Chapter 39

Psycho-emotional disablism

Whilst the social model of disability has been very effective at campaigning for the full inclusion of disabled people as active citizens, some feminists within disability studies have argued that the focus on the public barriers ‘out there’ has neglected the impact of
disabling barriers that operate at a more personal inner level. Drawing on the UPIAS statement which underpins the social model of disability, Thomas (2007) has produced an extended social relational definition of disablism which includes reference to both the public and private forms of social oppression:

‘Disablism 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 well-being.’ (Thomas, 2007: 73, my emphasis)

Using the term disablism, rather than disability, makes explicit connections with other forms of social oppression such as racism and sexism. This definition of disablism recognises the impact of both structural disablism (barriers to doing) and psycho-emotional disablism (barriers to being) in the lives of people with impairments. Whilst the social model has never denied the reality of disabling barriers operating at this inner, personal level, this extended social relational definition specifically includes reference to both structural and psycho-emotional forms of disablism, thereby offering a framework for a more nuanced understanding of the lived experience of disablism in contemporary society.

The most important form of psycho-emotional disablism emerges from the relationship that a disabled person has with other people or themselves – direct psycho-emotional disablism. The often unwitting agents of this form of disablism can be family members, friends, professionals or strangers on the street and often take the form of acts of invalidation or disavowal. Examples of direct psycho-emotional disablism would include:

- when a disabled child is not invited to a family wedding because they might be ‘disruptive’
- being subject to jokes or stares from strangers because someone walks differently or uses a wheelchair
- when assumptions about quality of life result in a ‘Do Not Resuscitate’ notice being put on the hospital notes of a disabled patient
- being denied access to family planning services because of assumptions about disabled people as asexual and undesirable
- the experience of disablism hate crime

Direct psycho-emotional disablism undermines self-confidence and self-esteem because of the negative messages being received about self-worth and value. These messages are reinforced by cultural myths and prejudices about the inherent undesirable status of disability, particularly in the Western world where the demands of capitalism require a stable, reliable, autonomous body and mind. Although disability discrimination law is slowly removing many of the structural barriers to inclusion such as inaccessible buildings and public transport, it is far more difficult to challenge prejudices and assumptions which lurk at the level of the unconscious. So it is not surprising that government studies into attitudes reveal that disabled people are still seen as less capable than non-disabled people, as well as being in need of care and dependent on others (Staniland, 2011). Additionally, the likelihood of experiencing prejudice from other people was much higher for those with learning difficulties or mental health difficulties, than for those people with physical or sensory impairments.

These negative messages circulating within society can also lead to internalised oppression, which is a form of direct psycho-emotional disablism arising from the
relationship a disabled person has with themselves. Negative messages about the value and ability of disabled people can become internalised and therefore impact on self-worth and self-esteem. Because this form of social oppression is often unconscious it can be difficult to challenge, especially when a disabled person is not exposed to more positive counter-representations of disabled people. This is particularly problematic for disabled children who are often the only one in the family who is disabled, and whose weaker position in society means that they are more influenced by the behaviours and beliefs of adults, such as parents, teachers and health professionals. In the case of people who acquire their impairments as adults then it can be emotionally difficult to confront a lifetime of internalised messages about disability; now they are no longer part of the non-disabled majority and instead are one of ‘them’, a group of people they may have actively avoided in the past.

Finally indirect psycho-emotional disablism can arise from the experience of structural disablism. This allows for recognition of the emotional impact of being faced with an inaccessible building or being denied information in accessible formats (structural disablism) – of being reminded that one is ‘out of place’ (Kitchin, 1998). Indirect psycho-emotional disablism can also happen when the ‘reasonable adjustments’ made to meet the requirements of disability discrimination legislation are undignified or humiliating to use, such as being forced to access a building through a back entrance. Such adjustments may remain unused because the emotional costs of this legalised form of spatial apartheid are too high for the individual to bear – ironically the removal of a structural barrier has resulted in a psycho-emotional barrier with the identical outcome of excluding the disabled person.

It is important to note that psycho-emotional disablism is not inevitable; whereas a flight of steps disables all wheelchair users, disabled people will have different emotional reactions to a patronising comment or invalidating action, and these will vary according to time, place and personal history. Psycho-emotional disablism may be interconnected with structural disablism, and can be influenced by impairment/impairment effects as well as any other aspect of identity such as class, gender, sexuality, age or ethnicity. Like any other form of emotional abuse, the effects of psycho-emotional disablism can be cumulative with past experiences reinforcing the negative impact of current psycho-emotional disablism. If psycho-emotional disablism is viewed as a form of invalidation and disrespect, then relationships with others that are validating and respectful can be very healing. It is vital that professionals who work with disabled people, some of whom will be socially isolated, ensure that they are aware of psycho-emotional disablism so that they do not behave in ways that are disabling rather than enabling.

Many disabled people actively resist psycho-emotional disablism, particularly those in disability arts and the disabled people’s movement which promote more positive images and messages about disability and validate different ways of being-in-the-world. These images of disability as diversity rather than lack help many disabled people reject the disabling stereotypes foisted on them by strangers and others. Disabled people may also undertake emotion work to manage the reactions of others, for example by educating the other person that they will not ‘catch’ anything by sitting next to them in a class. Finally, people who have invisible impairments may choose to ‘pass’ as normal, which will reduce the likelihood of psycho-emotional disablism, particularly from strangers; however they are always at risk that their disability status will be revealed if they fail to maintain this performative act.
**For Discussion**

1. How might the experience of psycho-emotional disablism impact on self-identity as disabled (or not)?
2. What role can organisations of disabled people play in helping disabled people challenge psycho-emotional disablism?
3. How can professionals avoid psycho-emotional disablism within their relationships with the disabled person they are supporting?

**Further reading**


**References**