

Dismantling Bias Conference Series

Configurations of Allyship, Advocacy and Affiliation

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Configurations of Allyship, Advocacy, and Affiliation: How Ashoka Changemakers Champion (Dis)ability Wellbeing

Abstract (750 words)

The Convention on the Rights of Persons with Disabilities, adopted on 13 December 2006 at the United Nations Headquarters in New York, and was opened for signature on 30 March 2007 and has since been ratified by 182 countries, with 164 signatories. Disability is explicitly included in five of the seventeen Sustainable Development Goals. A 2021 commentary by Shakespeare, Ndagire and Seketi in the *Lancet* decried a triple jeopardy for persons with disability, who were disproportionately suffering during the COVID-19 global pandemic due to “the increased risk of poor outcomes from the disease itself, reduced access to routine health care and rehabilitation, and the adverse social impacts of efforts to mitigate the pandemic.” This paper combines 1) an abductive retrospective study of the configurations of allyship, advocacy, and affiliation practices of 133 Ashoka Changemakers who promoted (dis)ability inclusion in 18 countries using large-N fuzzy set comparative qualitative analysis (Greckhamer, Furnari, Fiss & Aguilera, 2018) with 2) an inductive prospective study of the combination of allyship, advocacy, and affiliation practices in public appeals for (dis)ability inclusion by a subset of 12 Ashoka fellows during COVID-19. Our 2-study paper develops a history-contingent model of equity-seeking by people with (dis)abilities by contrasting the disjunction of allyship, advocacy, and affiliation practices before the global pandemic (1976-2019) with their conjunction after (2020-2021).

Study 1

Drawing on a qualitative meta-analysis of disability studies (Levitt, 2018) we identified three non-overlapping conceptual concepts of *allyship*, *advocacy*, and *affiliation* practices (Nieweglowski & Sheehan, 2017). We relied the (Dis)Ability Initiative, a curation of best practices created by 16 leading Ashoka fellows to abductively map (Crilly, 2011) approaches associated with each of these three concepts (Barifousi et al., 2009). In August 2019, we retrieved the digital archives for all 211 Ashoka fellows who had explicitly addressed (dis)abilities rights (6% of the 3,300 inductees). In September 2019, manually coded the practices of affiliation, advocacy and allyship these Ashoka fellows were using when they had been inducted into the Ashoka Changemakers programme. In October 2019, we accessed the latest three years of annual reports to manually code our criterion variable, (dis)ability inclusion as scaling within the country of origin for 133 of the fellows with active websites. In November 2019, we used a two-stage fsQCA model to predict (dis)ability inclusion. In the first stage, we obtained necessary pre-conditions for allyship, advocacy, and affiliation practices. In the second stage, we predict (dis)ability wellbeing adding three initial conditions capturing founder’s self-disclosure of (dis)ability, (dis)ability stigma in the country and time of founding, and destigmatization of (dis)ability achieved over the lifespan of their social venture to the composite practices of allyship, advocacy, and affiliation derived in the first stage. We also coded for (dis)ability well-being using Ryan’s (2019) concept of eudemonic wellbeing (Ryan, 2019).

Results

The first stage clarifies the pre-conditions for these practices. Allyship obtains through two independent and complementary paths: engaging the stigmatized directly or creating and safeguarding spaces for interaction for the stigmatized. Advocacy obtains either by maintaining a large number of (dis)abilities scoped at inception or by enlarging an initially small set of disabilities. Affinity obtains from two combinations of four pre-conditions: lived experience of stigmatization by the fellow, similarity of the (dis)ability between the fellow and the intended beneficiaries, stories of deliberate representation, and examples of stigma reversal. Fellows either combined similarity and representation in the absence of reversal or they combined lived experience with representation in the presence of reversal.

The second stage shows three paths to (dis)ability inclusion. The first path includes allyship in the absence of affiliation; the second includes allyship in the presence of advocacy; the third path combines advocacy and affiliation, in the absence of (dis)ability wellbeing and is independent of allyship. These three paths are robust to the inclusion or exclusion of the three initial conditions. Taken together, the

large-N, two-step analysis of 133 Ashoka fellows promoting (dis)ability inclusion in 18 countries (four or more per country) suggest that allyship is a sufficient condition on its own while advocacy requires either allyship or affiliation. The first study also revealed a disjunction between practices, showing that Ashoka Changemakers had historically focused on only one or two practices to promote (dis)ability inclusion.

Study 2

Study 2 follows 12 of the 133 Ashoka Changemakers (4 prototypical to each of the three paths identified in Study 1) during COVID-19. We find that all 12 used allyship, advocacy and affiliation practices in conjunction from the onset of the global pandemic – both to promote (dis)ability inclusion and to prevent (dis)ability exclusion.