Introduction: a brief history of theorizing on disability

Prior to the 1970s, to have an impairment was regarded as a ‘personal tragedy’ and this thinking existed not only within the wider public sphere but was also a major influence upon service providers and policy-makers. As Barnes et al (1999: 10) have commented, these prejudices and stereotypes had profound and unfortunate effects upon the lives of disabled people:

It seemed to dictate a life as a passive ‘victim’ characterized by social exclusion and disadvantage, and by dependency on assistance from family and friends and a ‘safety net’ of state welfare benefits and services.

Curiously however, despite social science’s history of exposing social inequalities, the position of disabled people in society had generated little research and had prompted almost no theoretical interest. Further, during the 1970s, strong objections began to emerge against the small amount of research and theorizing that had taken place during the 1960s, most notably in the work of Parsons on the sick-role and Goffman on stigma.

Parsons and Goffman

For Parsons (1951), for a society to function properly all of its members must play their appropriate roles. Health is viewed as the ‘normal’ state and is linked to optimum capacity. In contrast, illness is regarded as being akin to a form of social deviance since it is a disruptive and ‘abnormal’ state. Since illness along with deviance of all types is viewed
as a threat to the smooth functioning of the system, it must be managed and controlled. The first part of this management of illness, Parson’s termed the ‘sick role’ which he perceived to be a form of sanctioned social deviance, controlled and managed by the medical profession. For Parsons, power imbalances between doctor and patient are necessary to serve the interests of society and such relationships are entirely benign.

As previously stated, however, Parsons’ work and his notion of the sick-role have been heavily criticized. Firstly, it has been argued that the sick-role is an ‘ideal type’ that, whilst being of some benefit when seeking to understand acute illness, does not relate as successfully to the experience of long-term or permanent impairments/conditions. Secondly, this sick-role theorizing has been criticized for failing to take a more critical stance towards the role of doctors and other therapeutic professionals. The sick-role model tends to assume that the role of these health care professionals is to seek to ‘normalize’ the disabling consequences of a particular illness in a manner that clearly reflects the psychological notion of ‘adaptation’. As Albrecht (1992: 74) has commented, this ‘idealised process seems too facile’. Many disabled people have rejected this perceived role of the health care professional, claiming that it has led to them being treated as objects and manipulated against their wishes into abnormal lifestyles. Further, Oliver (1996) has proposed that such thinking is the result of the ‘psychological imagination’ and rests upon assumptions made by non-disabled people about what it is like to have an impairment.

This notion of illness as a form of social deviance is also to be found in the work of Goffman, although he elaborated the idea rather differently. In *Stigma: notes on the management of spoiled identities*, Goffman (1968) broadly defined the term as ‘abominations of the body’ and went on to list as examples such things as physical deformities, differences according to ‘race’ or religion and faults of character. In each case, the notion of the ‘normal human being’ becomes a normative system for grading those who are perceived to have a ‘stigma’ and for categorizing them as being ‘not quite human’. Goffman then went on to consider how people seek to manage their ‘spoiled identities’, for example how people with an acquired disability manage their re-identification, or how those with a more visible ‘stigma’, the discredited, differ from those with a less visible ‘stigma’, the discreditable.

The current consensus within Disability Studies appears to be that in moving theory on from Parsons in this way, Goffman’s work must be considered of considerable value. Equally, however, it is clear that