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This is the corrected version incorporating reviewer comments and has been paginated to match the published version. Small typographical differences may therefore exist between this and the published version.

Chapter 13

Psycho-emotional disablism and internalised oppression

Introduction

The original UPIAS definition of disability (1976) which underpins the social model of disability states a clear social relational approach whereby disability arises from the social barriers imposed on people with impairments. Using this UPIAS document as her starting point, Carol Thomas has produced an extended social relational definition of disablism:

'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)

This definition of disablism recognises the importance of both *structural* and *psycho-emotional* disablism (also 'psycho-emotional dimensions of disability' (Thomas, 1999)), differentiating forms of oppression that operate at an outside/public level from those that are found at an inner/private level. Locating the cause of psycho-emotional disablism in oppressive social relationships rather than individual psychopathology means that the solution is to be found in changes at the social and cultural level rather than through individual therapy (see also Chapter 33). Thomas has advocated a move to using the term 'disablism' rather than 'disability' in order to align the oppression faced by people with impairments firmly in the realm of the social relational along with hetero/sexism, racism and ageism which people are more familiar with (see Chapter 3).

Whilst the social model of disability has never specifically excluded a discussion of the barriers which disabled people face that operate at the psycho-emotional level, nonetheless when most people think of disabling barriers, they tend to concentrate on *structural* barriers such as inaccessible buildings, exclusion from the workplace or lack of sign language provision for Deaf people. Forty years ago there needed to be a focus on removing structural and institutional barriers which physically excluded disabled people from society, but it is now time to examine the impact of these more private experiences of oppression, which can exclude someone from society as effectively as structural barriers. This chapter will discuss examples of *indirect* and *direct* psycho-emotional disablism and show how the latter relates to the existing concept of 'internalised oppression'.

Indirect psycho-emotional disablism

In addition to differentiating between structural and psycho-emotional disablism, it is also possible to separate out two sources of this latter kind of disablism (Reeve, 2008). *Indirect* psycho-emotional disablism is associated with the experience of structural disablism, recognising the psycho-emotional consequences of exclusion and discrimination. When a disabled person is faced with a structural barrier such as an inaccessible bus or broken hearing loop the act of exclusion can operate at both a material and psycho-emotional level because this barrier to physical inclusion also serves to remind the disabled person that “you are out of place”, ‘you are different’ (Kitchin, 1998: 351), in addition to emotional reactions such as anger/hurt at being excluded.

It could also be argued that some of the ‘reasonable adjustments’ made to meet the requirements of the Equality Act 2010 can result in indirect psycho-emotional disablism for those disabled people forced to use them. For example a public building may require disabled people (and those with pushchairs) to use a back entrance, whereas everyone else can enter via the front entrance. The ‘reasonable adjustments’ clause in the law legalises these forms of spatial apartheid, which can result in the user of the back entrance feeling like a second-class citizen; ironically the removal of the spatial structural barrier has created a psycho-emotional barrier. Needless to say, those ‘reasonable adjustments’ which are too humiliating to use will mean that the disabled person remains excluded from that public place/activity.

Direct psycho-emotional disablism

The rest of this chapter will focus on *direct* psycho-emotional disablism which arises from the relationships that a disabled person has with other people or themselves and is the most important form of psycho-emotional disablism. These ‘acts of invalidation’ can be found in looks, words or actions that occur in relationships with family members, friends, strangers or professionals, both disabled and non-disabled people. So a common experience for disabled people with visible impairments is that of being *stared* at by others when away from the home because they look or behave differently to ‘normal’ people. It may be understandable to attract a glance because of this difference, but it is at the point at which the casual glance turns into a hardened stare that this gaze becomes pathologising and an act of invalidation (Hughes, 1999). Another related example is that of having the gaze deliberately withdrawn when others avoid interacting with a disabled person or engage in the ‘Does he take sugar?’ conversation with someone pushing the wheelchair.

Psycho-emotional disablism can also arise from the thoughtless *words* of others; for example comments shouted out in the street such as “I’d rather be dead than be in one of those [wheelchair]” (Laura in Reeve, 2008: 146) which reveal more about the speaker’s fears of frailty, vulnerability and death (Hughes, 2007) than the ways in which Laura feels about her own life as a disabled person. Nonetheless these

prejudiced comments can still be upsetting for the recipient of such an outburst. Invasive questions can be difficult to handle; the 'What is *wrong* with you?' question asked by a stranger can be deeply unsettling because it serves to underscore impairment as negative/bad/wrong.

As well as emerging from looks and words, another source of direct psycho-emotional disablism arises from what people *do* when interacting with a disabled person and this area is particular pertinent to professional practice. The way that a professional treats the disabled person they are working with can impact on emotional well-being; for example if two carers talk to each other rather than the disabled person they are helping to get up in the morning, then this can be experienced as infantilising and exclusionary (Reeve, 2008). Whilst this is not a deliberate act of disablism per se by the two carers, nonetheless the consequences of the failure to consider how the person they are helping might feel when talked over in this way still impacts on the psycho-emotional well-being of the disabled person. Psycho-emotional disablism can also result from the cost-cutting measures of local authorities, particularly when services are cut which a disabled person needs in order to retain their dignity around toileting, for example being forced to use incontinence pads at night instead of having support to use a commode (The Guardian, 2011).

Finally, it could be argued that there are important interconnections between psycho-emotional disablism and disablist hate crime - acts such as hate speech have resonances with the comments from strangers discussed earlier. Disablist hate crime covers a range of actions from intimidating a disabled person, vandalism/graffiti, to kidnap, rape, torture and murder (Quarmby, 2008). The same roots which feed psycho-emotional disablism also fuel disablist hate crime – prejudice and contempt for disabled people 'rooted in the view that disabled people are inferior; in some cases less than human' (Quarmby, 2008: 8).

One of the difficulties of psycho-emotional disablism is its unpredictability; whilst someone may know from experience that they will find it difficult to physically access a particular restaurant, they cannot predict how strangers will react to them in the street on any given day. So on a 'bad' day, they may decide to stay at home rather than run the gauntlet of negative reactions, consequently remaining as excluded from participating in society as by structural barriers such as steps. Whilst people with invisible impairments may be able to avoid many of the examples of psycho-emotional disablism described previously, nonetheless there is always the risk that their disability status will be revealed and this fear forms the basis for 'the negative psycho-emotional aspects of concealment' (Thomas, 1999: 55). This is particularly true for people living with pain and fatigue, impairments which are often fluctuating and invisible.

In part these kinds of social interactions between disabled people and others – staring, avoidance, comments and questions which assume the tragedy of impairment and disability – come about because there is a lack of agreed rules of cultural engagement about social interactions between disabled people and others (Keith, 1996: 72). Therefore whilst it is usually considered rude in UK society to stare or comment that one is fat, there is often no such restraint shown when the other person is disabled. One of the consequences of the lack of 'rules' means that often

disabled people will undertake considerable 'emotion work' to ease the social interaction, facilitating inclusion rather than exclusion (Reeve, 2008).

Internalised oppression

All of the previous section refers to direct psycho-emotional disablism arising from the relationships that a disabled person has with other people. In contrast, direct psycho-emotional disablism present in the relationship that a disabled person has with *themselves* relates to the existing phenomenon of *internalised oppression*. Internalised oppression is not unique to disabled people – it is a common experience for any subordinated group in society (Young, 1990). The recognition of the impact of internalised oppression within disability studies is not new:

'We harbour inside ourselves the pain and the memories, the fears and the confusions, the negative self-images and the low expectations, turning them into weapons with which to re-injure ourselves, every day of our lives.'
(Mason, 1992: 27)

Internalised oppression operates at a psychic level and is often largely unconscious, which makes it insidious and difficult to challenge (Marks, 1999). Internalised oppression is a powerful example of psycho-emotional disablism because it has a direct impact on who disabled people can *be* (Thomas, 2007); for example a disabled person may decide not to be a parent because they have internalised the prejudice that people 'like them' do not have children.

One approach to unpacking this form of oppression is found in the work of Fiona Kumari Campbell (2009) who draws on the concept of internalised racism from critical race theory to discuss what she terms 'internalised ableism'. Campbell discusses the harm that is done by living in a culture where disability is relentlessly and inherently negative; consequently

'the processes of ableism, like those of racism, induce an internalisation or self-loathing which devalues disablement' (Campbell, 2009: 20).

Campbell suggests that internalised oppression is the driver behind the distancing of disabled people from each other (dispersal) and the ways in which disabled people adopt ableist norms (emulation). Dispersal can be seen at work within hierarchies of impairment whereby disabled people position themselves relative to other disabled people (Deal, 2003). Emulation can be seen in the phenomenon of 'passing' which can happen in two ways. At its most benign, this could be someone hiding their impairment in order to avoid having to deal with the reactions of others as discussed earlier. Another example would be that of the 'supercrip', a disabled person who overachieves in order to prove that they are better than normal, thus widening the gap between that which is loathed (disability) and that which is desired (non-disability). However a disabled person who is struggling to emulate the ableist norm, is manufacturing an identity as non-disabled; this takes emotional energy, is forever at risk of fracture and exposure and denies access to alternate ways of being in which disability is associated with diversity, as a site of potential resistance and possibility.

Internalised oppression is difficult for someone to challenge because disability, unlike ethnicity for example, is not usually common to other family members. This is particularly problematic for disabled children because their less powerful position

means they are more vulnerable to the views of society and their parents may be unwitting oppressors in the process, because their beliefs and expectations will be shaped by the professionals they defer to (French, 1994). Finally, people who acquire impairments in adult life and who now find themselves a member of this devalued social group, can struggle to make sense of this new identity which clashes with how they see themselves (Young, 1990). Therefore it is clear that access to positive images of disability and contact with other disabled people could help someone resolve these conflicting aspects of their new life, helping to identify and remove their own internalised oppression.

Conclusion

In this chapter I have discussed the different forms that psycho-emotional disablism can take and have related internalised oppression to a particular form of direct psycho-emotional disablism arising from the relationship a disabled person has with themselves. Because of the way that psycho-emotional disablism can impact so negatively on self-esteem and self-respect it has much in common with the experience of emotional abuse; hence psycho-emotional disablism is cumulative and often past experiences can exacerbate current psycho-emotional disablism (Reeve, 2008). However it should be pointed out that psycho-emotional disablism is not experienced by all disabled people, resistance is possible. A good example of this is the statue of Alison Lapper Pregnant (Milmo, 2004) whereby the archetypal image of beauty personified by the Venus de Milo is reflected by a statue of a pregnant disabled woman. Additionally, the form that psycho-emotional disablism takes will be influenced by the type and visibility of impairment (Reeve, 2012) as well as by the cultural messages about disability in that particular society. Therefore it would be expected that psycho-emotional disablism might take different forms in countries in the majority world, compared to minority world countries such as the UK.

Although Thomas first introduced the concept of psycho-emotional disablism in 1999, disability studies has been slow to engage with this particular form of disablism. This is not because psycho-emotional disablism is slowly being eradicated in the UK – the rise in disablist hate crime over recent years has been in part fuelled by media representations of disabled people on benefits as workshy benefit scroungers (Scope, 2011). In addition I have shown how some of the implementations of the Equality Act to include people can *create* indirect psycho-emotional disablism, even if the original structural barriers are removed.

The psychic processes which underpin the experience of psycho-emotional disablism are complex - in real life, different examples of direct/indirect psycho-emotional disablism are difficult to untangle completely from the experiences of impairment and structural disablism as well as gender, age, ethnicity, sexuality, time, place etc. For example a wheelchair user who finds themselves having to act out the 'grateful

disabled person' role in order to get someone to help them access an inaccessible shop could be juggling anger at being excluded, dealing with thoughtless comments from strangers, as well as internalised oppression from acting out a stereotype. Whilst the sociological concept of psycho-emotional disablism has achieved much by *naming* these inner forms of disablism, this work needs to be extended by drawing on fields outside disability studies, such as critical psychoanalysis, if a 'politically, engaged, contextual psychology of disability' (Watermeyer, 2012: 161) is to be achieved.

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