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**DISSERTATION:**  
***"Psychoanalysis and Disability:  
An exploration of the utility of  
psychoanalytic methods and  
analyses in the interrogation of  
social responses  
to impairment"***

**Supervisor: Prof. Leslie Swartz**

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# Abstract

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The utility of a critical psychoanalytic approach in interrogating societal responses to disability is discussed, making use of experiential accounts of visually impaired university students gathered via group analytic methods. The re-integration of psychoanalytic thinking and methods into disability studies is contextualised within a review of approaches to disability, including the "medical" and "social" models, post-structuralist and discourse-oriented accounts, and phenomenological research. The application of psychoanalytic concepts within critical disability studies is described, incorporating defence mechanisms associated with responses to disability, and an analysis of such issues as the discourses of "independence" and "acceptance and denial", altruistic behaviour surrounding disability, and the psychic need for "otherness". Internalised oppression within disability is considered. As an example case, visual impairment is given particular attention, from a predominantly psychoanalytic perspective. Issues including the phenomenology of "visually impaired experience", psychic evocations associated with blindness, blindness and socialisation, and early developmental issues pertaining to blindness, are explored. The (theoretical and manifest) relationship between disability, psychology and psychotherapy is investigated. Issues surrounding the data-gathering, including visual impairment within the researcher, the utility of analytic and interpretivist approaches in disability research, and questions surrounding the delineation of experience, are handled within a brief review of research concerns surrounding disability. Experiential accounts of visually impaired students are presented as themes, with some psychoanalytic interpretation provided, by way of bringing illustration and life to the conceptual frameworks described. Conclusions are that a psychoanalytic approach to disability issues holds much promise in the critical interrogation of structural and cultural responses to impairment, since it is posited that it is within the realm of intra-psychic and archaic emotional phenomena that oppressive responses to disability originate, and are shaped.

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# Introduction

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The phenomenon, the experience, the construct, of "disability" is one which, during the course of this century, has evoked a plethora of institutional and philosophical responses and understandings, with theoretical developments often being characterised by considerable force and politicisation. Of course, the disability phenomenon is one which has a history as long as that of humankind itself, with the subjective struggles associated with exposure to perceived frailty or vulnerability stimulating a vast array of cultural formations, religious rituals and interpretations, political policies, service installations, linguistic conventions, and the like. It is the exceptional propensity of disability to evoke emotional responses of a powerful and visceral order, that has often led to persons with impairments being confined to positions within society which are marginal, which deny the right to an equivalent contribution to the production of culture. A broad traversal of the development of (modern) thinking about disability, renders a picture of powerful forces, simultaneously socio-political and intra-psychic, existing in fragile equilibrium, whilst inconsistently containing universal (internal) anxieties and threats of (political and psychic) revolution.

For much of the twentieth century, institutional understandings of, and responses to, disability, have been dominated by what has come to be termed the biomedical model of health care practice. This model, situated as it is within a philosophical paradigm which regards illness or disability as residing within damaged bodies (Kleinman, 1986), has been severely criticised for its inattention to the context of societal responses to disability which serve to systematically exclude and disadvantage individuals with certain impairments (eg. Abberley, 1996; Barnes, 1990; Lunt, 1994; Marks, 1999a; Oliver, 1986). Conceptions of disability which have thus construed the locus of experienced difficulty as being "within" the individual have been (critically) termed "personal tragedy theory" by proponents of the "social model" - a politicised and critical societally contextualised view of disability (eg. Barnes, 1990; Oliver, 1986). The "social model" aims to debunk the ways in which the biomedical paradigm is purported to have oppressively situated disability-related difficulties within "damaged" bodies, rather than in societies which cater selectively to the needs of persons constructed as nondisabled (Abberley, 1987; Barnes, 1990; Lunt, 1994; Marks, 1999a; Oliver, 1990). As such, the social model may be regarded as embodying a politically adversarial response to medicalised constructions of

disability. Post-structuralist and social constructionist thought (Gergen, 1985) has further attempted to interrogate traditional and reified notions of disability, serving to demonstrate the "disabled" identity to be one selectively, yet arbitrarily, inflicted on persons whose needs are systematically disregarded within the structure and functioning of "western" societies (Ingstad & White, 1985; Marks, 1999a; Murphy, 1995; Wendell, 1996). Ideas and attributions associated with the "disability" label, such as notions of personal tragedy and dependency, have similarly been critically deconstructed (Barnes, 1990; Lonsdale, 1990; Marks, 1999a). Such deconstruction serves to crystallise a conception of the predicaments of persons with disabilities as arising through the perpetuation of disablist ideological machinery which serves to maintain, justify and obscure oppressive political relations (Bartky, 1990; Corker & French, 1999; Marks, 1999a). Via discourse analysis, the relationship between the ideological environment and the political and personal subjectivities of disability may be explored (Corker & French, 1999; Marks, 1999a; White, 1995). It is in this endeavour that phenomenological research, which aims to give voice to the subjective life-worlds of persons with disabilities, has essential relevance (Ferguson, 1992; Finkelstein & French, 1993; Morris, 1992; Marks, 1999a). However, much disability research has been regarded by persons with disabilities as alienated from their experience, and hence alienating, rendering the need for methodological care and vigilance surrounding the political relationships of such research (Barnes, 1992, 1996; Morris, 1992; Shakespeare, 1996).

Views of the disability phenomenon within psychoanalytic thought have similarly been characterised by strong positions, with concomitantly strong and politicised adversarial responses. Early psychoanalytic conceptions of disability often regarded persons with impairments as "unanalysable", due to "their" typically having poorly developed egos and primitive defence structures (Asch & Rousso, 1985). Causal links were posited, which attempted to firmly associate disability with various forms of psychological illness, notably narcissistic psychopathology (Asch & Rousso, 1985; Marks, 1999a). The emergence of the social model, thus, embodied a rigorous disidentification with such research writing, due to its subscription to individualising and pathologising modes of understanding disability experience. Psychoanalysis, with its traditionally individual and intra-psychic focus, became regarded (by critical social model theorists) as an approach which would inevitably serve only to compound stereotyped beliefs surrounding disability, thus serving potentially to justify discriminatory practices such as segregation (Lenny, 1993). With notable exceptions (eg. Sinason, 1992), psychoanalytic thinking was expelled from a politicised disability

movement which (understandably) regarded the sociological analysis of group identity and oppression as the exclusive route toward emancipation.

However, very recent theoretical developments have seen the incorporation of a new and critical psychoanalysis into disability studies. The work of Deborah Marks (Marks, 1999a) exists at the forefront of new research endeavours, which aim to re-appropriate psychoanalytic constructs in the interpretation, and debunking, of social formations surrounding disability (Marks, 1999a; Sinason, 1992). Such psychoanalytic interrogation attempts to make sense of structures, policies and relations surrounding disability in terms of the intra-psychic emotions and anxieties which disability tends to evoke in the other (Marks, 1999a; Menzies-Lyth, 1988; Shakespeare, 1994). Familiar notions such as denial, dependency, altruism, and a myriad of disability-related ideas and interventions, are thus revisited within a mode of psychoanalytic interpretation which examines their (intra-psychic) defensive utility. Put another way, social phenomena surrounding disability are understood as the products not only of a rational consideration of the issues and needs of persons with disabilities, but also of the need to maintain intra-psychic, organisational and societal defences against the anxiety-provoking evocations with which disability has become associated.

Visual disability, by way of example, has historically been associated with a host of predominantly negative or threatening symbolic meanings and evocations, coalescing into stereotypes, to be acted upon via health and other social services (Popplestone, 1989; Rowland, 1985; Scott, 1969). Previous psychoanalytic accounts of blindness have constructed persons without sight as being not psychologically whole, and implied that the nature of "blind experience" is inherently different, and hence unknowable, to "sighted persons" (Popplestone, 1989; Rowland, 1985; Wright, 1991). Congenitally blind persons were posited to relate to others, and conceptualise the world, in a manner qualitatively different from that of persons with sight (Wright, 1991). Critical and contextualised accounts, however, have viewed the "blind identity" as a social accomplishment, rooted in control, and the internalisation of disablist ideology (Goffman, 1963; Marks, 1999a; Scott, 1969).

Against this backdrop of conceptual and political wrangles, it is unsurprising that the "relationship" between the disability movement, and psychology and psychotherapy, has been a complex and fraught one (Lenny, 1993; Oliver, 1993). Critical disability theory has strenuously rejected psychological models of disability which have

borrowed concepts from grief and bereavement theory in attempting to "map" disability experience (Abberley, 1993; Finkelstein & French, 1993; Oliver, 1995). In addition, psychological theorising on disability has been criticised for its purported ascription of emotional distress exclusively to the loss of bodily ability, whilst neglecting to recognise the impact of discrimination and oppression.

This dissertation will broadly trace the theoretical and philosophical journey outlined above, aiming thus to critically contextualise and further the re-integration of psychoanalytic thought into disability theory. It is the essential thesis of this work that it is via intra-psychic investigation that the oppression of persons with disabilities is to be most incisively deconstructed, and hence societally eroded. It is within the realm of unconscious fantasies, impulses, and archaic feelings, that some of the defining templates of modes of interpersonal, institutional and societal engagement with disability are to be encountered, and hence deconstructed.

After a review of the literature described, incorporating extensive commentary, case material will be presented by way of giving life to the concepts and analytic methods described. The case material to be considered surrounds the subjective experience of visually impaired students at a tertiary educational institution in South Africa. Psychoanalytic methods of research were used to gather the data, within the context of group psychotherapy, which was facilitated by myself (I am trained as a clinical psychologist). Pertinent to the aforementioned methodological and epistemological debates regarding the delineation and interpretation of disability experience, is the fact that I am myself severely visually impaired. This aspect of my identity and experience potentially renders certain insights, as well as silences, in my analysis of the experiential accounts of others (Bliss, 1994; French, 1993c; Hurd, 1996; Livia, 1996). These issues will be considered.

A number of themes emanating from the group process, incorporating many aspects of the experience of disability in all arenas, are presented. Furthermore, being situated within a psychoanalytic framework, some interpretation of the material in terms of the nature of intra-psychic processes will be provided. Whilst it is clear that aspects of group identity such as race and gender are of profound importance in mediating the subjective spaces inhabited by, for example, university students, these are not to be focused on here. Nor do I intend here to provide an analysis of identity issues in South African tertiary education. The current research does, however, form the initial part of a larger investigation, which will include consideration of the impact

of such mediating factors as race and gender on subjectivity. Further, it is not my intention, through presenting the case material, to make any form of numerical or quantitative sociological assertions. Rather, via psychoanalytic and interpretist methods (Berg & Smith, 1985; Ferguson et al, 1992; Sinason, 1992), I aim to evoke thought and discussion regarding the (I believe) pivotal role which psychoanalysis has to play in the development of critical disability studies. In this regard, this dissertation represents the pilot stage of a larger research endeavour, aiming to more broadly and systematically explore the potential of critical psychoanalytic thinking in interrogating social formations (from cultural representations to service installations) surrounding disability in South Africa.

I thus proceed to a review of theoretical understandings of disability (Chapter 1), which will contextualise the current re-emergence of psychoanalytic approaches, to be described thereafter (Chapter 2). Visual impairment is given special attention, in order to enrich the exemplificatory use of the case material. Following this, issues in disability research are considered, incorporating my identity and position as a visually impaired researcher (Chapter 3). Finally, the case material is presented in the form of themes extracted from the group process, along with illustrations and interpretation (Chapter 4). The brief Conclusion will thereafter recapitulate central ideas.

# ***chapter one***

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## **Theoretical Orientation I:**

### **Understanding Disability: Body and society, ideology and experience**

#### ***A terminological note***

As in all fields of study and concern which evoke uncertainty, anxiety and strong emotions of various kinds in individuals, shifting trends of political correctness with regard to terminology have been a feature of disability studies literature. Not having the space to do justice to these debates here, I have undertaken, for the purpose of clarity, to make use of only one of the many conceptual distinctions which continually emerge. This is the distinction between impairment and disability, as delineated by Finkelstein and French (1993). They define these concepts as follows:

*Impairment* is the lack of part of or all of a limb, or having a defective limb, organ or mechanism of the body.

*Disability* is the loss or limitation of opportunities that prevents people who have impairments from taking part in the normal life of the community on an equal level with others due to physical and social barriers.

With these basic notions in mind, let us now turn to a critical consideration of the various ways of thinking about and describing disability which form the philosophical legacy of disability studies literature.

#### **The "medical" and "social" models:**

During the course of this century, predominant patterns of institutional social response to issues relating to disability in western societies have been situated within the ambit of a biomedical philosophy. The essence of this orientation towards disability is argued to lie in its ascription of the experience of disability to deficiencies located within the individual (Abberley, 1996, p.61). In other words, biomedicine aims to identify the nature of bodily disorders in terms of structure and / or function,

which are viewed as the essence of impairment as well as disability. Thereafter, it endeavours to intervene on these disorders in a manner which restores the body to a proposed pattern of normative and optimal functioning.

The so-called "medical model" of understanding disability, which has historically deeply permeated social service institutions concerned with disability, has come under heavy criticism for its neglect of consideration of the role which social formations play in disabling impaired individuals through systematic exclusion, marginalisation and discrimination of many forms.

### **Criticisms of the medical model**

The "traditional" biomedical model of health care practice refers to an orientation which prizes the physiological and biochemical processes of the body as the locus of illness, and hence of curative intervention. Within this paradigm, the interpretive strategy is oriented towards "dialectically exploring the relationship between symptom and somatic disorder" (Good & Delvecchio-Good, 1980, p.165). It is this philosophical position which has become the lingua franca of health care relationships. However, the model has suffered burgeoning criticism, not least with regard to its implementation within the realm of disability-related social services.

The dominant biomedical model of practice, rooted as it is within a hierarchy of epistemologies in which biology is prized above all else as an explanatory paradigm (Feinstein in Good & Delvecchio-Good, 1980, p.165; Kleinman, 1987, p.450), is regarded as ideologically problematic in its perceived failure to take account of the socio-political environments within which illness and disability are experienced. With regard to disability, Abberley writes that the model attempts to "link together the experiences of an individual in a logic which attributes disadvantage to nature" (Abberley, 1996, p.62). In other words, it is argued that medical responses to disability have tended to (reductively) focus attention on the "illness" or "impairment" of individual bodies, implicitly locating responsibility for the socially situated struggles experienced by persons with disabilities within the perceived "flaws" in themselves. Marks (1999a) asserts that the medical model functions to justify the exclusion and marginalisation of persons with disabilities, via its tendency to explore, explain, and intervene upon, disability, at a level of medical solutions to physical defects (Marks, 1999a, p.75). Through the vector of biomedical practice, an overt and covert imperative toward "independence" is mobilised, calling upon persons with disabilities

to strive for a mode of functioning which is as "normal" as possible, while negating an interrogation of social structures and facilities which are designed with the needs of only a proportion of the population - the "nondisabled" - in mind (ibid.). Furthermore, the medical model is argued to obscure the social origins of impairment - that is, to attribute the loss of physical abilities or faculties to intra-individual factors, in a manner which precludes or obviates a potential indictment of modes of production and exchange within society which may be structurally hurtful or damaging to individuals (Abberley, 1987, p.10; Csordas, 1988, p.416; Oliver, 1986, p.16). Thus, the involvement of social factors in the production of impairment, as well as disability, is presented as "secondary or peripheral to the major identified patterns of 'natural' causation" (Abberley, 1987, p.10).

Writers within the field of disability studies have critically reframed the response of the medical model to disability by reconceptualising biomedicine's individualising orientation as "personal tragedy theory" (Oliver, 1986, p.6). This term serves to highlight the essential aspect of what, it is asserted, is an inherently oppressive version of disability - that is, the idea that disability is something which "happens" to individuals, with its plethora of complexities, struggles and consequences being ultimately reducible to, and explicable in terms of, the characteristics and (dis)abilities of individual persons. It is this notion of disability being a phenomenon which exists within individuals that underpins the medical model's prizing of a striving for "independent" ways of living for persons with disabilities, simultaneously reaffirming the tacit but profound message that the implications of living with impairment within a discriminatory society are squarely the responsibility and exclusive predicament of the individual (French, 1993d, p.45). Oliver (1986) characterises the biomedical mode of conceptualising and responding to disability as one which effectively "blames" the "victim" of social ills. He likens an understanding of disability as personal tragedy to the attribution of poor educational achievement to individual deficits, or to an understanding of poverty as being the result of character weakness (Oliver, 1986, p.16; Ryan in Oliver, 1986, p.16). As in other such oppressive attributional accounts, the individualisation of explanations of struggle serves, in the case of disability, to perform a depoliticising function: "the onus is very firmly placed on disabled people to cope and adapt in a society adapted to the needs of nondisabled people" (Oliver, 1981 in French, 1993d, p.45).

Barnes (1990) asserts that the ideological hegemony of the "personal tragedy" view of disability, besides obscuring broad social relations of oppression surrounding

disability, also performs a function of "professional expediency" for health care professionals. Here, the location of disability within the individual shapes a situation in which health care practitioners are protected from accountability for the failure of impaired individuals to achieve institutionally determined rehabilitative goals, as such failures are self-evidently ascribed to perceived inadequacies within the body or psyche of the impaired person (Barnes, 1990, p.6). Furthermore, exoneration of the practitioner concerned, as well as the interventive framework being implemented, from responsibility for outcome, means that the nature, structure, philosophical underpinnings and power relationships of the intervention go un-interrogated (ibid.).

Within a Foucaultian discourse analysis tradition, Stiker (1982) traces the development of what may be described as a medicalistic rehabilitative fervency back to the first world war. He argues that the vast numbers of impaired persons produced by the conflict laid the foundation for an acute paradigm shift in western societies' responses to impairment, establishing notions of "replacement, substitution and compensation" as the benchmarks of medical rehabilitation. He writes: "As the catastrophe of war required reconstruction, so damaged people were to be rehabilitated, returned to a real or postulated pre-existing norm or reference, and reassimilated in society" (Stiker, 1982 in White, 1995, p.267). This professional fervency, in conjunction with the often anxiety-ridden psychic evocations associated with disability, serve to shape a mode of clinical interaction in which practitioner engagement with the (sometimes) immutable experienced realities of impairment is precluded, since the inability to somehow "repair" damage is experienced as unbearably painful (Sinason, 1992, p.58).

Marks (1999a) draws attention to what she terms a "moral zeal" with which "health" is pursued by "modern medicine". The meanings associated with disability which underpin this zeal are propounded through the powerful and eloquent medium of health care dispensation, serving thus to propagate and reproduce a sense that ill health or disability are not appropriately integratable within conceptions of community or humanity (Marks, 1999a, p.75). "Thus", she comments, "disabled people experience, in sharper relief, the medical disciplinary technologies which are used to regulate all people in modern society" (ibid.).

The bureaucratic delineation of categorical boundaries between disabled and nondisabled people, with their profound concomitant implications for participation in production as well as all other forms of societal engagement, is argued to have been

catalysed by the process of modern industrialisation. New and ever more highly differentiated patterns of labour division arising during the industrial revolution led to the imperative toward the separating out of the differently abled, manifesting over time in increasingly structural segregation, the rise of institutionalisation, and the entrenchment of a myriad of constitutional forms of discrimination (Finkelstein, 1980 in Barnes, 1990, p.10). Foucault's notion of the "disciplinary power" of the factory (Foucault, 1977 in Barnes, 1990, p.10) had particular, specific and profound implications for persons with impairments, with perceived deviance in ability from the ideals of capitalist production rendering violent eviction from the worker community.

Finkelstein (1980) anticipates a burgeoning era of the liberation of persons with disabilities arising through an increasingly politicised interrogation of systematic exclusion and discrimination, along with the development and implementation of modern assistive technology, which is seen as increasingly facilitating equitable participation in production and societal functioning (Finkelstein, 1980, in Barnes, 1990, p.10). However, the taxonomy of disability-related conceptual tools developed and adopted by the World Health Organisation (WHO) during the 1970s has been criticised for its (argued) overt reaffirmation of a medicalised emphasis in disability policy (Marks, 1999a, p.54). The WHO policy orientation is regarded as excessively stressing the need for health interventions which prevent impairment, rather than focusing critical attention on identifying and combating structural and procedural forms of discrimination which disable persons with impairments (ibid.).

In sum, Stiker characterises medical-rehabilitative responses to impairment as embodying a dangerous "passion for similarity" which, he asserts, inevitably brings with it "repression and rejection" (Stiker, 1982 in Ingstad & White, 1995, p.8). The reificatory action of the medical model in its processing of disability imbues infirmity with a seemingly self-evident existence and definition, operationalised through taxonomic criteria for diagnoses and degrees of severity (ibid.), which serve both to obscure and to justify a constellation of differential and unequal societal responses to disabled persons. Embracing, as it does, these and other criticisms of the "medical model" of disability, the "social model" can be understood as a politically adversarial response to biomedical practice, as it strives to explore and debunk the role which health care, as well as other societal institutions, have played in the oppression of disabled people.

## The social model

The social model places the concept of oppression at the epicentre of its analysis of the disability experience (Abberley, 1987, p.5). Whilst actively and vociferously problematising the medical model's individualising account of disability, the social model directs attention to the complex of societal and environmental barriers which serve to oppress, exclude, demean, and otherwise disadvantage persons with impairments (Marks, 1999a, p.1). The locus of disability is thus inverted from individual to society, with its essence and origins being sought not in the bodies of individuals, but in the selective, yet arbitrary, failure of society to adapt to the needs of individuals with certain impairments (Abberley, 1996, p.61; Lunt, 1994, p.226). Within this framework, the term "disability" represents a dynamic and complex system of "social, financial, environmental and psychological disadvantages inflicted on impaired people" (Abberley, 1987, p.17) by a society which takes no or little account of their existence in the design and organisation of its functioning (Abberley, 1996, p.62). Blindness, thus, is an impairment, whilst the selective availability of literature in modalities accessible only to sighted persons, is a socially condensed, and politically mediated, disability (French, 1993b, p.17).

The social perspective is an inevitably political position, which rejects the dominant, normalising and oppressive constructions of disability, while simultaneously affirming the legitimacy, humanity and value of disabled modes of being (Abberley, 1987, p.17). The tacit reification of the "objective" and abstracted nature of disability within biomedical practice is replaced with a view which regards disability as being intersubjectively socially constructed (Berger & Luckman, 1966; Finkelstein, 1980; Oliver, 1990; all in Lunt, 1994, p.226). This conceptual reformulation occurs within the context of a critique which stresses the rise of capitalism as a central element in the development of a constructed notion of "disabled people" as a discrete group (Oliver, 1990 in Lunt, 1994, p.226; Abberley, 1987, p.17). The inherently political nature of sites of institutional engagement with disability is thus brought into strong relief, with the situatedness of experienced impairment within the exigencies of selective access provision, uncertain health care, discrimination and prejudice, lending to impairment a deeply social aspect, which overwhelmingly determines its lived meaning (Abberley, 1996, p.63).

The social model, notwithstanding its conceptualisation of the phenomenon of disability as a socio-historically mediated entity, nevertheless is itself situated within a

realist philosophical approach, which holds that "things" such as "impairments" exist in the world independently of the manner in which they are culturally constructed (Marks, 1999a, p.17). In contrast to this position, a post-structuralist approach makes no provision for direct perception of "the world"; instead, only versions of "reality" can be accessed, and perceived through the mediating lens of social process (ibid.). Within this framework, the subject is a fundamentally negotiated entity, without identifiable stable or essential characteristics (e.g. Impairment) - identity is coalesced wholly via social interchange. Whilst subtle conceptual differences can be identified between "post-structuralist" and "social constructionist" epistemological orientations, for the purpose of this discussion, centred as it is on the utility of these orientations in unpacking the notion of disability, I have found it useful to conflate these. The notion of discourse and discourse analysis, also described in terms of its theoretical promise for disability studies, deserves particular attention.

### Post-structuralism, discourse, and the social construction of disability:

Ingstad and White (1995) highlight the arbitrarily determined constructedness of the "disabled" identity via cross-cultural comparative research. Such investigation renders the startling finding that, in many cultures, one cannot be "disabled", since no corresponding recognised linguistic category is available (Ingstad & White, 1995, p.7). While "blind" and "lame" people, for example, are described in such communities, "the disabled" do not exist (ibid.). A post-structuralist view aims to wrest the ownership of knowledge about disability from the hands of medical and social science researchers who seek to reproduce "disability knowledge" within a "western conception of objective, individualistic, ahistoric knowledge" (Gergen, 1985, p.272), in a manner which demonstrates and interrogates the arbitrarily delineated and socially condensed nature of categories such as] "disabled" and "nondisabled" (Burr, 1995 in Marks, 1999a, p.75).

Murphy (1995) describes how, whereas medicalised versions of disability would portray the body as the site of difficulties, it is in the constructed myths surrounding disability, and in the social actions which are their logical correlates, that disability is to be "found" (Murphy, 1995, p.140). Thus, it is argued that it is not "disabled people" in the abstract upon which we should focus critical attention, but rather on "the ways in which the labels are produced and reproduced in social interactions within

institutional and cultural contexts" (Marks, 1999a, p.79). Such an analysis would elaborate a theoretical portrayal of disability as being the "result of perceptions rooted in social practices which mark out *some* differences as being abnormal and pathological" (ibid.; my emphasis).

A common-sense example which demonstrates the societal and medical policing of what are arbitrary, yet clearly defined and politically substantial, categorical boundaries between "disabled" and "non-disabled", is the following: Let us consider a person who wears spectacles for myopia, and one who uses a wheelchair due to a lower spinal injury. Both have an identified form of "illness" which is (arguably) usefully (partly) managed by the use of a form of assistive technology - that is, a wheelchair and a pair of spectacles. However, it should be clear and conspicuous that these two individuals would inhabit different and separate categories, and be ascribed contrasting salient social identities, within most societies. The use of spectacles by the person with myopia would be an issue of, at best, minimal salience in his / her daily interactions. The issue would have virtually no impact on his / her mode of education, or the accessibility of employment. Little or no effect on the development of relationships, or the perceived sexuality of the individual would manifest. In short, the use of spectacles would not serve as a marker of difference - the spectacle user is not "disabled". Now, whilst the two cases appear philosophically indistinguishable, a consideration of the wheelchair-using person's experience renders a dramatically contrasting picture. A familiar and seemingly self-evidently appropriate internalised categorical system tells us that a person who uses a wheelchair is "disabled", has a "disability", and belongs to the group of "disabled people". This designation quickly ushers in a constellation of socially condensed and reproduced associations to the identity. These may manifest in a myriad of ways: it may be deemed appropriate that this individual be educated at an institution separate from his / her peers; ideas about "appropriate" or "realistic" forms of employment may severely delimit his / her career potentials; he / she may be regarded as asexual; his / her life may be imagined to be one characterised by isolation, struggle, anger, withdrawal, and loss. In short, he / she would be designated as "disabled", with this identity rendering a constellation of associations, including unequal power relations, fears, myths, exclusions, and discrimination of many forms.

The contradictions inherent in the foregoing vignette are further accentuated by Haraway's (1991) philosophical consideration of the "cyborg". A cyborg is a creature composed of two organisms, or of part organism and part machine. Hence, persons

who have received organ transplants, use prosthetic limbs, or have undergone the implantation of, for example, artificial valves or joints into their bodies, could be regarded as cyborgs (Marks, 1999a, p.11). However, it is further asserted that, everyday life in western societies is becoming ever more saturated with increasingly complex functional interfaces between body and machinery, serving to heighten the blurring of body boundaries - elements which were not initially "our body" may be becoming part of "our body" in "ways which philosophically are indistinguishable from those body parts with which we were born" (ibid.). These developments occur against the backdrop of a burgeoning conception of the body as a fluid, changeable process - bodies can be modified, beautified or otherwise augmented; sexes can be changed; body parts may be substituted for parts of other humans, animals, or machinery, and one may present oneself in cyberspace with any form, voice or character one chooses. (Swartz, 1998, p.235-236; Turkle,1996)The crux here is that the aforementioned cultural phenomena are arguably incompatible with hegemonic notions of "wholeness", thus rendering the corollary construct of "the broken body and the damaged mind" equally philosophically untenable (Haraway, 1991 in Marks, 1999a, p.11-12).

Marks (1999a) notes how the notion of dependency, as associated with persons with disabilities, does not exist independent of discursive and socio-political processes. Rather, it is through the politically mediated distribution of social resources and services, and the corresponding hegemony of oppressive constructs of disablement, that this ideological artefact is perpetuated (Marks, 1999a, p.105). The example of Martha's Vineyard is illustrative here: The 18th century settler community on Martha's Vineyard (an island off the east coast of North America), carried a genetic factor causing congenital deafness. Inter-marriage within the isolated community meant that the population of deaf persons grew dramatically, at one time embodying 1 in 4. The patterning of societal development which occurred as a result of this burgeoning "disabled" population presents at once a poignant demonstration of the ideological constructedness of modes of relating surrounding disability, and a damning indictment of the justifications for dominant practices of exclusion. What occurred was the development of a mode of engagement amongst all community members which involved the use of sign. This was learned by hearing persons not as a humanitarian gesture, framed as an "additional" way of being or relating, but rather in a manner of true inclusiveness, simply as part of the language usage of the community. Hearing persons would describe how, even when a deaf person was not present, conversation might shift from the vocal to the sign modality, perhaps

because it was in this language that the idea being shared could best be articulated (Marks, 1999a, p.75; also see Sacks, 1989).

What the case of Martha's Vineyard so emphatically demonstrates is the true origins of discriminatory modes of relating surrounding disability, and the intricately constructed ideational (ideological) underpinnings of these, as social accomplishments rather than the inevitable elaborations of nature. Wendell (1996) draws attention to the broad spectrum of modalities via which disability is socially constructed. These range from social conditions that straightforwardly create illness and injury, to "subtle cultural factors that determine standards of normality and exclude those who do not meet them from full participation in their societies" (Wendell, 1996, p.35). The binary, thus, between ability and disability, is maintained via a plethora of social processes. These range from social structures, such as the differentially accessible nature of the built environment, and the political organisation of the medical profession, to symbolic representations of disability in the popular media, in literature, and in art, which serve to legitimate and perpetuate disabling images and constructs (Marks, 1999a, p.184).

The notion of discourse is one which attempts to provide a conceptual core around which an understanding of the political forces inherent in the tacit assumptions underpinning modes of social interchange may begin to be coalesced. A framework is thus provided for analysis of the operationalised working of intricately justified systems of beliefs and practices which serve simultaneously to enforce and obscure relations of social control. Clearly, thus, the framework has implications for the analysis of social relations surrounding the issue of disability.

## **Discourse and disability**

As persons with disabilities, Corker and French (1999) describe their understanding of lives steeped in discursive meanings surrounding disability: "We became aware that...our worlds were also made up of overarching and totalising discursive practices which objectified and defined one of us as 'hearing impaired' and the other as 'visually impaired'" (Corker & French, 1999, p.1). The constraining and potentially oppressive forces mobilised by discursive beliefs and practices arise as a result of the broader, "nondisabled" society's infliction of politically and economically embedded sets of ideas as to what is an appropriate and acceptable way of being for disabled persons (French, 1999, p.21). These ideas and expectations are then

implemented in a manner which serves to contest, and attempt to reshape, the identity of the impaired individual (ibid.).

The image of these forces of social control as portrayed in a Foucaultian model of interpellation (the process by which individuals are recruited into the assumptions, workings, and ultimately reproduction, of discourses), is a yet more insidious and atrocious one. Foucault uses the metaphor of the Panopticon, a model prison, to articulate his conception of the irresistible, yet dehumanising, discipline engendered within individuals by a social order bent on optimal production through uniformity and control (Bartky, 1990, p.64). The prison, representing as it does the profound, yet unconscious predicaments of individuals within a society dominated by unseen forces, induces a situation in which awareness of constant isolated visibility renders an internalisation of systems of regulation, such that "each becomes to himself his own jailer" (Foucault, 1979 in Bartky, 1990, p.64). Establishment of a regime of self-surveillance thus signals that disciplinary control of the body has inculcated itself in the mind (ibid.). Discourses surrounding particular impairments, as well as disability as an entity, which prevail in western societies embrace often highly elaborated scripts of acceptable modes of being and behaving (e.g. See Robert Scott's treatment of "blindness" as a learned social role (Scott, 1969)). These scripts are often thoroughly rooted in humanitarian or social science frameworks, carefully articulated and justified so as to appear self-evidently appropriate, and framed as the rational conclusions of objective and apolitical processes of research and development. Yet they are, in fact, fundamentally shaped and mediated by political, cultural, economic and, crucially, deeply subjective intra-psychic forces, with this bundle of constraints impacting upon the destiny of individuals in a potentially definitive manner.

Let us consider the ideological critique of the medical model, as expressed in Foucault's words: "What was then being formed was the policy of coercions that act upon the body, a calculated manipulation of its elements, its gestures, its behaviour... The human body was entering a machinery of power that explores it, breaks it down and rearranges it... Thus, discipline produces subjected and practised bodies, 'docile bodies'" (Foucault, 1979 in Bartky, 1990, p.63). The "docile" bodies of persons with disabilities are those of people who have been successfully assimilated into a world view which acknowledges, prizes and strives for an illusory and constructed ideal of wholeness or normality, with the resultant exerting of forces which work to extinguish ways of being which do not show an attempt to approximate that ideal. Thus, we

encounter the prizing of "independence" in the mobility of blind persons, the (historically pervasive) perceived "necessity" of the training of deaf children in vocal communication, and a myriad of other examples of the imperative toward "normalisation". Interestingly, however, in areas where essential deviations from functioning which attempts to approximate "normal" are inescapable, it is my perception that the nature of alternative ways of living is defined not by the disabled persons concerned, but in terms of institutionally ratified policies and prescriptions. There are, I submit, "right" and "wrong" ways to live with disability, in terms of the evaluative tolerances of a society unprepared to manage difference. The work of Robert Scott (to be more thoroughly explicated later), tracing the "socialisation" of American adults into the role of "blind persons" during the 1960s, captures the issue at hand. He writes of how the many specific aspects of the blind identity are inculcated in the individual: "They [aspects of the 'blind role'] are acquired through ordinary processes of socialisation, in which he [the blind person] is rewarded for behaving in ways that conform to the putative social identity reserved for the blind and sanctioned for behaving in ways that do not conform" (Scott, 1969, p.14).

The "docility" of interpellated bodies, within Foucault's (1979) framework, incorporates a form of control which is uninterrupted, and thus exercises coercion not only on the results of bodily activity, but rather on the very nature of ongoing bodily processes (Foucault in Bartky, 1990, p.63). Such a "micro-physics of power" serves to fragment the body in time, space and movement, simultaneously obscuring the reality of its being occupied by a regimen of constraining ideas and ideals which originated in the external world of power (ibid.).

The above analysis, along with social constructionist and social model theory understandings of disability, whilst attempting to deal vigorously with the social construction and reproduction of disability, have been criticised for making inadequate theoretical provision for an analysis of impairment. That is, the (political) imperative to emphatically relocate disability within discriminatory social relations has rendered an eviction of the body, and, arguably, the person, from critical theorising on disability. The exclusive valorising of disability characteristic of the social model has been argued to itself embody distinctions of value and power which, through marginalising impairment, constrain and impoverish the potential of discourse in "creating", as well as (crucially), "challenging", disability oppression (Corker & French, 1999, pp.2-4). Lupton (1995) advocates a "dialectical approach to the body", which recognises not only the manner in which social discursive machinery acts to

shape the character and experiencing of bodies, but also valorises the location of bodies in nature (Lupton, 1995 in Marks, 1999a, p.93). This position regards experience as being coalesced within a "symbiotic relationship between the body and society, which defies determinism of either a biological or social constructionist nature" (ibid.).

It is both startling and worrisome to appreciate Corker and French's (1999) essential critique of "the current framework of disability theory" - that is, that within the theoretical provisions of the framework, there are no people with disabilities. Rather, disability is regarded as residing exclusively in social space, with impairment concomitantly being theoretically disowned, and hence condemned to medicalised consideration and circumscription (Corker & French, 1999, pp.3-4). Implicit within the political strategy of social model theory is the imperative to "not talk about impairment", since such utterances or writings may be misappropriated by those wishing to reproduce a conception of disability as "personal, pathological, and impairment-specific" thereby "preventing or blocking disability equality" (Darke, 1998 in Corker & French, 1999, p.3). However, this position embodies a potentially oppressive misapprehension - that is, that all disability experience is reducible to the products of the interface between individual and society. The social model is, arguably, deeply inculcated with a poignant irony, which may be impoverishing and de-legitimising the full articulation of the mosaic of disability experience (see my personal thoughts on this issue below in Research Methodology). French (1993) crystallises the issue, describing how her complex and multi-faceted experience of visual impairment is simply not adequately described as "entirely socially produced or amenable to social action" (French, 1993b, p.17). Thus, current disability studies theorising reflects a burgeoning call for analysis which extends beyond the purely socio-political, to focus attention on the "embodiment, representation and psychic experience" of disability (Lupton, 1995 in Marks, 1999a, p.93). Such an analysis would be founded on a conceptualisation of the relationship between impairment and disability as mutually constitutive, and both "materially and discursively (socially) produced" (Corker & French, 1999, p.6).

White (1995) provides a further critique of discursive approaches to the analysis of disability rooted exclusively in the societal realm. Through negating the roles of individual psychic and embodied aspects in constituting disability, the impression is created that the tacit and overt messages and implications of discourses and institutional practices around disability manifest themselves in a direct and

unmediated manner on the lives of individuals. Succinctly put, White vigorously problematises the hitherto uninterrogated relationship between discursive practice and the subjective experience of people with impairments (White, 1995, p.268). Priestley (1999) concurs, emphasising that identity is constructed not only through the impact and delimitations of external disciplines (or discourses), but also through the garnering and articulation of self-knowledge (Priestley, 1999, p.92). It is thus the relationship between the social process of objectifying through discourse, and the reflective and experiential process of subjectifying (White, 1995, p.268) via the exploration and elaboration of intra-psychic processes, that requires close attention. It may be useful, thus, to look toward phenomenological or hermeneutic research into disability, in the hope that such work may provide conceptualisations with which to make sense of this theoretical void, via an examination of subjective experiences of both impairment, and discursively embedded disability.

### The utility of phenomenological research:

The term "phenomenology" is used here to denote research which aims to explore and describe individual, experiential and interpersonal aspects of disability (Marks, 1999a, p.1). Research initiatives described as undertaking a "narrative", "hermeneutic", "interpretive", or "subjective experience" approach to the exploration of disability, whilst subscribing to certain conceptual and methodological variations, may, for our purposes, be reasonably subsumed under the rubric of "phenomenology". The essence of this investigative mode lies in its attempt to give voice to the experienced realities of individuals, aiming thus, perhaps, to establish conceptual links between sociological analyses, and lived experience, of disability. Ferguson et al, for example, working within an interpretivist paradigm, asserted in 1992 that research which regarded disability not as an "entity" waiting to be "discovered", but rather as a complex of socially constructed experiences waiting to be "described", would gain ever increasing prominence over the following decade (Ferguson et al, 1992, p.295). This prediction seems to have been proven correct.

Marks (1999a) notes how disability research of a narrative nature tends to focus attention away from "abstract theorising", whilst bringing the reader closer to the "messy and complex embodied realities of lives" (Marks, 1999a, p.184). Contrary to historical attempts at medical / theoretical capturing of categorical information regarding disability, the experiences of disability rendered here are typically diverse,

ambivalent, conflicting and in process (ibid.). This diversity and uniqueness of experience emerges in stark contrast, as well as in political response, to foregoing disability research, which has latterly been extensively criticised within social model theorising on disability. A considerable legacy of disability research, predominantly rooted in empiricist biomedical methodological principles, and strongly associated with individualistic modes of attribution, has come to be rejected as oppressive by critical disability studies authors (e.g. Barnes, 1992, 1996; Morris, 1992; Shakespeare, 1994, 1996; Zarb, 1992). Morris (1992), in her critique of this research legacy, draws attention to how more traditional models "do not easily allow a space within research for the absent subject" (Morris, 1992, p.159). Such medicalised analyses, it is argued, potentially manifest in the "voice of medicine" drowning out the "voice of the life-world" (Kleinman, 1986, p.129), rendering research material which is experienced by persons with disabilities as objectifying, alien, and alienating (Morris, 1992, p.159).

The need for articulation of an "emancipatory paradigm" for disability research has been voiced (Zarb, 1992, p.127). Such an orientation would seek to facilitate a process of research authorship being taken by disabled people, rendering a new and legitimately subjective ownership of the definition of oppression, and of social reality (Morris, 1992, p.159). Accounts which provide experiences, images and insights into the ways in which "disabled people, and others, make sense of, cope with, manage and overcome disabling social and physical barriers" (Finkelstein & French, 1993, p.32) have the ability to imbue the body of disability studies research with an immediacy, authenticity and viscerality which may bring critique, as well as credence, to developing theoretical frameworks. The admission of such research represents a divergence from initial theoretical routes mapped by social model theorists, whose explicit rejection of methodological individualism also embraced a militant discarding of "psychologically inclined" modes of explanation (Shakespeare, 1994, p.283). "Materialist" sociological analyses (e.g. Oliver, 1990), are argued to have rendered a reduction of the "social body" to "physical capital" (Bourdieu, 1986 in Corker & French, 1999, p.4), coalescing as research which is estranged and unembodied.

Morris (1992) believes that the paucity of cultural representations - research-based or otherwise - of experiences of illness, ageing, pain, or physical or intellectual impairments, relates to the fear that the nature and universality of these experiences evokes (Morris, 1992, p.1). The neglect of conceptual attention to impairment within social model theory could be accounted for similarly (Shakespeare, 1994, p.283).

Zola (1982) argues that the need to deny or obscure human frailty or fallibility is a Western cultural artefact (Zola, 1982, p. 12-13). It is, further, a damaging side-effect of this denial that it renders a depletion of the human resources universally needed to deal with the fallibility which is an inevitable part of ontogeny. The need, however, for the distancing and disavowal of impairment, pain, illness or death maintains the exertion of manifold social forces which serve to "mute the vocabulary of experience" (ibid.).

Earlier, I noted the hitherto axiomatic imperative to "not talk about impairment", for fear that such utterances would be misappropriated for the perpetuation of oppressive discourses and institutions (Darke, 1988 in Corker & French, 1999, p.3). Here, Lourde (1990), with reference to gender oppression, completes a poignant and ironic, but not unfamiliar, double-bind, by urging us to the contrary - she writes: "...if we do not define ourselves for ourselves, we will be defined by others - for their use and to our detriment" (Lourde, 1990 in Morris, 1992, p.1). Brown (1996), reflecting on the potentially oppressive appropriation of gender research, comments phlegmatically that "social science is usually about someone else or something out there" (Brown, 1996, p.129), thus reaffirming the need for vigilance regarding the risk of objectification, and the crucial importance of primary authorship.

Perhaps the most significant contribution which phenomenological accounts of disability can make lie in the ability of this form of research to capture and elaborate the subtle aspects of experience which would otherwise fall into the cracks between theoretical concepts. French (1993b) describes how aspects of her experience of partial sight cannot be satisfactorily ascribed to "impairment", yet are also not able to be altered by manipulation of social or environmental factors (French, 1993b, p.17). Rather, these aspects of experience occupy a "middle ground", simply embodying part of the subjective space from which she experiences and acts upon the world. If a process is to be facilitated whereby persons with disabilities increasingly occupy a position of full and legitimate participation in the production of culture, it is fundamental and imperative that formal and informal discourses be coloured with a sense of the social and experiential worlds of persons with impairments. I emphasise strongly, however, that the inclusiveness which I advocate is not one based on a focal "addition" of images and experiences of impairment in popular and academic culture. By contrast, it is an inclusiveness born of an embracing of human diversity on a myriad of levels, which acknowledges the self-evident appropriateness of multiplicity in cultural productions and representations, such that individuals

occupying a range of worlds and predicaments are assured that not only their experiences, but their selves, exist. Furthermore, such mirroring furnishes individuals with an internalisable experience of their lives being worthy of contemplation, and with evidence that suffering and struggle are not always natural, but instead the consequences of asymmetric distributions of power (Griffin, 1982 in Morris, 1992, p.163). Phenomenological research has the potential, thus, to substantiate within individuals a sense of the intersubjective legitimacy of experiences of struggle, such that feelings of dissatisfaction, discomfort, grief, anger, and rage, are not attributed to madness or defects in personality, but regarded as sane responses to pervasive and deeply insinuated oppression (Morris, 1992, p.163). Morris (1991) frames the imperative as follows: "We can insist that society disables us by its prejudice and its failure to meet the needs created by disability, but to deny the personal experience of disability is, in the end, to collude in our oppression" (Morris, 1991 in French, 1993b, p.18).

Thus, the long-standing antipathy which sociological accounts of disability have maintained toward narrativity have come to be ever more emphatically challenged by voices of disability experience which urge us to recognise not only the complexity of socially embedded experience, but also the imperative to the self-authorship of disability identity (Thomas, 1999, p.49). Somers (1994) recapitulates: "...it is through narrativity that we come to know, understand, and make sense of the world, and it is through narratives and narrativity that we constitute our social identities" (Somers, 1994 in Thomas, 1999, p.50). The re-entry of the individual into disability studies which is heralded and affirmed by this recognition of the potential role of narrative research, may be regarded as one which has occurred in the face of considerable resistance, relating to the risk of the oppressive misappropriation of accounts of disability experience. Put another way, it was long felt within the ranks of a highly politicised social model disability movement that experiential accounts of disability could be misused as confirmation of the legitimacy and appropriateness of oppressive institutional and discursive structures, rooted in categorical and essentialist notions of disability identity. Such notions, which permeate the history of institutional medical responses to disability, have also characterised a legacy of psychoanalytic research writing on the psychological "sequelae" of impairment. It was also with regard to this literature that the emergence of the social model represented a thorough and militant disidentification with the medical-institutional status quo. The history, thus, of psychoanalytic writing on disability reflects a tradition of "individualising" research rooted in essentialist notions of the relationship

between impairment and psychic functioning, resulting, with the rise of the social model, in a theoretical split which rendered the expulsion of psychoanalytic ideas from disability theorising on political grounds. Latterly, however, writers such as Marks (1999a, 1999b) and Sinason (1992), rooted in a critical and societally contextualised understanding of disability, have increasingly come to advocate the careful re-incorporation of psychoanalytic concepts and tools into disability studies, with care to preclude the oppressive misappropriations of old. Crucially, these concepts and frameworks are increasingly utilised not simply in the exploration of the psychic correlates of disability (if such exist), but rather in developing understandings of unconscious meanings, evocations and defence structures associated with ideas and images of disability in broader society, in order that such understandings may be used to interrogate the unconscious shaping of oppressive disability-related institutions and beliefs. I turn, now, to a consideration of psychoanalytic contributions to the study of disability. I am in the following chapter, as indeed throughout this dissertation, deeply indebted to the work of Deborah Marks (1999a and 1999b). Whilst I bring my own reading to the literature at hand, she has been responsible for bringing together what were hitherto disparate orientations and writers, particularly with regard to the re-admission of psychoanalytic thought into disability studies. Readers familiar with her work will clearly recognise her influence, for which I am grateful.

# ***chapter two***

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## **Theoretical Orientation II: Psychoanalysis and Disability**

### ***Outline***

The current chapter, forming as it does the (lengthy) thrust of the theoretical propositions of this dissertation, requires some preparatory outlining. It will proceed as follows: I begin by sketching the essence of psychoanalytic writing on disability prior to the emergence of the social critique, followed by an introduction to the “new” psychoanalysis of disability, focusing as it does on the influence of unconscious meanings of disability on societal responses to impaired persons. I reflect at various stages on what are, ostensibly, social model or social psychological interpretations of disability, but with an attitude of revisiting these ideas within a psychoanalytic frame of reference. The central symbolic issue of dependency versus independence, pertaining as it does as much to the human condition as to the disability experience, is critically considered, leading on to a more systematic treatment of defence mechanisms relevant to the analyses of responses to disability. I then take a critical look at altruistic behaviour surrounding disability, attempting to interpret unconscious motivations underpinning this, as well as the (universal) need for definitive identification of an undervalued “other” in society. Lastly, I turn to how disablist ideology has psychically situated impaired individuals, considering the notion of internalised oppression, and the contradictions of “denial” and “acceptance”. The reality of insoluble struggle and loss associated with impairment, an experience always in danger of being lost amidst the socio-political wrangling and symbolic hyper-vigilance surrounding disability, is then touched upon, to be more thoroughly considered in *Disability, psychology and psychotherapy*.

## Psychoanalytic thinking on disability:

### **The psychoanalytic legacy**

"In the aetiology of neuroses organic inferiority and imperfect development play an insignificant part. Neuroses make use of such inferiorities as a pretext, just as they do of every other suitable factor"  
(Freud, 1914)

Much of the legacy of traditional psychoanalytic research on disability has, arguably, either disregarded or misunderstood Freud's early reflections on the issue of an hypothesised relationship between impairment and psychopathology. Rather, many authors have sought to establish causal links between disabling physical conditions and neurotic (or psychotic) personality pathology, whilst also ostensibly exploring the degree to which the psychic impact of impairment is "inevitable, preventable or modifiable" (Asch & Rousso, 1985, p.4). Furthermore, the contention that persons with disabilities are, broadly, inherently "unanalysable" is frequently encountered in such work. It is assumed or implied that persons with disabilities typically function within the constraints of a primitive defence structure, with underdeveloped egos unable to tolerate the rigours and ambivalence of psychoanalytic psychotherapy (e.g. Bornstein, 1977; Ogden, 1974; both in Asch & Rousso, 1985, p.6). A familiar picture created within this work is one of persons with disabilities struggling to contain heightened levels of undischarged aggression, relating to unmanageable feelings of helplessness, frustration and resentment, within the context of stunted ego development (Asch & Rousso, 1985, p.5). A strong implied or hypothesised association of disability with narcissistic personality phenomena such as grandiosity, magical thinking, aggressiveness, fantasies of revenge or immortality, and castrative fantasies relating to defectiveness, is also encountered (eg. Neiderland, 1965 in Asch & Rousso, 1985, p.4).

Asch and Rousso's (1985) key and condemning critique of this "traditional" body of analytic research, is stated as follows: "Our major criticism... is that by asking what impact a physical disability has on adult psychopathology, many authors overlook the impact of parental, familial and societal treatment on the psychological development of their disabled patients" (Asch & Rousso, 1985, p.6). The accuracy of this observation is both compelling and disturbing, in that it demonstrates how issues or evocations associated with disability have led psychoanalytic researchers to

disregard or suspend basic theoretical tenets of their orientation. That is, it seems reasonable to assert that the authors and adherents of most psychoanalytic frameworks would place the influence of, for example, the primary family, in a position of centrality in the shaping of psychic functioning, be it adaptive or pathological. Yet, this seems not to be the case here. The hegemony of individualising modes of attribution relating to disability seems to have permeated the understandings of these workers to the extent that, *inter alia*, the role of the responses of primary attachment figures in shaping the experiences of self and other of their impaired offspring, is hardly interrogated. The presence of some exceptions serves to demonstrate the point – Lussier (1980), in describing an analysis with a young boy with severely under-developed and impaired upper limbs, concludes: “The boy seemed to be much more in need of confidence of his mother in him than in need of normal arms” (Lussier, 1980 in Asch & Rousso, 1985, p.7). The crucial role of patterns of attachment and socialisation of disabled children (for example), is thus left relatively unexplored. Critically, these socialisation processes may be profoundly mediated by oppressive associations with disability, as well as familial responses permeated with undigested unconscious evocations, serving potentially to dramatically shape the experiences of mirroring to which disabled persons are exposed. In sum, Asch and Rousso (1985) comment that much psychoanalytic and developmental literature on disability has served to “reinforce the generally negative or ambivalent attitudes about the mental well-being and potential for productivity and intimacy of people with disabilities” (Asch & Rousso, 1985, p.1).

It is in the wake of this legacy that Marks (1999a) initiates a re-focused, critical and societally embedded mode of psychoanalytic interrogation of the disability experience. She asserts that psychoanalytic enquiry has the potential to bring a “new and important embodied and psychological dimension to the critical analysis of disability” (Marks, 1999a, p.2). It may be argued, though, that whilst the more formalised introduction of psychoanalytic concepts into critical disability studies is a very recent development, ideas and understandings of disability-related social formations which may be regarded as making reference to intra-psychic or unconscious processes are by no means new. These positions may not be articulated in the idiom of defence structures and psychic mechanisms, but may nevertheless endeavour to draw our attention to symbolic or analytic pathways toward attributive understandings of social formations surrounding disability. Quite simply, these understandings attempt to address the question of why it is that disability evokes responses in individuals which serve to construct, justify and

reproduce oppressive and discriminatory social relations which position persons with disabilities on the margins of society.

Morris (1991) argues that images of disability have come, in broader society, to serve as painful and hence unwelcome reminders of the "frailty, vulnerability, mortality, and arbitrariness of human experience", rendering responses of fear and denial in the observer which serve to isolate persons with disabilities as "different" and "other" (Morris, 1991 in Shakespeare, 1994, p.286). Similarly, it is asserted that, in Western cultures, persons with disabilities have come to symbolise "broken, dysfunctional and damaged lives" (Marks, 1999a, p.12), "failure, frailty and emasculation", and come to function as a "counterpoint to normality...whose very humanity is questionable" (Gliedman & Roth, 1980 in Murphy, 1995, p.143). Shakespeare (1994) sees disabled people as symbolically appropriated by society as "ciphers" (or "dustbins") for those "feelings, processes or characteristics" with which nondisabled persons cannot deal, rendering the "cementing" of these negatively valued aspects to disabled persons (Shakespeare, 1994, p.287).

The seemingly pervasive notion that it is desirable, admirable, or even dutiful, for persons with disabilities to strive for a maximal attainment of "independence" and "normality" in modes of living could be understood as a fearful response to these symbolic evocations (Ingstad & White, 1995, p.7; Lonsdale, 1990, p.81; Marks, 1999a, p.21). If it is indeed the case that persons with disabilities function as "carriers" or "ciphers" for the unmanageable feelings and (subjective) characteristics of members of the broader society, it follows that the need to constrain, disguise or somehow reparate these aspects would manifest in the advocacy of a striving to "overcome" or "defeat" their (subjectively) tainting nature. In essence, what is rendered, therefore, is a situation in which the broader society places carefully overtly (medically, ethically) justified imperatives on persons with disabilities to strive for "optimal" approximations of normality, such that the undigestible feelings which are at the root of oppressive and stereotyped constructions of disabled people become experienced as, at most, defeated, and at least, disowned. Let us consider the notion of "dependence" versus "independence" by way of example.

## Independence

In the context of disability discourse, "independence" is usually taken as referring to "being able to live with as little reliance on the help of others as possible" (Lonsdale, 1990, p.81). Persons with disabilities are, in my opinion, subject to a hail of tacit and overt messages requiring and advocating that modes of living which ever more facilitate "independence" should be doggedly explored and striven for, whilst the hegemony of the belief that such "independence" is desirable at virtually any cost is seldom interrogated. In practice this means that a disabled person may experience it as more acceptable that he / she expend vast amounts of time, effort and emotional energy performing everyday tasks "independently", rather than allowing assistance which rendered these tasks easier and more routine, such that greater time and energy remained for more subjectively meaningful activities.

The "independence discourse" may be said to rest on the assumption that there is clear division between persons who are, and are not, "dependent" on others in a society such as ours. This, of course, is a misapprehension. Rather, the notion of dependency is a relative concept, applying to all social creatures in varying ways and degrees (Lonsdale, 1990, p.81; Marks, 1999a, p.21). However, whilst all humans experience and live with dependency, the degree to which dependency needs are construed as legitimate and admissible varies systematically with identity, notably with the identity distinction between "disabled" and "nondisabled" persons. It is an ironic truism, thus, that "dependencies" which pertain to the physical restrictions of impairment, or the disabling effects of societal structures which systematically exclude the needs of impaired persons, come to be regarded and experienced, by disabled and nondisabled persons alike, as amongst the least legitimate and permissible of such needs within the society. Succinctly put, it is my position that dependency needs become less admissible, and hence less able to be readily accommodated, as the degree to which these needs are perceived as relating to disability (or impairment) increases. Societies characterised by exclusionary and "othering" responses to disability immerse the lives of impaired persons in these imperatives from the earliest age. From the profound influences of early attachment figures, through special schooling and other forms of segregation, to a society saturated with systematic exclusions, the tacit requirement is that the disowned dependency needs of others be contained and "worked through" by those culturally constituted as damaged (Marks, 1999a, p.21). Furthermore, it is the selective neglect of the needs of "disabled persons" in the design of societal structure and

function which renders "them" easily reifiable as the "real" (and only) dependent persons in the society. A critical perusal of the situation, however, would clearly conclude that it is not the prevalence of dependency which varies systematically across disabled and nondisabled groups, but the manner in which dependency needs are differentially attended to (Marks, 1999a, p.93). Marks (1999a) provides this compelling illustration: lack of ramps in the built environment creates dependency needs amongst wheelchair users, who consequently need to be carried. Of course, provision of such basic access facilities would reverse the situation. However, a "nondisabled" person who relies on public transport to commute to his / her place of work daily would not be designated as "dependent" until, perhaps, transport was disrupted by a strike. Rather, he / she would be regarded as a "user", since his / her dependency needs had been obscured by societal provision (Marks, 1999a, p.93). Similarly, visually impaired persons are rendered "dependent" on others for access to the nourishment of the printed word via the installation and reproduction of library facilities exclusively in modalities which are unusable to them.

Now, let us consider the issue of dependency as conceptualised within a psychoanalytic framework. Psychoanalysis would view the universality of states of acute dependency as rooted in the attachment experiences of infancy. The lack of symbolic constancy and perceivable temporality of infancy renders experiences of vulnerability and need which are profound and, to the infant, undigestible. In the infant's as yet unholdable world, absence of the mother from view is experienced as her ceasing to exist, rendering internal threat from what Winnicott termed "annihilatory fears" (Winnicott, 1963 in Marks, 1999a, p.171). It is during this period of life that all, to a greater or lesser extent, have endured experiences of the undiluted dependency needs of infancy being inadequately met. Put another way, we all carry within ourselves places in which terror associated with the extreme vulnerability of our own unmet infantile dependency needs exists, and is felt, in a quite pure form. It is this store of primitive emotion which is often touched upon by exposure to persons with disabilities, rendering responses of hostility, avoidance or control, relating to unconscious needs for the containment of infantile anxieties. Needless to say, the unique constellation of fears and psychic states aroused in an individual by exposure to images of disability are fundamentally shaped not by the current stimulus, but rather by the personal and peculiar unconscious meanings which disability has been symbolically appropriated to account for. It is thus that Shakespeare (1994) conceptualises the role for which persons with disabilities are appropriated in societies such as ours as "dustbins for disavowal". Socially

constructed notions of the meaning of disability are used to define and redefine boundaries of dependency, ability and acceptability, functioning as symbolic instruments available for the use of members of "mainstream" society in the (legitimate) disowning of vulnerability, frailty, and fear. Shakespeare (1994) identifies popular media culture as performing a central role in the demeaning objectification, and symbolic appropriation, of persons with disabilities – he writes: "Disabled people are objects on to which artists project particular emotions, or which are used to represent specific values or evils... by demeaning disabled people, nondisabled people can feel both powerful and generous" (Shakespeare, 1994, p.287).

It is thus the endeavour of psychoanalytic enquiry into disability to explore and deconstruct the psychodynamic origins and bases of oppressive societal responses to disability. An even quite uncritical survey of examples of social service responses to disability renders readily available and remarkable cases of anomalous, skewed, oppressive, bizarre, dehumanising, rigid, and militaristic interventions, broadly characterised by (seemingly) excessive needs for the control and subduing of threatening emotional dangers. Why is this the case? Marks (1999a) regards the following questions as central areas in which psychoanalytic understanding can provide telling insights: she asks –

- What is the origin of the excessive emotional energy (be it sadistic, fearful or kind) evoked by images of disability?
- How do we account for patronising, hostile, or avoidant responses of nondisabled people?
- What "emotional payoff" is achieved by nondisabled persons' involvement in "altruistic" disability-related work?
- What typically unacknowledged existential anxieties has disability come to symbolise?
- Why are persons with disabilities repeatedly represented in popular media as dangerous, helpless, disordered or infantile?

(Marks, 1999a, p.22 [paraphrased])

A psychoanalytic deconstruction of responses to disability is centrally concerned with developing an understanding of the nature and utility of defence mechanisms utilised in association with images and notions of disability, such that the nature of societal and cultural structures surrounding disability may be understood as shaped and

mediated in terms of defensive needs. That is, psychoanalysis attempts to understand the shaping, in structure and function, of everyday and institutional responses to disability, in terms of the needs of individuals to maintain psychic equilibrium through dissociation from the pain, vulnerability and shame with which disability has come to be symbolically associated. I turn, thus, to a consideration of basic defence mechanisms, making particular reference to their relevance in understanding responses to disability.

## **Defences**

Marks (1999a) outlines the nature of certain key defences central to an understanding of the processes whereby persons with disabilities are maintained within identities of "otherness", and rendered available as receptacles for the unmanageable feelings of members of the broader community (Marks, 1999a, p.22).

### ***Splitting***

This form of defence is associated with primitive levels of psychic functioning, harking, therefore, to the acute and undigested fear states of infancy. The defence functions to make reality more manageable by reframing the world into clearly defined compartments characterised by binary dualities, such as good and bad, safe and unsafe, sick and well. Via this mechanism, the anxious experiences of loss of control associated with ambivalent or complex feelings about a stimulus, are avoided (Marks, 1999a, p.22). In the case of responses to the anxiety evoked by disability, splitting may manifest in the viewing of persons with disabilities as either "superhuman", or deeply helpless, as saintly, or malevolent, and so on.

The need to construct individuals in these terms may arise from threatening echoes of dependency, in concert with the fear of becoming impaired, and guilt over experiencing oneself as "able-bodied" (Murphy, 1995, p.143). Of course, part of the splitting process is that between observer and observed, between nondisabled and disabled, serving to reconstruct an illusory and essentialist notion of disability as a bounded and qualitative characteristic. During this process the observing individual defines him / herself in opposition to the disabled Other, who thus carries "the burden of difference, the excess, the surplus that will not fit" (Burman, 1996, p.138).

### ***Projection***

Projection is the psychic process by which individuals disown or disavow subjectively unmanageable feelings by ascribing or attaching these to others. It is via this mechanism, in combination with splitting, that disabled persons come to "carry", to be seen to own, the unwanted or intolerable vulnerability or dependency of others. Splitting may occur within the observer subsequent to projection, since the resultant experiencing of contact with disability as deeply anxiety provoking (due to its having been imbued with painful psychic material), may render the need for control via reconstitution of the disabled individual as "brave", "gifted" or "strong". It may be hypothesised, in light of the foregoing, that individuals whose parenting during infancy was less attuned, or who suffered cruelty or neglect, would, due to the raw state of internal dependency, experience reminders of need and vulnerability as particularly unbearable (Winnicott, 1992 in Marks, 1999a, p.23).

### ***Idealisation***

The mechanism of idealisation functions as a defence against anxiety-provoking destructive impulses (Klein, 1952 in Marks, 1999a, p.161). Subsequent to the projection of disowned feelings of shame or vulnerability onto a disabled individual, the observer may unconsciously experience hostile, sadistic or homicidal impulses toward him / her, in response to the unspeakable feelings which he / she now embodies. These frightening urges are quickly suppressed and obscured by the action of idealisation, which imbues the impaired person with abilities, virtues or desirability, providing unconscious guilt-ridden compensation for the unrealised violence.

### ***Reaction formation***

This response involves the unconscious obscuring of unmanageable feelings by behaviour which seems to starkly contradict them. For example, an individual in whom contact with disability, due to inadequate empathic attunement during infancy, renders sadistic or hostile impulses surrounding an unconscious identification with a withholding parent, may manage or disown these feelings through "altruistic" disability-related work (Marks, 1999a, p.23). Freud's association of pity with disavowed sadism is relevant here (ibid., p.24).

### ***Rationalisation***

In the case of rationalisation, guilt-evoking impulses of unconscious origin are managed through the construction of conscious and coherent justifications for the actions they inform (Marks, 1999a, p.24). With reference to disability, I illustrate with the following: Some 100 kilometres outside my home city is a small town which has, over the past several decades, developed into a centre for disability social services. These include residential special schools for visually and auditorily impaired children, and residential sheltered employment facilities for sensorily, physically and multiply impaired adults. Now, the conscious explanation for the location of these services, and hence their consumers, in a small rural town, surrounds issues of safety – for example, persons with sensory impairments are regarded as far safer in an environment not characterised by the busy streets and heavy, fast-moving traffic of the city. However, a critical psychoanalytic interpretation of the policy may render an alternative explanation – that is, that at an unconscious level policy-makers were drawn to service development initiatives which made provision for the location of disabled people out of sight, out of the everyday social world. Perhaps such an evacuation of persons with disabilities from the ken of the broader community served to facilitate the fulfilment of an unconscious wish that “damaged” people, and, more importantly, the emotional “damage” which they embody, do not, in reality, exist. It is, in my experience, a familiar scenario that the manifest, overtly described objectives of disability-related social services fall easily and unproblematically on the uncritical ear, within the context of a tacit culturally entrenched belief environment which, broadly, affirms “helping” and “support” as necessarily and self-evidently good and admirable. Put another way, we tend to feel uncomfortable, even outraged, at the questioning of the motives of individuals and organisations which purport to expend time and effort in “helping” those “less fortunate than us”, in a manner sometimes traceable to strands of religious doctrine. This culture of “helping”, tending to be regarded, at baseline, as unproblematically praiseworthy, renders a situation in which the possible, and pervasive, latent and unconsciously motivated mediating factors impinging on the implementation of disability social services remain obscured.

In the foregoing illustration, the social service organisations concerned, steeped as they are in self-conscious religious-altruistic orthodoxy, tend to be experienced by the observer as unassailable to critique, since their motives are reconstructed as overwhelmingly above reproach. On the level of consciousness this may well be the case, but, as I have attempted to demonstrate, the potentially pervasive influence of the powerful unconscious responses evoked in individuals by the disability

phenomenon, requires careful, candid and critical reflection. It is clear to me that the nature of institutional and cultural responses to disability, if left uninterrogated, will tend toward ever more not being shaped by the nature of the needs and predicaments of those whose lives are at the centre of the struggles at hand, but by the projected intra-psychic defensive profile of a community unready to reflect on its unvoiced pain. With lives in the balance, vigilance and critique around these issues is fundamental.

A central aspect of the psychoanalytic examination of institutional social service provision relating to disability (be it state or charity based), surrounds the question of the psychic underpinnings of "altruistic" endeavours. Marks (1999a, p.22), for example, urges the exploration of what psychological "payoff" is gleaned by such workers, with a view to thus psychically contextualising and interpreting the ways in which organisations construct and situate persons with disabilities.

## **Altruism**

Skygger (1991) characterises the unconscious essence of the "helping" relationship as follows: "I'll look after you if you look after the bit of me I can't look after" (Skygger, 1991 in Marks, 1999a, p.109). It is thus hypothesised that persons unable to own and digest their own feelings of rage, unacceptability, helplessness, fear, and shame may be drawn by unconscious forces to situate themselves in an environment in which they are set up in disidentifying binary opposition to "dependent" or "vulnerable" people, whilst simultaneously securing a degree of vicarious acknowledgement, and mastery, of those parts of their inner worlds which have been denied voice.

Fenichel (1990) understands pity, and altruistic actions stemming from it, as the endpoint of a process of psychic transmutations originating in the pain of uncontained or shamed dependency needs. The experience of pity emerges, via reaction formation, as the reconstitution of sadistic impulses arising from a defensive identification with a cruel or abandoning attachment figure. In other words, shame-ridden dependent parts of the self are evoked by confrontation with the "helpless" figure of a disabled person, rendering hostile responses stemming from the need to distance the self from vulnerability through identification with a misattuned parent. The culturally unacceptable and hence anxiety-provoking aggressive impulses are then transformed, through guilt, into pity and attempts at reparation (Fenichel, 1990 in

Marks, 1999a, pp.166-167). As noted earlier, the overwhelmingly positive sanctioning of "charity" or "humanitarian" work recreates the field of social services surrounding disability (and other undervalued "groups"), as one generally uncritically accepting of would-be participants, notwithstanding and without concern for the personal motivations which individuals bring. Crucially, the (possible) intra-psychic needs of care workers for the disavowal of dependency renders the (unconscious) necessity for perpetuation of a construction of disabled people as broken, helpless, and necessarily and appropriately dependent. It is via these mechanisms, as well as for the fiscal purpose of attracting support through garnering pity, that charity organisations reinforce prejudice against persons with disabilities, and thereby entrench exclusion (Marks, 1999a, p.167). Clearly, however, it is not only within the realm of disability social service organisations that the (illusory) binary opposition between able and helpless, normal and malformed, capable and vulnerable, is maintained for the purpose of reaffirming the conscious experience of acceptability and untaintedness, but also within the broader social context.

Bollas (1987) regards the need to excessively and consciously construct oneself as "normal" as evidence of what he terms "normotic illness". Individuals manifesting this personality style tend to be "too stable, secure, comfortable and socially extrovert" (Bollas, 1987, p.136). More importantly, the style incorporates a mode of psychic functioning which manages subjective (emotional) states via a process of externalising de-symbolisation, whereby internal states come to be experienced as external material objects (ibid.). What is rendered, thus, is a subjective world dominated by rationality and objectivity, in which compelling experiences of imagination or empathy tend to be rare or precluded (ibid.). This need to eradicate subjective life from the self is argued to be rooted in the failure of key attachment figures to accurately mirror, and hence affirm, a child's inner reality (Marks, 1999a, p.171). What Bollas (1987) provides, thus, is a formalised model of personality functioning within which the need for constant reaffirmation of the differentness between self and other, between normal and abnormal, forms an essential part of the maintenance of psychic equilibrium. Within the picture of individual construction of the world which such a mode of functioning provides for, there is little or no space for reflection on how one's internal states mediate perceptions of the other. Hence it is that persons with disabilities, for example, are considered to be experienced and regarded as helpless, simply because they are so. The buried knowing of early misattunement maintains the mobilisation of lines of defence which guard against the elaborating and experiencing of parts of the self which show up as deeply subjective

and unique, since allowing such parts to live would render the unbearable pain of unresolved, and (subjectively) unknowable, separateness. Vulnerability, helplessness and need, therefore, can only be allowed to dwell in another.

### **The psychic need for “otherness”**

Drawing on Lacanian psychoanalytic theory, Hollway (1995) writes: “Throughout an individual’s history, meaning has been achieved, consciously and unconsciously, in relation to others. Since infancy, we have used significant others as vehicles for containing some of the ambivalent feelings which it is difficult to acknowledge in ourselves” (Hollway, 1995 in Kitzinger & Wilkinson, 1996, p.8). The crucial point here pertaining to the disability experience is that the emotions and subjective states so readily associated with, and “dumped” onto, disability, are by no means peculiar to disabled people. On the contrary, they are universal aspects of the human condition, existing, independent of our permission, in all of us. Struggles with issues of acceptability and desirability, the fear of exclusion or rejection, the allowing of vulnerability, the experience of helplessness, the fear of being unlovable – within all are parts which harbour these fears and struggles; notions and images of disability simply provide convenient, tangible and sanctioned objects for their elicitation and management. However, the lack of realistic and even-handed representations of the experience of disability, working in concert with the utilisation of “the disabled” as containers for unconscious conflicts, ensures that the perceived “emotional experience” of disability remains regarded as not only different to the normative struggles of human life, but as inconceivable and alien to the subjectivity of “nondisabled” people (Wendell, 1996, p.43). Simultaneously, though, a consideration of psychoanalytic accounts of unconscious feelings, fears and struggles surrounding normality and acceptability reveals that “those aspects of disability which generate most anxiety are precisely those areas of human experience which many people struggle with” (Marks, 1999a, p.170).

The need to consciously circumscribe one’s social identity and group membership, situating oneself in a subjectively favourable position as regards out-group identities (eg. Tajfel & Turner, 1979), thus co-functions with intra-psychic defensive needs for the construction of self in opposition to undesirable, broken, weak, or vulnerable, “others”. Cixous and Clement (1975, 1986) regard this need for “othering” as so basic to psychic functioning that “if there were no other, one would invent it” (Cixous & Clement, 1975, 1986 in Kitzinger & Wilkinson, 1996, p.8 - my emphasis). The

tendency toward othering thus creates the space for an experience of self as coherent and cohesive – the notion of “madness” is reconstructed in order that “unmadness” continues to pertain to the observer, whilst the phenomenon of disability reaffirms the reified and illusory awareness of “able-bodiedness” (Oliver, 1990, p.47). The coalescing picture, thus, is of socio-politically constructed categories and practices of social closure (rooted, for example, in capitalist wage labour), constituting a facilitative environment for the functioning of intra-psychic defensive structures providing for the unconscious need for refuge.

Oliver (1990) traces the emergence of bureaucratic indexing, and hence societal “othering” of persons with disabilities to the rise of capital wage labour, in the context of the industrial revolution (Oliver, 1990, p.47). It is argued that such overt and operationalised awareness of the “differentness” of persons with disabilities, manifesting in segregation and the reification of the group of “disabled people”, did not exist prior to industrialisation. Referring to the middle ages, Stiker (1982) writes: “deformity is neither indexed nor excluded, nor organised nor especially considered: it is there, and in the bundle of misery, it must be given mercy” (Stiker, 1982 in White, 1995, p.268). The implication, thus, is that “persons with disabilities” have not always occupied the space of decisively “other” that “they” now, arguably, inhabit. Rather, it seems that via the process of increasingly rigorous bureaucratisation, involving the garnering of segregated and different destinies for persons classified as “disabled”, persons with disabilities have come to be constructed in a manner ever more facilitative to the externalising, “othering”, defensive needs of the broader society. Responses of biomedical health care to disability could only be said to have supported this process, ratifying and reconstructing views of persons with disabilities as broken, tragic figures, worthy of “our” sympathy.

Fiedler (1978), in his extensive history of the cultural phenomenon of “freaks”, approaches the issue (like Cixous & Clement, 1975, 1986) from a premise which states that humans in society will tend to find, or create, the “monsters” they need, in order to maintain functional psychic existence (Fiedler, 1978, p.25). Fiedler advocates that it is toward depth psychology that we must turn our investigations, and, in particular, to basic conflicts regarding the limits of our bodies and egos, if we are to make sense of the needs of individuals to compose, recreate and experience “others” in particular, sometimes highly emotive, ways (ibid.). Until the early part of this century, “freakshows” are argued to have provided one societal mechanism within which these psychic processes of externalising, constructing and

(re)experiencing one's inner world could be undertaken. Fiedler writes: "We are the freaks', the human oddities are supposed to reassure us, from their lofty perches. 'Not you. Not you!'" (Fiedler, 1978, p.31). The universality of needs to construct an other as "monstrous" or "deformed" stems from the chaotic, deeply unconscious psychic experiences of bodily changes during development. It is during childhood that preoccupations with "freakiness" are at their peak, due to a heightened need for the disavowal of bodily anxieties relating to, *inter alia*, experiencing physical separateness from a mother, changes in body size, the emergence of bodily hair, and the development of secondary sexual characteristics (Marks, 1999a, p.174). Hence, the locus of "abnormality" is not so much in the objectified "malformed" person "out there", but rather in the "developmental transitions which make us all feel like freaks" (Marks, 1999a, p.174). This framework, through intra-psychic contextualisation, confers a more ready understanding onto the familiar mixture of fear, intrigue, insecurity, avoidance, curiosity, horror and intolerable dissonance which characterise responses to persons with visible disabilities (Marks, 1999a, p.11).

Bogdan (1988) provides a critique of Fiedler's (1978) work, problematising his reification of the "freakish" social space as a constant (Bogdan, 1988, p.7). Within Fiedler's schema, it is seemingly inevitable that certain individuals or groups within society will become psychically "scapegoated" as the receptacles of the unbearable emotional elements of the dominant group. Furthermore, Fiedler implies that the existence of visible physical difference is a necessary situant in facilitating the psychic shaping of individuals into plausible projective containers for experiences of abnormality or monstrosity. Such a view informs a somewhat pessimistic outlook for the cause of disability rights and real inclusiveness, since it construes the need to objectify and demean a physical (and, by elaboration, spiritual) other, as universal and enduring.

Shakespeare (1994) has outlined the distinction between two contrasting strategies for intra-psychically and socially constructing the "other", such that psychic and societal equilibrium is facilitated. The first strategy, which has already been touched upon, involves a process of defining the self in opposition to an "other" individual or group, in the context of an assumption of dichotomous differentness (Shakespeare, 1994, p.293). Simone de Beauvoir described this process with relation to the construction of women within asymmetric gender political relations – here, the relation between subject and other, between men and women, is one of the latter

identifying herself in relation to the former, whose identity is one of unitary self-circumscription (ibid.). Women, within this identity constitution, are conferred with identity not in terms of positive characteristics, but rather via "limiting criteria without reciprocity" (Morris, 1992, p.158). In other words, women, like persons with disabilities, are conferred with identities defined not by what they are, but by what they are perceived not to be. Both groupings, by virtue of being thus situated, are restricted from full participation in the production of culture (ibid.).

An alternative conceptualisation of the process by which persons with disabilities are rendered "other", emphasises the intra-psychic and societal dissonance which arises from the presence of individuals who are perceived to not fit into the dominant social and symbolic order (Marks, 1999a, p.128). Such individuals may be experienced as inhabiting a "liminal" space within the society, with the resulting ambivalence and anxiety surrounding "their" uncertain place rendering the development of responses which tend to implement distance, either via avoidance of, or hyperbolic reactions to, their perceived predicaments (Murphy et al, 1988, p.238). Liminality is a term rooted in social anthropology, which refers to a state of ambiguity, of uncertain place or identity – thus, persons with disabilities are experienced as having "an undefined status: they are neither ill nor well, neither socially alive and active nor socially expunged and removed" (Murphy et al, 1988, p.135). This view of "otherness" sees the strengthening of personal and group identity characteristics within the dominant subject as being achieved through the isolation and rejection of anomaly (Shakespeare, 1994, p.294). Further, the "sticky interactions" between "normals" and the "stigmatised" described by Goffman (1963) are understood in terms of uncertainties regarding how to respond to those seen as not having a defined place or role within the societal process (Goffman, 1963 in Marks, 1999a, p.128). Within "traditional" cultural settings the concept of liminality has been associated with rites of passage, signifying the end of one part of life, and the heralding of a new identity or role, as in admission to adulthood (eg. Douglas, 1966 in Shakespeare, 1994, p.294). Murphy et al (1988) argue that much biomedically based "rehabilitation" of persons with disabilities parallels such processes, characterised as it is by withdrawal from the community, for the purpose of developing and "putting on" a new, politically altered, status (Murphy et al, 1988 in Marks, 1999a, p.127). Scott's (1969) account of the socialisation of visually impaired persons into the "blind role" seems relevant here.

Scott describes how the "liminality" (in my understanding) of persons whose needs are systematically unattended to by a discriminatory society is neutralised by their re-definition, and reassignment to a new social space, incorporating the redressing of status, power and potential (Scott, 1969). Many aspects of the "script" of the "blind role" (as well as many other highly bureaucratically and medically differentiated "disabled roles") could be argued to fit readily into a model which understood their perceived utility as relating to a need for the managing of liminality, of ambiguity. Consider the image of the guide dog. Whilst the existence of guide dog training services undoubtedly provides a resource which is deeply meaningful and useful to many visually impaired persons, it is my impression that the compelling image of the blind person being guided by a dog is one which also prevails for the purposes of the management of experiences of ambiguity within nondisabled service providers and community members. Within my experience, the acquisition of a guide dog (or a white cane) is an action highly positively sanctioned by visual impairment social service providers, whilst the reluctance to undertake either of these mobility methods is regarded as problematic. Scott's findings, though geographically and temporally remote from South Africa in the 1990s, are nevertheless relevant in their echoing of this experience. It is, to me, conspicuous that alternative methods of managing the mobility difficulties associated with visual impairment remain unutilised, unexplored or regarded as impractical or inappropriate. What concerns me here is the following: whilst the guide dog method, for example, may in reality be the most useful option for a given individual in terms of managing mobility difficulties, I do not believe that it is on the basis of individual preference, and a careful and collaborative consideration of the experience of that individual, that the decision to follow such a course of action is taken. Rather, my view is one of a highly restricted canon of images and modes of functioning popularly related to the "blind identity", which preclude and exclude the implementation or exploration of alternative ways of being for blind persons. Further, it is the maintained implementation of this canon of aspects of the blind identity which assists the observer in the management of the liminality of a (perceived) predicament which feels otherwise insoluble, such that the mind rests. However, perhaps more importantly, disabled, as well as nondisabled, persons, are interpellated into such restrictive scripts of possibility and potential, conceivably insinuating themselves into even quite minute aspects of being and identity. What this renders is a situation in which neither disabled nor nondisabled persons readily see alternatives in terms of the identity, societal roles, potentials, and predicaments of persons with disabilities, thus tacitly reaffirming the legitimacy of existing (often) dependency-based service provision. In considering the exclusion and psychic isolation to which many persons

with disabilities are subjected, McDermott (1986) conceptualises the experience as a form of starvation: "Wherein the actual handicap became a minor and subsidiary problem in comparison to being cut off from the avenues and possibilities of future experience" (McDermott, 1986 in Marks, 1999a, p.24). I turn, now, to further thoughts regarding the intra-psychic experience of persons with disabilities.

## Internalised oppression

"I am talking of millions of people who have been skilfully injected with fear, inferiority, complexes, trepidation, servility, despair, abasement"  
(Fanon, 1968)

Frantz Fanon's words (quoted in Abberley, 1993, p.108), though referring to the scourge of racism, feel poignant and appropriate in describing the inculcation of an ideology of carefully justified marginality into the lives of persons with disabilities. What confronts us here is a form of oppression which stretches beyond the overt actions of material social forces, to an internal exile, consistently self-imposed by and upon individuals incorporated into disablist ideology. Priestley (1999) draws attention to the hegemony and pervasiveness of negative portrayals of disability, potentially wreaking particular and far-reaching effects upon disabled children (Priestley, 1999, p.92). Within medical or special education settings, children with disabilities may develop within environments steeped in "institutional discourses of tragedy, medicalisation and otherness" (ibid.). Furthermore, even when outside of institutional settings, most children with disabilities grow up surrounded by nondisabled people, rendering the development of alternatives to the dominant culture of assumptions surrounding disablement unlikely (Zola, 1993 in Wendell, 1995, p.59). In addition, it seems reasonable to assert that parents who have recently been confronted with the complex of confusion, anxiety, helplessness and other emotions characteristically surrounding the onset of disability in a child, or birth of an impaired infant, would be all too ready to internalise the ideas and assumptions of "the experts". Parents in such circumstances may be ready to "give over" responsibility for decisions made regarding a disabled child to social service professionals, with the models and understandings which are introduced providing welcome relief from the uncertainty, and liminality, which surround the destiny of their child. Thus, unlike other marginalised groups (eg. ethnic minorities), persons with disabilities are afforded little opportunity, especially during crucial periods of the development of a sense of self,

for the consolidation of views alternative to the hegemonic assumptions regarding their place, status and role (Wendell, 1996, p.59).

Mason (1992) emphatically states that the phenomenon of internalised oppression is not, as oft regarded, the cause of the marginalisation of persons with disabilities, but rather its consequence, viz.:

“Once oppression has been internalised, little force is needed to keep us submissive. We harbour inside ourselves the pain and the memories, the fears and the confusions, the negative self images and low expectations, turning them into weapons with which we re-injure ourselves every day of our lives”

(Mason, 1992 in Marks, 1999a, p.24).

## Acceptance and denial

The subjective struggles of persons with disabilities have, within psychoanalytic writing, often been conceptualised as “problems of adjustment” to impairment. Within such a framework, it is the “difficulty” with “acceptance” of impairment which prevents persons with disabilities from “realising their potential” and becoming “independent” and “well adjusted”. The concepts used in implementation of such an understanding of the experience of disability have been borrowed from models of bereavement, typically incorporating the need for the stagewise “working through” of “denial” toward the achievement of “psychological wholeness” (Lenny, 1993, p.234). It is my position that, within a critical analysis of the infliction of the disabled identity, what such “acceptance” may represent in truth is not a freeing release of feelings of loss relating to physical impairment, but rather a capitulation to the internalisation of a subjugated and marginal role. Furthermore, the double-bind of denial and acceptance is compounded by the reality that, in the lives of impaired persons consistently confronted by anxious, avoidant or controlling responses to disability, overt “denial” of non-visible disability makes sense. Sally French (1993a) lists the reasons why she grew up denying, or not disclosing, her visual disability as follows: to avoid other people’s anxiety, distress, disappointment, frustration, disbelief, and disapproval; to live up to other people’s notions of “normality”; to avoid spoiling other people’s fun; and to collude with other people’s pretences (French, 1993a, p.76). The contradictory messages are as follows: on the one hand, the impaired person is tacitly required to forego (to some extent) the self-definition of identity and personal destiny, in favour of a “script” of “appropriate” ways of being, such that “acceptance” of the “fact” of disability is confirmed. On the other hand is the ongoing experience of

a world which, through its intricate and pervasive exclusions and misattunements, purveys a stream of messages which communicate that "the environment (be it social or physical) is not prepared for you, and if you are to attempt to impress your experience upon it, the result will be confusion, dislocation, and breakdown". Kraemer (1994), with reference to the experience of sickle cell anaemia in children, has described how attacks of the illness, through their sudden, dramatic and frightening nature, can evoke denying responses in parents and health care practitioners alike, leaving the child alone in his / her pain, to "manage the unmanageable" (Kraemer, 1994, p.216). Symbolic communication to the child that his / her experience cannot be recognised or dealt with by others, renders a situation in which terror and rage relating to attacks of severe pain become split off, and not able to be consistently experienced in a way which would facilitate intra-psychic and intersubjective integration of the phenomenological nature of the illness. Rather, the internal denial of the terror and abandonment which characterise attacks of "sickling" facilitates a mode of "super-normal" functioning whilst the illness is dormant, with corresponding shock and helplessness during subsequent episodes (ibid.).

French (1993a), from her personal experience, asserts that the denial of disability from earliest childhood is an overwhelmingly rational course of action, given the nature of responses to impairment. Conversely, to regard such denial as evidence of psychopathology, is to violently and mistakenly individualise the subject-environment dysjunctures which compose disability (ibid.). As alluded to by French, the denial of disability brings with it considerable personal cost, by virtue of its ushering in of an experience of engaging with the world in which vast, and emotive, tracts of self are felt to be invisible, unknowable, unspeakable and unmanageable to the social milieu.

Sinason (1992) conceptualises the constraining influence of the incorporation of individuals into the "disabled identity", with its concomitant internalisation of disablist assumptions, as "secondary handicap". From earliest childhood, impaired persons may be subject to a myriad of disablist messages, from the primary influence of family members, through schooling, to the broader society, the media, and the everyday world of interaction. Such messages may be typified by low expectations, a modelled shame, a sense of not belonging, and other (potentially) harmful mirrorings of one's being. It is in response to the resultant heightened anxiety regarding performance and ability to participate, as well as the constellations of traumatisation which may come to surround conceptions of identity and the social self, that individuals may come to exaggerate their difficulties in order to avoid the

revisiting or re-experiencing of past exclusions, shamings, or (perceived) failures (Sinason, 1992, p.7). With particular reference to mental handicap, Sinason (1992) demonstrates how persistent experiences of rejection and exclusion can lead to a type of hibernation of ability and engagement with newness, such that the possibility of challenging hegemonic assumptions regarding one's role or potentials, is precluded. The psychodynamic relationship between levels of anxiety or containment, and the ability to think, learn and develop psychologically, has been well described (Bion, 1988; Bion, 1970, 1992 in Marks, 1999a, p.172; Salzberger-Wittenberg, 1992). The implication here is that if individuals, within bodies that are somehow impaired, are to be able to situate and experience themselves in a manner which allows for the exploring and probing of boundaries of ability, identity and potential, the prerequisite is a social environment which authentically communicates that it can bear, and integrate, both their worlds and their selves. It is both ironic and deeply painful that, in the midst of the projections, politics, investments, interpellations, oppressions, displacements, and confusion, of the societal phenomenon that is disability, the individual experience of the reality of impairment, of the insoluble loss of ability for movement, or the nourishment of sensory experience, is all but completely obscured. This question of the salvaging of something of the human experience of inability or loss associated with impairment, from the morass, the din, of disability discourse, will be further considered in the section entitled *Disability, psychology and psychotherapy*.

In preparing the groundwork for consideration of the case material to be presented later, I turn now to a specific focus on visual disability, maintaining a predominantly psychoanalytic frame of reference.

## Visual disability:

### **Sight and experience**

Derrida (1978) argues that western philosophy, the invisible hegemony of assumptions within which we conceive of our worlds, holds notions of vision, literal as well as metaphorical, as an essential and pervasive ingredient (Derrida, 1978 in Popplestone, 1989, p.1). It is a hegemony, according to Derrida, which has its roots in Greek thought, outside of the medium of which it "would be impossible to philosophise" (ibid.). Western philosophy, it is asserted, is thus founded upon a complex of metaphors of vision and light, comprising systems of binary oppositions

between light and dark, good and evil, truth and ignorance (Popplestone, 1989, p.1). The implication here, for our purposes, is twofold:

Firstly, it is clear that everyday western language usage, as well as the literary tradition and legacy of (at least) English, is pervaded by metaphors of light and dark which juxtapose the lack of vision, of light, with evil, ignorance, heresy, ungodliness, stupidity, immorality, exclusion, and fundamental lack. These notions are apparent in a vast range of familiar figures of speech, from "do you see what I mean?", to "you are blind to the truth of the matter", and so forth. The familiar stereotyped assumptions regarding visually impaired persons which correspond to these ideas and expressions will speak for themselves. However, Popplestone (1989) takes the matter of the implications of Derrida's linguistic hegemony for sighted, and thus for blind, persons to another level. As she explains, what Derrida exhorts us to do is to "transcend the hegemonic control of this metaphor by deconstructing it" (ibid. p.2). He is asserting that, rather than being readily and objectively available to us, our worlds are instead constructed via a partisan epistemological hegemony, which Popplestone terms "speaking Greek" – the implication being that we, by virtue of chance acculturation, speak and conceive within the symbolic lingua franca of the Greeks, which is permeated with evaluative dichotomous metaphors of light and dark. Now, if "speaking Greek" means unconsciously inhabiting an "ideology of light and vision, does it mean that the blind are the only non-Greeks?" (Popplestone, 1989, p.2).

The coalescing picture (to use a visual metaphor) here is one which suggests the situation of persons without sight within a world in which the epistemological assumptions, the language of experience, are different to that of those whose socialisation has operationally included the mirrored experience of sight. Popplestone (1989, p.2) muses that, if this is indeed the case, the survival of blind persons in the "Greek" world is dependent on their ability to somehow gain command of that foreign language, "no matter how second-hand". The implication, thus, is that the experiential worlds of persons without sight differ systematically and fundamentally from the worlds of the sighted, and therefore, that blind persons can only participate in social exchange, in the production of culture, within a semantic environment which is, at least partially, inaccessible or unknowable to them. This is indeed a startling proposition, embracing relatively essentialist ideas which, whilst mildly drawing attention to the constructed nature of the dominant experiential-semantic system, nevertheless provide for little real possibility of its deconstruction

and demise. In other words, whilst provision is made for an understanding of the exclusion of blind persons from social discourse in terms of culturally condensed discriminatory practices, little or no sense of the reversibility of this oppressive situation is present, rendering a somewhat paralysed and paralysing picture.

What Popplestone (1989) fails to factor into her argument, however, is the world of carefully constructed and reproduced artefacts of difference which, in a society such as ours, are caused to populate the life of a blind person. Within a society which seeks to: infuse blind persons with otherness in a myriad of systematic ways; impose forced separation of blind persons, maintaining systematic and global exclusion in the pragmatic and technological realm; unconsciously isolate blind persons as the bearers of disavowed dependency and fear; and oppressively shape the nature and potentials of the lives of blind persons in a socially constructed manner which renders their perceived experience digestible to an "unseeing" broader populace – it is remarkable to me that the locus of difference and preclusion from full participation is identified primarily as lying within the realm of the highly abstracted semantics of experience. However, attempts to argue for a position which situates blind persons as somehow essentially different from sighted persons in nature or experience echo throughout the literature on visual disability.

An essential point of reference in psychoanalytic drive theory, rooted in Freud's work, is that of the Oedipus myth. In the narrative, the protagonist is held to have blinded himself as punishment for having committed incest with his mother, rendering, perhaps, the familiar association of blindness with castration anxiety, and hence with castration. This association, falling as it does at the centre of classical psychoanalytic theory, has rendered blindness, and blind persons, centrally vulnerable to the objectifying and individualising work of psychoanalytic theorising, of the ilk of that critiqued in the previous section. By way of demonstration, Bravermen (1951) makes no apology or qualification in comparing "the blind man" to "the eunuch", regarding both as inevitably alien in experience and nature from the "normal man" – he writes: "This is a different variety of human being, a man who cannot experience things the way others do, who has been deprived of all joy in living, whose emotional reactions are so different from those of normal men that one does not know how to treat him, even in the most casual conversation" (Bravermen, 1951 in Rowland, 1985, p.16). It is in the wake of such writing, rooted in essential psychoanalytic thought, as well as for perhaps more intrinsically human attachment-

based psychological reasons, that the impairment of vision seems to carry an extraordinary and exceptional loading in terms of psychic evocations.

## **Blindness and psychic evocations**

In an extended personal communication, Valerie Sinason reflected with me on the exceptional power, depth and viscerality of symbolic evocations associated with blindness. Whilst all disability evokes deep psychic resonances in the observer - these being the essential concern of this text - it is broadly to the detriment of visually impaired persons that blindness somehow has the potential to appeal quite directly to the most primitive responses and feelings. That detriment manifests itself on all levels, from the nature of what Goffman (1963) terms "sticky interactions", in the interpersonal arena, to the often skewed nature, in terms of structure, function, personnel, and even architecture, of visual impairment-related social service organisations. It is my experience that a close analysis of such organisations can often render evidence of the projected profile of intra-psychic defence structures manifested unconsciously as self-evidently appropriate interventions and structures.

As in the case of much disability, blindness may evoke primitive and undigested feelings of infantile dependency in the observer. However, Sinason asserts that the lack of sight, a fantasised darkness, may appeal more specifically to the experience of sleep and night-time during infancy. Such deeply unconscious memories incorporate the, perhaps traumatic, perhaps incomplete, development of object constancy, and the ability to contain and regulate affect. Some studies have estimated the rate of insecure primary attachment relationships at as much as 40% (Zeanah & Emde 1994). Exposure to the perceived darkness and lack of control associated with blindness may thus evoke what is, in fact, a realistic paranoia regarding an environment which, it is feared, is unsafe, or an object which is inconsistent or unpredictable (Sinason, personal communication). When such terror of isolation and vulnerability is evoked, it may be unconsciously managed through identification with the aggressor, that is, the inconsistent or unreliable parent. In a situation where it is exposure to a blind person which has catalysed this process, he / she takes on the symbolic form of the observer's shameful and unmet dependency needs, thus rendering him / her the object of potential aggressive or sadistic impulses. These urges may take the form of regressed sexual behaviours, liberated and rendering power because they cannot be seen. Persons whose behaviour, via insufficient object constancy development, is modulated not through an internalised

container, but rather through an awareness of being seen, may experience a loss of the constraint of primitive impulses, embedded in raw infantile emotional material. The anxiety stimulated by the urging echoes of disavowed parts of self may then serve to reshape such impulses and feelings into pity, sympathy, and altruistic initiatives. Thus it is that such initiatives are not simply and primarily in response to real need, but undertaken and driven by the unconscious energy unlocked by sightless eyes; by the unseeing and unknowing eyes of a depressed, avoidant or neglectful mother.

The profound and archaic nature of psychic evocations associated with blindness has, as I have asserted, led to the development of societal responses, be they social service based or everyday, to blindness which are deeply shaped and skewed by unconscious processes. The impression is one of a notion so provocative as to penetrate undiluted parts of self, rendering the stimulation (on a group or organisational level) of containing responses which, under critical scrutiny, may at times appear crude in their intra-psychic defensive utility. Scott (1969), in documenting what he describes as the "socialisation" of persons with little or no sight into the societally ratified "blind role", volubly demonstrates the overwhelming degree to which the nature and destiny of visually impaired persons (at that time and location) is determined by the, predominantly unconsciously motivated, needs of the broader society, as imputed by social service workers.

## **Blindness and socialisation**

"He who adheres to the advocated line is said to be mature and to have achieved a good personal adjustment; he who does not follow the line is said to be an impaired person, rigid, defensive, with inadequate inner resources."

(Goffman, 1963, p.115)

The essence of Robert Scott's (1969) thesis is that the stereotypic complex of ideas and images associated with blind persons – patterns of behaviour, attitudes, ways of being, qualities of character – are not, as oft assumed, attributable to impaired sight, but the product of a systematic process of role socialisation, implemented primarily by social service organisations (Scott, 1969, p.3). In other words, what we commonsensically can call to mind as the "blind way of being", with its trappings and behaviours, its limited potentials and alternate methods of coping with the requirements of social life, does not represent a set of natural and politically sanitised

developments stemming from the individual experience of difficulties associated with impaired vision. Rather, it embodies a socially constructed and continually politically motivated set of behavioural parameters, within which the otherwise perceived untenable predicament of blindness is rendered manageable, and able to be contained, within a social world unprepared to engage with its experiential meanings. Of course, in the wake of an inherited and entrenched fetish with segregation, it is understandable that perceptions of an experience or mode of being which is vastly different to one's own, are felt to be difficult or unmanageable. The root of the matter, however, lies in the obscured reality of much of that perceived systematic difference being reconstructed via the active positioning blind persons within a pre-designated profile of roles and possibilities. My intention here is not to disregard difference. Instead, I wish to highlight the illusory nature of perceived systematic difference, which, in ostensibly accounting for the differentness, if not the humanness, of blind persons, obviates or obscures the possibility of a more real engagement with the human experience of impairment, as well as every other interwoven aspect of an impaired person's life. What I have termed the "script" of imperatives set up around "coping" with a particular impairment, such as blindness, has the dangerous potential to dehumanise through depersonalising – constraining the possibility of self-circumscription, via the need for control, which is rooted in fear and prejudice.

Scott (1969) argues that, beyond providing the resources of "blind socialisation", social service organisations set up contingencies of reward and punishment, which serve to selectively shape the choices made by blind persons. Via these mechanisms, blind persons are "trained" to accept the "expert's" view of their impairment, and the most appropriate means of managing its associated difficulties or issues (Scott, 1969: 14; Barnes, 1990, p.7). Of course, in addition and in concert with such pragmatic issues comes socialisation pertaining more to power and self-concept, incorporating the designation and imputation of a dependent and subordinate identity (Barnes, 1990, p.7). At a neuronal level, Perry et al (1995) have described how the use-dependent nature of the development of brain organisation causes regularly activated patterns of experience to become increasingly physiologically indelible, rendering the transmutation of "states" into "traits". Of note here is simply this: the more extensively and frequently one is caused to operate within a delineated set of assumptions and behavioural parameters surrounding an internalised identity and place-in-the-world, the more difficult it becomes, at a neurological level, to shift and change those assumptions, and ways of being and

feeling (Perry et al, 1995, p.275). A side-effect of such socialisation, which serves to reinforce the status quo, is that the tacit or overt discrediting of non-institutional methods of managing impairment-related difficulties (Marks, 1999a, p.104), or ways of being in the broadest sense, works to preclude the exploration and development of alternate modes of living for impaired persons (Peters, 1999, p.103).

Fenichel has articulated a psychoanalytic model of the institution, which describes how individuals introject aspects of the organisations to which they belong (Fenichel in Menzies-Lyth, 1988, p.296). He asserts that membership of an institution can lead to systematic changes in personality, through the internalisation of characteristic defence mechanisms and attitudes, and the reproduction of types of relationships intrinsic to the organisation's culture (ibid.). Since it is my belief that commonly held fantasies of visual impairment have a particularly powerful ability to evoke intolerable unconscious parts of self, the inculcation of organisational defence mechanisms within social service workers is an issue of particular relevance to visual impairment. It is my perception that a type of unconscious fervency surrounding exposure to visual impairment reduces the possibility of useful, critical appraisal and evaluation of organisational structures and interventions, creating an environment incapable of responding dynamically to changing perceptions, experiences and potentials surrounding visually impaired persons. In an environment in which much unconscious work is being performed to maintain internal equilibria, the prospect of change is likely to be experienced as impinging and ill-motivated. One needs only examine the history of special educational institutions for visually impaired children, to thoroughly grasp what often presents as a religious commitment to principles, techniques, beliefs, and delimitations, which, besides being clearly irrational, are also often abusive and cruel.

By way of example, consider techniques implemented in the United Kingdom, South Africa and elsewhere during the so-called "sight-saving" era of special education for visually impaired children. Whilst these policies were at their height during the first half of this century, associated ideas and assumptions are still to be encountered in special school environments. The "sight-saving" principle rested on the belief that visually impaired children should be actively discouraged from using whatever sight they have, as this would further damage their vision and offset the rigour of training in practical modalities which do not require sight, such as the reading of braille. It is important to note that the vast majority of persons bureaucratically designated as "blind" have an amount of residual sight, incorporating broad variety in the particular

nature of experiential and operationalised visual disabilities (Marks, 1999a, p.121). Examples of educational interventions based on sight saving include school pupils being required to wear paper bags over their heads in order to prevent them from attempting to see braille dots, or being harnessed in their desks to prevent leaning forward (Chapman, 1978 in Finkelstein & French, 1993, p.30). A psychoanalytic reading of such policies suggests a struggle, within staff members, in engaging with the area between ability and disability, with testing the boundaries of ability. The crux of the matter is that, if one is to explore and test the limits of what is possible in activities made difficult by visual impairment, one is to directly encounter the particularly evocative inabilities and perceived losses of blindness. One might, after Vygotsky's "zone of proximal development" (Vygotsky, 1978), term this exploratory developmental area the "zone of proximal ability". Entering this zone means engaging with the possibility of loss arising from inability, and the possible (projected) re-evocation of traumas embedded in a perceived life of struggle. The organisational defences which may preclude personal or interpersonal entry into this uncertain place are, I believe, not unlike the notion of "secondary handicap" described by Sinason (1992). There is evidence of the anxiety within adults associated with exposure to the boundaries of ability of impaired children, in accounts of the phenomenon of modelled denial of impairment. Anxious, authority-ridden questions such as: "can you see the rainbow?" (French, 1993a), asked by unsettled adults can serve to inculcate within impaired children a mixture of internalised de-legitimation of their experience of struggles related to disability, and awareness of the need to protect adults, and the world at large, from exposure to the reality of inability. Sally French writes: "It was also very difficult to tell the adults, when they had scraped together the money and found the time to take me to the pantomime or wherever, that it was a frustrating and boring experience...All this taught me from a very early age that...my own anxieties must never be shared" (French, 1993a, p.69).

A compelling glimpse of psychodynamic processes within families and organisations surrounding the perceived deprivations of visual impairment is provided by the writings of Dr Harman, a celebrated, and progressive, expert in the field of education for visually impaired persons during the first decades of this century. He writes: "These days, some knowledge of the ordinary means of communication is essential to everyone: to this end we teach reading and writing and such ciphering as script needs, but as little as possible is taught for we do not wish to cultivate the desire for literature" (Harman, 1910 in Corley et al, 1989, p.7). Here, the clear and definitive

degree to which policies and interventions surrounding visual handicap are shaped by unconsciously driven projected notions of deprivation, and not by an exploration of the experience and possibilities of individual lives, is all too clear and familiar. It is now thoroughly established that attempting to prevent visually impaired children from using their residual vision to its full potential has an adverse effect on later visual functioning (Finkelstein & French, 1993, p.30). The thread of my argument – that is, that institutional and interpersonal treatments of visually impaired persons are overwhelmingly influenced by the working of unconscious defences, and the deeper psychic evocations to which these are a response, is captured by Scott's (1969) candid writing. He states: "A major component of the experience of being a blind man is defending the self from imputations of moral, psychological and social inferiority. For some this defence succeeds and for others it fails, but for all blind men it is another fact of life" (Scott, 1969, p.117; my emphasis).

Much of the foregoing observations rest on an analysis of responses to visual impairment which draws attention to the early attachment experiences, and associated emotional loadings, of persons exposed to visually impaired individuals. But what of the attachment experiences of visually impaired persons themselves. The previously delineated distinction between persons born without sight, and persons with degenerative visual conditions, or stable partial sight, is again relevant here. Much of the following discussion is based on theorising relating to blindness in infancy, but the ideas sketched have potentially broader ramifications.

## **Blindness and early development**

### ***Conceiving of objects and the self***

"Light allows seeing, and seeing has something important to do with creating. Seeing allows limits to be seen, forms to be delineated. That becomes clear which before was vague and inchoate, felt only in some primary tactile way... Seeing and being seen certainly have something to do with the forming of the self"

(Wright, 1991, p.55)

Wright's (1991) comments above embody a position which regards the self creation, and hence the selfhood, of congenitally blind persons as inescapably different from those who have sight. His view is elaborated as follows:

The centre of the world of the infant is the mother, on whom he / she is absolutely dependent. The development of object constancy, thus, embodies a crucial element of his / her incremental coalescing of a sense of being able to be held in the world. It is Wright's (1991) opinion that the object, and thus object constancy development, are very different experiences for congenitally blind, as versus sighted, infants. The crux of this difference lies in the divergence between vision and audition, in their ability to hold the experiential world. Visual access to the object allows her to be held in an all-at-once, continuous manner, even when out of tactile range. If she disappears, the place where she was last seen can be held in sight, and may form the starting point for a possible search (Wright, 1991, p.67). Perception of the mother within an auditory "space" is, by contrast, argued to be necessarily discontinuous, with evidence of her presence being spread out in time. The blind infant is thus seen as "more lost", and "more at the mercy of the comings and goings of the mother" (ibid.). Wright postulates that, no matter how much compensatory auditory and tactile stimulation is provided to foster the development of attachment, "they can never eradicate the basic phenomenological difference between a world that is present all at once, and an auditory world that can only be built on succession" (ibid.). Furthermore, he views it as inevitable that the differences between the types of spaces within which objects can be apprehended and organised, will "profoundly affect the way in which the self and its objects are structured" (ibid. p.67). The experience of objects via the auditory modality may be compared to the way one apprehends a piece of music – as unfolding over time. It is thus argued that engaging with the world primarily through audition shapes the individual toward adoption of a passive stance in relation to incoming data, with significant bits of information being experienced against a backdrop of quiet or noise. The resultant clustering of object experiences, with concomitant implications for growing internal representation, are viewed as relatively loose and lacking in coherence and integration (ibid. p.64). Islands of loosely coalesced object experiences are adrift in an expanse of uncharted physical, and hence psychic, territory, particularly when the time span between auditory object events is too great for their linking and mutual confirmation. In sum, the lack of vision is regarded as likely to cause delay and impairment of the process of separation, development of the self and mutual object relations (Fraiberg & Freedman, 1965 in Wright, 1991, p.64).

In a more general sense, Wright (1991) argues that persons who have never experienced sight diverge from the norm of a visually orientated internal modality of schematic representation of the world. In sighted persons, or persons who once had

sight, operations on, and conceptions of, an object are undertaken within the mediatory context of an internal visual schema (Wright, 1991, p.65). Conversely, congenitally blind persons have not, through the lack of visual experience, developed an internal visual "envelope" within which to (visually) construe experiences and operations. Rather, in the case of congenital blindness, relations with the object can only be organised and made sense of within an envelope of time, thus making it, it is postulated, "much harder to conceive of the object as a totality, as a form that can be grasped" (Wright, 1991, p.65). Such longitudinal and cumulatory access to the social world is regarded as not serving well "the needs of an infant struggling to integrate its primary perceptual data into those constancies that are the basis of our idea of an object" (ibid.).

Wright's (1991) propositions amount to a position which constructs the basic phenomenology, the language, of blind persons' experience as inherently different from that of sighted persons. Furthermore, the implication is that the differing experiencing of the object world necessarily renders a divergence in the resultant structuring of the self. However, as is often the case when such determined statements are made regarding persons with particular disabilities, the nature of the world which forms the backdrop to specific aspects of experience posited to have identifiable implications for psychic development, is one riddled with potentially confounding factors. Wright (1991) aims to persuade us that the world of the blind infant is essentially and inevitably different in ways which have specific implications for his / her experience of the reliability of objects. But surely, the environment of the blind infant is saturated with social responses and characteristics which diverge greatly from those of the ("normative") sighted child. The essence of the issue, for me, is this: if it is true that blind infants, and hence congenitally blind persons, have different and impaired object constancy to sighted persons, is this the case due to inherent and immutable characteristics? Or is it the result of a world of social responses to blindness, from the earliest age, which has not provided the basic building blocks of reasonably secure attachment which all humans require if the process of separation is to be something one is able to meaningfully begin engaging with during a short lifetime. Before levelling further challenges at Wright's work, let us consider other aspects of the world of the blind infant.

### ***Blindness and attachment***

Lewis (1987) asserts that the lack of eye contact rendered by a blind infant in interaction with his / her mother, may be very distressing for the parent, and potentially disruptive of the development of easy, contained and fulfilling closeness (Lewis, 1987, p.56). Many writers have emphasised the importance of the baby's smiling response in catalysing mother-infant contact (Lewis, 1987; Chapman, 1978; Hindley & Brown, 1994; Wright, 1991; Winnicott, 1971 in Wright, 1991), which is regarded as more fleeting and harder to evoke in blind than in sighted infants (Lewis, 1987, p.56). During the early phase of attachment, it is likely that the new relationship, against the backdrop of the profound psychic evocations of motherhood, may be vulnerable to the derailment which seeming unresponsiveness may cause. The situation may be further complicated by adequate physical handling of the child being precluded through intensive medical or hospital intervention (Chapman, 1978, p.19). Wright (1991) makes little provision for the possibility of smiling, playful contact between a blind infant and his / her mother, such as that which is made possible by eye-to-eye contact, and the consequent proceeding of "a conversation of visually perceived gestures" (Wright, 1991, p.9). Winnicott (1971) suggests that it is in visual perception of the mother's face that an infant ordinarily apprehends the first, and hence incrementally definitive, experience of him or herself (Winnicott, 1971 in Wright, 1991, p.10). He writes: "In individual emotional development, the precursor of the mirror is the mother's face" (ibid.).

To summarise, then, it has been asserted that the process of object constancy development in congenitally blind infants is disrupted, and that this disruption has potentially substantive implications for the internal coalescing of a sense of being able to be held in the world. Delay and impairment of processes of self development and separation is argued to co-occur with such disruption, with the (hypothesised) phenomenological gap between the language of experience of blind versus sighted persons compounding the sense of differentness between the (internal and external) spaces which members of these groups are seen to inhabit. Against this backdrop, significant barriers to normative attachment are identified, tangibly operationalising the hypothesised semantic and experiential chasm which is argued to exist between those who can see, and those who cannot. The essence of all of these propositions lies, I believe, in the following question: "Is the (sighted) social world able to adequately mirror the experience of a (particularly congenitally) blind person?" Put another way, is the phenomenological gap between the internal world of a blind person, and the aggregated texture and language of experience of the broader social

world so different that some sense of that most precious resource, a glimpse of being truly known and mirrored, is largely prohibited? Kohut (1972) asserts that for a child with a disability, as for any child, the lack of attuned maternal mirroring inhibits processes of integrative structure-building of the self (Kohut, 1972 in Asch & Rousso, 1985, p.4). However, the question remains as to whether such good enough mirroring is possible, against the backdrop of phenomenological divergence painted by Wright (1991).

Wright (1991) makes a number of assumptions which require our attention. Firstly, as I have alluded to above, it is my position that if one is to attempt to develop some sense of the experience of a disability such as blindness, aiming perhaps to produce propositions regarding development or personality, then it is appropriate to begin with an investigation of the world of social responses to that disability. If one begins, instead, with presumed structural deprivations associated with the disability, one is in danger of collapsing the (clearly) massive influence and significance of social factors into what presents as the immutability of biological constraints. In other words, I feel that it is reasonable to assert that the presence of a disability such as blindness impacts fundamentally and vigorously on the nature of the world of social responses bombarding an individual from his / her first moments of life. This being agreed, I find it odd that psychoanalytic writers such as Wright (1991), rigorous and scholarly though his work undoubtedly is, choose to somehow suspend essential principles of their orientation, in making statements about the development of personality which seem to leave little provision for the definitive influence of intersubjective processes, which serve to situate and shape individuals via the nature of the responses of important figures. Consider: in a theoretical world in which internal construction of the infant by the mother is regarded as of absolutely central importance to the development of the self, surely the fact that impairment within the infant has potentially pervasive implications for the feelings a mother has regarding her motherhood, herself, and her infant, is a central issue to be factored into the understanding of self development within that infant. In essence, the reality to be understood is this: congenitally blind infants, before and beyond not having access to visual stimulation, are parented by parents who live within the dynamic mutually constitutive environmental and internal-archaic constraints of persons who have parented a blind infant. Before reaching the indubitably relevant issues relating to the impact of naked impairment on psychic development, I believe that the meanings of congenital blindness within the context of the attachment relationship, permeated as it is with the forces and fragilities of archaic psychic evocations, with the most

basic fears and hopes, needs to be thoroughly interrogated. Throughout this dissertation positions have been raised which, arguably, demonstrate the unconscious appropriation of persons with disabilities as containers for the unwanted or unmanageable psychic material of others. Now, much psychoanalytic literature would support the proposition that parenting which does not allow for the development of an adequately integrated self, facilitating reasonable adjustment and separation, may be characterised by a mode of psychic functioning which unconsciously disowns unmanageable and un-integrated parts of self, serving thus to respond to these projected (or projectively identified) parts of self as if they existed only within their children. It is a truism that children, by their very constructed nature, are vulnerable to the projections of adults. The understanding which I am advocating is one which investigates the degree to which children who are congenitally blind (or otherwise disabled) provide additional unconscious spaces for the projection of the exceptional evocations which they may facilitate in the adults who are close to them. To me, it is far from implausible that the nature, the order, of the unconscious psychic material evoked within an attachment relationship with a congenitally blind infant, may tend towards an unusually archaic realm, even in the case of attachment figures whom one might rightly consider very well adjusted and healthy parents. It is, perhaps, simply more difficult to succeed in providing adequate holding for an infant who has a severe impairment, for reasons which are as much, probably more, within the parent (and the social world), as within the child.

Wright's (1991) position may serve, furthermore, to lead us to believe that the world of the congenitally blind infant is, to a "good enough" degree, un-mirrorable. If the infant has no visual image of him / herself in the face of the mother, if he / she cannot hold the mother as other infants can in the absence of tactile closeness, then, it is asserted, the infant cannot feel that his / her internal world can be known, held, reflected, and hence integrated. Ironically, what such a statement may embody is a frightening, and hence potentially pernicious, confirmation of what is likely to be a central body of conscious and unconscious fear within a parent. Again: before exploring and proposing the possibility that the infant's world is unknowable, and thus cannot be reflected, surely we as parents should begin by reflecting on evocations of our own relating to blindness, and henceforth embark on an exploration of what is knowable, rather than that which, a priori, is not. Wright (1991) quotes Kohut (1972), who associates disability with narcissistic psychopathology insofar as adequate mirroring is not provided in infancy – if this is indeed a valid association (as it arguably is for all populations), how much of the aetiology of such psychopathology is

based on unconsciously mobilised prejudicial assumptions which draw parent and child alike into a belief that the world of the impaired person cannot be grasped, known, held, tolerated, by another. The experience of persons with disabilities has, overwhelmingly, endured a history of silencing and marginality, both via modes of manifest oppression, and, perhaps more powerfully, the internalisation of a sense of otherness, and the illegitimacy of subjectivity. Is theory which constructs the world, the self, of (for example) congenitally blind persons as un-mirrorable not at risk of, on close scrutiny, being found to be motivated by those familiar, irresistible unconscious forces which have long maintained a broad chasm between the worlds of disabled and nondisabled persons at conceptual and experiential levels? At best, reconstruction of the notion that the "worlds" of disabled and nondisabled persons (with congenitally blind persons as a special, heightened case), has the potential to reinforce a myriad of self-fulfilling prophecies, stereotypes, and oppressive practices surrounding disability. If one begins by asserting that the experience, the life, of the Other is unknowable, the imperative to include him / her equitably in the production of culture, to regard him / her as carrying and living experience which is relevant to the human world, is obviated. Ultimately, it is my belief that all such propositions, notwithstanding their possible worth and empirical defendability, carry an element of fear of the unknown. And surely, this is not fear of which one should be ashamed; such shame would, and does, only reproduce the need for refuge in unknowability. It requires exploration and embracing, such that the possibility for a level of real integration of experiential spaces which feel far from one's own, is allowed to emerge, relatively free from the metamorphosing often necessitated by defence. If a child (or adult) with a disability such as congenital blindness, is to be situated in a position which provides for the sense of internal legitimacy necessary for the world to be experienced in his / her "own terms" (Finkelstein & French, 1993, p.30), within a sense of the self-evident realness and universality of human experience, it is imperative that the very natural and often self-fulfilling fear of subjective difference be confronted and worked with. It is in no way my intention to deny difference; rather, I submit that the real nature of experience, and hence of difference, is often assumed and unknown, couched within basic fears of unacceptability and separation, and hence unfronted, rendering an a priori intersubjective chasm based more on unconscious fantasy than on manifest possibility.

This fantasy finds solid foundations in the lives of congenitally impaired children, through the fact of their often being reared within families where they are the only impaired person (Murphy et al, 1988, p.241). Whereas in the case of other marginal

minorities (eg. ethnic), individuals may experience profound alienation, and perhaps internalise a sense of inferiority, it is only in the case of persons with congenital disabilities that individuals develop in an environment in which they are recognised within families as an isolated case of divergent subjectivity, without the mirroring afforded by some sense of shared experience in the face of marginalisation (ibid.).

Within the universe of experiences that may be subsumed under the disability rubric of "blindness", as with all disability, it is central and fundamental to an equity which exists both within and without, that issues of differentness and identity be approached in a way which does not constrain subjective meeting through the application of prejudicial epistemological hierarchies of experience. Put another way, let us explore and believe in what we can know and understand, and avoid the snares of self-fulfilling notions which preclude knowing and integration. This route will, I believe, lead to the experience of persons with disabilities incrementally assuming its rightful place within the constellation of social experiences which mirror, reconstruct, and compose, society. Whilst the utility and importance of phenomenological writing on disability was considered earlier, the work of, amongst others, Hull (1990) and Kuusisto (1998) is noteworthy here with particular reference to visual impairment. Their rich experiential accounts aim to portray complex experiences of impairment and disability in a manner which, besides dispelling myths, serves to lend weight and momentum to the growing voice of self-legitimate experience of persons with disabilities as producers of culture.

In the light of many aspects of the theoretical journey which we have traversed up until now, it is clear that the nature and meanings of disability, the origins of the marginality of disabled persons, and hence notions of what persons with disabilities "need" in order that equity and inclusiveness be facilitated, are issues steeped in political energy and controversy, notably originating in unconscious processes. The vexed question of the relationship, if one is deemed appropriate, between disability, psychology, and psychotherapy, is one which has stimulated much heated debate in the wake of the rise of social oppression critiques of the medical model. As a final stage in this theoretical overview, I turn now to a brief consideration of key questions surrounding this purported relationship.

## Disability, psychology and psychotherapy:

In assuming a politically adversarial position to the medical model, disability studies writers have, until relatively recently, seemingly avoided the issue of individual psychology as it pertains (or does not pertain) to disability (Shakespeare, 1996 in Thomas, 1999, p.47). Engagement with such questions as the posited psychological aspects of disability was, against the individualising backdrop of the medical model, understandably regarded as dangerous in its potential misappropriation for the reconstruction of oppressive assumptions and practices surrounding disability. Finkelstein and French (1993) note that a central ideological consideration in addressing a "psychology of disability" relates to the questions which such a framework would aim to explore. For example, would such a psychology be concerned with the hypothesised impact of impairment on emotional functioning, or would it aim to make sense of the ways in which persons with disabilities engage with disabling environments (Finkelstein & French, 1993, p.26)?

Historically, psychotherapeutic responses to disability, rooted predominantly within the medical model, have operated in terms of grief and bereavement theories, with concomitant assumptions regarding the "appropriate", "healthy" characteristics of an adequate, "accepting" process of "working through" one's disability. Such paradigms presuppose some level of psychological "damage" associated with the onset of disability, such that a theoretically delineated path toward the regaining of "psychological wholeness" is indicated (Lenny, 1993, p.233). However, empirical evidence cited by Lenny (1993) demonstrates that, in fact, not all persons who sustain the onset of an impairment experience their disability as a loss (Campling, 1981; Morris, 1989; Oliver et al, 1988; Sutherland, 1981 all in Lenny, 1993, p.235). Furthermore, some studies have found that it is not unusual for persons with disabilities to report that their lives have changed for the better following the onset of impairment, or have remained much the same as before (Morris, 1989; Lonsdale, 1990 both in Finkelstein and French, 1993, p.30). However, many persons report experiencing the onset of impairment as "profoundly disturbing and distressing" (Finkelstein & French, 1993, p.30).

It is argued that psychological theories and interventions pertaining to disability have historically functioned to lock impaired persons into stereotyping double-binds, via, for example, the discourse of denial. Here, impaired persons who appear not to

require intervention are reconstructed as, in fact, needing it the most. To exemplify, Siller (1969) writes: "Occasionally a newly disabled person does not seem to be particularly depressed, and this should be a matter of concern. In almost all instances, something inappropriate is taking place...not to respond as such [with depression] is denial" (Siller, 1969 in Lenny, 1993, p.234). Whilst one might tentatively entertain an aggregated association between the onset of impairment and the risk of depression, the likes of the emotional expectations described by Siller (1969) sedimenting as they probably do within medical cultures of institutional uniformity, seem better explicated in terms of the expression of organisationally ratified defence mechanisms, than the workings of relatively unaffected empirical research. Scott (1969) warns that rehabilitation organisations may often tend to measure their success in terms of the degree to which clients come to understand and accept themselves in terms of the theoretical orientation, policies and assumptions of the organisation (Scott, 1969, p.19). Empirical research, meanwhile, has supported the notion that the sequelae of sudden or gradual impairment is not characterised by a reliable sequence of stages, or necessary elements, but rather a highly diverse range of styles of managing the situation (Trieschmann, 1989; Wartman & Silver, 1989 both in Oliver, 1995, p.263).

A central point of conflict which has polarised positions on the issue of helping intervention surrounding disability relates, unsurprisingly, to the question of where the problems of disability are located (Oliver, 1993, p.61). The tendency of professionals working within the medical model to locate such difficulties within the functional limitations of impairment, with, it is argued, insufficient interrogation of the failure of social and physical environments to make equitable provision for the needs of impaired persons, has served to compound a schism between adherents of the social model, and the endeavour of psychotherapy as it pertains to disability. In addition, McKenzie (1992) found that many persons with disabilities regarded "mainstream" mental health practitioners, such as psychiatrists and psychologists, as demonstrating little understanding of issues and struggles relating to acquired disability (McKenzie, 1992 in Oliver, 1995, p.263). Of crucial importance, though, was the further finding that virtually all subjects felt that they could have gleaned great benefit from counselling support in the wake of the onset of disability (ibid.). Such support which was not rooted in the stage theory assumptions of the medical model, however, was found to be largely unavailable (ibid.). Mental health practitioners who have disabilities themselves have been argued to be likely to

possess particular empathic ability in understanding and managing psychological distress relating to disability (Asch & Rousso, 1985; French, 1988; French, 1993c).

Finkelstein (1993) notes that the issue of goodness of fit between individual and therapeutic intervention is to some extent dependent on the individual's personal and philosophical understanding of the nature and aetiology of his / her struggle. That is, someone who sees his / her difficulties as arising primarily from impairment would find meaning and utility in an intervention very different from that required by one who viewed his / her struggles as a function of discrimination (Finkelstein & French, 1993, p.19).

Abberley (1993) asserts strongly that, if persons with disabilities experience psychological difficulties, that these should be ascribed to socialisation which discriminates against impaired persons. Psychological distress would thus be understood not as relating simplistically to impairment, or to flaws in personality, but rather as an aspect of the oppression of persons with disabilities (Abberley, 1993, p.108). He advocates that, rather than denying the psychological costs paid by persons with disabilities, these costs should be clearly identified as "a most directly experienced aspect of oppression" (ibid.). Finkelstein and French (1993) note that, in the light of the fact that persons with disabilities are as much steeped in, and thus influenced by, stereotyped and limiting assumptions regarding disability as nondisabled persons, it is hardly surprising that the perception of such barriers may manifest in "depression, passivity, anxiety and hopelessness" (Finkelstein & French, 1993, p.32). The cycle of self-fulfilment may then be reproduced by perceptions of such feelings experienced by persons with disabilities feeding into stereotypes of unmotivation, poor adjustment and unreliability (ibid.). Finkelstein and French comment: "It is very important that these barriers are seen as providing the context for personal mood states and psychological reactions, rather than seeing these states as psychological reactions to impairment" (Finkelstein & French, 1993, p.32). It is of crucial personal and political importance, thus, that an analysis of psychological distress in persons with disabilities be thoroughly contextualised within the nature of experienced social factors, which may include the attitudes of others, exclusions or poor access to services and participation, unemployment or poor career opportunities, poverty, amongst many others (ibid. p.31).

Morris (1992) observes with regret how persons with disabilities have often been drawn into denying personal or psychological experiences of struggle, through the

need to challenge the assumptions and images of the “personal tragedy” and medical models (Morris, 1992, p.164). She writes:

“To experience disability is to experience the frailty of the human body. If we deny this, we will find that our personal experience of disability will remain an isolated one; we will experience our differences as something peculiar to us as individuals – and we will commonly feel a sense of personal blame and responsibility”

(Morris, 1992, p.164).

Thomas (1999) refers to “the psycho-emotional consequences of disablism”, which are defined as the “personally or subjectively felt effects of social forces and processes which operate (not in a direct, mechanical, or uni-directional way) in shaping the subjectivities of people with impairments” (Thomas, 1999, p.48). Thus, the effects of living with disability in a disablist world are becoming increasingly able to be voiced and considered, within theoretical frameworks which make provision for the group political struggle, as well as the subjective nature of life-worlds. The link between broad discursive patternings of assumptions and practices surrounding disability, and the profiles of individual subjectivities, is one which bears much promise in debunking essentialist notions of the sequelae of impairment, beginning with persons with disabilities themselves. What is required is that experiences of struggle be recognised, articulated and owned, not in a way which carries with it the weight of a long history of oppressive identities and assumptions, but rather in a manner which legitimately voices the meanings and the pain of the mutually constitutive experiences of disablist oppression and impairment. Expressing such experiences within the context of an overt highlighting of the (mutually constitutive) relationship between subjectivity, struggle, and discourse, may allow for the recognition and exploration of feelings and parts of self hitherto obscured by shame and disempowerment, through interpellation into essentialist notions of normality rooted in intra-psychic processes, as well as capitalist exchange. How, then, can a space be created which facilitates such legitimacy and entitlement in the articulation of disability experience?

## **Countering the hegemony**

Peters (1999) advocates the exploration of socio-linguistic approaches, such as the conscientisation and critical literacy model of Paulo Freire, in their ability to transform and empower persons with disabilities via the deconstruction of oppressive ideology (Peters, 1999, p.103). The conscientisation model involves a combination of

reflection and action, serving to enable individuals to mobilise collective initiatives for change through the debunking of oppressive institutional and discursive systems (ibid.). Freire (1970) describes conscientisation as “learning to perceive social, political and economic contradictions, and to take action against the oppressive elements of reality” (Freire, 1970, p.19). The process of debunking subjectivity, discovering how one has become unwittingly situated, necessarily involves uncovering the pain of oppression and dehumanisation, such that this experience may be entered into public as well as private discourses of identity (Lawrence-Lightfoot, 1994 in Peters, 1999, p.104).

In my view, it is within a strategy of counter-hegemonic empowerment pedagogy, such as the model of Paulo Freire, that the movement toward liberation of persons with disabilities from material and internalised oppressions can most hopefully and fruitfully proceed. Such a strategy would, whilst not providing such resources as mental health care directly, alter the entitlement-related meanings attached to access to such services, through facilitating a just outrage at the recognition of carefully obscured and de-legitimated experiences of oppression. A recognition of the arbitrary and politically embedded nature of oppression, may lead persons with disabilities to a process of reclaiming ownership of “their” social and subjective destiny.

Whilst reflecting on the case material to be presented later, I was struck by the parallels which had developed between the work I was engaged in, as facilitator of a support / psychotherapy group for visually impaired university students, and Freire’s model of empowerment through joint critical engagement with experiences of oppression. I had not set out to work within Freire’s paradigm, but had found that the group experience had nevertheless shaped itself into one closely mirroring Freire’s ideal. Before describing the case material, however, I turn now in Chapter 3 to a consideration of issues surrounding my identity as researcher, and other pertinent aspects of research methodology.

# ***chapter three***

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## **Research Issues and Methodology**

### **Introduction**

Since the research process became a complex and shifting one, rich in its own lessons, for the purposes of clarity I shall introduce this section by outlining the methods and parameters which were finally employed.

Accounts of the experience of university study in the context of visual disability were gathered over a period of approximately 5 months. The research setting was a psychoanalytically oriented support group for visually impaired students, with myself (I have undergone professional training as a clinical psychologist) as facilitator.

### ***Duration of data collection***

Eighteen sessions were held, each of ninety minutes duration.

### ***Subjects***

The group began its meetings with a membership of eight persons, all of whom are undergraduate students at the university. The level of visual impairment amongst the group members varies, with four members having virtually no functional sight, and the remaining four having a degree of residual vision. During the course of the group process, ambivalence regarding participation led to changes in attendance. After an initial period of fluctuating attendance which lasted approximately 6 weeks, four of the original eight members became established as ongoing and committed participants. The early unpredictability of attendance occurred in the context of a quite rapid emergence of emotion surrounding the subject matter, as well as controversy regarding the appropriate structure and aims of the group.

### ***Methodology***

Whilst the group was initially framed as a "support group", it developed, in terms of process and methodology, into a psychoanalytically oriented therapy group, with a specific focus on issues relating to visual impairment. The stance I assumed as facilitator was, from the outset, a psychoanalytic and interpretive one, aiming to provide

containment towards facilitating the exploration and deconstruction of experiences and feelings relating to visual impairment. Needless to say, these issues touched broadly on more fundamental human concerns, with the experience of visual impairment being so embedded in every aspect of living and relating, that attempting to separate such issues out for specific consideration would have been both inappropriate and counter-therapeutic. In addition, it is clear that other aspects of ascribed identity and subjectivity such as race and gender impact profoundly on the nature of the social space one inhabits. Whilst I recognise this in relation to the data gathering process of this research initiative, these issues will not be focused on here. This dissertation does, however, form part of a larger research endeavour which will aim to factor these considerations into the exploration of disability experience.

Extensive note-keeping was performed throughout the group process, documenting not only the discourse of meetings, but also aspects of group process and counter-transference. The data analysis incorporated the assumptions of an interpretivist approach, in combination with a psychoanalytic framework of understanding (Berg & Smith, 1985; Ferguson et al, 1992; also after Sinason, 1992). The aim of an interpretivist perspective, which regards "reality" as being "created and social", is the "interpretive understanding of social situations" (ibid.). It has been broadly asserted that interactionist methodologies (such as the interpretivist framework), are "the most suitable for researching the experience of disability" (Hurst, 1984 in Barnes, 1992; also Abberley, 1987; Oliver, 1986).

Having thus introduced the research work, this section will now proceed in three broad areas. The first provides a brief orientation to the endeavour of social research as it has pertained to disability studies. Thereafter, I shall outline the process of developing methodology for the current research, and provide a description of the research process. Finally, issues pertaining to the identities and investments which I personally bring to the research material, will be critically considered.

## **Background**

My aim upon embarking on this research was to glean and meaningfully render something of the experiences of visually impaired students at the university where I was once a student, and now am an academic staff member. Having, as a severely visually impaired person, progressed through the undergraduate and postgraduate programs in psychology at the university myself, I experience a strong sense of affinity for the issues

of students with disabilities on the campus, and consequently have become active in advocacy work toward developing increased equity and inclusiveness surrounding disability. At a time in the history of South African tertiary education at which a plethora of complex issues relating to identity, equity, Africanness and academic excellence are confronting university administrators and researchers, the issues of persons with disabilities represent a central arena of debate surrounding policy development, which may have broad implications for the future of the disability movement in this country.

### Disability research: a controversial history:

Much of the legacy of research on disability has, as should be clear in light of the foregoing theoretical orientation, been severely criticised by writers within the disability liberation movement (eg. Barnes, 1992, 1996; Marks, 1999; Morris, 1992; Shakespeare, 1996). In addition, it is argued that persons with disabilities perceive much disability research as a "violation of their experience", as "irrelevant to their needs", and as "failing to improve their material circumstances and quality of life" (Morris, 1992, p.157).

Shakespeare (1996) argues that adherence to an illusory and inappropriate "ideal" of empiricist academic independence in disability research has often been employed as "a spurious cloak for research which reinforces, rather than challenges, the subordination of disabled people" (Shakespeare, 1996, p.115). The need for rigorous application of aspects of academically ratified research protocol can, it is asserted, form an accountability which obscures or conflicts with the cause of the liberation movement (ibid.).

Thus, the voice of the experience of persons with disabilities is viewed as having been constrained or appropriated through methodologies and investments rooted in empiricism, as well as within asymmetric relations of power in research production. Hill Collins (1990) writes: "Groups unequal in power are correspondingly unequal in their ability to make their standpoint known to themselves and others" (Hill Collins, 1990 in Morris, 1992, p.158). A contrasting position referred to by Bury (1996) holds that research into experience has little relevance to groups struggling for political rights in the face of oppression (Bury, 1996, p.111). Such a view regards the documenting of experiences of oppression as unnecessary, since such experience is part of the everyday reality of persons with disabilities, and thus is not in need of re-articulation.

Rather, the position urges, efforts should be channelled into advocacy and resistance in the more directly political realm. Gomez (1988), conversely, argues that the gathering and articulation of experiences of struggle is central to political change, embracing the reflexive and advocative value of "living outside of ourselves" (Gomez, 1988 in Livia, 1996, p.34). The question, furthermore, of the representation of an oppressed group within a discourse of difference or similarity is a vexed and politically crucial one (Kottler, 1996).

## Developing methodology: the research story

The methodological approach I undertook in this research initiative underwent a diametric shift during the process, for reasons which I shall explain. I began with the aim of employing an in-depth semi-structured interview method, with a view to garnering a broad base of qualitative experiential material regarding the nature of university life in the context of visual disability. I anticipated that the interviews would render rich and layered accounts of the meanings and predicaments associated with tertiary study and visual impairment, perhaps also expecting that some accounts would resonate with my own experience.

Simultaneously with the undertaking of these interviews, staff of the Disability Unit at the university (a department responsible for advocacy and access provision relating to disability issues) had noted that visually impaired students seemed to share a complex of difficulties, and some had requested support of a personal nature. The students were asked whether they felt that a support group, facilitated by a psychologist, would be useful in exploring and addressing some of these needs and difficulties. The majority of students felt that such a resource would be of use, and I was later asked to begin the process of arranging weekly meetings. Important to this account is the fact that most of the students who participated in the interview process, subsequently decided to join the support group.

Before the advent of the support group, I performed eight in-depth interviews. The interviews were audio-taped, and ranged in length from 80 to 110 minutes. Full transcription of the interview discourse was performed. However, I found the data which was rendered by the interviews to be of a largely biographical nature. Areas of difficulty seemed to be relatively glossed over, with little emotional content being apparent.

This response of mine to the interview material was underpinned, to some extent, by my own experience of the issues associated with university study in the context of visual disability. As such, it may be argued that I imposed an evaluative judgement on the accounts of the students in terms of my own need to express struggles I have personally experienced. I explored the substance of this criticism extensively within myself, reaching the following conclusion:

Notwithstanding the serious and not implausible nature of the criticism, I feel (as will be elaborated later), that my personal experience of visual impairment has led me to a level of insight surrounding the material, and hence personal, ways in which experiences of inaccessibility at university can situate the visually impaired individual. Whilst I make no claim to know or understand these experiences as they pertain to others, it is clear and true to me that visually impaired persons at my university, as is likely at many others, face considerable and complex obstacles of a personal, interpersonal and pragmatic nature in the fulfilment of their study requirements. If one has a visual disability, a myriad of experiences embodying forms of exclusion and discrimination, some obvious, some initially imperceptible, characterise a university campus which, incontrovertibly and thoroughly, is designed, in structure and in process, for the use of persons with full sight. From gigantic libraries packed with items inaccessibly couched in the printed word, to a plethora of administrative processes which make no pre-ordained provision for visually impaired persons, to teaching methods which make central use of visual aids – the list of experiences which may communicate to the visually impaired individual that his / her participation in the learning process was not anticipated, and that his / her needs were thus not considered in the design of that process, is virtually endless. In light of such issues, I was led to wondering whether an alternate format of data gathering would render experiential material with a more layered and personal tone.

The support group for visually impaired students, meanwhile, began its weekly meetings, thus embarking on what was to become a powerful emotional process for all participants. As I gathered and documented accounts from the meetings, I quickly became aware that the group setting was evoking very different levels and aspects of experience to that which had been encountered in structured interviews. To some extent, individual accounts shared in the group setting even seemed to directly contradict what had been elicited from those same individuals in the interview procedure. It was my impression that the safety of relationships of trust which were

established within the group had created an environment which allowed for the communication of experiences which were of a more personal, and often painful, nature. The material elicited presented as dramatically more alive, dynamic and personal than that which had been collected earlier.

Upon consideration of the question of why it was that the elicited sets of accounts were quite so divergent from one another, I came (through consideration of the material) to the following hypothesis. It became clear, as the data collection process continued, that the experience of managing university life for the research subjects was one characterised by a host of difficulties, some of them painful, others profoundly frustrating and disempowering. In terms of this finding, the following issues require consideration:

Whilst the university at which the research took place is in the process of making very significant strides in the development of equitable access for students with various forms of impairment, I think it fair to say that the culture of responses to disability within the university community reflects the strong need for ongoing advocacy toward awareness of equity issues and the promotion of integration which is authentic. Evidence for this assertion will be provided within the case material presented later. I suggest that an environment such as a university campus, which, at many levels, is interacting with impaired students in a manner which serves to condense experiences of exclusion, of not having been considered, or of one's needs not being manageable or legitimate, functions to communicate to those students a sense of caution surrounding the articulation of difficulties. At some level, perhaps one which is predominantly unconscious, the experience of such an environment may communicate to the individual, through his / her needs or difficulties being responded to with confusion, disbelief or inappropriate interventions, that he / she does not, in fact, belong at university. In the face of what is for most students a daunting and authoritative institutional structure, it is difficult to retain a sense of the legitimacy of one's needs, one's participation, when confronted with voluble symbolic and pragmatic indicators which reflect little or no awareness of one's presence or predicaments. Now, it is likely that persons who have developed with impairment as a part of their lives, have, to a greater or lesser extent, undergone experiences within familial and institutional settings which have fostered the internalisation of parts of self which carry an imputed tentativeness or uncertainty regarding the legitimacy with which full participation in cultural processes may be demanded. Naturally, these internalised "voices" of

exclusion – the effects of prejudice, fear, and marginalisation – exist in the context of other parts of self which may more readily feel a sense of rightful claim to equitable inclusion. Yet, it is noteworthy that environments which communicate a lack of some degree of recognition of the predicaments and student life-worlds of impaired persons can serve to confirm these inner voices, thus rendering the task of holding one's legitimacy, ability, and sense of self, that much more difficult. A variety of interpersonal and practical situations in the study environment which may evoke high levels of anxiety in all concerned, are also likely to further compound the difficulty of owning one's rights to inclusion. Against this backdrop, it hardly feels surprising that students may feel uncertain or reticent about describing the nature and depth of difficulties confronted by visually impaired students, particularly to an unfamiliar staff member, who may be identified with the institution. Whilst impaired students, and all impaired persons, remain in a state in which the continued infliction of external exclusions and inequities does not cease to be translated, re-lived, and hence reproduced, in internal tussles of legitimacy, it will remain difficult to overcome barriers toward self-advocacy. Succinctly put, it is simply very difficult to hold a sense of the legitimacy of one's needs and roles in the face of emotive debate, uncertainty, and conflicting messages, regarding that legitimacy. Whilst maintaining awareness of the need for even-handed and careful appraisal of the subject matter, Barnes' (1996) words seem relevant to my role as researcher at this juncture. He writes: "If disability research is about researching oppression, and I would agree that it is, then researchers should not be professing 'mythical independence' to disabled people" (Barnes, 1996, p.110).

A second issue for consideration which, I believe, rendered the interview material (at least at face value) less rich and experientially situated, relates to the painful nature of many described experiences and struggles, and the consequent need for containment of that pain. Over the course of the 18 weekly sessions of the support group held during 1999, and as relationships of trust grew amongst members, and with myself, a range of experiences and struggles were described which had evoked, and continued to evoke, feelings of pain, distress, anger, frustration, and loss. It is the nature of a psychoanalytically oriented group process that such feelings be elicited and contained, through creating a space which is sufficiently safe to allow for their exploration. It was my impression, thus, that a one-off interview procedure could not readily evoke the richness of experiential accounts which were later explored, since these feelings – of struggle, anger, frustration and loss at disabling environments – could not be allowed to

permeate an everyday world of ongoing demands, tasks and stressors. The question is thus begged: where, if anywhere, is disability experience to be found? In a world in which imputed expectations, the product of ideological machinery, are placing constraints on the legitimacy of internal experience, on the meanings which a disabling world is allowed to have for the individual, surely (provocatively, yet familiarly) there must be questions regarding the potential obscuring of subjective struggle and pain through the incorporation of collective disavowals. Of course, the methodological conundrum rendered is a thorny one. Are we to be suspicious of the experiential accounts we elicit from respondents, even in the context of carefully implemented methodological principles? I think not. Yet, I believe that methodological consideration needs to be given to these fraught issues. Whilst it is quite possible that a detailed and interpretive examination of the interview material may render thorough evidence of the experiences described in the group setting, it remains true that such issues as variation in the capacity for "holding" which the data-gathering environment offers, may profoundly affect the nature of elicited accounts. As argued earlier, it seems not implausible that, within disabling environments which may simultaneously disallow or devalue internal experiences of struggle, the association of distress with disability may imbue that feeling with reduced subjective legitimacy. Barnes (1996) identifies an inherent tension between the need, in disability research, for accountability to the narratives and subjective worlds of research subjects, and the necessity for deconstruction and analysis of research accounts for the purposes of understanding the origins of subjectivity (Barnes, 1996, p.116). Of course, there is virtually infinite variability in the abilities of individuals to access and express experiential material which may be painful or unsettling, or associated with feelings of vulnerability or interpersonal disenfranchisement, but the question of the influence of these variables remains a significant one. The psychoanalytically oriented support group environment, with its parallels to the Freirian group process conscientisation model, carries, I believe, particular assets in terms of its ability, over time, to allow for the exploration of personal meanings.

Having thus considered issues pertaining to the methodological process, I turn now to the question of the issues and investments I personally bring to the work at hand.

## My personal orientation:

In attempting to somehow give voice to an individual's experience of a disability within his / her world, a number of difficult questions and dilemmas require our close attention. A central set of issues surrounds my position as researcher, as disabled person (I am severely visually impaired), and as clinical psychologist.

Each one of these identities brings with it certain constraints and freedoms, silences and voices. The issue for our consideration, then, is which of these voices are relevant, credible and usable within the realm of humanities research. For example, my personal experience of having a visual disability, which embraces a vast constellation of emotions, associations, ideological and theoretical positions, and personal beliefs, is an essential part of my experience of the experiential narratives of others. A crucial question is where, if at all, a boundary exists between what is my experience, and what is that of my research subjects, particularly in light of the commonalities between us in terms of the issues and difficulties with which this paper is centrally concerned. I graduated from the same university as the research subjects, and now in my academic role, as then in my student life, continue to grapple with a complex myriad of difficulties surrounding access on many levels.

Thus, is it possible or useful for me to suspend my feelings, investments and interpretations regarding these most loaded and, for me, painful issues, in order that some form of relatively unaffected empirical representation of the nature of disability experience be striven for? Various authors (eg. Barnes, 1996; Shakespeare, 1996) have, within the context of post-structuralist theorising in disability research, stridently challenged the notion of the "independent researcher", and his / her illusory search for a unitary set of truths regarding the meanings of disability experience.

Barnes (1996) asserts that clinging to the myth of unitary reality can only serve to broaden the gulf between researcher and researched. He advocates, instead, that researchers in the field of disability studies should, whilst maintaining research rigour, be freed to take an active and invested position in joining with persons with disabilities in the struggle for liberation (Barnes, 1996, p.110). Furthermore, it has been asserted that workers involved in research relating to oppression who themselves are members of minority groups, may demonstrate greater empathy, rapport, insight and commitment to the issues at hand, than others (eg. Shearer, 1981; McKnight, 1981 both in French,

1993c; Barnes, 1992). In contrast, Hurd and McIntyre (1996) describe how perceived similarity in experience between researcher and subject may problematically distort research representations. The researcher may find that described experiences resonate so closely with his / her emotional world, that he / she is drawn into maintaining a "racially privileged naivete" (Roman, 1993 in Hurd and McIntyre, 1996, p.79). Hurd and McIntyre (1996, p.79) describes the danger of becoming too closely aligned with the research subjects' "lived, but critically unexamined, life experiences". Similarly, Barnes writes of researchers "going native" (Barnes, 1992, p.117), and thus losing the ability for the critical reflection so essential to the deconstruction of subjectivity, and hence of ideology. In addition, he warns that commonality between researcher and subject relating to, for example, disability, may obscure equally important and potentially influential differences such as social class, level of education, race, and vocation (Barnes, 1992, p.121). Thus, whilst my experience of living with impairment, and with disability, may be of important use in bringing an empathic reading to the research material, I recognise the need for vigilance in ensuring that I retain the critical position of researcher, in interrogating not only the constructions of research subjects, but also the bases of my own subjectivity. If I am able to hold these dual roles, and retain adequate vigilance, I do believe that I am in a position which, in light of my professional training, my impairment, and my experience of extended psychotherapy, renders me potentially able to bring a useful and sensitive voice to something of the experience of visual disability. By virtue of, in particular, my training as a clinical psychologist, and my ongoing experience of psychoanalytic psychotherapy, I have had the opportunity to explore and articulate my experiences over time, and with assistance, rendering a highly elaborated and differentiated picture of the meanings, in my life, associated with visual impairment.

Besides my self-identification as a person with a disability, a further aspect of the subjectivity which I bring to the research is that of my identity as a clinical psychologist. My training in psychoanalytic psychotherapy has provided me with a conceptual framework within which the overt discourse of individuals may be interpreted in terms of the nature of unconscious processes – in this case, within the context of psychoanalytically oriented group therapy. Put another way, within the methodological frame of this research, my role as therapist (and now researcher) involves interpreting the conscious discourse of the subjects in terms of my own conceptualisations of unconscious psychic processes of which they are fully or partially unaware. This therapeutic approach rests on the assumption that certain feelings and experiences are too painful, distressing or overwhelming to allow into consciousness. Consequently,

such feelings are caused to remain, at least in their pure form, within the realm of the unconscious. It is the work of psychoanalytically oriented psychotherapy to facilitate a process of re-acknowledging forgotten and repressed experience, such that problematic modes of defence are restructured, and recognition and compassion for the self is enhanced.

Of course, I in no way intend to imply that such processes and psychic phenomena are peculiar to persons with disabilities. Neither do I imply that persons with disabilities have a generic need for psychoanalytic psychotherapy, or any form of psychotherapy for that matter (see *Disability, psychology and psychotherapy*). Some critics may view my orientation as reflecting an assumption that the unconscious minds of persons with disabilities carry repressed and dangerous emotional material which requires professional intervention. Again, this is far from the case. But as I argued in the previous section, it must be recognised that disabling ideology, through its interpellation of persons with and without disabilities alike, often functions to constrain the sense of legitimacy with which experiences of struggle relating to disability can be felt or expressed. As Patricia Hill Collins (1990; quoted earlier) asserts: "Groups unequal in power are correspondingly unequal in their ability to make their standpoint known *to themselves and others*" (Hill Collins, 1990 in Morris, 1992, p.158, my emphasis). Thus, in my view, psychoanalytic methods, as well as readings, of disability experience (expressly pertaining to nondisabled persons as well as persons with disabilities), have particular and important assets in their ability to deconstruct subjectivities coalesced within oppressive ideological structures.

Having examined the many pitfalls outlined above, my attitude, as a psychologist and as a person with a visual disability, is one of feeling that I do possess some sense of the internal places in which the experience of otherness may be found, with its myriad of forms and potential manifestations in the intra-psychic, intersubjective and political worlds. Furthermore, I feel that my sense of the location and nature of those spaces, and the language which I have accumulated in my own struggle to make sense of and communicate my experience, are, if carefully used, potentially precious resources in colouring my reading and description of the experiential texts of others.

# *chapter four*

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## **Case Material:**

### **Visual impairment and group psychotherapy**

#### **Introduction**

The case material is presented in the form of twelve themes extracted from the discourse and process of the psychotherapy group. Direct accounts of the experiences and positions of group members are provided to illustrate these themes, along with some interpretations. Where appropriate, parallels between the accounts of members, and theoretical constructs described earlier, will be identified and considered.

#### ***Note on quotations***

Since the following case material is based on extensive clinical note-keeping, rather than (for example) audio recordings, I rely on memory for the recall of direct quotations. The precise wording of certain statements, thus, may have altered very slightly.

#### **1. Trauma**

It is my perception that the broad patterning of social responses, both structural and informal, to disability of any kind, is one which tends to impose decisive and identifiable sanctions of silence upon the experience of disability struggle. Furthermore, within a society which is structurally unequipped, and (arguably) consciously and unconsciously ill-prepared to engage with the exigencies, struggles and complexities of visual impairment, the everyday experience of discrimination, exclusion, and a myriad of forms of environmental misattunement which embodies the predicaments of visual impairment in a sight-dominated world, is profound, and often painful. Of course, it is not my intention to imply that every layer of the experience of a person who is visually impaired is shaped or coloured through impairment and disability. However, within the mosaic of interwoven meanings and sensations which may embody a moment, I believe that, via internalised disablist ideology, boundaries prevail which differentiate between experiences which can be allowed to diffuse easily into everyday discourse, and that layer of experience which

is rendered unspeakable through its association with disability, and hence with evocativeness, anxiety and danger. It is through a world of highly sophisticated mechanisms whereby the need for the disguise, repair, denial (French, 1993a; Marks, 1999a) and stoic silencing of disability struggle is inculcated into individuals, that the internal differentiation between experiences and feelings felt to be legitimate, tolerable and admissible in the social realm, and those regarded as too painful, different and undigestible to share, begins to coalesce. Inhabiting, and having inhabited, social environments which constrain and (behaviourally) extinguish the expressability of parts of self which pertain to the disability experience, renders a scenario in which those experiences of exclusion are relegated and condemned to a quite secret part of the internal world. My perception is one of separate, but parallel internal layers of experience, one composed of day-to-day life experiences and struggles which are regarded as universal, as "sufficiently normative", and hence are admissible in the interpersonal realm, and one comprising disability-related experiences and feelings which must be silenced for the purpose of facilitating relationships through protecting the other. A "secret self", which lives and feels the plethora of experiences of environmental misattunement which populate everyday life, may thus come to exist, dwelling in constant observation of an unknowing world of normative struggles and discourse, and perhaps experiencing it's own self as too different, too disruptive, or too threatening to be seen, known and integrated into the process of intersubjective cultural production. A part of the self, of lived experience, of the subjective world, is thus maintained in internal isolation, in the knowledge that it must be held and known only internally, if one is to be admitted to the social and occupational worlds. Sally French (1993d, p.46) has described how persons with disabilities in the workplace "can ask for help...as long as they steer clear of any problems directly associated with disability". The internalisation of a sense of the need to deny and disguise one's experience of disability may thus lead to what Peters (1999) terms "a silent world of passive acceptance" (Peters, 1999, p.103).

From the earliest stages of the group process, I was deeply moved, and at times alarmed, by my sense of the degree of emotional trauma which I perceived within the group subjects, and it is to this issue that the foregoing discussion pertains. It is usual in the beginning phase of a therapeutic group for certain natural fears and uncertainties to surface and be negotiated by group members, in the course of developing and testing the therapeutic space. Such issues as the norms of the group, the question of whether the experience will be beneficial to oneself, and the trustworthiness of other group members, contribute to an initial phase of healthy

ambivalence regarding the endeavour. It is when these issues have been sufficiently dealt with that a "working phase" in which the space is used therapeutically for the sharing of experiences, can begin to gather momentum. It was conspicuous to me that the initial phase of the Group (as the support / therapy group for visually impaired students will henceforth be identified) progressed at an exceptionally rapid rate. There was, to me, a sense of readiness, of urgency to express which underpinned the process of early negotiation. In a supervision session concerning the Group, it was commented: "This feels like life speeded up".

Feelings of ambivalence regarding the utility and purpose of the Group were correspondingly powerful, with the overall impression being one which left me with a sense of dealing with parts of experience which inhabited a form of "secret self", within which the possibility of expression and some form of acknowledgement was felt at once to be strongly needed, and (to some) deeply anxiety-provoking. Clearly, such a statement could be made regarding therapeutic group processes not necessarily concerned with disability. However, it became my understanding that the boundaries between speakable and unspeakable within the members of the Group embodied a certain qualitative commonality; a shared and mutually understood tacit code of silence regarding the admissibility of subjectively intractable experiences of struggle relating to disability. From the outset, it was as though there was, at a conscious as well as pre-conscious level, a shared, and socialised, sense of identified layers of experience which were to be managed in silence, and in the internal world. Of course, what I describe is no uniform phenomenon, but merely a tendency perceived by myself via clinical observation and interpretation.

One communication via which this "code" of unspeakability found manifestation, was the emergence of a fear of surveillance amongst group members. This fear carried the sense of danger surrounding the possibility of secrets being let out, of things being seen which should remain obscured. One member (completely without sight) described how she found the experience of being with sighted persons in a silent room extremely anxiety-provoking. Her fantasy at these times was that conversation, perhaps regarding herself, was proceeding non-verbally without her knowledge. She would thus avoid these situations, tending always to have music playing in her home, which would disguise the sounds of movements or gestures. Similarly, in the Group space, was a sense that hitherto constrained feelings may emerge and be seen by others, without one's knowledge.

During the third session of the Group, with initial negotiation of the frame complete, and the interpersonal space thus open to be used by members, a long silence fell. I had, after an initial short discussion, introduced the period with an enquiry as to the experiences and feelings with which members had entered the session. I had also reflected in opening the meeting on how the mood within the room had dropped in the latter part of the previous session, and that I had apprehended similar feelings this week.

After some minutes of silence, the anxiety in the room began to escalate. I interpreted and attempted to contain the silence on two occasions. However, the fear in the room continued to increase. The silence was finally broken by the emergence of a discussion toned by an anxious confusion. Two members stated that, since it could not be ascertained "what was wrong" which had led to the anxiety, they felt that it would be useful for me to leave the room for 10 minutes, such that the group could discuss the situation and "get things back on track". I resisted this request, attempting to contain the anxiety, whilst saying in various ways that I felt it important that we stay with the feelings which were in the room. It was my understanding that the "boundary" which I have described was in danger of being broken; I, as an outsider, had created a space in which I had, perhaps excessively, named every experience as admissible, hence disrupting the silencing of certain struggles. It was repeatedly said that the need for me to leave was nothing to do with myself personally, but rather with my role as clinician. After some time, one member became particularly distressed, and said that she felt the need to leave. I attempted to reassure and contain her, but to no avail. After her departure a particularly reflective member stated her feeling that the session had been difficult and painful, but that it would be remembered as one in which "something very important" had happened.

I, as a clinician, felt warned by the group in the following session. A funeral, which had been attended by two members, was described in deeply painful detail. An horrific motor vehicle accident had left 4 women dead, with only the male driver of the car escaping to safety. The women had been terribly disfigured in the accident, with one having been decapitated; again, these details were described. It was commented that, since the car involved was a Mercedes-Benz, the driver must have been "going much too fast", or have been intoxicated. Whilst I did not make this interpretation before the group, it felt clear to me that I was being cautioned to take

care in my role not to move too fast; not to underestimate what was experienced as a terrible danger which may engulf the group in death and catastrophe if released.

As noted earlier, the anxiety and tentativeness surrounding disclosure which was evidenced in the Group would not be unfamiliar to any psychoanalytic group therapist. Yet, it was in my growing impression of the sense of urgency and anticipation regarding disclosure, and the commonality between group members in the silencing of aspects of disability struggle, that I came to regard the picture as unusual and hence significant. Furthermore, later description of experiences in the social world which reflected a need for the external disavowal of aspects of disability experience seemed to confirm my earlier impressions.

## 2. Inconsistent attendance

Over an initial period spanning approximately 6 sessions, attendance of the Group was extremely unpredictable, with the initial eight members attending in varying combinations of, typically, 4 to 6. However, after this initial phase, and with four of the original members having left the process, a core of 4 members highly committed to the process remained.

In understanding the attendance issue, various possibilities, clearly, arise. Group therapy is not experienced as useful by all; one clinician may feel more appropriate to a given individual than another, and so forth. Yet, in conversation with Valerie Sinason, I felt the ambivalent and erratic participation of members of the Group to be marked to an extent which called for specific consideration and interpretation.

A recurring theme in the Group, to be explored later, was that of caring for others through protecting them from emotional material felt to be potentially harmful or dangerous. In the light of the marked evidence of emotional trauma amongst Group members described above, I began to consider the possible emergence of an unconscious need to protect me from the painful experience of a misattuned world. The notion of "modulation of trauma" (Sinason, 1992) began to feel increasingly applicable. If, as I had begun to hypothesise, the Group space had come to embody the potential for venting of feelings and experiences which, in the world of everyday discourse, had been hitherto withheld due to their presumed intolerability to others, it would make sense that caution, ambivalence, care, and modulation should

characterise their exploration. Evidence will be described later to demonstrate the centrality of an assumed role, amongst Group members, of protecting and nurturing companions, care-givers and assistants. In a similar manner, it may have been unconsciously felt that I should be nurtured and protected in my role as therapist, if I was to survive, and hence be able to provide a level of support.

A second interpretation of the inconsistency of attendance relates to the unpredictable nature of the subjective worlds described by Group members. Life on campus for a blind student is nothing if not unpredictable. Many of the routine study tasks which need to be performed daily by all students are, in the described experience of visually impaired students, wracked with uncertainty. Getting to a lecture on time may mean relying on the assistance of a companion who may not show up; completing administrative tasks at university departments may involve the need for assistance in, for example, completing forms, which may not be easily available; studying for a test may involve the need to read taped literature which may be found, at the last moment, to be inaudible; lecturers previously asked to adjust their teaching media to allow for greater participation of visually impaired students may forget to do so; computer assistive devices, such as voice synthesisers, may fail at any time, rendering all computer work impossible - these and many other situations are often extremely stressful and deeply frustrating, but seldom unexpected. It should be remembered, also, that such experiences of exclusion or inaccessibility take place within the context of negotiating a busy and complex campus environment without the use of sight. In addition, this sense of the unpredictability of the subjective world, of not having the resources to exert control on one's physical environment, is not limited to life at university, but generalises to other environments. In short, it was my perception that the experiences of Group members had led them to positioning themselves in the world in a manner which left little provision for the reliability of people or things; in a manner which regarded most things as unpredictable, with multiple eventualities being impossible to completely plan for.

Now, in a world characterised centrally by the assumption of unpredictability, in which a sense of control, whilst deeply needed, feels quite out of reach, the overtly articulated safety and consistency of the therapeutic frame may be experienced as traumatising (Sinason, personal communication). The infliction of, and sustaining of, experiences of unpredictability may be viewed as a component of trauma, incorporating the removal (or letting go) of the concept of a just world. In my view,

many layers of such experience had led to Group members (to a greater or lesser extent), assuming a position on the edge of daily activities; in which the possession of, or participation in, most activities or resources was not fully expected. Positioning oneself thus may be viewed as an adaptation to the trauma of exclusion and environmental misattunement, since it creates a situation in which full acknowledgement and participation is no longer expected - the world is no longer viewed as just - and some level of marginality becomes regarded as inevitable.

Entering such a subjective environment with the principles of the therapeutic frame may thus be experienced as a dangerous subversion or destabilisation of the status quo, representing, possibly, a world view starkly dissonant with that subjectively assimilated. In short, the advent of the Group may have been unconsciously experienced as potentially threatening a well-adjusted defensive view of the world as unpredictable, and hence unsafe. The inconsistent attendance may thus have served two purposes; not only might it embody an unconscious communication of the unpredictable nature of the subjective worlds of Group members, but also may act to modulate the penetration of a sense of safety and control into the internal world, such that anxiety levels are tolerable.

My ongoing hypotheses with regard to the issues of predictability, reliability and attendance were strengthened by later accounts elicited in the Group regarding interpersonal relationships. Members who had lost the use of their sight in adult life gave accounts of how their having become impaired had led to the loss of many friendships (some of these accounts will be described later). The onset of blindness had, to these persons, meant an identifiable subjective shift in the space they occupied in the social world, such that, at best, the nature of participation was regarded as marginal. One member described having initially experienced confusion regarding the withdrawal of certain important figures from his life after the onset of his impairment, but this feeling then shifted to a conscious orientation towards not investing too much energy in the development of relationships, because of the likelihood of being let down. Such tentativeness regarding attachment, consciously related to being impaired, thus added to my impressions of a subjective world felt to be decisively unreliable in its ability to hold and provide for one's needs consistently. Against this backdrop, strong ambivalence regarding entering a therapeutic process seems self-evidently appropriate.

### 3. Social responses to visual impairment

One particularly emphatic form of discriminatory social response to visual impairment which had been experienced by almost all Group members, was that of being approached on campus and elsewhere by Christian strangers. Typically, such persons would begin a conversation without introducing themselves, or asking anything of the visually impaired person they had come upon. Rather, statements such as "do you know that if you believe, God can heal you?" would open the uninvited interaction. Whilst such an attitude clearly embodies a crude level of objectification, the phenomenon nevertheless bears testimony to the evocative power of visual impairment. Such utterances may be understood in terms of a need to extinguish the evidence of primitive feelings of shame and dependency projected into the other, whilst simultaneously fulfilling the function of situating the speaker as powerful, non-dependent, altruistic, and virtuous. What is noteworthy, though, is the depth of the psychic levels at which such feelings dwell and originate, and the correspondingly profound capacity for fantasies regarding the subjective nature of blindness for accessing such internal spaces. The (purported) unconscious association of blindness with castration and punishment, relating to super-ego identification with a punitive or withholding object, seems relevant here. Within such a framework, the blind person simultaneously fills the symbolic roles of a receptacle for shame-ridden feelings of inherent infantile dependency, and the wretched subject of divine and righteous retribution, in need of salvation. The would-be evangelist is thus able to not only evacuate him / herself of unmanageable dependency feelings, but also occupy the role of one who can bring salvation to the hearts of those rightfully punished for their deeply shameful (perceived) need.

The foregoing formulation seems supported by one Group member's particular outrage at the consistent assumption (in such interactions) that blind persons have no religious belief or affiliation. Rather, the association between blindness and "darkness", or some need for redemption or salvation, seems a strong one. I am reminded of Fiedler's (1978) account of how, in the middle ages, congenital "malformations" were interpreted as specific messages from God directed at the evil or wretchedness of people (Fiedler, 1978, p.25). One member who, when informed by a stranger that if she "believed in Jesus" she would be healed, answered "from what?" Another member was invited to a Christian rally by an acquaintance. During the rally, he was disturbed by his companion praying loudly in the seat next to him,

asking that his blindness be healed. Despite his angry objections, the companion then called the minister to where they were seated, in order that he, too, could pray for the healing. The Group member, upon being confronted by the minister, said "if God made me blind, I can see little reason why he should change his mind". The minister dismissed this comment, saying that it was "the devil speaking through him". Ideas, thus, of some association with evil, of being possessed by demons or cursed, or of having been the victim of "the devil's work", were familiar to all Group members in the responses of others.

An ongoing theme in the Group was that of a socialised need for the silencing of experiences of disability struggle. It was feared that making reference to or describing difficulties or predicaments relating to blindness would render a situation in which the other would begin to see disability, and nothing else, in the person. The consensual sense was of a social world deeply incapable of tolerating and normatively containing the daily nature of visual impairment experience. A highly elaborated "blind stereotype" was felt to be waiting in the wings for attachment to one's person, such that any disclosure of difficulty rendered the risk of having one's nature delineated from without. A further fear related to the possibility of not only being subject to, but actually acting to reinforce a stereotype, through having needs. The expression of some need relating to blindness, was regarded as presenting the risk of being quickly regarded as incapable.

The stereotyped ideas surrounding what a "blind person" "is", or "should be" like, within the university community, were felt by Group members to be identifiable and quite clearly elaborated. One member heard of other students in her residence having spoken angrily about her, regarding the fact that she "has friends and boyfriends", and "does not act blind". She comments: "Blind people are supposed to be shy, not have friends, boyfriends or girlfriends, always stay at home and never go to parties, and only listen to gospel music". Scott (1969) characterises the "blind social role", which visually impaired persons are rewarded for adopting, as follows: "Docility, helplessness, melancholia, dependency, pathos, gratitude, [and] a concern for the spiritual and the aesthetic" (Scott, 1969, p.20). The same group member noted various occasions on which, at a party, someone had (on being told that she is blind) exclaimed with surprise at her being there, drinking alcohol, or dancing. She commented, in addition, on virtually always finding that she is the only blind person at a party, although there are other blind students on the campus. She wonders why this is so; saying that, whilst she understands and feels the forces of exclusion and

headmistress that morning, who had telephoned to say that, after consideration, the staff had decided that she would "need too much looking after" on the trip, and hence was to be left behind. A painful irony for her regarding this experience was that the school authorities had, in fact, no conception whatsoever of her struggles, needs, difficulties, coping methods, or the nature of challenges which the trip may present. Nevertheless, it was deemed appropriate that such a decision be taken with no consultation of herself. The experience, thus, was one of being objectified as a burden, with no opportunity for the interrogation of the assumptions of the other which dictated her destiny. In essence, the message being communicated was the following: "if you show that you have needs, if there is evidence that you have struggles, you will be left out". In concluding this section, I quote from Murphy (1987):

"The long-term physically impaired are neither sick nor well, neither dead nor alive, neither out of society nor wholly in it....The sick person lives in a state of social suspension until he or she gets better. The disabled spend a lifetime in a similar suspended state. They are neither fish nor fowl; they exist in partial isolation from society as undefined, ambiguous people" (Murphy, 1987 in Shakespeare, 1994, p.292).

#### 4. The purpose of the Group

The extended and turgid process of negotiating and debating the purpose and identity which the Group would take, was one characterised by a recurring dialectic. This was between operating as a space in which the internal world may be explored, in which feelings and struggles may be shared, understood and contained, and a manner which sought, rather, to act upon the world in performing advocacy and lobbying tasks relating to disability rights. Strong positions were taken on both sides of this debate, with individuals vacillating in their orientation. This overt opposition reflected, in my perception, an ongoing internal tussle waged between a resourceful, acting and coping self, and a hurt and struggling part. The environmental social constraints on the disclosure of struggle relating to impairment, as well as normative anxieties regarding the accessing of vulnerable parts of self, function to feed into the drive toward coping and (political) action, thus (in my view) leading to conscious positions which diminish the value of emotional exploration and expression.

Interestingly, this debate seemed to correspond to differing ideological and epistemological positions assumed in the history of disability studies writing. Those members advocating that the identity of a "pressure group" should be assumed, reflected, in my view, the orientation of the early social model movement. This position (in the Group's debate) held that the exploration of disability experience was not only a pointless exercise, but was also a potentially dangerous one, embodying the risk of feeding, elaborating and confirming stereotypes. The main proponent of this position, advocating structure and directed action rather than unstructured therapeutic space, stated, with heavy irony "How can one expect anything of a group that does not have a vision?" In this case, that "vision" embodied the necessity to evict personal experiences of struggle from the endeavour, due to the need to emphatically and militantly locate the origins of disability within oppressive social structures.

The opposite extreme of the dialectic was one characterised by the advocacy of a need for the exploration of experience, for the sharing of struggle, as a route to empowerment. This position was taunted by its opponents, who created a picture of a handful of persons with disabilities sitting in a room for weekly sessions, and mourning their struggle, whilst societal processes continued unchanged. The argument was that such an undertaking could only serve to reinforce the perception that "the problem is with us". One member stated: "it is isolating and wrong to say that the problem is with us; it is out there, or between us and them; we need to act". Another member accounted for the unreliable attendance thus: "People have not come to the Group because it is purposeless to sit and cry".

The working resolution of this debate with which those Group members who remained in the process saw fit to align themselves, was one broadly in line with recent theoretical formulations (eg. Corker & French, 1999; Marks, 1999a). In short, this is a position which aims to incorporate the subjective (and subjectified) experience of the individual in an analysis which vigorously interrogates the social origins of disability oppression. By session 5, one member reflected her perception of the position that had coalesced by saying that "it is important to cry, but the crying must be followed with action". One example of strategies of "action" to be taken was the inviting of representatives from campus Christian organisations to meetings, such that the issue of inappropriate responses to visually impaired persons be addressed. A further suggestion was that the Group be used as a springboard to plan and launch an independent organisation of students with disabilities, which could serve to

discrimination which oppress visually impaired persons, that individuals should be careful not to "contribute to their own marginalisation".

As noted in the previous section, the issue of difficulties in the establishment of relationships, and the experience of having lost relationships through becoming impaired, was described. These feelings were not consciously shared by all members, although even those who felt more able to participate in social activity expressed fears regarding acceptability, stereotyping, and the need to care for relationships through containing and protecting the other. One member gave a moving account of having lost important relationships through becoming impaired during his student life.

He described a relationship with his best friend, whom he had known since they were both 10 years old. Since that time they had been virtually inseparable, with it commonly being assumed by others that they were siblings. He had been confused and perplexed when, after the loss of his sight, his friend had inexplicably become less and less present in his life. He now sees his friend very rarely, after a long period in which he describes having been given a variety of excuses by him accounting for his inability to visit or engage in social activity. He remarks how, at this time, he lost virtually all of his friends, but comments that this was "a good thing", since he thus discovered that they were "not really loyal". He now consciously avoids close contact, and is hesitant to invest time or energy in relationships, saying that it is "better to live my own life" since engaging with others will only repeat the painful cycle when "they slip away". He feels now that he has come a long way, through an extremely difficult process, since losing his sight, and now has found a place of strength. At this new place, he tends to decline most opportunities for assistance, saying that it is "better to cope and be alone".

Experiences which carry a message labelling one as a burden, and hence potentially making the disclosure of need seem less worth risking, were legion in the discourse of Group members. One woman described an experience she had as a 16 year old at the mainstream school she attended. She had been extremely excited at the prospect of a three week trip to Europe which had been planned for her class. Plans had been made and tickets bought, with a series of class discussions concerning the places to be visited adding to the anticipation. She had come home from school one afternoon, and begun to tell her father of her excitement at going to the Colosseum, which had been discussed earlier that day. He then told her of having spoken to her

provide structural representation, and a challenge to official service providers (see Humphrey, 1998), on the campus. Neither of these suggestions was acted upon.

A member who expressed a particular sense of belief in the Group, conceptualised its purpose as one of the development of mutual support and acknowledgement, which would "strengthen" its members. The source of this strength, in his understanding, was in "discovering" that "things are really bad" - that is, that real discrimination, exclusion and silencing is suffered by visually impaired persons, and that the experience of struggle is thus not based in individual deficiency (see Oliver, 1995, for evidence of the utility of social model philosophy in empowering counselling). The nature of environmental responses to disability-related struggles was repeatedly identified as carrying a message that "there is something wrong with you", with the Group offering the potential for escape from the snares of such assumptions.

An ambivalence which ran parallel to that of the primary purpose of the Group, related to the issue of being identified as a member of the population of persons with disabilities, via participation. The poles of this ambivalence separated, on the one hand, a strong need for the broaching and acknowledgement of experiences of marginalisation and struggle, and on the other, a fearful sense of the negative social identity afforded by membership in an organisation exclusively of persons with disabilities (see Low, 1996; Goffman, 1963). One respect in which this uncertainty regarding identification with the Group expressed itself, related to partially sighted Group members. These persons were quizzed as to whether they identified themselves as "blind" - with tacit reference to the possible negative connotation of the term - or not. The phenomenon of partially sighted persons being experienced as identifying themselves "non-disabled" was well described in the Group, with accounts of blind versus partially sighted class distinctions at special schools being commonplace. The fear of a negative "blind" or "disabled" group identity, thus, was managed through the gamering of reassurances regarding the cohesiveness of the Group, and the self-conscious identification of all members with the joint identity and endeavour.

In sum, the debates negotiated regarding identity reflected questions probably not unfamiliar to any group or movement attempting to catalyse social change. It is in the nature and purpose of endeavours aimed at revolution or reform that efforts be exerted outward upon the world, rather than harnessed in the documenting or

understanding of internal experience. As in the early years of the social model movement, where (often) no time or credence was allowed for the experiences of individuals, important risks associated with the insulated elaboration of struggle experience were raised in the Group. However, the subjective need for exploration and acknowledgement of individual struggle was equally strong, rendering the conclusion that emotional as well as political, subjective and societal considerations could (and should) be simultaneously included. It was also concluded (as noted above) that the route to ever more eloquent political advocacy was one which sought to deconstruct subjectivity, hence debunking the internalised ideological forces which may serve to locate disability within the individual, and erode the subjective legitimacy of struggle.

## 5. Disempowerment and representation

The issue of disempowerment and the struggle for representation came to the fore in the Group over the period of the 1999 general election in South Africa. It became evident shortly before the poll that the electoral body had failed to make provision for visually impaired persons in the voting procedure. The possibility of braille ballot papers had been considered, but discarded on the stated grounds that "only 40% of blind people use braille". It was thus decided that blind persons should vote with the use of an assistant, thus denying the right to a secret ballot. One group member commented wryly that the policy simply meant that "you gave someone else the opportunity to vote twice". Another member noted that, even if it was true that only 40% of blind persons use braille, was that not enough to justify braille provision? The election issue became connected with the broader experience of being denied a voice, or equitable representation in decision-making processes, and the production of culture more broadly.

The Group was scheduled to meet on voting day (a public holiday), rendering the need for a discussion regarding whether the meeting would take place or not. In response, and commenting on the exclusion, a member stated sharply: "well, we might as well have a meeting, since we will have nothing else to do". Another member, who is from Lesotho, remarked, again with irony, that "things here are not so bad", since in Lesotho ballot papers are marked with pencil, leaving the process vulnerable to corruption. After roars of laughter, heavy with irony and a sense of identification with the experience of an absurd lack of rights or representation (see

*Laughter*), a member commented sardonically "so, your right to vote can be erased at any time".

Group members described a general lack of faith in the representation afforded by disability social service organisations. The South African National Council for the Blind (SANCB), as an example, was regarded as "not listening to disabled people", with its legitimacy also strongly questioned in terms of employment policy. "They only employ 50% disabled people", stated one member, "and of those most are partially sighted and don't even consider themselves blind". A member with especially strong views on this issue, expressed his feeling that it was "almost reassuring" to see that organisations were failing to address important issues, implying that this somehow mirrored the invisible struggles of blind individuals steeped in disabling environments. He went on to say the following: "either they [disability social service organisations] perform so poorly that disabled people have no interest in participation, and leading everyone therefore to conclude that 'all is well'; or disabled people say what their grievances are, and people conclude that 'they will just never be satisfied' and 'will always complain'". In a poignant account, a member described how, in her home country of Lesotho, a politician had been elected to a powerful position, with the portfolio of disability development. Somehow this appointment had stimulated much interest and hope at the special school she attended, with consequent expectations for positive changes towards greater inclusiveness running high. With deep sadness and anger she stated how this delegate had then done "absolutely nothing" to address the desperate needs under which the school, and the population of persons with disabilities, had struggled.

Closely echoing the views of Fenichel (1946), a member described his perception that organisations may "begin well", but then grow and develop in ways which often are ever more problematic, and increasingly divorced from the experience and needs of the populations they purport to serve. He asserted: "they become more worried about their own survival, and care less and less about what people's problems are". In reviewing Fenichel's (1946) position, Menzies-Lyth writes: "...social institutions arise through the efforts of human beings to satisfy their needs, but social institutions then become external realities, comparatively independent of individuals, that affect the structure of the individual" (Menzies-Lyth, 1988, p.284). A general sense of the lack of sufficient representation for persons with disabilities on important university bodies was felt by Group members. The Student Representative Council, for example, was regarded as having paid ample attention to equity issues relating to

race, gender and class over an extended period, whilst disability seemed entirely neglected. One possible reason for this lack of voicing of disability issues was seen as the small size of the population of students with disabilities on the campus. It was also hypothesised that many students with disabilities were so disillusioned with bureaucratic processes (in every sphere) that participation had come to feel pointless, since there was little belief that difficulties, if voiced, would be addressed. The extremely small size of the population of visually impaired students on the campus added to the sense of despondency regarding the possibility of influential group action toward rapid change.

A constant counterpoint to these expressions of disillusionment with official procedures, in their inability to facilitate inclusion, was a critical self-examination regarding the commitment of impaired individuals to garnering representation and inclusion for themselves. This position in the discussions was taken up predominantly by one member, who would ask carefully, but critically, what other Group members had done to alleviate their situations, or make use of available channels. For example, relating to the issue of the election, he pointed out that a toll free telephone number for the raising of issues relating to voting had been made available, and asked whether anyone was aware of this, or had made use of it. No-one had known of the resource. My perception was one of a sense of disillusionment with "not having been thought about", amongst Group members, which over time had become so cemented with layers of painful experiences of marginalisation, that it had become too risky to believe in, or hope for, issues and needs being addressed. Rather, some sense of safety was to be found in not hoping for change, and not necessarily investing effort in catalysing change, such that experiences of struggle were, at least, not unexpected (see *Inconsistent attendance*).

## 6. Personal experiences

The emotional experience of shame was identified by Group members as strongly associated with blindness. It was asserted that blind persons tend to be drawn into collaborating with their oppression, and not clearly expressing their needs and predicaments, through a sense of shamefulness surrounding these. In arguing for the centrality of shame, one member confronted the Group with the question: "what is the first thing you think about when you think about having children?" He answered his own question, saying that the most prominent issue was always

whether or not the children would have sight. He sought thus, in my understanding, to demonstrate to Group members his sense of their struggle with legitimately filling space in the world, with not feeling defined in terms of deficit (see Preece, 1995). Another member objected to his statements, saying: "if I don't want my children to be blind, it is because I wouldn't want them to go through the same shit that I do; I have spent a life pretending, and I refuse to do it any more". Another member, with a wry smile and a sense of simple and candid wisdom, shook her head and commented: "But what would I do with a blind child?" The roars of laughter which greeted this statement seemed to carry with them a sense of some internal experience of the shame described previously, with laughter communicating, as well as tempering, feelings of the painful absurdity of one's needs and situations not intersecting with what the world chose to provide. Another member remarked that he would simply not want his child to "enter the world as a second class citizen" to suffer exclusion and discrimination.

Consideration of where the shame surrounding sight difficulties originated led the discussion to the issue of family responses. A member commented: "our parents never ask how we read and do our work", with others agreeing, and stating that issues relating to sight were virtually never discussed in their homes. A woman who lost her sight as a teenager told of constantly having to remind her family members that she could not see, and consequently contain their feelings at those moments. The discussion strikingly echoed Sally French's experience (French, 1993a) of a family whose responses - and silences - tacitly but eloquently communicated the message that disability was shameful, and hence to be denied, disguised and ignored. A member described with sadness how, at her 21st birthday party, her father had commented in his speech on how she had "achieved so much, while regarding her blindness as little more than an inconvenience". My sense was that this reflected to her the level at which her struggles remained unseen by her nevertheless loving family. In response to these accounts, another member reiterated how important it was to him that the Group space was available for sharing his experiences of struggle, since he was unable to show any of these to his family. He felt that if he attempted to disclose to them, they would quickly become consumed with worry, and thereafter not be able to believe in his ability to cope.

The question of humour or name-calling surrounding visual impairment rendered differing opinions. One member noted how her father would playfully call her by the name of a blind jazz musician. She felt comfortable with this, since she knew that the

musician was someone her father loved, and felt sure that the name was used with love. A second member expressed his feeling that any and all name-calling was unacceptable. He recounted the story of a man who lived in the same township as he, who had a prosthetic leg. After becoming disabled, the man had been endlessly taunted by other residents of the area, and was popularly called "the terminator", after a Hollywood science fiction character. With anger and sadness the member described how the man no longer ventured from his home, since the experiences of being teased had been "just too hurtful". My sense was of the unconscious communication of an internal hibernation, brought on by shaming messages from the environment, which served, perhaps, to communicate that disablement, need and struggle should not be shown.

The question of making sense of why impairment had come upon individuals in the Group, emerged at many junctures, with ideas expressed including the following: One woman expressed her feeling that "people don't become disabled unless they are very strong, and can therefore manage the struggles". This assertion was strenuously challenged, by a member who argued that "it is the disability that makes people strong". He went on to say that, when people ask him how he manages, or marvel at what he can achieve without sight, he says that it is not his inherent personality, but the experience of living with disability that has "made me like this". He reflected on God, saying: "I cannot believe that a good God would just go around making people blind". This was said in personal refutation of the assertion that people become impaired "for a purpose", or because they "need to learn something".

It was the opinion of some of the women in the Group that blind men are more likely to develop supportive, helping relationships with sighted women than the converse. They felt that men, in general, are less likely to feel comfortable with perceived disability or dependency, and thus commonly shy away from closeness to women who are impaired. In addition, they felt that men were often less sensitive than women, and hence less likely to deal appropriately with issues relating to impairment. As others have before, one of the women commented with humour that "being disabled and a woman is a double disability". Sentumbwe's (1995) Ugandan research rendered similar gendered relationship patterns surrounding disability. These results were echoed in other studies conducted in Norway, Nicaragua, Managua and Israel (Sentumbwe, 1995, p.171). Goerdts (personal communication quoted by Sentumbwe, 1995) asserts that the issue of women with disabilities tending not to marry nondisabled men, is a general one, which stretches across

impairments (Goerdt in Sentumbwe, 1995, p.171). Furthermore, the Group members argued that support was easier to garner for impaired men, since many women felt at home assuming positions of caring within relationships - "many women thrive on being able to look after and support men, and this suits disabled men very well". This posited asymmetric distribution of help and support was viewed as commonplace in special schools, where boys seemed to find it easier to engage with others, and access ample assistance and support. A male member countered these propositions by saying that if men obtained more support, it was because they were "better negotiators", and tended to "try harder to make contact". To this, one of the women retorted: "to men, women are little more than a status symbol, and who would want a disabled woman for such a symbol?"

The issue of struggles with initiating and negotiating relationships, and the questions regarding the possible impact of impairment on relating, were repeatedly considered. These discussions were often catalysed by traumatic or hurtful interpersonal experiences between sessions. A male Group member gave the following account:

It is not unusual for visually impaired students to often have to wait for long periods during the course of a university day, due to complex transport difficulties and dependence on others. During the previous week, the member had been aware of having to sit through an approximately two hour wait on campus one afternoon. He had bought himself a snack in anticipation of the time spent sitting on the university steps. As he sat, "the time began to feel very long" and he "began thinking". He remembered a time when he regularly had to wait between classes, but this had felt easy, since he would spend the time sitting in the sun talking to friends. It was before he had lost his sight. Even when the time had come to go to the lecture, he had not wanted to leave, since being there had been fun. The contrast between that time and this became ever more powerful as he waited. In the Group, he wondered out loud why it was that he now found it so hard to make friends, as he had wondered internally while waiting on the stairs. He remembered a time when he made new friends "every day", finding this easy, and thus "always having enough company". He did not necessarily consider these "serious" friends, but simply someone to talk to. Now he felt that no-one seemed willing to talk to him, and he wondered why. He described various interpersonal experiences which left him perplexed, and unsure as to why others had responded to him as they did.

He had a regular weekly appointment on campus, and would often arrive early and engage in conversation with a man who worked in the department concerned. He had felt that they got on very well, and talked avidly. One day he climbed into the front seat of a university bus, and felt that there was someone sitting next to him. When the person spoke he knew that the voice was familiar to him, but could not place it. After some time, and during the journey, another passenger addressed the man, calling out his name. It was his acquaintance, whom he had spoken with weekly at the department. Quickly, the man greeted him. He was left confused, wondering why it was that the man could not simply introduce himself at the outset. Was he ashamed to be seen speaking to him, or to a blind person? Or had he misread the relationship altogether?

Similarly, he described incidents when he would be walking with a companion, and feel someone pass by in the opposite direction. His companion would then call out to the person, such that all three would stop and turn around to face one another. When the passer-by returned the greeting, he would recognise the voice as that of someone he knew, or had befriended. The passer-by would then quickly, and with embarrassment, extend the greeting to him. For each time this occurred, there was, of course, no way of knowing on how many occasions he had been passed by without acknowledgement by persons with whom he felt some form of relationship. The overwhelming sense here, for me, was one of having to manage the anxiety of a potentially complete deprivation of the resources necessary to exercise control or modulation on the social world, resulting from dependence on others for the establishment of contact. Functioning in the social world within such constraints, whilst absorbing fragments of evidence that one is being unknowingly disregarded, may conceivably render a situation in which some sense of trust in the holding capability of the environment is extremely difficult to condense. Normative pre-conscious fantasies regarding unacceptability to others, also, may be particularly difficult to contain in situations in which constant feedback is not available. The picture, thus, is one of being required to deal with normative internal fears (however they may present in a given individual), whilst being systematically denied the resources which sighted persons possess in containing such fears. Such deprivation, I submit, is not simply structural and impairment-based. It is operationally rooted in the psychic responses of the social milieu to visual impairment, which render the compulsion to situate and construct visually impaired persons in ways which serve to compound, rather than alleviate, the deprivations of impairment. In considering the disruption of interaction through the evocations of

disability, Hogan (1999) writes: "... disruption is not just about communication; it is about deeply held values concerning the social position of people with disabilities, where disability is perceived as a personal deficit and a moral failing" (Hogan, 1999, p.79).

## 7. An unprepared world

"However, since disabled people have been isolated and segregated from mainstream society, many nondisabled people have been deprived of contact with disabled people, and therefore of the opportunity of learning about particular impairments. Such widespread ignorance creates practical difficulties for many disabled people in gaining appropriate assistance and, more generally, in feeling understood"  
(Marks, 1999a, p.131)

The Group's discussions traversed many accounts of experiences of a social and material world unaware of, and unprepared for, the needs and experience of visually impaired persons. Beyond the myriad of practical difficulties which such lack of provision may cause, a deeper sense of the experience of a social world without the means, the insights, to facilitate some sense of attuned awareness to the subjectivity of persons with visual impairments. The sense which coalesced for me, was one of very significant tracts of experience, of subjective self, being lived and felt as unknowable, and unable to be ratified into mirrored realness by another (this issue will be considered more fully in the following section). A recurring aspect of experiences of an environment (functionally) oblivious to the existence or nature of visual difficulties, was an internal tussle which vigorously questioned the degree to which the impaired individual involved had "taken responsibility" for self-advocacy surrounding his / her difficulties. I apprehended a tendency in some Group members to initially default to an (often self-critical) examination of how they, rather than others involved, might have better anticipated or managed the situation. This self-critical internal part co-existed typically with other parts of self more able to feel and express legitimate anger and loss over not having been thought about.

Casual comments and questions directed at Group members by strangers included quizzical queries regarding the wearing of sunglasses at night or indoors; assumptions that one is drunk, or a marijuana addict, relating to being seen holding onto someone's arm; exclamations of disbelief followed by self-abasing apologies

upon finding that one is blind, and so forth. Anecdotes shared in the Group included the following:

A male Group member was required to fulfil an administrative task at the university's main offices. Using, as he does, a white cane, he found his way to the building, finding it crowded and hence difficult to negotiate. After finding the correct queue, he waited for some time, before being attended to by a clerk. He informed the clerk that he was blind, and thus would require assistance in the completion of forms. As he stood at the counter and dictated the relevant information, he folded up his cane, holding it in front of his body. The process of negotiating the undertaking - getting to the building, finding the correct counter, waiting in the queue (often found by visually impaired persons to be difficult), asking for assistance - had been taxing and stressful. As he stood at the counter, he heard a man - another university employee - walk up behind him. The man stopped, turned, and as he walked away, commented cuttingly: "it seems that university students these days are not even capable of filling in forms for themselves".

Of course, it is true that persons with disabilities develop skills toward managing environments which are designed in ways which systematically disadvantage them. Yet, it is both invasive and oppressive to assume those skills, or to impose statements regarding how easy, or how difficult, the negotiation of those spaces is on the experience of impaired persons. Suffice it to say, though, that in light of the potential exertion and stress which the Group member would ascribe to performance of the above task, the derisive comment was felt as a blunt and intractable disacknowledgment of complex and tangible struggle.

A woman in the Group, who has no sight, decided to accept the offer of a one-month vacation job arranged by her father over the university year-end break. She was to work at the offices of a legal firm. Whilst the firm had accepted in principle that she have the job, however, it seems that virtually no consideration had been given to her visual impairment. She was dropped off at the firm on the first day, soon finding herself in a busy office, and being told to type letters from a dictaphone. Of course, no assistive technology was available (eg. computer voice synthesiser), and she was placed at a typewriter. Feeling uncertain, and with an anxious awareness of how (seemingly in every sense) unprepared the other staff were for her needs, she attempted to type the letters. Whilst she could touch-type, it was impossible to produce the letter format in the manner preferred by the company. This, as well as

the fact that she may make mistakes, had clearly not crossed the mind of the other administrative workers. Typing duties, consequently, were given to someone else. A period of unspoken confusion and awkwardness set in, with no-one in the office seeming capable of engaging with the practical difficulties which she had, such that she could perform useful work. She described literally having spent entire days simply sitting and waiting for the time to pass. Later, an employee approached her, saying that she would be required to do "filing". She agreed, not clearly understanding what this meant, but ready to learn. The woman brought her a pile of files to sort. She picked one up, and took the member's hand, placing her fingers on the printed spine of the file. "Can you read that alright?", she asked. Extraordinarily, she believed that blind persons could read the printed word simply by feeling the script with the fingers. The member asked in response: "Can *you* read the print just by feeling it with your fingers?" The remainder of the month was spent sitting in the office of a secretary she got to know, doing literally nothing. The discussion following this account rendered general agreement on how the experience of being in an environment in which their are inadequate access resources can quickly lead to the erosion of trust in one's ability. Furthermore, such access difficulties are often compounded by the anxious vigilance of observers, whose need to contain their projected fears of helplessness may lead to the imposition of inappropriate, unnecessary or embarrassing "assistance". Research evidence has decisively demonstrated that persons with disabilities which are visible to others, are more likely to occupy lower status employed positions, and less likely to be promoted, than persons who have disabilities which are not readily visible (Dijkstra, 1982). Dijkstra's (1982) study found that the more visible an individual's disability, the lower the wage he / she was likely to earn. This finding held true even when allowance was made for the potentially confounding influence of the severity of the disability, as well as the age, length of service and sex of the impaired worker.

A male Group member entered a large clothing store, with the intention of purchasing a pair of jeans. Seeing his white cane, a shop assistant suggested that he sit down, whilst she fetched the garments he sought. He declined this offer, saying that he would rather browse through the items himself, since he wanted a very particular style. She agreed, then realising, with sudden and seemingly severe anxiety, that the men's department was one floor down. She hurried away, returning with no less than three security guards. The guards escorted him to the escalator, which was then turned off, rendering it stationary. He was then walked very slowly down the escalator, with one guard on either side gripping his arms very tightly, and one

walking behind. By this stage in the anecdote, the rest of the members of the Group were laughing uproariously, literally falling about. He had introduced the account ironically as a story about "something kind" which had been done for him. After this irony, and the laughter, I was surprised to hear him say that, whilst the help had felt unnecessary and awkward at first, he then began to enjoy the experience of being escorted. Contextualisation of the anecdote within other such accounts described in the Group, along with the response of other members, convinced me that the manner in which he had been treated would generally be experienced (by himself and others) as invasive, irritating and inappropriate. I thus felt his latter utterances to carry an unconscious communication regarding his experience of the Group environment. The communication told, in my understanding, of the initial constraints and shames of socialised forces of silence slowly giving way, allowing for the recognition of some sense of the benefit of the exploration and acknowledgement of emotional experiences surrounding disability.

As noted earlier, I identified amongst Group members a tendency, in managing experiences of the deprivation of various forms of access, to begin by critically assessing what the individual concerned might have done to prepare for, or cope with, the situation. Such an attitude tacitly carried a strong sense of the responsibility of the individual in finding and operationalising solutions to problems which, more objectively, lay in insufficient environmental provision. As previously stated, this attitude co-existed internally (in my perception) with parts of self more able to feel a sense of anger and entitlement surrounding the difficulties. In attempting to understand this approach, the following occurred to me as I listened to the members' accounts: We inhabit a world which is saturated with mechanisms, procedures, physical environments, apparatus, protocols, and a myriad of social imperatives which overwhelmingly are designed in ways which exclude the consideration of persons with disabilities. With this being the case, surely if one were to begin one's action upon the world by considering its exclusions, and holding it vigorously accountable for them, one would be at risk of being paralysed by the odds, by the invisible pervasiveness, the hegemony, of disabling social formations. Further, one may find oneself reeling with the shock of a misattunement of that magnitude - of a world of culture in which one's arrival was not expected, and within which a place was consequently not prepared for one. Against this backdrop, an attitude towards *disability*-related difficulties which capitulates to internalised principles of individualising disability, may, paradoxically, be psychologically expedient. Perhaps it is (unconsciously) less painful to feel oneself as damaged or deficient, than to

subjectively inhabit a violently misattuned, unjust, unseeing world. One member commented that, if he spent too much time dwelling on the ways in which he feels not provided for, he would just "go mad".

## 8. Mirroring

"If we had a keen vision and feeling of all ordinary human life, it would be like hearing the grass grow and the squirrel's heart beat, and we should die of that roar which lies on the other side of silence"

*Middlemarch.* George Eliot

The issue of mirroring - that is, the extent to which one feels that one's subjective experience is seen, known, and accepted by others - is one which has been alluded to throughout this chapter. It was, in my perception, a basic theme, a tone, of the discourse of the Group, that living with visual impairment meant feeling that a constant and significant layer of experience could not be seen, held and reflected by the other. In essence, that layer which contained minute and pervasive sensations of dysjuncture and misattunement with the material and social worlds, which was felt thus to be deeply different and unmanageable to another, was regarded as necessarily inhabiting only internal space. Whilst this subjective position was described in various ways by all members, a particular case of experience being unrecognised pertains to the phenomenology of the "invisible" disability of partial sight. Though racked with projections and stereotype, the notion of blindness is one for which most individuals have a space in their minds. Conversely, the experience, or the phenomenon, of partial sight is an unfamiliar, and hence unexpected notion to much of the population. Sally French encapsulates as follows: "A common feature of life as a visually disabled person, which starts very early, is having constantly to explain oneself and yet rarely having one's experience confirmed" (French, 1999, p.21).

It is a common misapprehension that all or most "blind" or "visually impaired" persons have no visual perception at all. In fact, only about 4% (UK figures) of visually impaired persons are completely without sight, while approximately 14% have light perception only, and the balance have enough sight to manage certain practical aspects of life (Marks, 1999a, p.121). It should be noted, though, that within the group of "partially sighted persons", there is huge variation in the nature and extent of impairment (ibid.).

Persons who are partially sighted, thus, find themselves living in a social world which, largely, is not readily aware that their disability, even in the abstract, exists. This fact, in combination with the often invisible nature of partial sight, renders social situations in which an individual is confronted with barriers to access, whilst surrounded by persons who are quite unaware of his / her difficulties, and hence needs. Individuals in the broader society seem to possess schemas which can situate persons as "blind" (completely without sight), or "spectacle users" (whose sight may be significantly impaired without spectacles, but with them is normatively functional). When confronted, thus, by an individual who appears to be "not blind", and seems to make use of "sighted mobility" (ie. may not use a white cane or guide dog), yet is unable to perform routine tasks, such as filling in forms, the lack of an internal conceptual space with which to make sense of the experience may render a range of responses from confusion or suspicion to anger. Beyond these problematic interactions, however, is a potential sense of being continually surrounded by a social milieu which is not only (subjectively) unable to comprehend or manage one's experience, but is not even aware that one is living and managing immediate and ongoing difficulties. That unawareness may lead to many situations in which behaviours relating to sight difficulties may be interpreted in other ways. For example, failure to recognise an acquaintance as he / she passes may be interpreted as unfriendliness; struggling to negotiate a bank queue, or to see which teller is free, may be viewed as impoliteness or incompetence; not taking notes in the usual way in a lecture or seminar may be understood as laziness; and so forth. Even when told, persons such as bank tellers, shop assistants or university officials, may disbelieve one's disclosure, suspect that one is lazy, or playing a trick on them, or simply continue as if nothing has been said. A familiar, often irritable response, which has been experienced by Group members as well as myself, is: "isn't it time you had your eyes tested?"

A male Group member, who now has no functional sight, but went through a period of partial sight, gave the following account. During his period of partial sight, he would routinely carry a white cane, chiefly for the purpose of communicating his difficulty with sight. One day he was in a crowded minibus taxi rank, and had forgotten to take his cane out of his pocket (such a white cane folds into a compact size). After waiting in a short queue, he stepped into a minibus, then pausing at the entrance in order to find a seat. It is routine for such buses to be filled from the back, as rear seats are not easily accessible to the door. Being unable to see to the rear of

the bus, he asked the passengers whether there was space for him there. Probably confused at his question, no-one answered, leaving him standing uncertainly on the threshold for an awkward period of many seconds. The taxi driver, who had been standing beside the taxi, suddenly became enraged at the delay, and ripped the member out of the vehicle from behind, throwing him to the ground, where he fell painfully against a concrete bench. He lay still on the road, hurt and in some shock at the sudden violence of the assault. After a few moments, a man whom he knew approached the taxi driver. He had seen what had transpired, and explained that it was due to the member's visual impairment. The driver apologised quickly. Movingly, however, the member explained that the incident felt more painful to him after the apology than before, since it felt "easier to be angry". "Sorrow", he continued, "is harder, and it stays for longer". Anger, in my understanding, felt easier since it allowed for the directing of feelings of loss toward an identifiable external aggressor. The apology, on the other hand, perhaps brought into focus the fact that experiences of not being known are (on the whole) not the product of individual malice, involving unusual and identifiable villains. Whilst this case is clearly exceptional, it is painful to know that persons involved in the majority of such experiences of misattunement to partial sightedness are not themselves to blame for their lack of knowledge. Of course, what occurs subsequent to disclosure is in a different category. But in the world of everyday exchange, the world of shops and banks, of public transport and bureaucracy, of social events and leisure activities, most people could not be blamed for not guessing that one was partially sighted, in understanding an interaction or incident. French (1999) writes: "The likelihood of visual disability rarely features in people's interpretations of our behaviour; instead we are credited with negative personal characteristics" (French, 1999, p.21). This, of course, is a cultural product rooted in the segregation and silence which are the hallmarks of disability history. The issue of awareness surrounding partial sight is one which requires attention.

A female Group member described how she had asked some friends if they would agree to spend some time wearing a blindfold, or in a very dark room, whilst thinking of her, in order that they might feel something of her experience of "always being in the darkness". It was painful to her that they would not do this. "Friends", she said, "just don't want to know. But why should they? My own family don't want to know, so why should others?"

A complaint arose in the Group regarding a partially sighted member (absent), who had repeatedly used an assistive computer terminal, constantly neglecting to leave the voice synthesiser activated upon leaving. Whilst he did not use a synthesiser, as he was able to read a computer monitor, de-activation of the synthesiser meant that any blind student who came after him would have difficulty in making use of the terminal. The comment was made that "he should know better, since he has a visual disability". Another member, however, remarked: "People don't become angels when they become disabled". The feeling of this conversation embraced for me a sense of desperation surrounding the knowledge that even persons with sight-oriented struggles had difficulty in being aware of and holding the complex issues and predicaments associated with blindness. Such painful awareness generalised, at other times, to myself, with doubts regarding my ability to know, tolerate and mirror the experience of Group members being expressed in various ways.

## 9. Laughter

As described at various stages in this section, accounts of experiences of a social environment unaware of, or misattuned to, visual impairment were often greeted in the Group by outbursts of uproarious laughter. I found the tone, the texture of this laughter to have an exceptional infectiousness about it - it was at times extremely difficult to keep a straight face. Upon hearing of some incident in which a member had been absurdly misunderstood, or had his / her struggles bizarrely, violently and unknowingly trampled by a naive stranger, the room would erupt in laughter, with members bent double, or sliding partially off their chairs with mirth. The laughter did not feel in any way forced; it was very real, but, in my understanding, of a complex nature.

A woman told of how she had, one morning, walked to the university residence bus stop, in order to catch a shuttle bus to campus. Since queues often present particular difficulty for blind persons, she moved, as usual, directly to the front in order to buy a ticket. A woman waiting in the queue suddenly grabbed her from behind, pulling her backwards, and saying angrily "can't you see that there is a queue?" She answered that she could not, since she was blind, leaving the woman tearful with embarrassment and apology. A male Group member happened to be without his sunglasses one night whilst sitting at the bar of a restaurant. He has no sight, and his eyes were closed. A woman approached him, asking why he sat thus.

Mischievously, he replied "I'm not sure that that is any of your business". She persisted, leading him to tell her that he was blind. Again, she was deeply apologetic. A female member was walking with a friend one night, when, after they had crossed a road, a passing motorist slowed and angrily asked "can you see through those sunglasses?". The motorist had intended to imply that she was stupid or irresponsible to wear sunglasses at night. She turned to him and, laughing, replied "actually, no, I can't".

Anecdotes such as these signalled the spells of laughter, regarding which I speculated as follows: The laughter had a delicious, irresistible quality to it. On one occasion, I experimented internally with allowing myself to silently laugh with the Group, which left me feeling some relief from the anxiety of the account, as well as a deeply paradoxical mix of intense mirth, heavy irony, and sadness. The humour of these moments was a decidedly black one, carrying absurdity, atrocity and compassion in the wake of its outbursts. As perhaps with most black humour, I believed it to cover anger, and perhaps sadness, regarding the incidents described, as well as those they touched upon. Not, needless to say, the stagewise anger and pain of the grief model of disability, but the anger of persons identifying with commonly held experiences of disregard and oppression. I also detected a feeling of some power in the laughter, with the horrified embarrassment of outsiders often (understandably) not being regretted. Significantly, as the Group process wore on, the episodes of laughter became ever more infrequent.

## 10. Transference communications

Of the many discussions during which I felt that direct communications towards myself were being made by the Group, I regarded the following as of the most significant.

Being a partially sighted person, I felt the conversation regarding the view that partially sighted people "do not regard themselves as blind" to carry unconscious transference communication. This discussion was one of several which I viewed as performing the function of some evaluation of myself as an appropriate, compassionate and resilient group therapist. Questions were being posed, against the backdrop of a world tending to exert silencing or shaming forces on the experience of disability, as to whether I, too, would "only see the disability". The

question of my recognition of disability oppression, and consequently my allegiance to the cause of disability civil rights, was similarly (I believe) unconsciously raised. I was abruptly asked during one session which political party I intended to vote for during the current election. The questioning member explained that, for all she knew, I "may be voting for the Democratic Party, and be a racist". Clearly, the issue of race overlays, and co-exists, here with the question of my position on disability oppression (I am white, whilst seven Group members are black, and one white). At the opening of another session, I was told with humour that instead of saying "hello", I should greet Group members in their home languages, incorporating (speculatively) a broaching of the question of whether I am able to speak, and consequently understand, the "language" of experience of the Group members. On another occasion, it was commented that my understanding of the experience of visual impairment was often accurate, due to my own disability (see Bliss, 1994). However, this acknowledgement led into concern regarding the perceived difficulty which I, as facilitator, may have with listening to accounts of disability-related struggles which I may deeply identify with, yet not be permitted to voice my feelings about. I was deeply touched by some members' expression of their opinion that I should be allowed to share my own experiences, as well as attempting to facilitate understanding of theirs. In addition to this response, however, I also felt that their position carried with it a need to hear first-hand evidence that my experience, my coping and my struggles, were similar to theirs. Such confirmation that I identified with the experience of Group members, would, I felt, potentially provide support in internal tussles regarding the legitimacy of struggle, disclosure and need.

## 11. Helping relationships

The problem of negotiating the emotional and practical complexities of helping relationships of various forms, was regarded as a central issue by most Group members. Depending on others for assistance with essential everyday activities, meant remaining ready to field a plethora of potentially difficult interpersonal situations. A central point here, is that engaging in activities (eg. work-related) which require assistance, typically involved not only the expenditure of energy on the "structural" duties of the activity itself, but also additional efforts directed at managing the exigencies of the helping relationship (eg. see French, 1993d; Goffman, 1963; Wendell, 1996). Such exigencies included filling the need for reassurance of those in assisting roles that their efforts were appropriate, being required to constantly appear

unconditionally appreciative, and not feeling that assistants can be held accountable for their unreliability - no matter how disruptive.

A male member, who lives in university residence, told of how he had needed assistance in attending a meeting. He had asked an acquaintance to escort him, and a time to meet and leave the residence had been agreed upon. However, when the time came, and he sought out the man he had asked, he found him drinking coffee, and engaged in a conversation. He told the member that they could leave in ten minutes, which would cause him to be late for the meeting. But as he described in the Group, this did not matter, as he no longer wanted to go. He spoke of a "sorrowful anger" which comes over him when he is confronted with an inability to perform tasks or operations which he feels he should be able to do.

A woman told of how she had found another Group member waiting outside her residence for someone who had agreed to fetch her some time earlier. She was late for her lectures. The woman (a partially sighted member) approached her, saying that they could travel to campus together, but again, she no longer wanted to go.

Upon exploration, what both of these accounts proved to demonstrate, was the presence of secondary emotional obstacles to the achievement of difficult tasks, which served to exacerbate structural practical difficulties. In accounts such as those described, the failure of available resources rendered a form of sudden, raw experience of exclusion, of the injustice of unequal provision, of the helplessness of simply, for example, having no way to get to where one needs to be. Incidents such as these seemed to touch on an internal store of similar experiences of deprivation, - severely offsetting one's ability to deal creatively with the difficulty at hand. As one member noted, "you are not only trying to manage the problem, you are trying to manage the feelings as well".

The issue of feeling that one must accommodate completely to the needs of one's assistants, whilst disguising possible anger or frustration, was repeatedly described. A woman in the Group told of how she had made an arrangement with a friend to meet her on campus at a designated time, in order that she be escorted back to her residence. The woman had been very late in arriving at their meeting point, finding, then, that the member was engaged in a conversation with a friend, and not seeming ready to leave. Notwithstanding her own lateness, she became irritated, saying "we can't just do everything according to your schedule, you know". The member's tacit

assertion of a right to influence her movements, if only in light of the fact that she had (clearly) already been inconsiderately treated, was thus not accepted as legitimate. The same member described her relationship with another acquaintance who assisted her with mobility. At times, this woman would become frustrated with the member's mobility needs, or conversation, and threaten her by saying "I'm just going to leave you right here". She commented: "they feel they can just wield power over you". Later, however, she related how, at times when she is left alone on campus by unreliable assistants, she finds herself reasoning that she should not be angry, since "I am lucky that sooner or later someone will come to fetch me". French (1993d) writes: "...it is all too easy for the relationship between the helper and the person being helped to become an unequal one, with the helper having undue power and the disabled person being compelled to constantly express gratitude, or at best never to complain" (French, 1993d, p.44).

Feeling responsible for the maintenance of harmony in relationships with assistants embraced, in the descriptions of Group members, not only gratitude and flexibility, but also a more active caring role. One woman expressed this as "really looking after people's feelings, being nice for them". Quoting the work of Goffman (1963), Wendell (1996) refers to "the obligation placed on 'different' individuals to 'manage' social situations with 'normals' in such a way as to protect the 'normals' from discomfort" (Wendell, 1996, p.58).

The following account provides an illustration of such caring: A male Group member had a weekly study-related appointment at a particular campus building. He has no sight, and uses a white cane. Upon entering this building, he would often be approached by someone, who would ask if he was alright, and if he needed assistance in getting to a particular venue. Since he did not require such assistance, he at first would decline these offers, saying "no thanks, I am OK". However, he soon began to pick up that such persons felt somehow rejected or hurt by his declining their assistance. This realisation led him to changing his policy; at these interactions, he now replies: "if you could just take me to the lifts, I will be fine from there on". "That way", he explained, "I can get rid of them without hurting anybody's feelings". Containing the anxieties of others may thus involve accepting help one does not need, as well as disguising or denying needs for assistance. French (1993a) states: "Although they [persons with disabilities] become very skilful at dealing with this, it is often achieved at great cost to themselves by denying their

disabilities and needs. It is not unusual for disabled people to endure boredom and distress to safeguard the feelings of others" (French, 1993a, p.73).

## 12. Study issues

The study life of a visually impaired student impressed as a process saturated with unpredictable difficulties and eventualities. Students typically attend course meetings with no prior knowledge of what activities are to be undertaken, and hence no sense of what difficulties with participation may await them. A lecturer may have based an entire session around visuals on an overhead projector, or a pictorial handout, leaving the visually impaired person struggling to follow the discussion, or unable to participate in any real way. One member, who has recently become visually impaired, described her difficulties with the practical sessions of her physics course. Her situation is particularly complex, since her visual acuity fluctuates dramatically from day to day. She thus is unable to predict how feasible a particular activity may be. In the practical sessions, students are required to move through a route of "stations", performing a task at each of these. She described the anxiety of undertaking this process while not knowing whether she would be able to see well enough to perform the tasks. At various junctures, she recalls feelings of "if only" - "if only I had more time", or "if only this print was a little larger". Her need to succeed at these tasks was particularly strong, as physics was her favourite course, and she hoped that she would not be forced to give it up.

At the epicentre of the difficulties in tertiary study confronted by visually impaired persons, is the issue of access to reading material. By far the majority of visually impaired students at the university are print impaired, thus relying on alternative media (such as braille or audio cassette) for the accessing of study material. All of the print impaired students with whom I worked were in agreement that, if one is to undertake tertiary study as a visually impaired person, one must be reconciled to the fact that one simply will not be able to read all of the required material.

At the university at which the research took place, visually impaired students have access to a drop-off-and-collect media translation centre, where printed material is converted into braille, recorded onto audio cassette, or scanned onto computer disk. Designated computers on the campus are rendered accessible to visually impaired students via voice synthesisers, with the user thus listening to an electronic voice,

rather than reading material from a monitor. The department is staffed by two university employees, who supervise volunteers (mostly students), in the reading of material onto audio tape. Students are thus required to obtain reading material from their relevant course departments or the library, deliver this to the media translation centre, wait for the process of translation to be completed, return at a later date to collect (typically) the audio-tapes, and then are in a position to begin studying the material. Issues, however, such as the unpredictable availability of volunteer readers (and consequent delays in translation), or the failure to deliver material to the centre timeously, often lead to situations in which students are forced to rely on peers for assistance with reading. The process of studying is one based fundamentally on deadlines, with the internal management of anxieties relating to the urgency with which work needs to be completed forming, I believe, a familiar aspect of the challenges facing most students.

One member identified the difficulty he experienced with planning his time sufficiently carefully so as to orchestrate the ongoing process of using limited translation resources. He stated: "there will always be times at which you find you have to read something at short notice; and those times are unpredictable". There was, in his experience, thus a need for a walk-in reading resource, where face-to-face readers were available. Further difficulties relating to the use of taped material surrounded the recordings themselves. Inevitably, some readers have more ability than others, and consequently produce material which is more comprehensible, and easily usable. A member stated, however, that "just anyone is allowed to read for the program after only filling in a form". Thus, material which had been through the entire process of accessing, delivery, recording and collection was sometimes found, upon being listened to at home, to be unusable.

A male Group member asserted strongly that the readers used by the media translation centre were "predominantly of a very low standard". "Sometimes", he related, "the reader begins quite well, but then seems to get tired and starts to read unclearly". Another noted how she had encountered readers yawning intermittently, or laughing irritatingly at the text. A further member had listened to a reading performed by a woman who ended the recording by saying "God bless". This experience immediately resonated for her with the issue of the responses of certain Christian groups on campus to visually impaired persons. The gesture consequently felt uncomfortable to her. It was suggested by the most ardent critic of the media translation centre that the university should employ fulltime readers for the purpose of

media translation, rather than relying on volunteers of uncertain ability. He gave the following account in support of his position: he had needed to study a section of work for an important class test. After securing and delivering the relevant material, he had collected 6 tapes of recorded reading. Having a number of urgent deadlines, however, he was compelled to leave the reading until a few days before the test, when he began working through it. The evening before the test, he had read five of the tapes, and was moving onto the sixth. Shortly after the beginning of the sixth recording, however, the reader moved too close to the microphone, distorting the recording, and rendering it inaudible. He was thus unable to complete the material, but nevertheless felt relatively secure, having studied most of it. To his horror, he discovered the following day that the majority of test questions dealt with the section he had been unable to read. He consequently did not pass the test. He told of his plans to take the tapes and the test to the media translation centre, in order to prove that he was unable to study thoroughly due to the faulty recording, and thus garner support in an appeal to his lecturers to be allowed to re-write the test. He mused as to whether most readers ever thought about what the work they were doing was for, whether they imagined what it was like to study using the recordings they had made. Reflected in these comments, as at many other times, was a familiar experience of not feeling that one's struggles and predicaments were really seen or thought through by those purporting to cater for them. French (1993a) identifies with this feeling - she writes: "As people are generally not too concerned about how we 'got there', successes serve to reinforce the erroneous assumption that we really are 'just like everyone else'" (French, 1993a, p.74).

The question of access to reading was one wracked by a paradoxical array of feelings. Whilst the need for access, and the dependence on specific provision, was absolute, lurking fears regarding the legitimacy of a demand for decisive access were also present. Group members reported a fear that speaking too much of the fact that one "couldn't read", or take lecture notes in the usual way, may evoke a response which questioned the legitimacy of their very presence at university. It was feared that the expression of such struggles would lead to one being concluded to be "not trying hard enough", or that one is "stupid". French (1993a) describes being "convinced" that her having engaged in overt denial of needs associated with her visual impairment has been "absolutely fundamental" to her success in employment (French, 1993a, p.75). Furthermore, research evidence from organisations has accumulated which demonstrates that "attitudes of co-workers can affect the performance of a disabled employee, and that can limit the level of integration and

adjustment" (Mamman, 1996, p.255). Relationships with friends or acquaintances who assisted with reading, like other helping relationships, also were racked with emotional complexities. Members described the need to "look after" readers, remaining flexible and undemanding in spite of internal anxieties relating to study deadlines. "You just don't stretch them or their patience", commented one member.

Learning to cope with the requirements of study as a visually impaired person was described as a difficult process by Group members, with many mistakes having been made on the way to identifying optimal (under the circumstances) study methods. A member described how, upon arrival at university, he had planned to tape record all of his lectures. This he began to do, quickly acquiring a growing store of many dozens of lecture recordings. However, as he began to realise, such material is quite inaccessible, since revisiting it requires re-listening to entire 45 minute sessions, with the large number of these making examination revision impossible. As the examination grew near he came to realise his mistake, suffering anxiety and confusion regarding how to overcome the difficulty, and find a new method of lecture-note taking. In the midst of this struggle, he was irked by a classmate, who commented "I wish I could just use tapes like you do". Reflecting on the issues associated with the adjustment of persons with disabilities to organisational environments, French (1993d) points out that all persons undergoing such adjustments are soon shown to have a unique profile of limitations, "sometimes far outstripping those of the disabled person" (French, 1993d, p.46). The crucial difference, however, is that the difficulties experienced by nondisabled persons are regarded as "normal and acceptable", and they are thus at liberty to ask for assistance in the management of these. By contrast - she asserts - persons with disabilities are only freely permitted to ask for help "as long as they steer clear of any problems directly associated with disability". In effect, therefore, persons with disabilities may be required to cope with their limitations in a manner not expected of other people (ibid.).

### **Some thoughts on assistive technology**

Various forms of assistive technology are increasingly available to visually impaired students at the university. Most centrally, computer voice synthesisers allow access for visually impaired students to computer work. The burgeoning introduction of assistive technology for visually impaired students undoubtedly brings very significant benefits of access (as attested to by Group members). However, writers such as French (1993b)

direct us toward certain cautions regarding these developments. She describes the danger that provision of assistive computers, taped materials and other such resources to visually impaired students often ushers in expectations amongst nondisabled persons that "their" needs are fulfilled, and that no further difficulties should be anticipated (also see Roulstone, 1993). She argues that assistive resources may enable visually impaired persons to perform tasks which might otherwise be impossible, but "will not transform them into sighted people" (French, 1993b, p.19). Working speeds will typically still be slower, with the basic academic activities of reading and writing inevitably requiring more effort (ibid.). Experiential research which continually assesses the intersection between such devices and everyday work experience of impaired persons, is thus imperative (Ingstad, 1995b, p.75). In addition, once organisations have spent large amounts of money on assistive technology, an imperative arises which requires that persons with disabilities use the methods which those devices facilitate. Crucially, the degree to which such technologies are useful to impaired individuals varies extensively. Yet, often, the presence of an assistive device for the performance of a particular task may create a situation in which impaired individuals feel less able to ask for personal assistance, or in which such requests seem less tolerated. French (1993d) comments as follows: "Yet, aids can become a burden too, because other people have such faith in technology that they believe the disabled person is managing perfectly well and requires no assistance" (French, 1993d, p.46). Wolff (1986) has asserted that technology can never replace what can be provided by interpersonal helping relationships. At worst, it has the potential to isolate the impaired individual, simultaneously locating the disability within him / her (Wolff, 1986 in French, 1993d, p.46).

I hasten to say that these thoughts refer merely to the potential risks associated with the implementation of assistive technology development, and are not intended to detract from the undeniable range of possible benefits to be gleaned from such work. These endeavours are also to be lauded to the extent that they represent pro-active, rather than reactive, responses to disability issues (Baron et al, 1996, p.372). As I compose this text, I rely completely on assistive computer technology for access to reading and writing. Yet, in my own experience, a degree of personal assistance will, I believe, remain irreplaceable. Vigilance is to be maintained regarding the traversal of a fine line between having advantage of the best that technological developments can offer, whilst not allowing an unconscious prizing of "independence" to skew one's perception, and disallow the needs of impaired persons for personal assistance.

## Conclusion

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"...psychoanalysis brings a new and important embodied and psychological dimension to the critical analysis of disability"

Marks, (1999a, p.2)

As noted earlier, it is an essential limitation of this research undertaking that aspects of identity and subjectivity such as race and gender were not included in the analysis of what I observed. Ongoing work will attempt to track the interface between forms of oppression (eg. race, disability), in order to more thoroughly and carefully make sense of the experiences of individuals occupying superimposed social spaces. Vigilance should be maintained surrounding the risk of over-simplified and reifying understandings of elicited experience in terms of, for example, considering only the "disabled" identity. The roles of other aspects of identity socialisation thus have to be factored in, in order to clarify the relationships between these influences on subjectivity. These limitations, as well as the small size of the group of contributors to this account, locate this study as merely the beginning point of investigation into these issues.

Throughout this dissertation, I have aimed to demonstrate that it is towards a critical analysis of the intra-psychic resonances and evocations associated with impairment that disability studies research must broadly turn its attention. It is within the realm of unconscious defensive processes, rooted in archaic feelings and socialised associations, that the templates for the critical deconstruction of oppressive societal structures and practices are to be found, and vigorously explored.

A critical psychoanalytic approach to disability phenomena provides us with the instruments with which to make sense of the profound, and influential, emotional energy with which disability has become culturally invested. It facilitates the critical understanding of altruistic behaviour surrounding disability social services, such that unconscious processes be better accounted for. Psychoanalytic interrogation of the philosophy, structure and operationalisation of disability-related service installations renders an understanding of the influence of organisational defensive systems on service provision, and the inculcation and reification of disability constructs and disabled subjectivities. The development of critical awareness regarding the unconscious correlates of stereotyped notions of disability serves to foster an understanding of how processes such as projection may oppressively identify persons with disabilities as helpless or vulnerable. On a societal level, the psychic appropriation of persons with

disabilities as the dumping grounds for intolerable or shameful parts of self, via the reproduction of prejudicial images in the modern media, has contributed to the individual introjection of patterns of defence which incorporate the construction of persons with disabilities as broken, disordered or infantile. There is much work to be done in elaborating these broad understandings of the shaping of disability phenomena via unconscious forces. The nature and culture of institutional and informal responses to disability must be documented by researchers approaching these formations within a mode of psychoanalytic interpretation. A key source of data in this regard, is the elaborated accounts of the experience of oppressive and exclusionary practices garnered from persons with disabilities. The utility of psychoanalytic methodology in the elicitation and interpretation of such accounts lies in its ability to allow for exploration of deeply internalised and invisible aspects of disablist ideology, the products of oppressive socialisation. In the long term, it is my vision that the critical accounts which will emanate from such work will begin to stimulate a culture of the reflective re-owning of feelings and fears surrounding disability. Such a process will have specific relevance within disability-related social service organisations, in which the overt recognition and consideration of such issues should form a central and supportive part of organisational culture, facilitating a reflective and critical approach to policy and intervention.

As noted earlier, whilst I did not approach the group psychotherapy process described in this work within the Freirian paradigm of conscientisation and critical literacy, I was, upon reflection, startled to realise the very close parallels with this framework which had emerged during the sessions. Freire emphasises the need for combining reflection with praxis, within a process in which growing awareness, through deconstruction, of one's systematic oppression, stimulates mobilisation towards self-advocacy and the effecting of change (Freire, 1970; Peters, 1999, p.103). It is the very invisibility of much disability oppression, obscured as it is beneath layers of ideological reformulation and justification, that can serve to hold persons with disabilities in subjective spaces which allow, and even affirm and reinforce, discriminatory practices. The research process described in this dissertation made use (in effect) of a combination of Freirian and psychoanalytic group therapy principles, rendering a thinking and feeling space in which experiences of discrimination could be explored and recognised for what they were, within a supportive and mirroring environment. The facilitation of a sense of the legitimacy of one's needs, of the injustice and untenability of exclusionary practices, has the potential to empower individual and group-based action toward advocacy and change. The evident utility of these strategies in driving an erosion of the internalised

and material oppression of persons with disabilities, requires extensive research attention.

It is, thus, with a mood of anticipation that I conclude. The new critical language of psychoanalytic disability studies has the potential to bring new and profound insights to the interpretation of disability structures and policies. Furthermore, psychoanalysis represents the means by which the damaging action of disablist ideological structures can be debunked and combated, signalling the reclaiming of subjectivity amongst persons who experience their bodies as impaired. Beyond, lies a world of narratives of what it means to be impaired, able to be voiced through the suspension of internalised forces which disallow compassion for the self.

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