

Rescuing a social relational understanding of disability

By Carol Thomas

Abstract: This paper considers some of the themes to be found in current UK debates about the social model of disability. It commences with a review of the origins and key features of the social model, then moves on to an examination of current critiques of its efficacy. The argument advanced is that the radical ideas that laid the foundation for the social model of disability contain a social relational kernel that now needs to be rescued and developed. A rescue is required because this social relational understanding of disability has become over-shadowed by the social model itself as the latter has risen in stature, and has been obscured in the heat of recent debates about the model's strengths and weaknesses.

Introduction

The attempt to develop a social understanding of disability is something that marks out scholars in disability studies in all regions of the world, as does their commitment to a disability rights political agenda. They are united in their desire to develop socially grounded perspectives, so that new ideas about disability can breathe air free from biomedical preoccupations. This relocation of disability from the realm of the medical to that of the social has enabled much innovative thinking to flourish in recent decades, and disability studies as a discipline has become firmly established.

In this context, socially informed ideas about disability in the United Kingdom

(UK) and the Nordic countries have followed different pathways. Within the UK, the social model of disability has played a seminal and defining role in disability studies. This paper will consider some of the themes to be found in contemporary UK debates about the social model of disability; others in this journal will examine Nordic perspectives. The paper begins with a review of the origins and key features of the social model before moving on to an examination of current critiques of its efficacy.

The argument advanced suggests that the radical ideas that laid the foundation for the social model of disability contain a social relational kernel that now needs to be rescued and developed. This is required because this social relational understanding of disability

has become over-shadowed by the social model itself as it has risen in stature, and has been obscured in the heat of recent debates about the model's strengths and weaknesses. The discussion hopes to contribute to the enrichment of a dialogue between Nordic and UK disability studies scholars and researchers.

The UK social model of disability

In the UK, there is a strong sense among many disability academics and activists that there should be shared knowledge and appreciation of the chronology of ideas informing current research and thinking in disability studies. Colin Barnes, the founder and Director of the Centre for Disability Studies at the University of Leeds, has acted upon this by setting up an accessible Internet resource, the *Disability Archive UK*, containing many of the key writings of disability activists, thinkers and their allies. The Archive contains documents associated with an important and influential disabled people's organisation formed in Britain in the 1970s, the *Union of the Physically Impaired Against Segregation* (UPIAS). UPIAS leaders, Vic Finkelstein and Paul Hunt, were the first to argue that a new social interpretation of disability was required, one that broke definitively with medical and rehabilitative service thinking about what defines disability. In a key UPIAS document, *the Fundamental Principles of Disability*, it is stated that:

In our view 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. Disabled people are therefore an oppressed group in society. (UPIAS, 1976, in Oliver 1996: 33).

This radical redefinition of disability placed the responsibility for the day-to-day exclusions experienced by disabled people at the door of society, and specifically with the non-impaired majority. The non-impaired are consequently viewed as occupying positions of privilege and power at both the macro and micro societal scale. This way of thinking opens up the possibility of understanding disability as a social relational phenomenon. That is, disability can be understood to arise from the interactions between those individuals and groups who are relatively powerful because of their non-impaired social status and those who are relatively powerless because they have been marked out as problematically different, as inferior, because of their physical or cognitive characteristics. The lives of the latter are viewed as constrained and controlled by the actions, institutions and social structures constructed by the former. As a result, disabled people occupy a position of lesser citizenship. Whether in the name of care and welfare, or in the name of social hygiene and eugenics, the outcome has

been the systematic social exclusion of people with impairment in all arenas of social life.

While the UPIAS reformulation of the meaning of disability introduced the possibility of understanding disability as a social relational phenomenon, I would argue that this potential has yet to be adequately realised in UK disability studies. The causes and conditions of these shortcomings will be discussed in the penultimate section of the paper, but is linked to the rise to prominence of the social model of disability.

It was the UK disability activist and writer, Mike Oliver who coined the phrase *social model of disability* in 1981 (Oliver 1990, 1996). Oliver shared the broadly Marxian leanings of the UPIAS pioneers, Vic Finkelstein and Paul Hunt. The social model represented, in summary and shorthand form, the ideas about disability set out by UPIAS (Oliver, 1996). The formulation seemed to capture the essence of the UPIAS ideas: that disability is socially created and manifests itself as the systematic exclusion of people with impairment.

Hence disability, according to the social model, is all the things that impose restrictions on disabled people; ranging from individual prejudice to institutional discrimination, from inaccessible public buildings to unusable

transport systems, from segregated education to excluding work arrangements, and so on. (Oliver, 1996: 33).

However, the social model soon came to be recognised and utilised in an even more shortened form: disability is caused by social barriers not by impairments. This 'disability = social barriers' sound bite had the benefit of being readily grasped and identified, and could be effectively set against the dominant individual and medicalized models of disability in currency. It was therefore particularly suited to active disability politics; the problems that disabled people faced in their day-to-day lives could be attributed entirely to the behavioural and structural social barriers that blocked their way.

The social model of disability was an immediate success in the UK, both among those in the disabled people's movement and the newly emergent discipline, disability studies. It soon became the rallying cry and organising principle for those committed to supporting the struggle for disability rights and social inclusion – whether that took place in street demonstrations or in academic research. It provided a banner for UK disability studies, since it clearly defined the disciplinary boundaries between communities of academics who researched disability; disability studies could be readily distinguished from medical sociology, psychology, and the medical and rehabilitative sciences.

In presentations of the social model of disability by its UK proponents, the key point that is almost invariably made is that it breaks the causal link between impairment (significant bodily differences culturally marked as 'abnormal') and disability (restrictions imposed by social barriers). That is, in contrast to individualised and medical models – including the *International Classification of Impairments, Disabilities and Handicaps* (ICIDH, now the International Classification of Functioning, Disability and Health) – which understand disability to be restrictions of activity *caused* by impairments and chronic illness, the social model understands such restrictions to be caused by socially imposed barriers and exclusions (Oliver, 1996). The denial of a causal link between impairment and disability has now become the hallmark of the social model. Consequently it has become associated with the view that disability studies, and disability rights politics, must put preoccupations about living with impairment to one side so that energies can be directed toward targeting and dismantling disabling social barriers.

The growth in criticism of the social model of disability in UK disability studies

Does this social modelist denial of a causal link between impairment and disability, and its assertion that

disability resides in the imposition of social barriers, make sense to scholars, theorists, and activists in the Nordic countries? It was with much interest that I recently heard the present President of the NNDR, Rannveig Traustadottir, explain that the distinction British scholars make between *impairment* and *disability* does not translate well into any of the Nordic languages (Traustadottir, 2003). Thus, on the grounds of linguistic difference alone, this central tenet of the social model may be obscure to some readers of this journal. Matters are further complicated by the fact that within UK disability studies this feature of social modelist thinking has been challenged

Feminist writers like Jenny Morris (1991, 1996) and Liz Crow (1996), for example, have argued that the social model does not allow room for the acknowledgement of the role played by impairment and illness in restricting activity and in determining the life experiences of disabled people:

... there is a tendency within the social model of disability to deny the experience of our own bodies, insisting that our physical differences and restrictions are entirely socially created. While environmental barriers and social attitudes are a crucial part of our experience of disability – and do indeed disable us – to suggest that this is all there is to it is to deny the personal experience of physical and

intellectual restrictions, of illness, of the fear of dying (Morris, 1991: 10).

Similar points have been made by the writer and disability activist, Sally French (1993). She has drawn on her own experience as a visually impaired woman to argue that her impairment *does* directly cause some restrictions of activity, and that these would remain whatever social arrangements might pertain.

Bill Hughes and Kevin Paterson (1997) moved these kinds of concerns onto a more theoretical terrain when they advocated a shift away from the social model of disability and towards a phenomenologically informed perspective. In their view, full account should be taken of the realities of the 'lived body', taking direction from the epistemology of Merleau-Ponty (Paterson 1998). They saw the social model as simply replicating the dualism in biomedical thinking about disability:

... there is a powerful convergence between biomedicine and the social model of disability with respect to the body. Both treat it as a pre-social, inert, physical object, as discrete, palpable and separate from the self. The definitional separation of impairment and disability which is now a semantic convention for the social model follows the traditional, Cartesian, western meta-narrative of human constitution. (Hughes and Paterson, 1997: 329).

From a poststructuralist perspective, Marian Scott-Hill (formerly Corker, see Corker 1998; Corker and French, 1999; Corker and Shakespeare 2002), has also advanced a theoretical critique of the social model of disability. She identifies the failings of the social model – especially the dualism inherent in its impairment/disability dichotomy – as originating in its Marxian modernist foundations, and advocates a turn to a poststructuralist epistemology. Writing with Tom Shakespeare (2002: 15), she states that:

We believe that existing theories of disability – both radical and mainstream – are no longer adequate. Both the medical model and the social model seek to explain disability universally, and end up creating totalizing meta-historical narratives that exclude important dimensions of disabled people's lives and of their knowledge. The global experience of disabled people is too complex to be rendered within one unitary model or set of ideas.

Tom Shakespeare has, perhaps, expressed the growing discontent with the social model of disability most sharply. Writing with Nick Watson, he has argued that:

... we believe that the 'strong' social model itself has become a problem, and that it cannot be reformed. Our claim is that the British version of the social model has outlived its usefulness. Rather than developing piecemeal criticisms or supplying

alternative arguments to fill the gaps and compensate for the inadequacies of the social model, it is time to put the whole thing to one side and start again (Shakespeare and Watson, 2001: 13-14).

At the heart of Shakespeare and Watson's criticisms are claims that the impairment/disability dichotomy is untenable because impairments do play some role in causing disability:

People are disabled both by social barriers and by their bodies. This is straightforward and uncontroversial. The British social model approach, because it 'over-eggs the pudding', risks discrediting the entire dish (Shakespeare and Watson, 2001: 17).

They suggest it would be better to move toward the idea of a continuum (2001: 22):

Impairment and disability are not dichotomous, but describe different places on a continuum, or different aspects of a single experience. It is difficult to determine where impairment ends and disability starts, but such vagueness need not be debilitating. Disability is a complex dialectic of biological, psychological, cultural and socio-political factors, which cannot be extricated except with imprecision.

Thus, debates about the social model of disability have reached a pitch where

some in UK disability studies, advocate its complete abandonment. In response, writers like Mike Oliver (1996), Vic Finkelstein (2001), and Len Barton (1996) are equally adamant in its defence, as are members of the British disabled people's movement. These defenders emphasise the potential dangers involved in the loss or weakening of the social model of disability, particularly the dissipation of the political influence that disabled people have built up through the unifying power of the social model, and the risk of reinvigorating the individualistic and medicalized perspectives on disability.

The loss of the social relational perspective in the shadow of social model of disability

In the light of these critiques and counter-critiques on both experiential and theoretical grounds, UK disability studies appears to have reached something of an impasse concerning the social model of disability. However, since it is merely a model, not a developed theory - a simplified summary expression of the ideas first set out by the UPIAS pioneers - it was always likely to become an easy target when UK disability studies grew in sophistication, theoretical and political diversity, and mass. This was especially true of popular truncated versions of the model in which *all* restrictions of activity experienced by disabled people are attributed to socially imposed barriers.

Interestingly, in their own defence of the model, both Mike Oliver and Vic Finkelstein have sought to remind critics that the social model of disability is *only* a model:

... we must not assume that models in general and the social model in particular can do everything; that it can explain disability in totality. It is not a social theory of disability and it cannot do the work of social theory (Oliver, 1996: 41).

Sadly a lot of people have come to think of the social model as if it were an explanation, definition or theory and many people use the model in a rather sterile formalistic way (Finkelstein, 2001: 6).

Despite such qualifications, debates in UK disability studies continue to be preoccupied with the social model, and to focus especially on its core impairment/disability dichotomy.

In my view, we now need to break away from these preoccupations with the social model of disability in UK disability studies. This is certainly not a call to abandon the social model, as I explain below. Rather, it is to recognise, first, that any 'model' is of limited analytical utility, and second, that the important social relational conception of disability that gave birth to the model needs to be rescued and developed as the beginnings of theory. A rescue is in order because these

social relational ideas have been obscured both by the success of the social model itself and by our subsequent absorption in its critique and counter-critique.

The social relational perspective that predated and inspired the social model of disability was sketched out, in embryonic form, in the ideas introduced by the UPIAS pioneers in the 1970s. As we have seen, this involved a conceptualisation of disability as a quality and product of the social relationships between those with and those without impairment in society, or more accurately, between those socially constructed as problematically different because of a significant bodily and/or cognitive variation from the norm and those who meet the cultural criteria of embodied normality. The challenge is to theorise why and how it is that non-impaired individuals and groups have relative power, while those with impairment are relatively powerless. This would place the theorisation of disability on a par with work designed to understand the oppressive social relations bound up with gender, 'race', sexuality, class and age.

A key theoretical question posed by this social relational perspective is: what generates and fuels these social relationships on a macro and micro societal scale? How one begins to answer this depends on one's theoretical perspective. Materialists and Marxists will look towards the level of

development of the productive forces of social labour and the economic and class infrastructure in any society (Finkelstein, 1980; Oliver, 1990; Gleeson, 1999; Thomas, 2002, 2003). Ideology is also addressed. Postmodernists and poststructuralists go straight to cultural and discursive practices (Corker, 1998; Price and Shildrick, 2002; Corker and French, 1999; Corker and Sheakespeare, 2002). Important conceptual work has already been undertaken in these directions by scholars in UK disability studies, with rich contributions coming from a variety of theoretical traditions. But the insights gained have often been side-tracked into unhelpful and futile debates about the strengths and weaknesses of the social model *per se*, rather than being harnessed together in the task of developing a social relational understanding of disability.

One important feature of adopting a fully social relational understanding of disability is that it is possible to avoid being trapped in arguments about whether or not impairment and chronic illness cause restrictions of activity. Such arguments only arise if one is using a simplified version of the social model suggesting that all restrictions of activity are socially imposed (Thomas, 1999).

In contrast, the social relational perspective understands *disability* to be those restrictions of activity that result from the exercise of the power to exclude: disability only comes into being when restrictions of activity are

socially imposed, that is, when they are wholly social in origin. It can then be accepted as self-evident that other restrictions of activity in the lives of people with impairment do arise directly from their impairments. In my view, these latter types of restriction can usefully be thought of as *impairment effects* (see Thomas, 1999). Put another way, once the term 'disability' is ring-fenced to mean forms of oppressive social reaction visited upon people with impairments, there is no need to deny that impairments and illness cause some restrictions of activity, or that in many situations both disability and impairment effects interact to place limits on activity. Of course, it remains of importance that one does not mistakenly identify impairment effects for what is in reality disability.

As a materialist feminist, my vision of advancing the social relational analytical framework in disability studies requires work in a number of directions. Just two of these will be briefly considered here: developing a political economy of disability, and theorising the psycho-emotional dimensions of disability. (For an extended discussion, see Thomas 2004).

The political economy of disability

My theoretical perspective suggests that the social relationships between the impaired and the non-impaired in any society will be structured and shaped by the level of development of the

productive forces of social labour and the system of social relations of production and exchange in play. That is, systems of inequality built around features of 'body deficits' will to an important degree be located within and articulated by economic relationships, as they are for those built around class, gender or 'race'. Hence, it is a question of understanding disability as rooted in the core workings of the capitalist system of production and exchange.

Important work by Vic Finkelstein (1980), Mike Oliver (1990) and Brendan Gleeson (1999) has enabled us to understand how disability emerged historically as both a modern social relational category and a harsh reality of life for thousands of people in the long transition from feudal to capitalist society. Particularly in early industrial capitalist society, people with impairments were excluded from the opportunity to sell their 'inferior' labour-power, and thus to obtain a wage – the only route to a restricted social independence for those not possessing means of production. By the 19th century in the UK, this newly constructed, economically rooted, form of social oppression meant that children and adults with physical or cognitive characteristics that led them to be set apart as different found themselves not just structurally dependent but, often, literally outcast in sanatoria, asylums and workhouses. This same theoretical perspective now needs to be applied to the contemporary global capitalist economy.

One thing, at least, is clear: this global economy is characterised by extremes of wealth and poverty. The global masses in the developing world scrape a living through subsistence agriculture, wage labour and petty commodity production (often in combination) (Greider 1997; Canterbury 2000; Gilpin 2000; Pilger 2002). In any nation or region, the disability that manifests itself as a consequence of the social relationships between the impaired and the non-impaired will be constructed to a fundamental degree by the location of the impaired in the globally skewed system of generalised commodity production and agriculture that pertains. This is the case whether disabled people are in, out, or peripheral to, the labour market and reserve army of labour. Of course, in any societal or local context, close attention has to be paid to the particularities of the economic, political, cultural and historical profiles of those social spaces. But the theoretical challenge remains: to uncover the economically driven exclusions and injustices imposed upon people with impairment. One valuable resource in this work will be the small but growing number of studies and accounts of disability in non-Western and developing societies (Stone 1999; Charlton 1998; Ingstad 2001; Priestley 2001).

In the UK too, and many other developed capitalist economies, the process of economic polarisation is evident. The last three decades have seen a sharp increase

in poverty and income inequality in the UK (Graham 2002), associated with changes in the occupational structure (the shift from manufacturing to service industries) as well as in marriage patterns and family structures, and with regressive Conservative Government policies on taxation and welfare expenditure in the 1980s and early 1990s (Graham 2002). These changes in the economic structure are shifting and remoulding the location of people with impairment, particularly with regard to the labour market (see, for example, Sapey 2000; Roulestone 2002). Their location is further constructed through the rapid spread of electronic and information technology in the last quarter of the twentieth century. Needless to say, such developments have much wider implications than the narrowly economic for the quality of life of people with impairments (Roulestone 1998; Sapey 2000; Abberley, 2002).

This brief review of global and local economic changes indicates that a large field of and research for disability studies is opened up. Many new challenges are posed for the theoretical, policy and empirical agendas.

The psycho-emotional dimensions of disability

Another facet of theoretical and empirical work that arises from a social relational understanding of disability involves the development of ideas about the psycho-emotional dimensions

of disability. This shifts the perspective from the macro scale of the economic to the micro-politics of the individual.

I have argued elsewhere (Thomas 1999) that our appreciation of the exclusions that constitute disability should include those that work along psychological and emotional pathways. The oppression that disabled people experience operates on the 'inside' as well as on the 'outside': it is about being made to feel of lesser value, worthless, unattractive, or disgusting as well as it is about 'outside' matters such as being turned down for a job because one is 'disabled', or not being offered the chance of a mainstream education because of 'special needs'.

A social relational perspective could direct attention to the impacts and effects of the social behaviours enacted between the non-impaired and the impaired - in familial relationships, in communal interactions, and in encounters with health, welfare and education services. The focus is on questions of power, how it is wielded, and in whose interests, and on the decisions made, the words said, and the meanings conveyed in close networks of relationships. At issue are the effects that such encounters have on disabled individuals' sense of self, identity, self-esteem, and existential security. In my own research on disabled women's life experiences (Thomas 1999; 1998), including those associated with becoming pregnant and giving birth (Thomas 1997), the operation of disablism along psycho-emotional

pathways is a crucial dimension of being disabled. Some writers have touched on these matters using the concept 'internalised oppression' (Reeve 2002). This form of disability shapes in profound ways what people can *be*, as well as affecting what they can *do* as a consequence.

This concern to draw attention to the psycho-emotional dimensions of disability is a consequence of my feminist interest in the experiential, together with the personal or private, the emotional and the intimate. Like Jenny Morris (1996) and other feminist writers, I wish to support the legitimisation of these as areas worthy of sociological attention in disability studies. I have written at length about the misplaced tendency among some commentators within UK disability studies to reject what they have characterised as public and 'confessional' dabbling in 'personal or private' matters because, supposedly, this diverts attention away from the 'really important' disabling social barriers 'out there' (Thomas 1999, 2001). This putative diversion is often rejected on the grounds that it opens up opportunities for the traditional 'personal tragedy' discourse on disability to regain its hold. I have argued that by relegating psycho-emotional consequences of living in a disabling world to the realm of 'private life' or 'the personal restrictions of impairment' (Oliver 1996: 48), key dimensions of *disability* - that is, of social oppression and the possibility of resistance - are ignored. The

manifestations of disability are thus mistakenly constructed as the psychological angst of 'personal troubles'.

I have merely drawn attention to the psycho-emotional dimensions of disability; these have yet to be theorised. Where can we find the tools and methods for a full theoretical engagement with the social interactions and embodied processes that are involved in this form of disability? At the very least, we need to draw on what is helpful in the sociology of the emotions, social psychology, psychoanalysis, and the phenomenology of lived experience (see, for example, the work of Heavy 1992, Shakespeare 1997, Williams and Bendelow 1998; Corker and Shakespeare 2002; Williams 2001). That is, what is helpful in these disciplines and literatures needs to be put to work in the interests of disability studies. We also need to draw on the insights of cultural theorists who look at the wider discourses that circulate in the media, arts, science and other aspects of the cultural superstructure, since these incubate the meanings and messages about impairment and 'unacceptable difference' that inform the attitudes and behaviours of us all. Postmodernist and poststructuralist perspectives can play an important role here for at least two reasons. First, they point to different ways in which discourses that bring the categories 'disability' and 'impairment' into being can be critically deconstructed. Second, they remind us of the need to look at the mutually constitutive nature of

meanings in social interactions: when non-impaired people construct people with impairment as 'abnormal' they are simultaneously constructing themselves as 'normal' (Price and Shildrick 2002).

There are many other directions that analyses of disability as a social relational phenomenon can take. The important point is that such an understanding of disability needs to form the explicit foundation for future work.

Concluding remarks: does rescuing the social relational understanding of disability mean abandoning the social model of disability?

In my view, UK disability studies should cease its internal arguments about the strengths and weaknesses of the social model of disability *per se*, and turn its attention to developing a social relational understanding of disability. This would build on the important body of work that already exists on the social exclusions, injustices and inequalities that make up contemporary disablism in our own society and on a global scale.

This means that within UK disability studies, the social model needs to be set to one side - since it is only a model and a shorthand statement - so that we can get on with the task of developing a social relational theory (or theories) of

disability. Moving away from a preoccupation with the social model should facilitate a departure from the current rather futile arguments about whether impairment does or does not cause disability. It would encourage a more constructive theoretical engagement with the significance of impairment and impairment effects in the lives of disabled people, while enabling the various dimensions of *disability* – socially imposed exclusions and disadvantages – to take centre stage. It would also enable us to untangle important debates about the social positioning and experiences of particular groups of disabled people, such as those who are deaf (Corker, 1998) or those with learning difficulty (Goodley, 2001), from unhelpful exchanges about the capacity of the social model.

However, I am certainly not suggesting that the social model of disability be abandoned. On the contrary, the social model should continue to occupy a central position in disability studies, but for specific purposes, serving more as a disciplinary figurehead than as an explanatory tool. First, it should be retained as the organising banner for, and point of differentiation of, this relatively new discipline in the academy, symbolic of its differentiation from its older and numerically weightier counterparts: the medical and rehabilitative sciences, medical sociology and psychology. Second, it should be retained because the model is

symbolic of the crucial relationship between this academic discipline and its social roots – the disabled people's movement; the political significance of the social model in the struggle for disability rights is unchanged, and adherence to the social model in disability studies confirms its linkage with, and commitment to, this social movement.

These two statements are not in contradiction. The social model can be both the banner around which UK disability studies' scholars coalesce and recognised to be merely a model which expresses the aspiration for, but does not deliver on its own, a credible social interpretation of disability.

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