

Critically evaluate Carol Thomas' (1999) contention that a fully rounded analysis of the experience of disablement must take a full account of the impact of 'impairment effects' on disabled people's lives.

Introduction

To answer this question it is first necessary to look at the way in which the words 'impairment', 'disability' and 'disablement' are used in the field of Disability Studies. This requires an analysis of the social model of disability and the way in which it contrasts with the medical model of disability, including a discussion of how the social model has been used and refined as well as its perceived limitations. There then follows a discussion of the meaning of 'experience of disablement' and 'impairment effects' in the context of a more nuanced understanding of the meaning of disability and of the significance of personal experiences of disabled people, including their psycho-emotional wellbeing. An evaluation of the impact of impairment effects on the experience of disablement highlights complex issues and leads to some unexpected conclusions.

Impairment, disability, disablement and related terms

Carol Thomas' (1999) contention, that a fully rounded analysis of the experience of disablement must take a full account of the impact of 'impairment effects' on disabled people's lives, can only be evaluated if 'impairment', 'disability' and 'disablement' are first defined. In this essay, the word impairment is taken to mean 'lacking part of or all of a limb, or having a defective limb, organism or mechanism of the body' (UPIAS 1976a p 20 cited in Oliver 1990 pp 33-34). Medical sociologists often refer to impairment as chronic illness (Oliver 1996a).

Although the definition of disability is discussed and refined later, the basic meaning of disability is taken as:

'the disadvantage or restriction of activity caused by a contemporary social organisation which takes no or little account of people who have ... impairments and thus excludes them from the mainstream of social activities' (UPIAS 1976a p 20, cited in Oliver 1990 pp 33-34)

The original UPIAS definition referred only to people with physical impairments but it is now commonly accepted that social barriers disable people with all kinds of impairment, including learning difficulties, sensory impairments and mental health difficulties. This definition of disability differs markedly from the way in which the word is generally used by non-disabled people and, indeed, many disabled people, who tend to use the word to mean impairment. For this reason, some writers, such as Finkelstein and Carol Thomas sometimes use the word 'disablement', to avoid any misunderstanding that can arise from the use of the more common word 'disability'. In addition, since disability is defined as social discrimination and oppression, the words 'disablism' and 'disablist' are also used (similarly to the words 'racism' and 'racist' in relation to discrimination against people on grounds of their ethnicity) to refer to the discrimination faced by disabled people.

Social and medical models of disability

In the field of Disability Studies, it is essential to distinguish between the medical and social models of disability. The medical model is the traditional model of disability, which sees the disadvantage

experienced by disabled people as a consequence of their individual impairments. In 20th and 21st century society, this is still the dominant model used by the general population (although most people do not think about what 'model' they are using), including the medical profession. This model is also sometimes called the individual or personal tragedy model, as it focuses on the individual disabled person and on the negative experience of impairment. Under the medical model, disability is caused by impairment and the solution, therefore, is to 'cure' the impairment. Obviously, even with recent advances in medical science, this is not always possible, so according to the medical model disabled people must be treated in an effort to make them more 'normal'; otherwise, they are seen as dependent, weak, a 'problem' and a drain on society's resources. Disabled people are therefore expected to co-operate with all medical procedures recommended by doctors, regardless of their efficacy and desirability, in an attempt to reduce the 'burden' on society (Borsay, 2005).

Many disabled writers have recorded the lengths to which the medical profession was prepared to go, particularly prior to the 1980's, in an attempt to make them 'normal'. Vic Finkelstein's experience of rehabilitation in the 1960's was that if cure was not possible, the medical profession became almost obsessed with the aim of enabling disabled people's functioning to be brought as close as possible to that of non-disabled people, rather than accepting that some people would be best served by using wheelchairs or other aids to enable them to function differently but effectively. Finkelstein recalls 'endless soul-destroying hours at Stoke Mandeville Hospital trying to approximate to able-bodied standards by "walking" with callipers and crutches'. (Oliver 1996b cited in Borsay 2005 p 60). It is clear from the writings of disabled people like Finkelstein in the 1960's and 1970's that medical treatment and rehabilitation was imposed on them in a way which was oppressive and disempowering, by a medical profession whose professional and social status meant that non-compliance was often not a realistic option. For example, Barbara Lisicki wrote:

'I had begun to realise the oppressive nature of the medical model but on a very individual level. At that time I did not know any better but they [the doctors] would want to do experimental operations and I let them. I just believed them. I didn't know how to resist.' (Campbell and Oliver 1996, pp 37-38).

This experience of oppression and disempowerment by the medical profession, as well as the disempowering nature of residential care for some and a total lack of support in the community for others, led some disabled people in the 1960's and 1970's to develop what eventually came to be described as the social model of disability. Some of the earliest work on the social model was undertaken in the 1970's by the 'Union of the Physically Impaired against Segregation', a group of people with physical impairments who realised that they were limited more by the oppressive attitudes and actions of those 'caring' for them than by their impairments (Campbell and Oliver 1996, Oliver 1990).

'The Union of the Physically Impaired believes that the reality of our position as an oppressed group can be seen most clearly in segregated residential institutions, the ultimate human scrap-heaps of this society.' (UPIAS, 1976b p 2).

Mike Oliver, a disabled academic, developed the work of the UPIAS in the 1980's and 1990's, using a Marxist materialist perspective to explain the social, as opposed to biological, construction of disability.

According to the social model of disability developed by writers such as Finkelstein, Oliver and Barnes, people are disabled by a society that oppresses and discriminates against people with impairments. This oppression and discrimination ('disablism') occur because society is geared to the needs of people without impairments and presents physical, organisational and attitudinal barriers which disable people with impairments. The social model thus puts the responsibility for the exclusion and disadvantage faced by disabled people firmly onto society. Thus disabled people are excluded and disadvantaged not by their impairments but by the fact that society does not take account of their needs.

'...if disability is defined as social oppression, then disabled people will be seen as the collective victims of an uncaring or unknowing society Such a view will be translated into social policies geared towards alleviating oppression....' (Oliver, 1990 p 22).

Vic Finkelstein argues persuasively that although all disabled people have impairments, impairment is not the cause of disability and it is at least theoretically possible to have an impairment but not be disabled. (Finkelstein 2001). His view is that it is essential that impairment and disability be dissociated from one another if disabled people are to be freed from oppression and discrimination.

Disability, impairment and the social model

The social model of disability, offering as it does a radically different and more empowering way to explain and address the difficulties faced by disabled people, has become widely used both by disabled people themselves and by those wishing to address the discrimination and disadvantage they experience. One downside of this widespread adoption of the social model, however, is that it has become widely misunderstood, and this misunderstanding has led to its misapplication and to doubt about its efficacy in addressing the range of difficulties experienced by disabled people in the late 20th and early 21st centuries. In particular, many have questioned the relevance of the social model in addressing the experience of disabled people.

In 1996 several writers in disability studies, including Vic Finkelstein, Anne Rae, Colin Barnes and Tom Shakespeare, engaged in a public debate about the relevance and usefulness of the social model. Rae's response to the debate was to point out that its cause was a basic lack of understanding of the basis of the social model, of the fundamental and theoretical difference between disability and impairment (Rae 1996). This was an important debate, as it produced a clear analysis of the purpose and limitations of the social model of disability, which provides useful clarity when examining the range of experiences of disabled people.

To understand the debate, it is necessary to recognise the limitations of the social model, which has one principal purpose, to focus on the ways in which people with impairments are disabled by the external social and physical environment. The social model does not seek to provide an explanation or analysis of the total experience of disabled people. Vic Finkelstein warns that

'...focusing on experiences rather than the causes of disability is the surest way to return to the confusion between impairment and disability that bedevilled the 'medical model of disability'. (Finkelstein 1996 p 3).

Finkelstein makes the point that in order to promote inclusion and equality by achieving societal change, it is necessary to focus not on the individual experiences of disabled people but on the barriers 'out there' in society which disadvantage disabled people and which can start to be dismantled once the nature of the discrimination and oppression caused by these barriers is recognised. Colin Barnes was very clear about the purpose of the social model, to concentrate on disabling physical and societal barriers that can be changed rather than biological facts (impairments) that cannot (Barnes 1996).

Another area of confusion in relation to the social model of disability is helpfully explained by Carol Thomas (1999). Thomas analyses different approaches to the social model and suggests that it can be used in a 'social relational' sense or in a 'proprietary' sense (Thomas 1999 pp 40-41). Thomas explains that the UPIAS definition of the social model embodies a social relational approach, that 'disability = the social imposition of restriction of activities on impaired people' and thus that 'disability expresses an unequal social relationship between those who are impaired and those who are unimpaired' (Thomas 1999 p 40). Thomas argues persuasively that this social relational approach is a better representation of the social model and should be used more consistently in Disability Studies. By contrast, Thomas explains the 'proprietary' approach as meaning 'disability is a property of the person with impairment... (disability = restrictions of activity experienced by people with impairment). Disability is then causally attributed to social factors.' (Thomas 1999 pp 40-41). The problem with this 'proprietary' version of the social model is that it makes disability a personal issue and seeks to 'find' a social cause of any restriction experienced by a person with impairments (in some cases regardless of whether such a restriction has a social cause or an impairment related cause). It also implies an automatic assumption that all people with impairments experience disability. I would argue that the social relational model is therefore a more realistic and theoretically satisfactory interpretation of the social model, which I will use from now on.

A tendency for these alternative conceptions to be conflated undermines the integrity of the social model and creates confusion about the definition of disability. These problems lie behind much of the disagreement and dissension in relation to the social model (Thomas 1999). Conflation of the two approaches leads to the proposition that all restrictions of activity experienced by people with impairments are socially caused – which is so unrealistic as to invite ready criticism which can only undermine the social model itself. Indeed, Mike Bury uses just this argument to expose the illogicality he considers to be inherent in the social model (Bury 1996). It has been important for social modellists to reaffirm the validity of the social model by recognising that only some of the restrictions faced by disabled people are a result of a disabling society; others result directly from impairment. Jenny Morris expresses this well when she says:

'Separating out "impairment" (that is, the functional limitations of our bodies and minds) from "disability" (that is, the disabling barriers of unequal access and negative attitudes) is the cornerstone of what is known as the social model of disability' (Morris 2001 p 2).

Defining 'Experience of Disablement' and 'Impairment Effects'

Defining 'experience of disablement' is a more complex issue than it might appear. Different writers have different views of what experience means in this context. Colin Barnes makes a distinction between the 'experience of impairment' and the 'experience of disability' when he says

‘...many of the social model's disabled critics have not located their arguments within a social model framework and, as a result, have failed to make the crucial distinction between the experience of impairment and the experience of disability.’ (Barnes 1996 pp 3-4).

However, Vic Finkelstein appears to concede that the experience of disablement may result from both impairment and disability:

‘There is a profound difference between struggles based upon an analysis concerned with the processes leading to the creation of disability....and struggles based on reflections of the experience of disablement (or our conscious reflections on living with an impairment in a disabling world and interpreting the state of disability as a psycho-social experience).’ (Finkelstein 1996 p 3).

Taking these views into account, together with the writings of those who are concerned that disabled people’s experience, whether due to disability or impairment, is important, my view is that the phrase ‘experience of disablement’, including as it does the word ‘experience’, should be given a wider meaning, to include the holistic experience of disabled people. In other words, people with impairments are disabled by society but as disabled people they have a variety of experiences. This wider meaning enables us to look beyond the strict confines of disability and take account of how other aspects of life, including impairment, influence disabled people’s experiences. This is in line with Tom Shakespeare’s contribution to the debate in 1996: ‘I believe it is vital to identify disabling barriers, and work towards their removal. But it is also necessary for us, as disabled people to share our experiences and develop accounts of our lives.’ (Shakespeare 1996 p 1)

Carol Thomas (1999) uses the phrase ‘impairment effects’ to describe experiences of disabled people which result from, or are the effects of, impairment rather than disability. So, for example, pain, exhaustion and paralysis are impairment effects, whereas a wheelchair user, for example, is disabled by a physical environment that incorporates steps or narrow doorways. Impairment effects are individual to the impaired person, whereas disability is a social construct which often affects people with similar impairments in similar ways.

Private versus public; personal versus political

Another relevant issue which has generated some confusion within Disability Studies is the distinction between the ‘private’ versus the ‘public’, and the ‘personal’ versus the ‘political’. There has been a tendency for experiences that are ‘private’ or ‘personal’ to be disregarded by social modellers on the grounds that these experiences are concerned with impairment, and not disability, and that only by focusing on the objective issue of disability (used in the social model sense) can discrimination and oppression be effectively addressed. This limited approach has been a particular issue for some female writers, who have given a great deal of attention to the personal experiences of disabled women, especially in the context of family relationships and responsibilities. Whilst there has been a tendency for some writers such as Liz Crow (1996) to equate personal experience with impairment, Morris (1998) argues that negative personal experiences of disabled women or, indeed, disabled people in general, can be a result of either disabling social barriers or the restrictions caused by impairment and that it is impossible to understand the experiences of disabled women without considering both disability and impairment. Morris argues that

‘...we need to put back the experience of impairment into our politics. We need to write about, research and analyse the personal experience of our bodies and our minds for if we don’t impose our own definitions and perspectives then the non-disabled world will continue to do it for us in ways which alienate and disempower us’ (Morris 1998 p 15).

Carol Thomas (1999) points out that some male social modellers, such as Oliver, Finkelstein and Barnes, have tended to consider any disadvantage that is ‘personal’ to be due to impairment, and therefore irrelevant to the social model. She quotes an example used by Mike Oliver (1996a) in which, as a wheelchair user, he attends a party and finds that his ability to circulate and interact with other guests is constrained. Although it can be argued that the cause of his difficulty relates to the design of the venue (a non-disabled person’s own home) and the behaviour of non-disabled guests (who do not take account of his access needs as a wheelchair user in the social setting of a party), Oliver takes the view that this personal experience of disadvantage is caused by his impairment rather than disability. Thomas argues that this merely creates confusion about what experiences are the result of disability as a social construct and what experiences are in fact due to impairment. In the example of the party, it is clear that part at least of Oliver’s experience of disadvantage was due to disabling social barriers. Curiously, it appears that if Oliver was recounting an experience of, for example, attempting to enter a place of work to participate in paid employment, he would view very similar experiences of disadvantage as due to disabling societal barriers. The illogical argument that experiences in the personal or private sphere are always due to impairment is unhelpful in analysing the roles of impairment effects and disability (disablement) in the experience of disabled people.

Similarly, Vic Finkelstein appears to have a fundamental objection to any consideration of personal experience, which he sees as being too subjective and a distraction from the main work of addressing disabling societal barriers. However, so long as personal experience is analysed objectively, with due recognition of the subjectivity inevitably bound up with experience, such an analysis can increase our understanding of the effects of both disability and impairment on the lived experience of disabled people. Where personal experiences are due to disability, as opposed to impairment effects, they can be regarded as ‘political’, since the disabling effect of discrimination and oppression is a political issue and its recognition provides opportunities for social change.

Disability, impairment and the experience of disablement

As discussed above, I am using the phrase ‘experience of disablement’ in a broad sense, to mean the holistic experience of being a disabled person. Some of the experiences of disabled people relate directly to their impairment, some to disability and some to life experiences that are common to both disabled and non-disabled people. Disabled people’s life experiences are a major determinant of their self-image, or identity, but the degree to which disabled people’s experiences result from impairment or disability, or from other elements of their lives, appears to depend largely on the way they view both their impairment and the disabling society in which they live (Watson 2002).

In the field of Disability Studies discussion of experience tends to be focused on disability, that is, the experience of being disadvantaged and discriminated against by physical and attitudinal barriers. This has generally been a positive stance, since the effects of social barriers and discrimination have a major influence on the life chances of disabled people. Mike Oliver (1990) emphasises the importance of disabling social barriers, as opposed to impairment, in shaping experience:

‘The experience of spinal injury ... cannot be understood in terms of purely internal psychological or interpersonal processes, but requires a whole range of other material factors such as housing, finance, employment, the built environment and family circumstances to be taken into account.’ (Oliver 1990 chapter 5 p 12)

Although many female writers have written a great deal about the holistic experience of disabled people as members of families and in other relational contexts, most adopt a social model perspective and are extremely reluctant to shift their focus too much onto impairment. For example, Jenny Morris writes:

‘If impairment determines our experiences then the only things that can be offered are treatments and cures, and services (residential care, segregated schooling, etc.) which prevent us from doing the kinds of things that nondisabled people do because we are not recognized as full human beings’ (Morris 2001 p 3).

However, those writers also take the view that the social model, and therefore disability, has a limited role in explaining and describing the experience of disablement. Liz Crow (1996) regards the social model of disability as life changing and liberating but nevertheless points out that whilst the bodily features of other oppressed groups, such as skin colour, sexuality and gender are not inherently distressing, disabled people’s impairments often include distressing and unpleasant effects such as pain, exhaustion and depression. She points out that in adopting the social model of disability, the disability movement has made it harder for disabled people to express their feelings, anxieties and fears about the negative aspects of their impairments. She claims that:

‘...our subjective experience of our bodies is ... an integral part of our everyday reality. ...We need ... to find a way to integrate impairment into our whole experience and sense of ourselves for the sake of our own physical and emotional well-being, and, subsequently, for our individual and collective capacity to work against disability’ (Crow 1996 p 58).

Crow (1996) points out that far from being irrelevant, impairment effects can constitute an important restriction on the capacity of disabled people to take part in political campaigning against disability as social oppression, since some restrictions, such as lack of energy or the presence of pain, are not socially constructed but are directly related to impairment. By failing to acknowledge disabled people’s experience of impairment and their consequent need for support, Crow (1996) argues that social modellers alienate or exclude many groups of disabled people and thereby fail to include them in their quest for equality and rights.

Whilst recognising the importance of the experience of impairment, both Crow (1996) and Morris (2001) highlight a key dilemma in discussing impairment and impairment effects. Morris (2001) points out that the ability to separate disability from impairment should enable us to examine and discuss impairment properly. However, both she and Crow express concern that any focus on impairment and impairment effects has to be approached with caution as there is always a danger of people’s prejudices being affirmed, that impairment seriously compromises quality of life and can even justify depriving disabled people of life itself by some form of ‘mercy killing’. The risk is that non-disabled people will have an excuse for the common view that the disadvantage experienced by disabled people is, after all, a consequence of their impairments rather than discrimination and oppression. Other writers, such as Tom Shakespeare, also highlight this concern: ‘to mention

biology, to admit pain, to confront our impairments... has been to risk the oppressors seizing on evidence that disability is really about physical limitation after all' (Shakespeare 1992 p 40, cited in Hughes and Paterson 1997 p 328). However, Crow (1996) points out that whilst impairment itself is an objective term, the view of impairment as personal tragedy, or the view that people with impairments are inferior, are in fact social constructs. She also points out that the way disabled people view their impairments may change at different times and in different circumstances, such that '...the experiences and history of our impairments ...join our experience of disability and other aspects of our lives to form a complete sense of ourselves' (Crow 1996 p 60).

Watson's (2002) research on disabled people's sense of self revealed some interesting differences between the assumptions of those engaged in Disability Studies and the reality of disabled people's experiences and self image. Many of the subjects he interviewed did not perceive themselves as 'disabled people' and did not ascribe the bulk of their life experiences to either impairment effects or disability. Rather, they tended to see their impairments as aspects of their lives which held little meaning or significance relative to the totality of their lives. Watson found that many of those he interviewed had reached an accommodation with their impairments such that, whilst they did not deny their presence, they did not consider them to be a dominant feature in their experience or identity. If their impairments were relevant, this was often due to their experience, as impaired persons, of disability as discrimination and oppression:

'Whilst he states that because he is in a wheelchair he is different, this difference is negated. For many who took this view, any differences between themselves and non-disabled people were simply the result of discrimination and prejudice' (Watson 2002 p 514).

Most of the interviewees downplayed the significance of their impairments, which they viewed as real but unimportant aspects of their everyday experiences. For them, the significant experiences of their lives were those largely unrelated to impairment or disability. They saw their experiences as being as normal as those of non-disabled people, relating to their roles of mother, housewife, aunt etc. However, for some interviewees, this position was only reached as a result of a psychological journey in which they moved from feeling disadvantaged by their impairments to 'proving', through demonstration of their abilities, that they were 'normal' and that their different bodies did not make them 'other' or 'different' from their peers. Social barriers and prejudice were seen as an irritation but not given a high level of significance.

Despite the reported experiences of most of Watson's interviewees, there were two minorities for whom self-image and life experiences were more closely tied to disability or impairment effects, or both. The first of these groups were disabled people, recruited primarily from organisations OF disabled people (as opposed to organisations FOR disabled people), who identified with disabled people as a group. These participants were generally politically active and although they did not define themselves on the basis of their impairment, they actively identified with other disabled people and ascribed political significance to their experiences of social and physical barriers. Their experience of disablement was thus partly constructed by the meaning they placed on their experiences of discrimination and oppression and the social and political significance they attached to those experiences (Watson 2002).

The other minority of Watson's interviewees saw their impairments and impairment effects as key determinants of their experience of life. These informants had a generally negative view of their lives

and tended to ascribe their negative experiences as resulting from their impairments and impairment effects such as pain and debility, although in reality psycho-emotional factors, family situations and relationships were also major causes of their distress. These participants also tended to consider that social barriers were in fact their fault, rather than the fault of a society which fails to take account of the access needs of people with impairments. For example, one participant, who viewed her multiple sclerosis as being a major part of her life, stated: 'Well, you are so much trouble to people. It does take patience to deal with somebody who is in a wheelchair...' (Watson 2002 p 523).

Psycho-emotional aspects of experience

It is clear from writers such as Carol Thomas, Micheline Mason and Richard Reiser that psycho-emotional factors are behind much of the lived experience of disabled people. These factors may be associated with disability, with impairment or with other aspects of disabled people's lives. It is tempting, particularly in the light of the views of writers such as Oliver and Finkelstein, to dismiss psycho-emotional issues as relating primarily to impairment and impairment effects, or as merely personal, private issues, but research by writers such as Carol Thomas (1999) suggests that many of these issues are strongly related to disabling attitudes, discrimination and oppression prevalent in society.

There is a wealth of writing in medical sociology and related disciplines about psycho-emotional dimensions of impairment. These writings discuss theories of 'loss' and 'adjustment' as part of a personal tragedy model of disability, whereby disabled people have to come to terms with their impairments and the loss of functional ability. There is some doubt whether these theories match the reality of disabled people's experiences and they have been heavily criticised by Disability Studies writers, although Thomas and others concede that there are clearly important psycho-emotional aspects of impairment effects such as pain and exhaustion (Thomas 1999).

In contrast to these theories based on a medical model, Thomas (1999) and others argue convincingly that disability as discrimination and oppression is 'internalised' in the lives of disabled people, and this compounds their negative experience of both impairment and disability. Disabling and discriminatory attitudes, prevalent in society, have a major influence on how disabled people feel about themselves and their lives and this translates into their experience and behaviour. From the beginning, disabled children receive a variety of negative messages about the value of their lives and how they are perceived by their parents, peers and professionals. Micheline Mason (1990) points out that the reaction of shock and disappointment expressed by a mother who gives birth to an impaired child is bound to have an influence on the child's self image; it is disabling attitudes and prejudiced assumptions about the worth of impaired people that lead to these reactions. Disabled children and young people are brought up in a social climate of discrimination against disabled people, dominated by the medical model of disability, in which there is a constant striving for them to be 'normal', to be non-impaired. This leads to a variety of emotional and psychological reactions in young disabled people; for example, they may strive particularly hard to be 'as good as' their non-disabled peers (Reiser 1990). Inherent in these psycho-emotional reactions is the underlying assumption that they are somehow inferior due to their impairments and therefore have to behave as much as possible as if they are not impaired. They may despise their bodies, thinking themselves ugly and 'deformed' and this has a predictably negative effect on their self-esteem. Disablism may

also manifest itself in bullying by other children and in the normalising expectations of parents and professionals whose desire is for them to function and behave as much as possible in the same way as their non-disabled peers. In adulthood these psycho-emotional experiences of internalised oppression may manifest themselves in lowered expectations of themselves, for example, deciding not to apply for certain jobs because they know they will face negative attitudes and employers who simply do not believe, despite evidence to the contrary, in their ability to do the job.

Thomas (1999) writes of the experiences of several disabled women whose psycho-emotional wellbeing is significantly compromised by the negative and non-accepting attitudes of those around them, including family and close friends who react in unhelpful ways due to their own feelings, prejudices and fears. She points out that although these effects are significant and debilitating, particularly in combination with unpleasant impairment effects, disabled people fight back with the help of more positive influences, including, for example, their own sense of self, supportive friends and family members or disability arts.

Having explored the psycho-emotional effects on impaired people of living in a disabling society, Thomas suggests a more nuanced definition of the social construction of disability which takes account of its effects on the wellbeing of disabled people:

‘Disability is a form of social oppression involving the social imposition of restrictions of activity on people with impairments and the socially engendered undermining of their psycho-emotional wellbeing’ (Thomas 1999 p 60).

Several female writers point out that the social model of disability is particularly helpful for disabled people in their internal fight against the discriminatory and oppressive messages of a disabling society and culture, as it frees them to see many of their difficulties, both practical and psycho-emotional, as being socially caused rather than due to their own impaired bodies. Liz Crow’s appreciation of the social model has been widely quoted; she sees it as a life-changing development:

‘This social model of disability has enabled me to confront, survive and even surmount countless situations of exclusion and discrimination.... It has played a central role in promoting disabled people's individual self-worth.....’ (Crow 1996 p 55-56)

In conclusion, then, although some aspects of disabled people’s psycho-emotional state can be explained by their experience of impairment effects such as pain and exhaustion, it is clear that when the experience of disabled people is examined more closely, the sub-conscious adoption and internalising of the discrimination and oppression of disability is a major determinant of their psycho-emotional wellbeing.

Conclusion

The work of social modellers from a Marxist, materialist background, such as Finkelstein, Oliver and Barnes, assumes that much of disabled people’s personal experience relates to their individual impairments and impairment effects rather than living in a society which disables them by discriminatory and oppressive attitudes and physical barriers. This assumption is itself assisted by certain conflicting assumptions by these writers that ‘personal experience’ is somehow always related to impairment and that it is more fruitful to concentrate on the ‘objective’ issue of disability

as oppression and discrimination. However, more nuanced analyses by social modellers such as Morris, Crow and Thomas demonstrate that much of the experience of disabled people actually originates in disabling attitudes and the assumptions of a disabling society, which have a pervasive influence on the psycho-emotional wellbeing and lived experience of disabled people. Thus, whilst the impact of impairment effects must be included in an analysis of the experience of disablement, the reality is that much more of this experience originates in the social construction of disability than might on the face of it appear to be the case. Thus, 'disabled people experience impairment, as well as disability as part of a complex interpenetration of oppression and affliction' (Hughes and Paterson 1997 p334-335).

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