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DISABLED PEOPLE -THREE THEORIES OF ABNORMALITY

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ABSTRACT

In this paper, I examine three different kinds of approach to the notion that disabled people are not normal. The accounts of our abnormality that arise out of the theoretical perspectives of individual psychology and of non-materialist social psychology are rejected on the grounds of their incoherency, and their ideological nature is indicated. In contrast, a materialist account of our abnormality, which stresses the unmet needs of impaired people is advocated, and the need for detailed concrete explorations. of how this discrimination operates identified.

It is not surprising that many disabled people welcome the ostensibly progressive assertions of those, disabled or not, that disabled people are 'really' normal. I wish to argue however, that the view that disabled people are 'normal' is not only profoundly mistaken as to the source and nature of the multiple disadvantages experienced by disabled people, but that its propagation, in the context of modern Britain, serves not to combat but to perpetuate the oppression of disabled people.

What is required by disabled people today is not to have people going round proclaiming how we are really like everyone else but rather the detailed documentation of the quantitative and qualitative aspects of difference between the lives of disabled and non-disabled people, coupled with the development of theoretical accounts of how and why this happens which are directed towards change. We need a theory and a practice which sees the fundamental problem of disabled people as one of oppression. (See 1 for a fuller, though I now believe flawed, account of this).

We are as much threatened by being defined as normal as we are by definitions in terms of abnormality if those definitions are not appropriate to our real needs. Whilst the medical definitions in terms of physiological abnormality have traditionally been used to segregate Disabled People, modern liberal 'really normal' ideologies can serve to justify the failure to meet real needs and thus perpetuate our subordination. In the context of

the projected moves toward Care in the Community, this assumes particular importance.

The problem that disabled people face does not consist in our being regarded as 'abnormal'. Rather it is in the ways in which that abnormality is understood and explained, and in the practical and policy consequences of these theories.

I shall therefore, in this paper, discuss some of the ways in which the abnormality of disabled people has been conceptualised in the literature concerned with disability, and the implications of such theories for Disabled People.

INDIVIDUAL PSYCHOLOGY

The dominant approaches in psychology in the first half of this century were summarised by Kammerer in 1940 as follows:

"Although there is agreement that personality maladjustment results from crippling, there are essentially two points of view as to how it actually occurs. The first seems to assume that the presence of any sort of crippling or physical handicap is sufficient in itself to occasion the development of personality disorder. The second viewpoint maintains that in cases of personality maladjustment, the crippled child has been subject to unwise family influences" (2) .

Allen and Pearson (3) had concluded, on the basis of case studies, that "It is as essential to treat the relationships between the child and his parents and the attitude of the latter towards the disability at the time of its occurrence, in order that the personality may not be crippled as it is to treat the disease itself. Such a crippling of the personality is probably a more serious menace to the future happiness of the individual than a very marked physical disability".

Whilst the Adlerian Rudolf Dreikurs argues in 1948 that:

"Not what the child has - in hereditary endowment and environment - but what he does with it, is all important. Courage and social interest, or the lack of them, determine whether a disability permits a good adjustment or leads to permanent failure" (4)

Since then individual psychology and its therapeutically oriented offshoots have continued in this vein, and debated the degree and

nature of pathology supposed to follow, directly or indirectly, from impairment.

For example Harper and Richman (5) claim to identify greater degrees of behaviour inhibition than in control groups. Anderson and Clarke (6) identify low self esteem as characteristic of disabled adolescents, and Kasprzyk (7) finds despondency in spinal injured people. These psychological pathologies are attributed to failure to come to terms with impairment (8, 9).

Such research is systematised and operationalised as therapy through the application of Bereavement theory, developed as a way of conceptualising normal and 'healthy' mourning of the loss of a loved one, to disablement - "Patients must be allowed to come to terms, they must grieve and mourn for their lost limbs, lost abilities or lost looks and be helped to adjust to their lost body-image. Personally, I doubt if anyone who has not experienced the onset of irreversible disability can fully understand the horror of the situation" (10)

What is particularly telling about this quotation is that, whilst counselling that the disabled person go through the 'normal' process of bereavement, deemed to be generally effective in relation to another's death, grave doubts seem to be expressed about the process's efficacy as far as disablement is concerned. Disablement, which is here equated with 'lost body-image' is deemed more 'horrible' than the death of one's nearest and dearest.

A more theoretically sophisticated account of processes of 'recovery' from impairment, which argues that a new 'healthy but disabled' self can be constituted, again asserts the validity of the metaphor of death. "The transformation of a patient to a healthy person again is a triumphant victory. Yet a death has occurred; and it is critical that this death is acknowledged. The body has undergone major alterations. It is not the same body. A new self has risen from the ashes of the old body". (11)

Now it is not my intention to deny all validity to the studies cited above, although individually many of them may contain substantial deficiencies, particularly a 'sex neutral' approach which implicitly grants total primacy to the disabled status over all others in a person's life. It is true that to find oneself suddenly unable to move, or breathe requires some 'adjustment'. Rather I would say that such research tells us much more

about the fears and values of the researchers and the society in which they live than it does about disability. It is however hard for disabled people to convince able-bodied people that this is the case, since their horror at the prospect of their own disablement is so great that they tend to attribute such assertions either to an arrested mourning process or to an abnormal heroism.

So convinced are such people that to be impaired is to 'die' that no amount of protestation to the contrary seems to make any difference. This should lead us to harbour severe doubts about the 'scientific' nature of such research, since it seems to already know the answer before it goes out to investigate.

The main deficiency of such approaches, however, is that they locate the 'problem of disability' in the individual and in the effectivity or otherwise of her/his adjustment to a set of beliefs values and practices which are taken for granted.

In contrast to this, I wish to argue then that IF disabled people display psychological abnormalities it is because they have been socialised into such traits as a result of the ways in which society meets, or fails to meet, our needs, and that the claim that such features are a consequence of impairment is itself an aspect of the oppression of disabled people since it misidentifies, and thus does nothing to overcome, the main source of psychological distress.

Disabled people do not need to deny the individual psychological costs they pay, rather we need to identify them as a most directly experienced aspect of oppression, and dispute not the existence of psychological distress in disabled people but the kinds of causal account that are produced.

We may usefully draw an analogy here with the womens movement, where it soon became apparent that if the real extent and nature of sexual oppression were to be understood, and services appropriate to real needs struggled for, feminist psychologies which recognised the individual consequences of collective oppression, and traced their causes beyond the individual to the mechanisms of that oppression, would have to be developed.

It was argued that it would be surprising if the institutionalized inequality produced by social definitions did not exact a psychological price from subordinated groups - for example, Carmen et al (12) argue - "Since men hold the power and authority, women are rewarded for developing a set of psychological characteristics that accommodate to and please men. Such traits submissiveness, compliance, passivity, helplessness, weakness have been encouraged in women and incorporated into some prevalent psychological theories in which they are defined as innate or inevitable characteristics of women. However they are more accurately conceptualized as learned behaviours by which all subordinate group members attempt to ensure their survival behaviours such as inhibition, passivity and submissiveness do not lead to favourable outcomes and play a role in the development of psychological problems."

Fanon makes a parallel point as regards racism, at the beginning of *Black Skins White Masks*, where he states: "I am talking of millions of men (sic) who have been skilfully injected with fear, inferiority complexes, trepidation, servility, despair, abasement" (13).

Individual psychological adjustment studies, then, fail to provide a useful analysis because they do not locate the disabled person in a society which contains a whole set of beliefs, practices etc surrounding disability and fail to see the consequences of these practices as expressed in the psychology of the individual disabled person. Rather, they are presented as an individual property, following from the impact of impairment on the 'self', what are in fact learnt behaviours.

Furthermore, this obsession with the 'embattled self' can lead to the systematic ignoring and 'translation' of real material concerns into 'repression of mourning'. For example, the concerns expressed in the following extract seem to be done a grave injustice if they are 'translated' into 'mourning of lost body image' - "After my pelvis twisted I felt dreadful when I had to give up work, it was the most shattering experience I had had, because going out to work you felt part of society, you were contributing, you were earning your money. You also had your friends that you went to work with, and then suddenly you were cut off, you were in the house alone. Also of course financially you were worse off. You were lonely, you felt useless, on the scrap heap, finished" (14) .

Far from expressing the psychological abnormality of the disabled person, if we remove the first four words from this quotation we are left

with something indistinguishable from the kind of remark cited in ablebodied people's accounts of unemployment.

Here, and in many other examples where the investigator does not start out with a presupposition of abnormality, the psychological makeup of disabled people seems startlingly similar to everybody else's. It is not here then that our abnormality lies.

Ideas about the abnormality of disabled people that arise out of research based on adding together the particular psychological attributes of individual disabled people are then systematically misleading, since they fail to include 'social forces, structural features of society, institutional factors and so on' (15) in their explanations. In other words, because they treat disability as if it were the same thing as impairment.

SOCIAL PSYCHOLOGY

Social psychology, in apparent contrast, has focused on social attitudes towards disabled people as the causal nexus, and is thus not open to this criticism. Whilst this research largely fails to explicitly investigate the relationship between disabled people's experiences and the attitudes that are putatively held together by those around them, the implication drawn has been that psychological pathology supposed to characterise the disabled person is to be explained by their experience of the negative attitudes of society in general. The 'problem' to be explained is thus still 'the disabled person' not the society in which she/he lives. Thus, for example, Bull and Rumsey (16) argue that for visibly different children negative social feedback results in low self-esteem. It is still the disabled person's 'problem' that requires explanation, but the explanatory structure is no longer bounded by the individual's psyche, rather the belief system of the whole society is where answers are looked for.

This allows for the development of a whole range of descriptive studies, spanning the gamut of research methods available to the investigator, designed to explore, with increasing subtlety, the nature and range of prejudice to which disabled people are subjected. From the general and unsurprising identification of 'negative attitudes' (17,18), these attitudes are documented in more detail (19, 20, 21).

Other researchers have pursued the contention that it is the particular impairment, rather than the activity restriction experienced by any individual, that determines the nature and extent of negative attitude. (22, 23, 24). Following this line of investigation has resulted in the construction of distancing scales. For example Tringo (25) where preference for 'physical' impairment over 'sensory', and 'sensory' over 'brain' is identified, and within 'physical' a ranking in terms of supposed debilitation, which seems related to visibility of impairment, identified. Particular attention has been placed upon dento-facial appearance. (26)

Paradoxically, this move beyond the individual to the social has resulted in a much more pessimistic prognosis for disabled people. If the 'problem of attitude' is not primarily located in the individual, but in the society, then no amount of individual effort at 'adjustment' to impairment can solve it. Whilst the quantitative researchers referred to above, following the innate cautiousness of their method, make few explicit generalisations and predictions, no such reticence characterises the qualitative studies of disabled people produced by researchers of the Interactionist school.

INTERACTIONISM

The best known Interactionist accounts of disablement employ the concept of 'stigma' and have their origin in the work of Erving Goffman (27). Through the seductive manipulation of 'telling' autobiographical quotation interspersed with an account of personality formation through social interaction following the approach of G H Mead, Goffman produces an account of the disabled personality moulded by an infinity of stigmatising encounters, like a pebble sculpted by the action of the waves. whilst mechanisms, sometimes of 'passing', more often of 'coping' are described, we are left with the impression that 'shameful difference' and its consequences are an immutable fact of social life, for physically impaired people: "it is possible that there are no exemptions for incapacity in such areas as aesthetic norms". (28).

In this tradition, the proceedings of a more recent conference (29) seem to contain all the deficiencies of earlier work which employed the concept. In her summing up Coleman reveals the ultimate poverty of a perspective which poses questions only to deem them unanswerable "We began this volume with two basic questions: what is stigma and why does stigma remain? Because stigmas mirror culture and society, they

are in constant flux, and therefore the answers to these two questions continue to elude social scientists" (30)

She goes on to assert the ever-present danger of the 'normal' falling into a stigmatised condition - "What is most poignant about Goffman's description of stigma is that it suggests that all human differences are potentially stigmatizable the truth is that any 'non-stigmatised' person can easily become "stigmatised"" (31).

A point to note here is that this, and other such assertions about the variability of social norms, is simply not true. The only way, in the real world that it is at all 'easy' to become stigmatised is to fall into one or more of the pre-existing categories of stigmatisation. The negative attributions of stigmatised roles are in fact as hard to acquire as are the positive attributions of socially approved ones. The reason for this is that despite what Interactionist social scientists and method actors might think, we are not dealing with 'roles' in a dramaturgical sense at all, but rather with people's lives, circumscribed and determined by social structure, and not a proscenium arch.

In answer to the question 'why does stigma persist?' even the most recent products of Interactionism shy away from the realities of social structures preferring to provide an 'answer' in terms of the spurious generalities of 'eternal verities'. "The ultimate answers about why stigma persists may lie in an examination of why people fear differences, fear the future, fear the unknown, and therefore stigmatize that which is different and unknown. An equally important issue to investigate is how stigmatization may be linked to the fear of being different" (32).

Now, it is extremely dubious that people do, in general fear 'differences, the future, the unknown', and that they 'therefore' stigmatise people who represent them. Rather, as documented in some of the research cited above on degrees of 'distancing', people fear and stigmatise fairly specific things, people and conditions, even though they may admittedly know very little about them. But because it operates only at the level of ideas, without any attempt to specify why particular ideas are held in particular societies at particular times, other than by reference to other ideas, Interactionist social psychology can only describe peoples' beliefs, not explain them. Its accounts, however accurate at this level, remain stuck at this preliminary stage of scientific enquiry.

Furthermore, as cogently argued by Finkelstein (33) Goffman, in borrowing the concept of stigma from ancient Greece, where it referred to 'a bodily sign cut or burned into the body and advertising that the bearer was a slave..' (34) chooses to interpret its meaning as one of 'blemish and ritual pollution' rather than of the power and inequality which allowed one person to be a slaveholder and compelled another to be a slave. Most people today, though not of course the ancient Greeks, would agree that the latter is the true meaning of the brand, the former its ideological justification. It is telling that a theory unable to recognise the nature of power relationships in today's society, should exhibit a similar incapacity in its assessment of ancient history. Theories which ignore power conflicts and subscribe to a consensus view, as interactionism does, have no choice but to see existing inequalities as inevitable.

The sociological Functionalism of Eda Topliss arrives at a similar conclusion, despite her humanitarian distaste for what she sees as Goffman's 'jaundiced view'. "The values which underpin society must be those which support the interests and activities of the majority, hence the emphasis on vigorous independence and competitive achievement, particularly in the occupational sphere, with the unfortunate spin-off that it , encourages a stigmatising and negative view of disabilities which handicap individuals in these valued aspects of life." (35)

These kinds of account, which span the blurred borderland between social psychology and sociology, in effect justify the 'abnormality' of disabled people by claiming that it is inevitable. Any society, they argue, must discriminate against impaired people to safeguard its own general health. Again, then, we find our 'abnormality' being explained ultimately in terms of our impairment, which qualifies us for admission to an unavoidably disadvantaged category of people.

MATERIAL ABNORMALITY

For all its deficiencies, the OPCS surveys of Disability in Britain make clear that an overwhelming feature of the disabled state is poverty (36). It is this, the economic dimension of disablement, that the perspectives we have considered so far so, conspicuously fail to address. Rather by producing individual or social accounts of disabled individuals' pathology in society, any economic disadvantage is presented as a byproduct of incapacity or of prejudice. It would be equally reasonable,

however, to say that rather than disabled people being generally poor and powerless because people are prejudiced against us, people being prejudiced against us because we are poor and powerless. Such accounts locate the 'abnormality' not in disabled people, but in the society which fails to meet our needs. This kind of definition is perhaps most concisely encapsulated in the UPIAS definition, where "Disability is caused by a contemporary social organisation which takes no or little account of people who have physical impairments" (37) .

On such a view, our abnormality results from the failure of society to meet our 'normal' needs as impaired people, which are different from those of some, but by no means all, of our fellow citizens. Our abnormality consists in us having, compared to the general population, a particular and large set of our human needs unprovided for, or met in inappropriate and disempowering ways. The most familiar of these are in the areas of physical access and transportation, but in almost any aspect of life an impaired person is likely to confront a disabling dimension. It is in this sense, of having an abnormal number of our normal needs unmet that I think it right to speak of disabled people as not being normal. This abnormality is something we share with women, black, elderly, gay and lesbian people, in fact the majority of the population. To understand the specific nature of the abnormality experienced by disabled people we need not only to document a general failure to provide for needs. We must also investigate how legislation framed in terms of the 'normal' citizen systematically disadvantages us, creates and perpetuates our abnormality. By so doing we start to produce accounts of what needs changing if the oppression of disabled people is to be overcome, we start to develop a disabled perspective which we can progressively apply to all aspects of society. In doing so we are going beyond the consideration of the facts of disadvantage to uncovering the mechanisms through which it is produced and perpetuated.

For illustration and example, I will consider some recent legislation, and show how its failure to treat disabled people as having special, 'abnormal' requirements results in disadvantage.

An examination of the implications of the Social Security 'Reforms' of April 1988 (38,39) indicates how regarding disabled people as 'normal' results in a substantial increase in disadvantage.

Under the previous system of benefits, unemployed disabled people could claim social security at a higher rate, and were also eligible for a number of Additional Requirement Payments to meet such needs as extra laundry expenses, special dietary requirements, extra heating, wear and tear on clothing etc which were a consequence of specific disabilities. For all its deficiencies and inadequacies, this system in principle recognised that the needs of disabled people are often different from those of the 'normal' claimant.

Under the new Social Fund, the higher long term benefit rate was abolished and the ARPs replaced by flat rate premiums, which are not geared to specific needs but based on two categories of basic and severe disability.

A system of transitional payments is in operation, which slow down the effects of these changes on current claimants. "

Under the single payments system grants, involving certain rights to payment backed up by a right of appeal to an independent tribunal, disbursed some £350 million in 1986/7.

The Social Fund, limited in expenditure to £203 million in its first year, made discretionary loans, with no right to appeal decisions. The system involves an obligation to provide evidence of having sought help from charities, friends and relations and even if this can be provided and the request deemed a reasonable one, no payment will be forthcoming if it involves the breach of cash limits.

Hardship is clearly caused to disabled people (40,000 on government estimates, up to half a million according to the Disablement Income Group) who are able to live in the community thanks to ARPs which they will no longer receive. Some of these will doubtless be forced back into residential care as the value of the fixed transitional payment is eroded by rising costs and inflation or as their condition leads to further special requirements.

For individuals hoping to make the move from institutional care to living in the community the situation is far more problematic than it was before. with no right to payment for essential items, and community care grants cash limited and discretionary, both the initial move and its long-term viability are thrown into question.

Whilst other sections of the population are clearly severely effected by Government policies, disabled people experience these particular 'reforms' as an attack on their human right not to be incarcerated without trial and conviction, in so far as it renders it in some cases impossible to live outside institutions. The abolition of need based ARPs, and the consequence treatment of disabled people as 'normal' welfare recipients, is by no means a desirable kind of 'normality'.

The field of housing provision is another area where the special needs of disabled people make it necessary to develop specialised knowledge and policies, to recognise that disabled people are done no service by being regarded as normal.

The vast majority of owner-occupied housing in Britain is unsuitable for people with major physical disabilities. The least satisfactory housing tends also to be that inhabited by sections of the population of which disabled people form a disproportionately large percentage, elderly people and people on low incomes.

Local authorities have always been the main providers of wheelchair and mobility adapted housing, and although the actual number of such dwellings has decreased between the periods 1970/81 and 1982/86 due to an overall decline in their house- building programme, the percentage of wheelchair and mobility adapted housing has increased in this period. As far as the main alternative source, housing associations, are concerned, an expansion in their activity in the 1980s has been accompanied by a declining proportion of adapted housing, and a decline in actual numbers (see table below).

Provision of wheelchair and mobility housing as % of total completions

	1970-81	1982-6
Local authority: wheelchair	0.5	1.3
Local authority: mobility	2.6	6.8
Housing assoc : wheelchair	0.7	0.4
Housing assoc : mobility	4.0	1.2

Average number built per year

	1970-81	1982-6
Local authority: wheelchair	483.2	281.4

Local authority: mobility	2364.3	1693.4
Housing assoc : wheelchair	105.4	42.2
Housing assoc : mobility	587.2	138.0

(D.O.E. housing construction statistics, cited in 40)

On current performance then, any contraction in local authority building programmes disproportionately disadvantages disabled people.

The area of non-institutional housing which government intends to expand is the 'independent rented sector'. Whilst housing associations, whose performance as far as disabled people are concerned has been scrutinised above, are supposed to form an important element in this sector, the other component is private landlords.

Renting out property is intended to be made a more attractive proposition by a decontrolling of rents, the more general provision of shorthold tenancies etc. None of these measures provides any incentive to carry out the adaptations necessary to make accommodation suitable for disabled people.

Thus the decline in local authority housing budgets has a specific and disproportionately disadvantaging effect upon disabled people, which can only be obscured by regarding disabled people as 'normal'.

Again, Fry's study of difficulties confronted by disabled people in voting in the 1987 General election (41) indicates a series of problems in the exercise of democratic rights which are to a large degree sui generis, and can only be understood through specific knowledge of disability.

Finally, as regards the Poll Tax, it was on the grounds that disabled people should be treated as 'normal' citizens that the Government rejected the Allen amendment in the House of Lords which would have offered extra rebates to poor disabled people to cover the full cost of poll tax payments wherever they may live.

Such concrete explorations of the effects of social policies and practices on disabled people indicate that any adequate understanding of the oppression of disabled people requires macro- as well as micro- level investigation. This is an area which is only susceptible to research via detailed investigation which, however it is carried out, certainly cannot be

in terms of the 'normality' of disabled people, since its concerns must be to explicate the kinds and degrees of difference between the needs of impaired people and the general population, and with the multifarious features of 'normal' social life which prevent disabled people from being 'normal'.

Such investigations also serve to indicate that, rather than being an unchangeable feature of social life, the disablement of impaired people can be overcome, through legislation and practices which remove the impediments to fuller participation in social life.

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