Revisiting the Stanford Prison Experiment from the Perspective of the Social Model of Disability: A Teaching Experience

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Abstract

This article aims to revisit the Stanford Prison Experiment (SPE) from the perspective of disability studies. The SPE is an issue that inevitably comes to light while teaching Social Psychology and how it contributes to a different course titled Psychological, Social and Cultural Aspects of Disabilities. The SPE presents a pioneering piece of research within Social Psychology. Similarly, the social model has reformed the concept of disability. The SPE and further studies demonstrate the importance of social forces in shaping human behaviour; that is, they explore how good people might turn evil in particular circumstances. The social model of disability emphasises the role of social oppression in creating disability. As these two courses contribute to each other, it is discussed that an appropriate level of analysis within the discipline of psychology has much to contribute to the inherently interdisciplinary field of disability studies and vice versa. Interdisciplinary curriculums might be a step towards inclusive higher education.

Keywords: Stanford Prison Experiment; disability in Turkey; disability and higher education; social model of disability; teaching psychology and disability studies

Introduction

This article aims to provide a reanalysis of the famous Stanford Prison Experiment (SPE) in relation to disability studies, more specifically in relation to the social model of disability. I am a social psychologist, and a disabled academic, whose main research and teaching specialism is the field of disability studies. I teach courses within both disciplines. This article reflects an analysis that arises while teaching Social Psychology, and how this teaching contributes to a different course titled Psychological, Social and Cultural Aspects of Disabilities. The course Social Psychology is a compulsory second-year undergraduate course; the disability studies course is a third-year elective course. The "aggression" chapter of the Social Psychology course provides an answer to an important question of mine: Do these seemingly different disciplines have more in common than would first appear? I think there is an implicit relationship between these two diverse topics. Converging evidence in the literature in this respect might be valuable and could lead to further analysis. However, before addressing these issues, it is important to highlight the fundamental features of the SPE and the social model of disability.

In the experiment, a mock prison was created in the basement of the Stanford Psychology Department. The participants were selected via an advertisement. Twenty-four university students were randomly assigned as guards or prisoners. The "police", who were in fact confederates, arrested the prisoners. The participants were provided appropriate uniforms and began to live in a simulated prison environment that was created by the researchers (Haney, Banks, and Zimbardo 1973; Zimbardo 1973). The simulation was truly successful as, over time, the guards and prisoners did not refer to their experience as an experiment or simulation (Zimbardo 2006; 2007). Zimbardo (2007, 444) stated that "[i]t was a prison run by psychologists rather than by the State". Although the experiment was initially designed to last two weeks, it was ceased on the sixth day due to increased violence among the guards towards prisoners and increased psychological distress among prisoners. It was stated that the system, not the individuals' dispositions, created the unforeseeable circumstance. The 24 participants were selected among 75 applicants, as they were the ones who were psychologically healthiest; so, a sadistic character or a kind of psychopathology could not be the underlying reason for the violence or distress (Zimbardo, Maslach, and Haney 2000). Therefore, that hypothesis, which might argue in favour of personality characteristics, was disregarded (Zimbardo 2007). It was discussed that similar to that experimental setting, the real-life violence within prisons is created by the system. More specifically, limited supervision and lack of education are the sources of violence, not a few bad apples or bad barrels. For instance, it might be instructive to consider what happened in the Abu Ghraib prison in Iraq. The night shifts were especially critical in terms of displaying the harshest forms of abuse (Banuazizi and Movahedi 1975; Zimbardo 1973; 2007). Hence, it was concluded that in such a circumstance the most important feature is a system that creates and maintains a specific situation. The system is the issue that creates the evil, as the Lucifer effect indicates (Zimbardo 1973; 2007). In order to reduce

this kind of prison abuse, Zimbardo (2006; 2007) repeatedly favoured greater prisoner-guard surveillance.

The social model of disability originated in Britain in 1975, contemporaneously to the SPE, which was conducted in 1971. The fundamental principles of the social model framework are described as follows:

> It is society which disables physically impaired people. Disability is something imposed on top of our impairments, by the way we are unnecessarily isolated and excluded from full participation in society. (UPIAS and the Disability Alliance 1976, 4)

The model argued for a clear distinction between impairment and disability. It was argued that an inability to walk or to speak is an impairment. However, an inability to enter a building due to the steps or an inability to communicate due to a lack of technical aids is a disability (Morris 1993). In addition, the social model denied the established equation between illness and disability and put forth that it was not the doctors but the disabled people themselves who are the experts of the disability phenomena (Oliver 1996). Using the term "disabled people" rather than "people with disabilities" was a deliberate attempt to emphasise society's role in disabling people. According to this model, disability cannot be understood outside its social context (Koca-Atabey 2013; Marks 1997; Morris 1993; Oliver 1990; 1996). It was also discussed that since disability is a context-dependent phenomenon, all people are disabled in some respect (Taylor 2017). Valeras (2010) stated that disability might be conceptualised within a continuum and people might feel disabled or non-disabled depending on the circumstances.

Psychology and Disability Studies

As a pioneering social psychologist, Zimbardo (2007) criticised psychology for missing the big picture. According to him, clinical psychology and personality psychology are dispositionally oriented; they ask the question of whom to blame or to provide credit. In this sense, psychology becomes too specific and does not really ask big questions. Madsen (2014) stated that psychology should be much more in line with historical and cultural reality. Psychology is also criticised as discussing disability in a biased manner. As an ordinary human experience, disability receives relatively little attention within the psychology literature (Asch and McCarthy 2003) and is ignored within the curriculum (Dunn 2016). With an emphasis on issues such as loss, adjustment and psychopathology, these two disciplines, namely psychology and disability studies, have a troubled relationship (Reeve 2006). Disability-related material within introductory psychology textbooks is also limited and stereotypical in nature (Goldstein, Siegel, and Seaman 2010). Within the US undergraduate psychology curriculum, disability is mostly discussed in relation to the medical model (Rosa et al. 2016). It might be considered that disability is not included appropriately within the psychology curriculum. On the other hand, there are promising discussions about embracing both fields. For instance, community psychology is offered as an appropriate tool to integrate disability studies (Dowrick and Keys 2001; Goodley and Lawthom 2005; 2011).

Community psychology provides a paradigm shift from an individualistic, deficit approach to a systemic approach (Nel, Lazarus, and Daniels 2010). Dunbar-Krige and Pillay (2010) argued that the inability of mainstream psychology to address the needs of different groups led to the emergence of community psychology, which provides an appropriate basis for disability research. Similarly, Simpson and Thomas (2015) argued that clinical psychology and disability studies have much in common. A positive psychology of rehabilitation is also proposed (Dunn and Dougherty 2005). Livneh and Martz (2016) recently stated that the psychosocial adaptation to disability is conceptually linked with positive psychology. According to this view, emphasising the strengths and capacities of disabled people is essential. Rather than normalisation, optimisation of lives is crucial (Naidoo 2006). Within the framework of hedonic psychology, Amundson (2010) suggested that nondisabled estimators should not be used to score the quality of life of disabled people. Maslov (2012) argued that describing blindness as darkness is merely the construction of sighted people. This is in line with Hull's (2001) case, which concluded that sighted people's brains function differently to blind people's brains. Blindness entails more than losing sight, so it is not easily simulated although it may seem to be. A sighted person who closes his or her eyes would still have the shapes, figures and colours in mind. In fact, in a meeting of the American Psychological Association (APA), Zimbardo et al. (2003) argued that disability is something different than being blind, deaf or paralysed. Disability has a complex structure and is related to community, culture, economics, politics, and also global interdependencies. These arguments are in line with the basic arguments of the social model, which describes disability as a fact of life, a different life experience that might be interesting and affirmative (French and Swain 2004; Morris 1991; Oliver 1996). It was suggested that if psychology emphasises the individual in context (Forshaw 2007) or engages more on a societal and political level to influence change (Simpson and Thomas 2015), the relationship between the two disciplines might be more intimate. Watermeyer (2012) argued that disability studies ignored questions regarding the psychological and emotional aspects of experience for a long time with the fear of musicalising the phenomena. However, the possible contributions of the discipline were left out, resulting in an incomplete picture.

The Stanford Prison Experiment and the Social Model of Disability

The SPE clearly showed that human nature could be shaped by social circumstances (Drury et al. 2012). Therefore, the inevitable relationship between Zimbardo's main argument, the power of situation (Slavich 2009), and the social model of disability becomes much clearer. He specifically stated the following:

> The dispositional approach is to the situational as a medical model of health is to a public health model. A medical model tries to find the source of the illness, disease, or disability within the affected person. By contrast, public health researchers assume that the vectors of disease transmission come from the environment, creating conditions that foster illness. Sometimes the sick person is the end product of environmental pathogens, which unless counteracted will affect others, regardless of attempts to improve the

health of the individual. For example, in the dispositional approach a child who exhibits a learning disability may be given a variety of medical and behavioral treatments to overcome that handicap. But in many cases, especially among the poor, the problem is caused by ingesting lead in paint that flakes off the walls of tenement apartments and is worsened by conditions of poverty—the situational approach. (Zimbardo 2007, 8)

If we rediscuss the point and replace Zimbardo's phrase "public health" with "social model", we might reveal Zimbardo as a disability studies scholar, and this might not be that wrong. Zimbardo further stated that "everyone will be a prisoner or guard at some point in their life, because a guard is simply someone who limits the freedom of another person. Parents, spouses, and bosses do this all the time. And the recipients of this behavior? Well, they are the prisoners" (cited in Slavich 2009, 292). In a disabling society it is possible to conceptualise disabled people as prisoners and nondisabled authorities as guards. They are the people who tell the nondisabled what/how to do and what/how not to do. In fact, Finkelstein (2001) stated that in unchanged societies, disabled people are living in a social prison. The similarities do not end there. The SPE was regarded as a turning point in relation to the death of an outdated understanding of rehabilitation. Until that experiment, it was thought that prisons were places that rehabilitate criminals (Haney and Zimbardo 1998). Similarly, with the emergence of the social model, the old-fashioned, medical-based rehabilitation practices became unpopular. This kind of rehabilitation practice aimed to fix the body to fit the environment (Imrie 1997) and regarded rehabilitation as a tool for social control (Kumar 2011). Alternatively, within the social model of disability, the active participation of disabled people themselves is encouraged (for a discussion, see Shakespeare and Watson 1997). On the other hand, both the SPE and the social model of disability have important political dimensions and implications. For instance, the SPE enabled a discussion in relation to the prison system in the United States and all over the world. On the other hand, the social model served as an important framework to empower disabled people. Similarly, the social model, which originated in the United Kingdom, had significant international implications (Haney and Zimbardo 1998; Oliver 2013).

Conclusion

One might argue that the SPE was a single experiment but that the social model of disability is a huge social, academic and political movement. Even though this is the case in a literal sense, it is also possible to argue that the effects of the SPE are wide, varied and continuous. One of the first things that the search engines offer when you type "experiment" is the SPE (Taylor 2013). On the other hand, I am fully aware that the SPE and the social model of disability are widely criticised. For instance, it was stated that the SPE was not called an experiment because it did not test any hypotheses, identify variables, have control groups or apply the relevant statistical tests (Brannigan 2009). Similarly, Mastroianni (2015) argued that Zimbardo has a narrow situationist approach. On the other hand, the social model was criticised for creating a polarisation and a dichotomy (i.e. between impairment and disability) or being socially reductionist (Marks 1997), simplistic and misleading in some respects (Anastasiou and Kauffman

2013; Shakespeare 2004; 2006). However, these critics do not devalue the importance of the above matters.

Disability in Turkey is a chaotic phenomenon. A charity-based approach is prevalent (Bezmez 2013). The society does not treat disabled citizens as equal partners (Tufan 2008). It provides an unwelcoming environment to the disabled body (Bezmez and Yardımcı 2016). The medical model is dominant (Sakiz and Woods 2014; Sakiz et al. 2015). Campbell (2009) argued that disability status is not a personal and private issue. This is the opposite in Turkey; disability is a person's own problem. The medical and individual nature of disability creates tension among disabled people. Their rights are neglected and the support that they require is based on arbitrary and unsteady rules and regulations. Not surprisingly, as an academic field disability studies has a limited space in Turkey. Psychology, on the other hand, is an increasingly popular discipline and the number of psychology departments is rapidly growing. In 2011, there were 64 departments; there were only six in 1990 (Sümer 2016). According to recent statistics, there were 79 undergraduate programmes in 2015. It was raised to 119 in 2019 (Çırakoğlu 2019). In recent years, it is not that easy to investigate the quality or the quantity of the psychology departments in Turkey. There is more than one programme (i.e. one in Turkish, one in English) within some universities. Within this mass, disability is an underrepresented topic and to the best of my knowledge, the Psychological, Social and Cultural Aspects of Disabilities course was the first disability-related course offered to psychology students in Turkey (see Appendix A[1] for the syllabus). Disability as a human experience is related to all sub-fields of psychology. One of the aims of the social model is to provide an inclusive education (e.g. Oliver and Barnes 2010; Riddick 2001); emphasising similarities between these two literatures might contribute to this higher-order objective.

My article integrates two seemingly diverse literatures. Levels of analysis are important features of psychology (Dunn 2015; Slavich 2009; Talaslı personal communication), and with an appropriate level of analysis psychology could fruitfully contribute to the inherently interdisciplinary field of disability studies, within both the research and teaching aspects. Currently, I include a specific section (titled "Psychology and Disability Studies: Past, Present and Future", see Appendix A for a tentative syllabus) in my disability studies course to draw attention to the similarities between the two fields. Within the same vein, the disability studies' perspective could make the psychology curriculum more inclusive. Although inclusion is mostly discussed in relation to curriculum (Bunbury 2018; Hopkins 2011), an interdisciplinary curriculum

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[1] **Editorial Note**

Education as Change generally does not publish appendices. This article, however, presents a compelling case for incorporating Disability Studies in university Psychology curricula in Turkey. We have decided to include the original appendix because it is central to the argument presented by the author.

— Na-iem Dollie, Chief Editor, *Education as Change*

is not widely discussed. Bearing in mind that embedding disability studies into curriculums is a long and laborious process (Treby, Hewitt, and Shah 2006), disability studies and higher education both need continuous attention and the former's inclusion might result in effective and more inclusive curriculums.

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Appendix A

PSY 337 Psychological, Social, & Cultural Aspects of Disabilities*

(Fall 2018; updated with a new chapter and a few additions)

Course Description

This course will address psychological, social, and cultural perspectives in relation to the disability issue. Topics such as models of disability, attitudes, adjustment, gender or sexuality will be covered in a critical manner. In addition to the theoretical background of disability and related phenomena, real life examples and case studies will also be investigated. This course would be an interactive one. As well as the PowerPoint slides, there will be discussions, class activities and short videos. Please feel free to contribute anytime.

Course Requirements and Grading Procedures:

A. Final Exam: **40% of final grade**

B. Disability Narrative Portfolio: Identify, review, and respond to some combination of different sources (e.g., academic journal articles, movies, novels, and/or newspaper articles) related to psychological, social, and/or cultural aspects of disability. Include the source stimulus (article, movie, etc.) in your portfolio as well as your response, and integrate with class readings and/or other sources (APA format, min. 1 page–max. 2 pages). **Minimum number of portfolio entries: 4. (5th will be bonus)**. Disability Narrative Portfolio is worth **20% of final grade.** Due dates are specified below. **Note:** Assignments will only be accepted on the due date.

C. Midterm: **30% of final grade**

D. Quizzes: **10% of final grade**

E. Bonus points: Extra assignments, quizzes, research participation and more…

Grading Scale:

Percentage	Letter Grades	Grade Points
90–100	AA	4.00
85–89	BA	3.50
80–84	BB	3.00
75–79	CB	2.50
70–74	CC	2.00
60–69	DC	1.50
50–59	DD	1.00
0–49	F	0.00

Tentative Outline:

Week 1. Overview of the course: Readings, assignments, due dates, etc. Notes to the terminology of disability

Week 2. Models of disability: Disability as deviance, disability as personal tragedy, as a life challenge/experience

Readings:

French, S., & Swain, J. (1993). Whose tragedy? Towards a personal non-tragedy view of disability. In J. Swain, S. French, C. Barnes, & C. Thomas (Eds). *Disabling barriers—Enabling environments.* (pp. 34–40). London, UK: Sage Publications.

WHO. (2002). *Towards a Common Language for Functioning, Disability and Health: ICF*. Geneva. http://www.who.int/classifications/icf/icfbeginnersguide.pdf?ua=1

Oliver, M. (1996). *Understanding disability: From theory to practice.* (pp. 19–42). New York, NY: Palgrave.

Week 3. Psychology and Disability Studies: Past, present and future

Readings:

Goodley, D., & Lawthom, R. (2011). Disability, community and empire: Indigenous psychologies and social psychoanalytic possibilities. *International Journal of Inclusive Education, 15,* 101–115.

Reeve, D. (2006). Towards a psychology of disability: The emotional effects of living in a disabling society. In *Disability and Psychology: Critical Introductions and Reflections* edited by D. Goodley, and R. Lawthom, 94–107. London: Palgrave.

Rosa, N. M., Bogart, K. R., Bonnett, A. K., Estill, M. C., & Colton, C. E. (2016). Teaching about disability in psychology: An analysis of disability curricula in US undergraduate psychology programs. *Teaching of Psychology, 43,* 59–62.

Week 4. Self & Disability

*Portfolio Entry 1

Readings:

Hoskins, M., & Lesotho, J. (1996). Changing metaphors of the self: Implications for counseling. *Journal of Counseling and Development, 74,* 243–252.

Livneh, H., & Antonak, R. (2005). Psychosocial adaptation to chronic illness and disability: A primer for counselors. *Journal of Counseling & Development, 83,* 12–20.

Nochi, M. (1997). Dealing with the 'void': Traumatic brain injury as a story. *Disability & Society, 12,* 533–555.

Week 5. Attitudes toward disability

Readings:

Deal, M. (2003). Disabled people's attitudes toward other impairment groups. *Disability & Society, 18,* 897–910.

Deal, M. (2007). Aversive disablism: Subtle prejudice toward disabled people. *Disability & Society, 22,* 93–107.

Murray, C. D. (2005). The social meanings of prosthesis use. *Journal of Health Psychology, 10*, 425–441.

Week 6. Adjustment to chronic illness and disability: Wellness and coping with life transitions.

*Portfolio Entry 2

Readings:

Johnston, M., Morrison, V., Macwalter, R., & Partridge, C. (1999). Perceived control, coping and recovery from disability following stroke. *Psychology & Health, 14,* 181–192.

Kendall, E. & Buys, N. (1998). An integrated model of psychosocial development following acquired disability. *Journal of Rehabilitation, 64,* 16–20.

Kerr, S. M. & Mclntos, J. B. (2000). Coping when a child has a disability: Exploring the impact of parent-to-parent support. *Child: Care, Health & Development, 26,* 309–322.

Week 7. Disability and loss

<u>Readings:</u>

Watermeyer, B. (2009). Claiming loss in disability. *Disability & Society, 24*, 91–102.

Wilson, S. (2006). To be or not to be disabled: The perception of disability as eternal transition. *Psychodynamic Practice, 12,* 177–191.

Wood, J., & Milo, E. (2001). Father's grief when a disabled child dies. *Death Studies, 25,* 635–661.

Week 8. Midterm

Week 9. Sports and disability

<u>Readings:</u>

Burkett, B., McNamee, M., & Potthast, W. (2011). Shifting boundaries in sports technology and disability: equal rights or unfair advantage in the case of Oscar Pistorius? *Disability & Society, 26,* 643–654.

Harvey, C. (2015). What's disability got to do with it? Changing constructions of Oscar Pistorius before and after the death of Reeva Steenkamp. *Disability & Society, 30,* 299–304.

Purdue, D. E. J. & Howe, P. D. (2012). See the sport, not the disability: Exploring the Paralympic paradox. *Qualitative Research in Sport, Exercise and Health, 4*, 189–205.

Week 10. Gender and disability

*Portfolio Entry 3

<u>Readings:</u>

Morris, J. (1991). *Pride against Prejudice: Transforming Attitudes to Disability.* (pp. 97–107). Women's Press Ltd: London.

Ostrander, R. N. (2008). When identities collide: Masculinity, disability and race. *Disability & Society, 23,* 585–597.

Sheldon, A. (1993). Women and disability. In J. Swain, S. French, C. Barnes, & C. Thomas (Eds). *Disabling barriers—Enabling environments.* (pp. 69–74). London, UK: Sage Publications.

Week 11. Disabled bodies, sexuality and society

Readings:

Lenny, M., & Sercombe, H. (2002). Did you see that guy in the wheelchair down the pub: Interactions across difference in a public place. *Disability & Society, 17,* 3–19.

Sinecka, J. (2008). 'I am bodied'. 'I am sexual'. 'I am human'. Experiencing deafness and gayness: A story of a young man. *Disability & Society, 23,* 475–484.

Stein, I. (2010). Breaking a disabled limb: Social and medical construction of 'legitimate' and 'illegitimate' impairments. *Disability Studies Quarterly, 30,* 1294–1330. http://dsq-sds.org/article/view/1294/1330

Week 12. Guest Speaker

*Portfolio Entry 4

Week 13. Discussions in disability studies

Readings:

Koch, T. (2008). Is Tom Shakespeare disabled? *Journal of Medical Ethics, 34,* 18–20.

Sanders, T. (2007). The politics of sexual citizenship: Commercial sex and disability. *Disability & Society, 22,* 349–455.

Valeras, A. B. (2010). 'We don't have a box': Understanding hidden disability identity utilizing narrative research methodology. *Disability Studies Quarterly, 30.* http://dsq-sds.org/article/view/1267/1297

Week 14. Disability and higher education

*Portfolio Entry 5

Readings:

Amosun, S. L., Volmink, L., & Rosin, R. (2005). Perceived images of disability: The reflections of two undergraduate medical students in a university in South Africa on life in a wheelchair. *Disability & Rehabilitation, 27,* 961–966.

Laing, A. (2003). Prevention of disabling practices in higher education: An undergraduate institutional case study. *Journal of Community & Applied Social Psychology, 13,* 325–326.

Smith, D. H. (2013). Deaf adults: Retrospective narratives of school experiences and teacher expectations. *Disability & Society, 28,* 674–686.

Week 15. Disability in Turkey

Bezmez, D. & Yardımcı, S. (2010). In search of disability rights: Citizenship and Turkish disability organizations. *Disability & Society 25,* 603–615.

Tufan, I. (2007). Status of the disabled in Turkey: A theoretical approach to the perception of the disabled in Turkey. *Disability & Rehabilitation 29,* 173–178.

Yazıcı, B., Şişman, Y., & Kocabaş, F. (2011). Determining the problems of disabled employees: A survey study conducted in Eskişehir, Turkey. *Disability & Society 26,* 285–292.

This is a tentative syllabus, which is subject to change as necessary. Any change in the syllabus will be announced. Students are responsible for keeping track of changes in the course syllabus made by the instructor of the course throughout the semester.

All students will be expected to exhibit honesty in all academic endeavours.

As an instructor, I will strive to create a non-discriminatory, equitable and inclusive learning environment in our class. Please feel free to contribute anytime.

*This course was originally developed by Professor James L. Bellini, Syracuse University, as a graduate level course. After co-teaching the course with him, I re-designed the course when teaching in Turkey, specifically Middle East Technical University and TED University. Currently I am teaching a different version of the course titled "Disability and Diversity in Industrial and Organisational Psychology" at Istanbul Medipol University.