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CHAPTER 1

Theorising and Researching Disability from a Social Model Perspective

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Introduction

The late 1960s and 1970s was a period when economic and political upheavals produced an extraordinary level of political activism among disadvantaged groups around the world. In Britain, the politicisation of disabled people and their organisations moved into a new, more militant, phase (Campbell and Oliver 1996; Barton 2001). Disabled activists became increasingly discontented with 'pressure group' activity as a means of achieving social change. A further grievance was the 'colonisation' of disability organisations by non-disabled 'experts'. Such concerns encouraged moves towards a 'grassroots' politics, with organisations controlled by disabled people playing an increasingly central role, and a challenge to traditional assumptions that disability was a 'personal tragedy'.

Disability activists began to explore an alternative, 'social interpretation' of the 'disabling society' and the sources of the widespread disadvantages and discrimination experienced by people with impairments (Hunt 1966; UPIAS 1976). These ideas provided the foundations for the 'social model of disability' (Oliver 1981, 1990) that has exercised such a powerful influence on organisations of disabled people and disability politics and

also underpinned the growth of academic teaching and research on disability in Britain. Now is an opportune moment to reflect on the contribution of early social model thinking to disability studies, and to explore how far it might continue to inspire attempts to understand disability into the twenty first century.

Towards a social interpretation of disability

One of the key organisations instrumental in bringing disability on to the political agenda was the Disablement Income Group (DIG), formed in 1965. It opted to pursue traditional pressure group activity in order to advance the social and economic conditions of disabled people. Other groups initiated campaigns on specific issues such as accessible housing, supported living in the community, and integrated education.

However, some disability activists, disenchanted with the direction and speed of social change, began to explore innovative forms of disability politics. Undoubtedly, one of the most influential of the new political groups set up and controlled by disabled people was the Union of the Physically Impaired Against Segregation (UPIAS). Its origins lay in a letter from Paul Hunt published in *The Guardian* on 20th September 1972 that called on disabled people to form their own organisation. UPIAS functioned mainly through confidential correspondence and circulars circulated amongst its members, many of whom were living in residential institutions (Campbell and Oliver 1996). These exchanges led to the production of a *Policy Statement* and constitution in 1974. Two years later, it expanded on its thinking in the *Fundamental Principles of Disability* (UPIAS 1976).

The orthodox view of disability, accepted by academic writers, policy makers and service providers, stressed the problems caused by an individual's flawed mind or body. In complete contrast, UPIAS focused on the ways in which

the current organisation of society created and perpetuated diverse social barriers to the inclusion of people with impairments:

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 (UPIAS 1976: 3).

This recast disability as a historically contingent relationship in which people with impairments became a socially oppressed group, as has occurred with women, black and ethnic minorities, lesbians and gay men.

A key architect of the UPIAS document was Vic Finkelstein, who had moved to Britain after being banished from South Africa because of his involvement in the anti-apartheid protest movement. He drew strong parallels with the experiences of discrimination among disabled people. While biological inferiority was used routinely to justify discriminatory practices, the analytical spotlight was now re-directed towards a sociopolitical explanation.

Social models and social theories

The ideas advanced by UPIAS were subsequently re-presented by Mike Oliver (1981, 1990) as the 'social model of disability'. The emphasis on disabling social and environmental barriers was contrasted with the current orthodoxy that viewed disability as a 'personal tragedy', and disabled people as in need of 'care'. Oliver drew on contemporary debates in the social sciences to explain this individualised approach to disability as a social creation of industrial capitalism. Moreover, the 'social model' approach pointed to areas where political action might bring about the social changes necessary to overturn the social exclusion of disabled people. Initially,

this social model was used in training social workers and professionals, and later it became the principal mechanism for delivering Disability Equality Training (Gillespie Sells and Campbell 1990; Rieser and Mason 1990).

However, both Vic Finkelstein (2002) and Mike Oliver (1996) insisted that UPIAS' 'social interpretation' and the 'social model' were not equivalent to a theory of disability. Instead, they emphasised that the importance of the social model was primarily as a 'heuristic device' or an aid to understanding:

A good model can enable us to see something which we do not understand because in the model it can be seen from different viewpoints (not available to us in reality) and it is this multi-dimensional replica of reality that can trigger insights which we might not otherwise develop (Finkelstein 2002: 13).

Indeed, others were encouraged to create their own models in order to conceptualise and illuminate the different components of the 'disablement' process (Finkelstein 1996).

Several of the most influential early attempts by British writers to theorise the disabling society were located within broadly Marxist perspectives. Thus, Finkelstein offered a 'historical materialist' account of the emergence and reproduction of disability and helper/helped relations in his short monograph *Attitudes and Disabled People* (1980). Other noteworthy attempts to theorise disability drawing on neo-Marxist ideas that incorporated cultural and ideological factors were set out by Paul Abberley (1987) and Mike Oliver (1990). Even when not adopting a Marxist analysis, accounts immersed in social model thinking typically prioritised structural factors in explaining

disabled people's social exclusion (Barnes 1991).

The UPIAS re-definition of disability exerted a powerful impact on the wider disabled people's movement. The social model has been adopted by organisations controlled and run by disabled people across the UK (Barnes, Mercer and Morgan 2000). The identification of disabling barriers acted as a significant stimulus and gave a precise focus for disabled people's campaigns (Campbell and Oliver 1996). Notable examples over the last decade include the struggles for anti-discrimination legislation by disabled people (Barnes 1991), and to legalise and extend direct payments to enable disabled people to organise their own personal assistance support (Zarb and Nadash 1994).

The social model was also adopted by the British Council of Organisations of Disabled People (BCODP), now the British Council of Disabled People, which is the national umbrella for organisations controlled and run by disabled people.

In the process, the social model acquired an explicit 'rights now' focus. As Jenny Morris recently argued:

The social model of disability gives us the words to describe our inequality. It separates out (disabling barriers) from impairment (not being able to walk or see or having difficulty learning).... Because the social model separates out disabling barriers and impairments, it enables us to focus on exactly what it is which denies us our human and civil rights and what action needs to be taken (Morris 2000: 1-3).

Mainstream thinking on disability

The academic focus within the social sciences and humanities prior to the 1990s represented disability in terms of individual 'functional limitations' or 'flaws', caused

by 'chronic illness' and/or the complex interplay between the 'abnormal' body/mind, individual coping strategies and wider societal attitudes (Barnes and Mercer 1996).

Despite the occasional public outrage at the horrors of residential life for so many disabled people, politicians, policy makers, and service providers saw little reason to depart from established ways of dealing with disability. To illustrate this point, Eric Miller and Geraldine Gwynne (1972), after investigating the experiences of disabled people living in institutions, accepted that 'severely' disabled people had little prospect of inclusion in mainstream society. As a result, the quality of disabled people's lives was reduced to a 'social death', but despite this the researchers only felt able to recommend an 'enlightened guardianship' approach. In practice, this 'solution' comprised a re-working of traditional policy intervention at the individual level.

Understandably, such studies attracted hostile criticism from disabled activists because they reinforced the personal tragedy standpoint, and confirmed the general approach to disability within the social sciences and humanities (Hunt 1981). The gathering politicisation of disabled people, coupled with socio-political analyses of disability and disabling barriers, had made little impression on academic or policy debates. This was in sharp contrast to the radical analyses of racism and sexism that quickly won favour.

Nevertheless, by the 1990s, the social model of disability was attracting increasing interest even among those hitherto hostile to radical campaigns led by disabled people. A social model allegiance was claimed by a broad range of organisations dealing with disability and related issues in both the statutory and voluntary sectors. Examples included the Leonard Cheshire Foundation (Carmichael, Brown and Doherty 2000), NHS Trusts such

as Liverpool NHS Primary Care Trust (Clarke 2002), local authority social service departments, as illustrated by Leeds City Council (LSSD 2001, 2003), and the Disability Rights Commission (DRC 2002). Yet, in practice, some of these have continued with traditional 'care' policies or done little to implement policies in line with social model thinking on disabling social and environmental barriers (GLAD 2000; Thomas, P. 2002).

A social model approach also attracted support on the world stage. Disabled People's International (DPI) agreed the significance of re-interpreting 'disability' in 1981, although it rejected the UPIAS formulation of 'impairment' and 'disability' in favour of 'disability' and 'handicap'. This was because of difficulties and disagreements over translation and interpretation. Subsequently, DPI Europe reversed this decision because of unease over the term 'handicap', but the choice of terminology remains highly contentious and fuels continuing debates about the cross-national applicability of the social model.

Notwithstanding such issues, the focus on social barriers has been introduced into various documents produced by the United Nations. A primary illustration is the *Standard Rules on the Equalisation of Opportunities for People with Disabilities* (United Nations 1993). A further influence has been identified on social policy in Europe (Oorshot and Hvinden 2001). Additionally, a broad social model perspective underpinned *Rethinking Care from Disabled People's Perspectives* sponsored by the World Health Organization's (WHO 2001) Disability and Rehabilitation Team. This comprised a two-year project and conference that involved professionals, disabled people, and their families from around the world. Moreover, WHO decided to replace the much maligned *International Classification of Impairments, Disabilities and Handicaps* (ICIDH) with the *International Classification of Functioning* (ICF) also known as ICIDH2, that explicitly

aims to integrate traditional medical and social model insights (WHO 1998).

ICF replaces the ICIDH use of impairment, disability and handicap with another three-fold framework – impairment, activity, and participation. It acknowledges that participation is the outcome of the inter-relationship between the ‘features of the person’ and ‘social and physical environments’ (Üstün et al. 2001: 6-7). While the importance attached to the social and physical environment in the ICF ties in with social model thinking, and it recognises the cultural influences on perceptions of disability, its classification system remains firmly grounded in western scientific concepts (Finkelstein 1998; Pfeiffer 2000; Miles 2001). Equally, the ‘bio-psychosocial’ approach retains the individual as the starting point for the analysis of bodily function and activity. Its concept of ‘participation’ is underdeveloped and linked to individual circumstances rather than grounded in social and political inclusion. Although potential users are encouraged to classify environmental factors, it fails to suggest effective tools to accomplish this task or to assess the disabling tendencies of government policies and practices, physical environments and cultural contexts (Baylies 2002).

Enter disability studies

In Britain, as elsewhere, the first signs that a social interpretation of disability was gaining credibility in higher education appeared in the 1970s. The Open University (OU) paved the way with a course entitled *The Handicapped Person in the Community*. This broke with the traditional designation of teaching on disability as solely concerned with health issues. Instead, its central aim was to provide professionals and practitioners with the knowledge and skills to support disabled people’s quest for greater autonomy. A later change in title - *The Disabling Society* – made explicit its social model foundations. Although discontinued in 1994, the course inspired the

development of disability studies within other educational institutions, particularly through its 'course readers' (Brechin and Liddiard 1981; Swain *et al.* 1993). In addition, academic and policy debates were stimulated by the launch in 1986 of the first journal devoted exclusively to social approaches to disability issues - *Disability, Handicap and Society* - re-named *Disability and Society* in 1993 – under the editorship of Len Barton and Mike Oliver. By the mid-1990s, disability studies programmes were gaining acceptance in a number of Universities and Colleges around the UK. Indeed, the first undergraduate course with the title 'disability studies' was introduced in 1992, and a complete MA programme a year later, by the Department of Sociology and Social Policy at the University of Leeds.

Disability studies as an academic subject area also took off internationally. In the United States, the first disability studies programme was established in 1977 following pressure from disabled activists and academics. The setting up of the American Disability Studies Association quickly followed in 1981 (Pfeiffer and Yoshida 1995). American writers were in the vanguard of (non-Marxist) socio-political analyses of disability (for example, Hahn 1987; Longmore 1987; Albrecht 1992). Moreover, the primary disciplinary location for disability studies in America was education and the humanities (notably cultural and literary studies, philosophy and law) rather than the social sciences, as in the UK (Linton 1998; Barnes *et al.* 1999; Snyder *et al.* 2002). In Canada, social model thinking has been more conspicuous in the disability literature, as illustrated by critical contributions from writers such as Marcia Rioux and Michael Bach (1994), Shelley Tremain (1996), and Rod Michalko (2002).

In Britain, early advocates of the social model perspective were critical of established social science disciplines; in particular, medical sociologists, both for

their acceptance of the IDIDH, and their focus on 'disease' and 'chronic illness' as the cause of 'disability' which was defined as individual functioning. Moreover, medical sociologists largely ignored or dismissed early writings around the social model. Indeed, there was a considerable chasm separating the Marxist and structuralist accounts of disability theorists and the prevailing interactionist and interpretative affiliations of the most influential contributions to the sociological literature on 'chronic illness and disability' (Bury 1996; Barnes, Mercer and Shakespeare 1999; Williams 1999).

Over the last decade, the range of disciplinary interests involved in disability studies has become much more cosmopolitan. In addition, the implementation of the social model has come under intense scrutiny from both activists and academics. The Marxist influences evident in early attempts to analyse disability in the British literature have been challenged by an increasingly disparate set of perspectives. These include interpretative and phenomenological approaches, feminism, and most recently, post-modernism and poststructuralism, with Michel Foucault (1980) a notable powerful influence (Davis 1995; Mitchell and Snyder 1997; Stiker 1999; Corker and Shakespeare 2002; Snyder *et al.* 2002). The materialist account of disability history (at least, as outlined by Finkelstein and revised by Oliver) was criticised as overly simplistic, for downplaying the role of culture and other 'non-structural' factors in the oppression/everyday lives of disabled people, and for ignoring impairment and recent debates around embodiment (Corker and Shakespeare 2002).

Nevertheless, attempts to develop a materialist or 'political economy' of disability to ground the changing relationship between impairment and disability have gained a new currency: for example, in studies of non-capitalist 'modes of production', and against the changing

character of capitalism. Such issues have been pursued in contrasting ways by a number of writers, including Marta Russell (1998) in America, and Brendan Gleeson (1999) in Australia. In a further variation of this theme, Carol Thomas (1999) has explored disability within a framework of feminist materialism. Indeed, debates within feminism have exercised a wider impact on disability studies, particularly in the transfer of issues raised in theoretical debates around sex and gender.

Critics also called for a social interpretation of impairment (as well as disability), and social modellers have acknowledged the force of this argument (Abberley 1987; Oliver 1996). In fact, the changing meaning attached to medical labels such as 'mental illness' and 'mental impairment' has attracted considerable sociological interest (Ryan with Thomas 1980; Foucault 1980). A further issue has been whether the social model is applicable to the circumstances of people across the range of impairments, particularly people with learning difficulties (Chappell 1998) and mental health system users (Beresford and Wallcraft 1997). The critics claimed that social model writings were responsible for the neglect of impairment-related experiences, the body and diversity particularly in terms of gender, ethnicity, age and sexuality (though not surprisingly, social class).

These issues divide writers on disability as well as highlighting the unease many disabled people feel about whether such academic debates have any positive material impact on their lives, and particularly their social exclusion. Indeed, as disability studies becomes more established as an academic discipline there is a risk that its engagement with disabled people and the issues with which they identify will diminish. At the same time, it is important not to underestimate the necessity and complexity of theorising disability that goes beyond any social model (Finkelstein 1996).

Re-thinking disability research

The challenge to the dominant 'personal tragedy' approach was reinforced in a critique of mainstream research on disability (Barnes and Mercer 1997). In a withering attack, Oliver (1992) condemns it as a 'rip-off' that has done little, if anything, to confront the social exclusion experienced by disabled people or initiate policies for social change. The roots of this suspicion can be traced back at least to the 1960s and the denunciation of academic researchers as 'parasites' on disabled people (Hunt 1981). This example illustrated the potential for tension between disabled people's interest in challenging social and environmental barriers and the concerns of those focusing on disability in academic and research institute settings (Germon 1998).

An alternative approach began to take shape as social model thinking on social oppression was absorbed into research practice (Oliver *et al.* 1988; Morris 1989; Barnes 1990). 'Critical theory' was a formative influence, with its emphasis on emancipatory goals, and a commitment to openly partisan inquiry. A crucial stimulus to taking these ideas forward was provided by a series of seminars funded by the Joseph Rowntree Foundation in the late 1980s and early 1990s. These led to a national conference and a special issue of the journal *Disability, Handicap and Society* in 1992. In this, Mike Oliver (1992) set out the rationale for 'emancipatory disability research'. This encompassed a political commitment to confront disability by changing: the social relations of research production, including the role of funding bodies and the relationship between researchers and those being researched; and the links between research 'findings' and policy responses.

The asymmetrical relationship between researcher and researched in mainstream social research was identified as a major reason for the alienation of disabled people

from the research process. A few key funding bodies control what research is undertaken, while researcher-experts control the research design, implementation and dissemination. As a consequence, the 'subjects' of research have little positive input or sense of active 'ownership' of the research process (Zarb 1992). Oliver suggests that emancipatory disability research should be distinguished by its stress on 'reciprocity, gain and empowerment' (1992: 111). This is highlighted in demands that researchers place their skills and knowledge at the disposal of disabled people.

Needless to say, debates among disability theorists have found expression in the disability research literature. A particularly contentious issue has been how far and in what ways research should focus on subjective experiences of disability and impairment, such as physical pain, fatigue, and depression (Morris 1989; Shakespeare *et al.* 1996). A further issue is the extent to which emancipatory disability research engages with wider social research debates about the merits of different methodologies and methods. There has been relatively little debate of the criteria that differentiate 'emancipatory' from other forms of disability research, or of the merits or appropriateness of specific methods of data collection and analysis. Disability researchers have however raised important questions about issues in undertaking research with people from different impairment groups, particularly people with learning difficulties, and mental health users (Beresford and Wallcraft 1997; Ward 1997).

Yet cautionary tales abound. The 'textbook' way of conducting emancipatory disability research is as likely to confront difficulties in practice as has been the experience of mainstream social research (Barnes and Mercer 1997). As Sarah Beazley, Michele Moore and David Benzie (1997) discovered, the lack of time and resources, the involvement of other 'stakeholders' with differing interests

and commitments, not to mention unforeseen 'interruptions', threaten to confound even the most resourceful researcher. Not all people so labelled consider themselves 'disabled' or are united on a theoretical and research agenda guided by the social model. This reinforces the need to ensure that emancipatory disability research is 'reflexive' and self-critical.

Debating the social model

This book contains twelve chapters on the social model of disability. These were first delivered as papers in a seminar series entitled 'Implementing the Social Model of Disability: from Theory to Practice' organised by the Centre for Disability Studies (CDS) at the University of Leeds. Funding was provided by the Economic and Social Research Council and CDS. The primary aim of the first two seminars (held in November 2002 and February 2003) was to reflect on theoretical and research debates since the 1980s. While social model thinking has provided a firm foundation for the development of disability politics and academic studies of disability, continuing debate is necessary if it is to maintain its relevance for disabled people.

In Chapter 2 Mike Oliver, chronicles the social model's history from its UPIAS origins through its use in training of social workers and other professionals in the early 1980s and, later, its adoption by the British Disabled People's Movement as a practical tool in the development of Disability Equality Training (DET). He notes how the social model has attracted criticism from some disability writers. Oliver insists that the social model should not be regarded as a social theory but rather as a practical tool for challenging disablism. He illustrates this potential in a review of the implementation of one local authority's policies for disabled people.

The theoretical underpinnings of a social model

perspective are analysed in Chapter 3 by Carol Thomas. She contends that the 'social relational' implications of the biological/societal distinction central to the UPIAS reinterpretation of disability led to substantial progress in identifying disabling barriers: economic, political, social and cultural. The theoretical challenge is to understand what gives form to and sustains these relationships – in such diverse areas as social structures, inter-personal relations, organisational practices, ideologies and discourses. She outlines a theoretical agenda and way forward for disability studies that spans: the political economy of disability; the psycho-emotional dimensions of disability; theorising difference; and, theorising impairment and impairment effects.

In Chapter 4, Bill Armer examines what he describes as the apparent contradictions of the 'radical' materialist account elaborated by Vic Finkelstein. He draws on a range of sources both within and outside the disability studies literature to criticise the emphasis on economic determinism as the primary cause of disabled people's oppression in late capitalist society. Instead, he argues for an account that prioritises the cultural dynamic of the normality/abnormality divide. While he accepts that Finkelstein's socio-political approach has proved an invaluable basis for understanding the production of disability, he outlines doubts over its utility in encompassing the economic and socio-cultural aspects of the disablement process.

Disability theory and the interface between disabled and non-disabled people are the primary concern of Claire Tregaskis' discussion in Chapter 5. She utilises her experience working as a disabled consultant with a mainstream environmental conservation agency to examine the often overlooked possibilities for disability theory to make connections with non-disabled people, rather than presenting disabled and non-disabled people

as in continuous and unchanging opposition, in order to initiate social change and more inclusive practice. She stresses the importance of disabled people securing their (multiple) identity, acknowledging difference without assimilating to the majority viewpoint, developing their understanding of power relations, and enhancing their communication and negotiation skills.

In Chapter 6, Donna Reeve argues that the social model must address both the structural and psycho-emotional dimensions of disability. She explores how the systematic exclusion from the mainstream of economic and social life has an adverse effect on the psycho-emotional well being of people with impairments. Internalised oppression or the negative reactions of others can 'disable' as effectively as any environmental barrier. She claims that the structural and psycho-emotional dimensions of disability are intertwined and mutually reinforcing. Since these psycho-emotional consequences of disability are particularly severe for many disabled people, their analysis should be accorded greater attention than hitherto in the disability studies literature.

Nick Watson extends the critique of the social model in Chapter 7. He focuses on its failure to examine the complex interplay between impairment and disability in the everyday experiences of disabled people. He argues for the development of a pluralistic approach to the development of disability theory and research. Citing the work of the German philosopher Axel Honneth, Watson challenges approaches to disability that view it exclusively in structural terms (following the UPIAS example), and advocates analyses of disablement as the withholding of social and cultural recognition grounded in the experiences of disabled people. Only then will disability politics be 're-invented' as a democratic movement.

In Chapter 8, Geof Mercer reviews the ways in which

social model thinking has influenced the emergence of emancipatory disability research. In tracing its trajectory over the past decade with reference to both disability studies and a wider social science literature, he identifies key issues and concerns for doing disability research. These extend to greater engagement with methodological debates within social research. He argues that those following an emancipatory research agenda must explore and explain disablism in all its forms in order to make a meaningful contribution to debates about how such knowledge can be used to advance the social inclusion of disabled people.

While Katy Bailey acknowledges the importance of the socio-political interpretation of disability in Chapter 9, she argues that social model accounts have become 'de-contextualised' by downplaying the socio-cultural environment in which these ideas were developed. This separation of the social model of disability from its social origins threatens a one-sided interpretation that has potentially negative implications for the development of a social theory of disability and emancipatory disability research. She highlights the potential and centrality of participatory methods in research that supports group-based discussion of the links between experience with knowledge production, and generally opening up and collectivising the processes of data analysis and theory development.

In Chapter 10, Mairian Scott-Hill foregrounds the complex issues of language and meaning in the research process. She warns against the uncritical acceptance of what she categorises as social model orthodoxy in disability theory and research. She illustrates with reference to several diverse case studies how the 'communicative' paradigm can enable us to research the 'messy side' of social life in all its complexity and subtlety. This, she maintains, represents a more rigorous and

reflexive approach to disability research that is more appropriate for the investigation of social relations across difference, collectivisation, and the mechanisms and structures of inclusive societies.

Research with children is the central focus for John Davis and John Hogan in Chapter 11. The authors report on their experiences in conducting a participatory research project with disabled children and young people in Liverpool. Besides documenting their participant's views on crucial issues such as the effectiveness of social services, respite care, education, health care, leisure activities, career services and disabled role models, Davis and Hogan reflect critically on the theoretical and practical issues that arose during their study. They emphasise the value and variety in participatory approaches, and the important contribution made by children and young people in the implementation of the project.

User involvement in research and policy formulation is the principal area of concern for Angie Carmichael in Chapter 12. She draws on a range of studies including her own small-scale empirical project that gave voice to disabled people with first hand experience of user consultation and involvement. She identifies some of the main barriers to the implementation of user involvement, and the significance of developing an equal partnership between disabled people, professionals and various agencies. She also explores key issues relevant to the future development of emancipatory disability research, in particular, the relationship between research, the disabled people's movement, and the on-going struggle for meaningful inclusion.

Finally, in Chapter 13, Peter Beresford reviews research and social model approaches within the mental health system users' or survivors' movement in comparison with the disabled people's movement. He identifies key

similarities and differences between the two movements, particularly with reference to the social model, partnerships with professionals, and user-led initiatives. In articulating the history of the mental health system users'/survivors' movement, their involvement in 'user led' research, he argues for the urgent development of a 'social model of madness' along similar lines to that of the social model of disability including its 'transformatory' aspirations, but which highlights issues of personal experience and social oppression.

Over the last three decades disability activists have established the social model of disability as a comprehensive critique of mainstream academic theories, and policy approaches. The contributors to this volume cover many issues central to theorising and researching disability. Taken together these provide ample testimony to the continuing vitality of debates around the social model in disability studies. We hope that they will prove a positive addition to the growing body of knowledge that underpins disabled people's struggles for a fair and just society.

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