Disability studies seeks to reframe rehabilitation’s understanding and responses to disability. Disability scholars point out that rehabilitation’s perspectives and practices are not objective, but instead reflect particular historical and ideological forces. By demonstrating how rehabilitation practitioners can unintentionally do things that are unhelpful or even harmful, disability scholars challenge the profession of occupational therapy to reconsider aspects of practice, education, and research.

In order to provide a context for a special issue devoted to disability studies, this paper examines disability studies’ major critiques of rehabilitation and considers their implications for occupational therapy. The paper identifies ways that occupational therapy can continue to respond reflectively to the themes of disability studies. It also identifies a number of questions raised by disability studies that will need to be addressed in practice, education, and research.


Based on his investigation of occupational therapy practitioners, the disability studies scholar, Abberley (1995, p. 222), concludes: “OT, despite what may be the best of intentions on the part of its practitioners, serves to perpetuate the process of disablement of impaired people.” Difficult as his claim is to consider, it reflects an argument shared by a number of disability studies scholars. Together, these writers assert that well-intentioned rehabilitation professionals guided by dominant perspectives in rehabilitation can sometimes do things that disabled persons experience as unhelpful at best and harmful at worst.

Disability studies emerged in the 1970s and 1980s as a counterpoint to then dominant societal and professional views of disability (Scotch, 2001). An interdisciplinary field of study, it encompasses a wide range of scholarship. For instance, disability scholars use social, historical, political, and economic concepts, as well as ideas from gender and race studies, to articulate how disabled persons are stigmatized and oppressed. Disability studies also builds on concepts from the humanities to examine how disability is represented in popular culture, literature, and art.

It is not the intention here to characterize the full range of ideas that make up contemporary disability studies. Rather, this paper specifically examines disability studies’ critique of rehabilitation and its efforts to reformulate the professional understanding of disability. By considering disability scholars’ critiques of professional practice in rehabilitation, the paper will provide a broad context for reflecting on what disability studies means for occupational therapy. It is intended to begin a reflective process that is echoed throughout other papers in this issue. The paper also identifies and raises questions about its implications for the field’s education, scholarship, and practice.

As this paper and the others in this special issue illustrate, disability studies raises issues and questions to which there are no easy answers. This point is exemplified by debate over how one should refer to individuals who have impairments. Considerable discussion and disagreement exists over whether to use person-first expression, such as “person(s) with a disability” or its alternative “disabled persons”
Disability Studies’ Critique of Rehabilitation

Although some of the disability studies’ writers directly address occupational therapy practice, they more typically speak to rehabilitation as a whole, considering occupational therapy part of a rehabilitation perspective and practice. In this regard, it is important to acknowledge that although occupational therapy was historically influenced by and, to an extent, still reflects rehabilitation’s approach to disability (Gritzer & Arluke, 1985), the field has sought to distinguish its concepts and practice from those that have characterized rehabilitation in general (Colman, 1992; Kielhofner, 2004). Many of occupational therapy’s efforts to differentiate itself from traditional rehabilitation concepts parallel the themes of disability studies. Current emphasis within occupational therapy on client-centered practice (Law, 1998) and on the disabled person’s full participation in society (American Occupational Therapy Association, 2003) are among such efforts. Nonetheless, the disability studies’ discussion of rehabilitation still holds relevance and important lessons for occupational therapy.

Traditional Rehabilitation Perspectives on Disability

Central to disability studies is the social constructivist argument that both everyday and specialized (e.g., scientific and professional) ways of knowing are not absolute. Disability scholars use this postmodern perspective as a platform from which to deconstruct predominant cultural and professional conceptions of disability. Throughout the 20th century, the rehabilitation perspective constituted the dominant professional response to disability in modern societies (Albrecht & Verbrugge, 2000). Although rehabilitation aims to achieve an objective understanding of disability, disability scholars claim that its understanding of disability reflects particular sociohistorical and ideological forces (Jeffreys, 2002).

These scholars further argue that rehabilitation’s traditional beliefs and perspectives misconstrue disability and can result in unnecessary negative consequences for disabled persons. This critique provides an opportunity for occupational therapy and other rehabilitation professions to rethink important aspects of disability and what to do about them. I will first consider this critique by examining how disability studies sees traditional rehabilitation as responding to two key questions: What is the nature and cause of disability? What should be done about disability?

The Nature and Cause of Disability

Borrowing from medicine’s concept of disease, rehabilitation classically defined disability as a personal deficiency or a deviation from documented norms (Linton, 1998; Nagi, 1991; Scotch, 2001; Zola, 1972). Use of norms as the basis from which to describe limitations in movement, strength, coordination, and cognition became a major focus of rehabilitation in the 20th century (Rioux, 1997).

Disability scholars point out that rehabilitation takes as a natural point of departure the assumption that impairment is undesirable (Linton, 1998; Zola, 1993a). In part, this view derives from the medical model stance that diseases and their consequences are adverse, warranting efforts to eliminate disease and to reduce symptoms. The view of impairment as undesirable also reflects the dominant societal perspective that having a significant impairment is a personal tragedy (Longmore & Goldberger, 2000; Zola, 1993b). Recent controversy over the movie, “Million Dollar Baby,” underscores the extent to which many people still accept the idea that life with a major impairment is not worth living (Davis, 2005; Neville-Jan, 2005a).

The assumption that impairment is “objectively” a negative state provides the rationale for rehabilitation’s operating principle that reducing or eliminating impairment is unquestionably good (Linton, 1998; Nagi, 1991; Scotch, 2001; Zola, 1972). Popular ideologies, such as normalization, also reinforce the related notion that there is a normal state that is obviously more desirable than its alternative (Oliver, 1999).
An extension of the idea of the undesirability of impairment is the notion of social and economic burden. Historically, the growth and funding of rehabilitation were fueled by concern over disability costs—that is, the public or private resources required for persons who could not care for themselves or work (Albrecht, 1992; Albrecht & Bury, 2001; Albrecht & Verbrugge, 2000; Longmore & Goldberger, 2000; Stone, 1984). As a consequence, the rehabilitation definition of disability incorporated the idea that the reduction of disability lessens social and/or economic burden.

The concern over reducing disability costs is woven throughout rehabilitation perspectives and practices. For example, the widely used Functional Index Measure is designed to measure the burden of care posed by levels of impairment (Granger, 1990). Relatedly, the concept of independence reinforces the expectation that disabled persons should endeavor to avoid needing personal and financial assistance from others (Zola, 1993a). Another example is the rehabilitation-derived concept of disability-adjusted life years that explicitly identifies disability as “a negative factor that . . . imposes a substantial ‘burden’ on society” (Hahn, 2002, p. 179).

Reimbursement for rehabilitation services, including occupational therapy, is consistently tied to the aims of increasing an individual’s likelihood of being an account able, productive societal member or of reducing costs associated with necessary care. Indeed, rehabilitation professionals, including occupational therapy, routinely make these kinds of claims to influence public policy concerning reimbursement. Similar claims are made implicitly when therapists document services in such a way as to assure payment.

What To Do About Disability?

Rehabilitation disciplines such as occupational therapy, physical therapy, and physical medicine arose in response to the problem of impairment and, as with any profession that emerges around a social problem, they had to pose solutions (Gritzter & Arluke, 1985). Traditional rehabilitation services translated the understanding of disability into strategies that aimed to ameliorate or minimize the impact of impairments and their consequences while encouraging the person with impairments to be as independent and normal as possible (Hahn, 2002; Jeffreys, 2002; Nagi, 1991; Scott, 1969; Zola, 1972, 1993a, 1993b). As Rioux (1997, p. 104) notes, the success of rehabilitation services has traditionally been measured by “how closely people who use services can approximate the lives of ‘normal’ people and to what extent they can achieve the skills of able-bodied people.” Interwoven in rehabilitation is the expectation that clients naturally desire and will willingly collaborate with efforts to attenuate impairments, develop self-reliance, and achieve more normative lives (French, 1993; Giangreco, 1995; Oliver, 1990).

Unintended Consequences of Rehabilitation

Disability scholars argue that rehabilitation, however well-intended, can have inadvertent ill effects (Abberley, 1995; Zola, 1972). Although these unintended consequences have been discussed in a number of ways, two of the key themes across them are the impact of rehabilitation on the identity of disabled persons and on reinforcing oppression. These two themes are discussed next.

Impact on Disability Identity

Rehabilitation professionals view themselves as responsible for developing an objective understanding of the client’s status through assessment. The professional’s objective appraisal often serves as the standard from which to judge the disabled person’s degree of realism, acceptance, or comprehension of his or her impairments (French, 1993). Although the efforts of rehabilitation professionals to identify the causes, nature, and consequences of impairments are important to the rehabilitation process, disability scholars point out that such professionally driven definitions of disability can conflict with and invalidate the disabled persons’ understanding of their own disabilities (Scott, 1969). One consequence of this circumstance is that “a core element of the experience of disability is being seen as something you are not, joined with the realization that what you are remains invisible” (Gill, 2001, p. 365). As a result, disabled persons can find themselves “prisoners of the misconceptions of others” (Gray & Hahn, 1997, p. 395).

Beyond being misunderstood or invalidated, disabled persons can also be subtly persuaded to accept certain definitions of disability in rehabilitation. Scott (1969) was one of the first disability scholars to point out how rehabilitation can serve to “socialize” persons to a particular conception of their impaired status. Disabled persons typically encounter rehabilitation either at a critical phase after the onset of a disability and/or over a long period of time. Consequently, rehabilitation can dramatically influence how disabled persons come to understand their impairment and the appropriate response to it.

As Giangreco (1995) notes, when rehabilitation emphasizes reducing impairments, it can reinforce the idea in the mind of the client that he or she is “abnormal.” Rehabilitation efforts that enjoin disabled persons to work toward the elimination or reduction of their impairments...
and toward conformity with functional or social norms can convey an implicit message that disability is a bad thing that needs to be eliminated or masked from view (Jeffreys, 2002; Linton, 1998; Zola, 1972). When rehabilitation carries the latent message that impairment is not a good thing, those who receive rehabilitation and are not able to eliminate their impairments are likely to internalize a negative image of themselves (Fine & Asch, 1988; Giangreco, 1995; Gill, 1997, 2001). Not surprisingly, disability scholars argue, one of the most pervasive challenges disabled persons face is developing a positive identity (Gill, 1997, 2001; Hahn, 1985).

Reinforcing Social Oppression

Disability scholars point out that the rehabilitation focus on impairment can also reinforce the idea that impairments are the essential characteristics of disability and that persons are disabled because they are lacking in some functional capacity such as moving, seeing, hearing, or thinking (Linton, 1998; Longmore, 1995a, 1995b; Nagi, 1991; Rioux, 1997; Scotch, 2001; Wendell, 1996; Zola, 1993a, 1993b). Such a perspective can contribute to oppression of disabled persons because it reinforces the privatization and individualization of disability (Longmore & Goldberger, 2000; Raman & Levi, 2002). That is, by focusing on the client’s impairment as the problem rather than treating environmental (physical, social, political, and economic) barriers as the true problem, rehabilitation can reinforce the perception that disability is an individual matter requiring private solutions rather than a matter of socially produced barriers requiring public, political solutions (Linton, 1998; Longmore, 1995b; Nagi, 1991; Scotch, 2001; Zola, 1972).

Rethinking Disability: Disability Studies’ Themes

One of the aims of disability scholars is to redefine disability and what to do about it (Jeffreys, 2002). Related to this, disability scholars criticize the absence of the voices of disabled persons in rehabilitation discussions of what disability is. Hence, disability studies include personal accounts of disability experience that give voice to disability as an “authentic experience through the privileging of first-person narratives” (Jeffreys, p. 33).

Redefining Disability

Disability scholars argue that impairment should be understood not as a personal lack or limitation, but as a unique way of being situated in the world. They argue that impairments should not be defined in terms of how they differ from what is average or normal, but on their own terms as forms of human embodiment. Moreover, they propose that impairment is a natural part of human diversity (Wendell, 1996). Disability scholars argue for recognition of impairment as a phenomenon integral to the human condition, rather than an aberration (Davis, 2002). Rather than being hidden and masked, they argue, disability should be investigated and understood for what it can reveal about humanity.

Disability scholars reject the idea of disability as a personal tragedy. They argue that impairment is a value-neutral condition (Wendell, 1996) and that it is only transformed into a negative condition when social definitions, attitudes, practices, and policies devalue, exclude, and disenfranchise persons with disabilities (Charlton, 1998). A number of authors emphasize that the true burden of disability is not living with the impairment, but living with social reactions to the impairment (Fine & Asch, 1988; French, 1993; Gill, 1997; Hahn, 1985; Longmore, 1995b; Oliver, 1990; Shapiro, 1993).

Disability scholars underscore that achieving a positive life as a disabled person has little to do with living a life that is normative or dictated by one particular set of values (Deegan, 1991). Disability scholars also seek to counter the assumption that amelioration of impairment is always necessary, or even desirable. As noted earlier, they argue that the overemphasis on reducing or eliminating impairment and appearing normal actually makes it more difficult for the person with an intractable impairment to achieve a positive identity and a happy life. Moreover, Vash (1981) points out that an often overlooked reality is that disability can be “a positive contributor to life in its totality—a catalyst to psychological growth” (p. 124).

Disability studies scholars further define disability as a consequence of environmental barriers rather than impairments. In so doing, they relocate disability from residing in the individual to inhering in societal attitudes and actions. They argue that persons are made disabled not by impairment but by social oppression (Charlton, 1998). As Hahn (1986, p. 128) writes, disability “stems from the failure of a structured social environment to adjust to the needs and aspirations of citizens with disabilities rather then from the inability of a disabled individual to adapt to the demands of society.” Further, disabled persons are treated by society in ways that diminish their social, personal, physical, and financial well-being (Charlton).

Supporting arguments that disabled persons represent an oppressed minority group are data illustrating that they fare much worse than nondisabled persons in housing,
Redefining What To Do About Disability

Disability scholars argue that what needs to be done about disability is to transform social conditions that create oppression (including cultural beliefs and attitudes, along with public policies) (Charlton, 1998; Scotch, 2001). Disability studies, thus, seeks to transform disability from an “individual or medical problem into a civil rights issue” (Paterson & Hughes, 2000, p. 30). Charlton (p. 17) urges disabled persons to “recognize their need to control and take responsibility for their own lives and urging political-economic and cultural systems to incorporate people with disabilities into the decision-making process.” Political activism aimed at achieving social justice and civil rights is naturally associated with the argument that disabled persons are socially oppressed (Baylies, 2002; Charlton). This activism takes on many forms, such as the kind of political advocacy that resulted in the Americans with Disabilities Act of 1990, which established civil rights for disabled persons.

Longmore (1995b) argues that following efforts to end discrimination and legally require access and accommodation, the next step is for disabled persons to achieve self-definition by repudiating oppressive “nondisabled majority norms” (p. 8). The issue of self-definition is linked to the theme that disabled persons constitute an oppressed minority group. Consistent with the approaches of other minority groups, disability scholars call for the development of a sense of disability identity and disability pride (Gill, 1997; Hahn, 1985; Zola, 1993a, 1993b). These efforts are seen as necessary to support the development of a positive identity for disabled persons.

Beyond efforts to enhance self-definition within the disability community, disability scholars seek to transform larger social conceptions of disability. By illuminating the hidden assumptions, biases, and practices that create disability, disability scholars are aiming to change attitudes among scholars, disciplines, professions, systems, and society at large.

Dealing With Impairment

As noted above, disability studies calls for a redefinition of impairment as a value-neutral condition and for reducing emphasis on impairment reduction and instead championing the rights of disabled persons to full participation. The American Occupational Therapy Association, building on the International Classification of Functioning, Disability and Health (ICF) (Youngstrom, 2002), currently identifies participation as the ultimate goal of occupational therapy services. This is an important step because it calls attention to the fact that the ultimate aim of therapy is to support the client performance in a variety of life contexts in everyday life. However, as Hemmingsson and Jonsson (2005) point out in this special issue, there are still aspects of the ICF that bear critique from a disability studies perspective.

Nonetheless, a national study of entry-level therapists conducted by the National Board for Certification in Occupational Therapy indicated that the predominance of occupational therapy assessment focused on determining the extent of limitations of capacity (National Board for Certification in Occupational Therapy [NBCOT], 2004). The same survey also indicated that impairment reduction is still the most common aim of entry-level practitioners in the field (NBCOT). The concern with impairment is, of
course, a necessary part of occupational therapy. In some cases, understanding the nature of the impairment is a requirement for identifying and removing environmental barriers for a client. Further, despite claims by writers that disability is a neutral human difference, many individuals with impairments genuinely want to see their impairments reduced as noted by Taylor (2005) in this issue. Not surprisingly, many occupational therapy clients and their families unequivocally want therapists to address their impairments and do what is possible to attenuate them.

What can practitioners do to respond to the concerns of disability scholars and best meet individual client needs? Focusing emphasis away from reducing the impairment might disenfranchise individuals of wanted opportunities to minimize their impairments. Moreover, when clients insist on impairment reduction as a focus for therapy, therapists risk alienating that client by emphasizing other strategies. Finally, even when therapists feel that a focus on impairment reduction is not warranted for a client, pointing this out can have negative implications for the therapeutic relationship. For example, Klein (1997) noted that when her therapist pointed out she would not overcome all her impairments, she was not ready to receive this message and consequently found it demoralizing. On the other hand, when therapists emphasize impairment reduction, because it appears a reasonable goal and/or reflects a client’s desires, there is a risk of reinforcing a client’s preconceived notions of the undesirability of his or her acquired impairment.

Beyond the question of what approach best meets the needs of clients, occupational therapy will also have to examine how to best balance emphasis on individual versus social change in practice. To a large extent, contemporary practice focuses on either the individual or his or her immediate context. In some cases the problems faced by disabled persons extend beyond immediate context. Take the following example. Clients with intellectual or psychiatric impairments often have difficulty with communication and interaction. For such clients occupational therapists provide social skills training. However, problems of social interaction experienced by these persons are not solely linked to their impairments. Stigmatization and social attitudes toward these disabled persons also contribute to the difficulties. In this instance, should the field emphasize public education and societal attitude change to the same extent it emphasizes individual change? And if so, whose responsibility is it—the individual therapist’s, the profession’s as a whole, or both? Once again these are questions without obvious answers that bear consideration in the field’s ongoing consideration of its nature and purpose.

Reversing Oppression

As noted earlier, disability scholars point out that rehabilitation services unwittingly collude with social oppression. This is usually a subtle process, contrary to the intentions of practitioners. For example, Abberley’s (1995) study documented how occupational therapists tended to attribute failures in therapy to client problems such as a lack of motivation, rather than to the circumstances they faced such as a lack of resources or opportunities. This qualitative study points out how therapists can underestimate the role of physical, social, bureaucratic, economic, and political barriers that stand in clients’ way. These barriers are so ubiquitous that they become invisible, making it appear that it is the clients’ failure.

Occupational therapy has taken important steps in attempting to more clearly acknowledge the centrality of the environment in clients’ lives and to recognize the importance of removing barriers and providing supports in the environment. As awareness of social, political, and economic barriers becomes more central to occupational therapists’ understanding of disability, therapists will become more likely to acknowledge and address them in therapy.

Beyond increasing our awareness of environmental causes of disability, what additional steps should the field take? For example, should therapists include as part of their services efforts to empower disabled clients to engage in self-advocacy and to combat discrimination? Will these be considered reimbursable services? Gray and Hahn (1997, p. 406) recommend that occupational therapists should become “allies with persons with disabilities in the struggle to promote changes in the social environment.” How can the field best respond to this call to action? What professional resources should be devoted to joining efforts of disability advocacy? What messages should we give our students about their ethical obligation to become involved in such efforts? Cottrell’s (2005) discussion of barriers and policy to community living in this issue provides a concrete example of ways that occupational therapists can become more actively engaged in advocacy.

Empowering Clients and Communities of Disabled Persons

Professional perspectives, constraints of the practice setting, and reimbursement are among many factors that tend to establish a predefined rehabilitation process. Former occupational therapy clients have documented their experiences of being expected to conform in therapy without voice
(Callahan, 1990; Close, 1998; McCrum, 1998; Murphy, 1990). Their concerns centered on the fact that the goals and methods of occupational therapy did not resonate with their view of their own problems.

The call for client-centered practice in occupational therapy (Law, 1998) is an important step in giving clients voice and control in the therapy process. It calls for occupational therapy to focus on enabling and empowering clients by giving them a stronger role in shaping their own services and in defining the outcomes they want (Townsend, 1998). An important effort for the future will be to examine how disabled persons experience occupational therapists’ efforts to offer client-centered services.

Important as client-centered practice is, there are further challenges to empowering clients in therapy. For instance, many occupational therapy clients are newly experiencing their impairments. Only with time do they fully grasp their new situation and develop a sense of their needs and desires (Gray & Hahn, 1997). Indeed, recently impaired clients may view their circumstances with the mainstream societal attitudes they held as nondisabled persons. In such instances, what should be the role of occupational therapy? How should practitioners deal with clients who have internalized negative attitudes and beliefs concerning disability?

Moreover, as Hubbard (2004) cautions, occupational therapists must recognize that client-centered practice does not resolve the inherent tension between the rehabilitation perspective and the social model of disability that is proposed by disability studies. Client-centered practice supports increasing the client’s power within occupational therapy. However, from a disability studies perspective, such an approach still focuses on the individual rather than on society’s collective response to the individual. Importantly, choosing what to do within occupational therapy is not the same as the disability community deciding whether it wants occupational therapy services or what role it would like occupational therapy to play in addressing the needs of members of their community. Would occupational therapy feel equally comfortable asserting the rights of the disability community for this level of autonomous decision making? Or said another way, who should be the arbiter of whether occupational therapy has something useful to offer members of the disability community: the profession or the disability community? In this issue, Paul-Ward, Kielhofner, Braveman, and Levin (2005) present findings about the gaps between client and staff perceptions of barriers to independent living and employment. They discuss the dilemmas these gaps raise in deciding whose perceptions should shape services.

Supporting Disability Identity

Disability scholars argue that it is essential to develop a positive identity as a disabled person (Gill, 1997; Hahn, 1985; Zola, 1993a, 1993b). As Neville-Jan (2005a, 2005b) points out in this issue and elsewhere, there is still a pervasive tendency to consider the disabled person’s life as fundamentally undesirable—a life not worth living. Development of a positive disability identity is not an individual, but rather a social and cultural process (Longmore, 1995a, 1995b). Disability scholars argue that, in order to be freed from negative images of disability, disabled persons need contact with communities of disabled persons who have collectively developed a sense of positive identity (Gill, 1997, 2001; Zola, 1993a). One way of achieving this may be to actively bring more disabled persons into the rehabilitation process as peer mentors and as occupational therapists.

The idea of supporting disability identity also raises complex questions about practice. For example, at what point are clients ready to acknowledge disability as a component of their identity? Would all clients benefit from developing a disability identity as claimed by disability scholars? How can occupational therapy best support the process of developing disability identity?

Giving Voice to the Disability Experience

Occupational therapy has begun to incorporate accounts of disability experience into its knowledge base. Disability studies includes a rich and growing literature by disabled writers and scholars that provides insight into the nature and diversity of living as a disabled person. A few well-known examples are Toombs’ (1992) account of multiple sclerosis, Williams’ (1992) depiction of her childhood autism, Jamison’s (1995) memoir of manic-depressive illness, and books by Callahan (1990), Murphy (1990), and Price (1994) that recount their experiences of paralysis. These and many other books and articles are important resources for both students and therapists.

Occupational therapy scholars have also increasingly engaged in studies that illuminate disability experience. Two important areas of knowledge development in occupational therapy are phenomenological accounts of impairment and narrative accounts of the lives of disabled persons. Occupational therapy has traditionally viewed impairments as objective phenomena—that is, as observable limitations of capacity. This objective understanding of impairment is necessary, but it can be complimented with an understanding of how persons experience impairment (Kielhofner, Tham, Baz, & Hutson, 2002). A new area of phenomenological inquiry has begun to yield systematic descriptions of the experience.
of impairments and the course of change over time (Tham, Borell, & Gustavsson, 2000; Tham & Kielhofner, 2003). This approach has the potential to offer new ways of understanding and addressing impairment. A growing literature in occupational therapy on life narratives of persons with disabilities (e.g., Clark, 1993; Frank, 2000; Helfrich, Kielhofner, & Mattingly, 1994; Jonsson, Josephsson, & Kielhofner, 2001; Kielhofner & Barrett, 1997; Mallinson, Kielhofner, & Mattingly, 1996; Neville-Jan, 2003, 2004) is an important resource which should have increasing visibility in preparation of practitioners. Papers in this issue by Paikoff Holzmueller (2005) and Frantz (2005) challenge us to think about how we can better understand and support the narratives of clients and their families.

As disability experience is given an increasing voice in the field, it can be expected to challenge our perceptions and values. For example, as Holm, Rogers, and James (1998) note, occupational therapy practice widely embraces the idea of increasing clients’ independence. Nonetheless, disability scholars have two fundamental problems with the professional value or goal of independence. The first is that independence is typically operationalized as professional efforts to assure the functional capacity of persons to take care of themselves with insufficient attention to enabling self-determination through the exercise of free choice (Brisenden, 1986; Longmore, 1995a, 1995b; Nosek & Fuhrer, 1992; Oliver, 1993; Scheer & Luborsky, 1991). The second, as pointed out by Longmore (1995), is that disability experience points to interdependence as a much more acceptable value and goal for disabled persons.

**Conclusion**

As noted at the outset of this paper, disability studies systematically criticizes and seeks to deconstruct and replace the dominant understanding of disability. As such, this body of knowledge offers important challenges for rethinking aspects of our conception of and approach to disability. Although there are no easy responses for the kinds of issues raised by disability studies, there are opportunities that should not be overlooked.

First of all, the field should take advantage of opportunities to broaden our perspectives by integrating disability studies concepts into occupational therapy theory and practice. Doing so will enable the field to be more critically self-reflective and to allow practitioners’ reasoning to incorporate a wider range of considerations for understanding disability and what to do about it. Along the same lines, integration of disability studies themes into occupational therapy education should contribute toward increased awareness and reflexivity among future practitioners.

Disability studies also provides fertile territory for occupational therapy scholarship. Hemmingsson and Jonsson’s (2005), McColl’s (2005), Taylor’s (2005), and Thibodaux’s (2005) papers in this issue illustrate how occupational therapy scholars can make meaningful contributions to disability studies. Research that examines the intersection of disability studies concepts and occupational therapy concepts also holds much promise for enhancing the field’s ability to respond to the historical mission of supporting disabled persons to achieve the lives they choose for themselves.

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**References**


