

Print version from original audio tape transcript of talk.
Edited to make more readable but maintaining original ideas of the time about 'disability'.

THE PSYCHOLOGY OF DISABILITY

March 1972 – V. Finkelstein

My presentation today is titled '*The Psychology of Disability*' although this is really about '*psychological aspects of disability*'. I will be looking at this from two angles.

- First of all a recent development in psychology which has attracted some attention and which I feel has some merit for the subject of this talk.
- Then I'll go on to present some changes in the way 'disability' can be interpreted.

So, this talk focuses on theoretical issues; trying to rethink some long-standing basic concepts. I will be reading some rather longish quotes.

Recent Development in Psychology

I will start by presenting a new theoretical approach in clinical psychology and begin with a quote from a Professor of Psychology who has been lecturing for quite a long time:

"I was myself taught at Oxford in the 1950's that psychology was a science. In retrospect, my education there now seems to have something of the character of a genial inculcation: 'Psychology is the science of behaviour.' Definition. Anything that lay beyond this, any dabbling in matters continental was deemed by the formidable men who taught us to be bogus, that word again, or worse still confused. From them, I myself assimilated the tacit assumptions of Anglo-Saxon empiricism. The distrust of any but local full scale theory, the atomistic belief that knowledge is built up from fact, one piled upon another, the quasi-religious faith in the primacy of stimulus-and-response, contempt for social science and disregard for any social or cultural processes. The taste for explanations in term of mechanical or electronic analogy, the avoidance of complex or ambiguous aspects of personal experience or, what is the same thing, satisfaction in reducing these to simple, preferably, biological facts."

He goes on to talk about his students and says that psychology students in universities today are no longer willing to accept the same assumptions without questioning them:

"They assume that the empirical tradition in the human sciences is only one of several alternatives open to them – the structural, the phenomenological, the anthropological, and so on"

The first thing that I would like to get across, is that psychology has reached another one of its turning points. We are beginning to evaluate some of the developments of the fifties, particularly the great advances in behaviour therapy; and there is no doubt that there were advances. However, the naïve assumption that at last we have made *the* major break-through is being questioned. It is in fact in the area of general psychiatry, where one is looking at complicated problems and not simple phobic behaviour, that straightforward ideas from stimulus-and-response psychology, seem to provide inadequate global explanations. This has provoked a great debate: I would add *once again* in psychology.

One of the schools of psychology that has developed, critical of both 'psycho-analytic' and 'behaviour therapy' assumptions, was developed by an American, George Kelly, and has been called the '*psychology of personal constructs*'. This, I think, offers another way of interpreting human behaviour. For our purposes today we do not need to examine the approach in detail, but need only to note some of the basic tenets.

Kelly's point of departure is to criticise mainstream schools of psychology for being applicable to patients but not to the therapist or researcher who interprets the psychological behaviour of others. In other words, interpretations offered by 'stimulus-response' and

'learning' theories are not self-reflexive – the theories do not apply equally to the behaviour of patient and therapist or researcher. He dealt with this problem by proposing a philosophical scheme which he called '*constructive alternativism*'.

You will have noticed, in the quote above, the students do not say the 'empirical approach' is wrong. They only assert that this is but one approach amongst many. In some circumstances the empirical approach may be effective, but it is not *always* appropriate. This criticism has been aimed at 'stimulus-response' based therapies. In phobic behaviour, for example when somebody is afraid of snakes, behaviour therapy with 'desensitisation' techniques may be appropriate and effective. But learning theory techniques directed at undifferentiated behaviour resulting in an inability to cope with everyday life, simply does not work. In these circumstances alternative therapies are needed.

Kelley's starting point is '*the person*'. He says that when an individual anticipates events, such as the behaviour of another, they are acting as lay psychologists. He maintains that this process is an essential character of human beings. What people do when they relate to others, is try to form (construct) an idea or a picture of what that person is likely to do, behave and think. We are mentally constructing a set of expectations about people or events. He says this is what psychology, too, is all about – about-prediction, about comprehending situations in a manner which enables correct expectation of people's behaviour and events. Human beings, he maintains, behave in relation to their anticipation of events, such as the expected behaviour of others.

He builds his approach on a set of assumptions: The world is *real* and not an image created by the mind (this deals with philosophical criticism of his approach). We can only understand the world in the terms of *time* and *place* (events are fixed in reality and in space). We assume all events are *linked*, things are integral (the notion of 'cause and effect' is given recognition here).

From this base he put forward a "Fundamental Postulate":

"a persons processes are psychologically channelled by the ways in which he anticipates events."

This, in a nut-shell, is what '*personal construct theory*' is about.

He says that a person's mental and physical behaviour is a continuous process; it is a constant changing sequence of events. In this respect there is no need to account for 'motivation' – a persons processes are self motivating from life to death.

He maintains the processes are psychologically channelised; they are placed in a channel by the anticipations people make about events that are going to happen. It is a predictive psychology. The focus is on '*anticipation*'.

From the '*fundamental postulate*' he derives eleven corollaries as the basis of his psychological theory. I shan't discuss this here but emphasise that the psychology of personal construct theory brings the *person* with a problem in, say, psychiatry or disability, to the forefront. This shifts the concern of the helping professional from interpreting symptoms or diagnosing a problem onto identifying ways in which the particular individual, facing the problem, construes or anticipates events.

In Kelly's view when people construe events or situations with mistaken anticipations this can lead to psychological stress and anxiety. He says that each individual has certain basic constructs of the world essential to their well-being. When anticipations based on *these* constructs are unfulfilled then they may begin to break down psychologically.

For example, put simply, we all have a basic need to be loved and liked. A child may expect that particular behaviour towards their parents will be rewarded with their love. In the course of life, however, parents facing their own conflicts in a marriage, may find that the marriage breaks down and one of partner leaves. The child may approach this parent in the usual way expecting that if he said, "I love you, I like you, won't you stay home", he can anticipate that they will not leave. Part of his 'construction' of this parent (part of the way that he maintains his expectations for this parent) may not indeed then happen. The consequence of his expectations not happening (the fact that what he anticipated did not happen) may mean that his 'basic' constructs have to be reformulated. When this becomes a major challenge then the established personality may start to crumble. Suffering these stresses and strains may result in a complete break down, perhaps resulting in something serious like schizophrenia. Seen this way, this is how schizophrenia might be understood – as the breakdown in a person's basic constructs.

As an aside, some of the techniques

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used to assess personality employ grids which plot the way a person construes his world. These have also been turned into tests for conditions like thought-disorder where you get a breakdown in the relationship between a person's basic constructs.

Personal Construct Theory can be rather complicated – a matter not really appropriate for discussion here – but what I wanted to emphasise is that this school of psychology interprets a person's behaviour in terms of that person's construction of anticipating events in life rather than from the point of view of I the therapist, or I the specialist. Our concentration is on the person with the problem. I may construe the patient's break-down in a certain way, but this may be totally irrelevant to the way the patient construes his world. What *we* have to do is to find out how the patient construes the problem. How he sees it. What is going wrong with his anticipations. So the emphasis is on the patient's viewpoint. There are major consequences flowing from this approach: the professional cannot say he know better than the patient. Because the emphasis is on the dynamics of his anticipation of the world we cannot then be sure what his anticipations really were without taking the patient's viewpoint seriously.

So, in this approach to psychology there is a certain equality between patient and therapist that is deliberately cultivated for use in the therapeutic situation. Therapy then become a way of saying "Here is my example of a different way that I could construe your world. Perhaps you could try looking at the problem my way and see if this might be useful to you. Perhaps my way

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of construing your world may not result in anticipations you normally would expect."

Interpreting 'Disability'

Now, we can move on to looking at different constructions of 'disability' and the expectations that might follow different viewpoints. We will start with looking at some definitions of 'disability'. Here, is a fairly typical definition – "Physical defects that affect his movements or physical action to a greater or lesser extent and prevents him from functioning normally in the physical sense". They go on to say "we should, therefore, regard cripplehood rather as a yardstick for determining how greatly a particular individual's performance of his role in society is influenced by physical factors." This sounds a fairly

reasonable definition. But what I want to put forward is the possibility that there is something fundamentally wrong with this concept of disability.

What they are in effect saying is that when something happens to a person, something physical, this results in some functional disorder which causes a person to become 'disabled'. Now, an alternative way of looking at this is to say that the cause of disability has got nothing to do with the physical defect of the person at all but it is related to the way that society is organised in relation to that particular physical condition. For example: I can't use my legs, and when I come to a building which has some steps than I can't climb the steps – I can't go into the building because I am disabled. This is the usual way that such a situation might be interpreted; but this is not at all

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how I might interpret the situation: as the disabled person, the person with the problem, might look at it. The way that I see it is that there are some steps which 'prevent' me from entering the building: it is the steps that cause my disability! It is the barrier in the environment that is making things go wrong.

Now, let me talk about the psychology of 'normal' functioning – the normal way of interpreting situations where social functioning is impaired. Let us say that you want to go from A to B and your motor car breaks down. How do we look at this? Does the person say "I have now become 'disabled', I am disabled now that I am unable to move from one place to another"? Hardly. We see the broken-down car as preventing movement through the environment. Man is constantly overcoming impairments, or situations, outside of themselves which prevents them from reaching personal objectives. Another example: since man can't fly when he flaps his arms, he doesn't conceive of himself as 'disabled' because he doesn't fly. What he does is he designs an aeroplane, which overcomes this *inadequacy*, if you like.

What a person wants to do – his anticipations, his expectations, where he wants to go – may be frustrated by any amount of problems, or specific conditions, and we need to look at the individual's 'anticipation' within these situations in order to identify what needs to be overcome. In this respect we need to understand the person's physical condition and then start to see what we can do to overcome the particular problems 'out there', in social events or society, in the buildings, equipment design, machinery. This is the 'normal' way of approaching problems faced by non-disabled people: this is the way we overcome the environmental conditions which 'disable' people.

Now you will see that I am not saying that disabled people don't have physical impairments; but I am saying that society is organised in a way which enables,

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say, people who walk so that when they come to a building they can correctly anticipate they will be able to enter the building. However, architects don't design buildings so that people who use wheelchairs are similarly enabled and they too can anticipate they will not be 'disabled' by that building's entry steps. What I, as a disabled person, want to see is that there are ramps, that the kerbs in the streets, etc., are designed in a way that I can anticipate that wherever I go, move in society, I will not be faced with 'disabling' barriers. As I see it there is no theoretical reason for us to say that we cannot overcome all such problems – particularly at a time when we just put a man on the moon – in the same way that we don't say the limitations of man's physical nature prevents space travel.

What I want to emphasise is that until recently we have been saying that it is a physical character of a disabled person that causes his disability. This is really putting the emphasis in the wrong place. I want to add, that historically it may have been useful to do this, but that this has had certain negative consequences. Nowadays we can construct an alternative way of looking at disability, which may be more useful. This will enable us to build on what has gone before. Now, the point I am trying to make is fundamental to the reinterpretation of the problems that disabled people face.

Despite progress in understanding the situation of disabled people even progressive people who have begun to think differently about disability issues, still make the same error. I'll read a longish quote again from somebody who has been involved in the field of disability for a very long time. The paper is headed:

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“The Changing; Character of Disability” illustrates how this person’s view. The first point concerns a semantic change:

“The words disability, disabled and disablement are themselves showing changes in use and being replaced at the present time. 50 years ago, the word cripple and incurable were in respectful use. They were perpetuated in the names of several well known institutions but no one would use these names in an institutional christening today. Disabled persons and chronic sick took their place and have, in their turn, been perpetuated this time in an Act of Parliament, The Chronic Sick and Disabled Persons Act 1970. It is significant that no attempt was made in this Act to define either term. Probably few people realise that the sub-group, the young chronic sick officially describes all those who are over 16 and below a pensionable age. Now we are beginning to use the terms impairment and handicapped to indicate the abnormality and disadvantage of being disabled.”

She goes on to say that in a recent survey there was a fresh attempt to define ‘disability’:

“Reference to the disabled is more likely to conjure up a picture of someone in a wheelchair, a spastic, or someone crippled with arthritis, than someone with T.B. or who is totally deaf or a bronchitic. In general, we have used the term impaired to identify those lacking part or all of a limb, organ or mechanism of the body, whether or not it causes handicap and handicapped. Whether the person is at a disadvantage due to the lose or reduction of functional ability.”

The author

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goes on to say:

“Thus we now have impairment and impaired to indicate a disorder or abnormality which may or may not cause a handicap or disadvantage to the person concerned and handicap or handicapped when they do so disadvantage.”

Now this seems to be advanced, but there is still *no* reference to the ‘out there’, where I say the cause of ‘handicap’ is to be located. One starts to see, it seems to me, that the differentiation between impairment and handicap merge once again when the impairment is said to cause the handicap. I think this is incorrect. I don’t think a physical condition can cause a particular kind of relationship between a person and the environment. Disability, I believe, has with the relationship itself. That is basically my position on disability.

Let me go on a bit further. Because I put the disabled person in the forefront this is the person who, whether he knows it or not, is in a position to say to you what disability is really about. I think that it is for the expert or professional person to start looking at any problems from the disabled person’s point of view and, thereby, making sense of what is really going

on. The author of this particular article does in fact say, for example, that disabled people themselves are now increasingly setting up their own organisations and saying we must have a re-think about the meaning of 'disability'. She adds that the *Disabled Income Group*, which is an organisation of the disabled, "has undoubtedly by campaigning as handicapped people, for handicapped people, altered the conception of the handicapped as passive, accepting group quite different from the non-handicapped people."

So the fact that we have

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reached a new understanding in the field of disability, has encouraged some disabled people to say that 'disability' should be recognised as a social phenomena. We are not saying that the experts were wrong before. We are saying that there is an alternative way which may be more useful now. The author of my quote goes on to say one important hurdle does seem to be being overcome – the idea that handicap is a medical problem and its management belongs to the Health Service:

"The vast majority of handicapped problems are mainly social, educational, employment, architectural and care character. Doctors and the remedial professions contribute constructively when they abandon the doctor/patient, therapist/patient relationship and simply offer a rehabilitation service."

I want to support this progressive view of how the experts can help most at this time. This, I feel is an alternative way to what we've been doing before. I would like to go on to give some examples of what I mean by using a few press cuttings. First of all, I shall quote a surgeon, talking about spine bifida. He has criticised the fact that spine bifida children were just being kept alive. I will not go into that. What I want to go into is the concept of disabled people as seen through his eyes. He says:

"The severely paralysed spina bifida child is usually in a wheelchair by the age of 13 'obese, odiferous and impotent' contemplating a sorry future with justifiable melancholy."

Now to me, this is a

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concept of disability to which I don't subscribe. Here, the surgeon is putting forward his own anticipation of what is going to happen to spina bifida children. What we really have to ask is why should this be so? Why should his views be important? There are, in fact, innumerable questions one can ask about his viewpoint. What are the 'constructs', the conception of the disabled, used by the surgeon? His view is not necessarily correct – there are alternative ways of anticipating the life of children with spina bifida.

To my mind what we need to go and look at is how disabled people see themselves. Do they see themselves in this way? What do they think is the problem? Do they see, for example, impotence as a problem or not? How do they anticipate their sexual lives? How do they anticipate the fact of being in a wheelchair? What anticipations and expectations of life do they have? Now, I don't think that the surgeon's approach is really helpful at all. To my mind, the reason that this occurs is because the person involved is seeing disability as caused by the physical nature of spina bifida.

In this case, this is really what he is looking at. He is not looking at 'disability' as something that we can overcome with gadgetry and technology that we certainly have available now. Myself, for example, wouldn't be here 50 years ago, I wouldn't have been alive, I wouldn't have survived as a human being if we didn't have these solutions. The life of paraplegics was regarded exactly as he described spina bifida, even when I first became paralysed. This was

the expectation of life that my parents had for me and I had when I first became paralysed. It is palpably wrong and incorrect to have these kind of expectations.

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It leads you to a very rigid, and fixed, expectation of what you can do with people. The example shows how a conception of disability as something caused by a physical conditions restricts your thinking. Your concept of disability becomes fixed and then you don't think that things can be changed. Now, I want to go on to the question of access and show a contradictory story. Disability is a very topical subject, and I'll refer to another example:

There is a story current that one of the major television companies wanted to do its bit for the disabled in the course of a soap opera and invited real, live, disabled people along to its massive new multi-million pound studio complex to take part. They found there was no way of getting the wheelchairs in. The architect had not planned for good deeds. As money was apparently no problem – to judge by some of the new building's refinement – you could say this mistake was due to 'ignorance'. What I want to get at here is that a television company, in its nice new building, can see that the approach to disability is changing so it wants to respond positively and they invite disabled people along. However, what happens is that the underlying view of disabled people is manifested, comes out into the open – their needs have been ignored. It was only when disabled people couldn't get into the building that the true nature of the disability is revealed. This is not merely a question of re-thinking what we think disability is. The example shows where 'disability' resides – in the fact that they couldn't get into the building because of its design.

I think the story has a nice twist. It shows how a television company, thinking they were being progressive, that they had overcome the exclusion of disabled people, that were looking at it from a changed viewpoint, were

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looking at the wrong thing. What people need to do is to look at what *is* causing the disability. I think this brings it out. Now, some other example from a 'disabled person herself who wrote a letter to the newspaper and I want to read a few extracts from this. She is writing to complain about her life, or what she says is "the lack of a social life".

She says

"I think my subsequent neurosis can be traced to the mixture of bafflement and barely concealed distaste which my comparatively slight disability (a touch of the Toulouse-Lautrec's) seemed to evoke in other members."

This when she joined a social club to overcome her loneliness. She goes on to say that she lost her childhood friendships:

"When they, moved out of my orbit via the normal round of marriage and family, childhood friends, and most of them were imaginary, were left behind in my country of origin"

as she changed her country where she lost these friendships. She goes on to complain about how her timid attempt to come to terms with the world hadn't got anywhere and then she goes on to say,

"please understand that it is not the loneliness or the solitariness that hurts, it is the isolation, the sense of being marooned on a desert island, though within speaking and touching distance of the whole human race."

Now, as I wanted to say, nowhere in this letter does the person complain about her physical condition. Nowhere does she say that this is the cause of her misery. What she is complaining about is that

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she is unable to integrate. While it is true that in her passive condition she comes back to saying – well I'm trying to accept the world – she also says that she is not complaining about her loneliness, solitariness and isolation (which I think is really tautological). But she sees no further than the problem *in itself* and, therefore, is trapped in it. She cannot move out of the problem condition because her anticipation is that if only somehow I can escape my isolation then everything will be alright. But how can she? There is no way that in this way of construing her 'disability' she will see a solution to her problems. The way that I think that the experts, professional people can help, is to start to help such a person see that the cause of disability lies out there. When we start to build ramps, and so on, such a person would be able to get out and escape the isolation.

There were a whole lot of letters in reply to that. I'll read one or two:

"I wonder if my experience with the physically imperfect would help. I've noticed my first sensation of bafflement and distaste completely disappears on further acquaintance. I once worked with a man with..."

What this person is getting at is 'look you haven't anything to worry about, actually, because when people do get to know you then they wont reject you'; and all the letters are in fact in this vein. They only deal with her problem, her isolation, as if it were sort of encapsulated, psychologically – 'well you haven't really got anything to worry about, you are a nice person, and we do accept you'. None of letters comes back to the question of the cause of the disability. None of the letters in fact can help us see how we can help overcome the very thing that the person complains about. They simply say 'people do like other people after they get to know them'.

Now that is really basically my concept of disability, my challenge, my alternative approach, my conception of psychology. There are, of course, a whole lot of psychological

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reactions which are well-known in disability, and I want to add that the approach I support in no way contradicts the fact that people do experience withdrawal, aggressiveness, that are seen with disability. These are normal psychological reactions to expect under these conditions. But there are, to my knowledge, no known associated personality types with disability and, nor in all the literature I have read, have I found the idea that the disabled people themselves really complained about the physical thing. Ultimately, it always comes down to the fact that there is something 'out there' that is the barrier causing their difficulty.

THE END.

[References used in quotes are missing]