sustain broader philosophical reflections on difference. We contend that post-structuralism enables the articulation of multiple specific causes under the broader horizon of impermanence, fluidity, and singularity, fostering a more lucid mobilization around the idea that difference is constitutive of the infinite variability of the human condition (Deleuze, 1988), and that "normality" does not exist as a stable ontological category.

The second contribution concerns analytical integration. If disability theories can enter into dialogue with post-structuralist approaches, then the analysis cannot be framed as a deficit model – that is, as an inquiry into what disability supposedly lacks. For such dialogue to be viable, however, it is necessary to acknowledge that functionality has often been the central axis of theoretical debates on disability, situating them within a positivist episteme that presumes reality to be objective and construes people with disabilities as deficient. Taking seriously the proposition that people with disabilities lack nothing – that they inhabit legitimate multiplicities of human existence – requires a radical rejection of any notion of "normality" and the opening of alternative political-epistemic possibilities. For this reason, the plateaus presented here examine different theoretical formulations in light of post-structuralist thought – positions that are meaningful not only at the level of theory but also from the standpoint of lived experience. We do not evaluate disability theories according to what they fail to provide; rather, we analyze them within a framework that affirms difference rather than pathologizing it.

By integrating these theoretical perspectives, this essay contributes to a deeper understanding of the interplay among being, knowledge, and power, revealing disability as a concept shaped by historical, cultural, and economic forces. It also opens new avenues for dialogue between academic inquiry and political activism by challenging established power structures and proposing alternative modes of knowledge production and practice. Questioning these structures and pursuing new forms of understanding are essential steps toward building a more inclusive and just society. Recognizing disability as a social construct likewise entails recognizing the transformative potential inherent in dismantling stereotypical and monolithic categories and in creating new forms of coexistence and solidarity. By elucidating the interconnections among disability models, power relations, social norms, and economic practices, this essay underscores the need to radically rethink the foundations upon which contemporary societies are organized. Only then can we move toward a social order in which difference is valued and respected, and in which power structures are continually contested and transformed in the pursuit of greater social equity.

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