

BOOK REVIEW

Sociologies of disability and illness: contested ideas in disability studies and medical sociology, by Carol Thomas, Basingstoke/New York, Palgrave Macmillan, 2007, 213 pp., £20.99, ISBN 1-4039-3637-4

The purpose of and the intentions behind the book that is reviewed are honourable. The author intends to bring together elements from medical sociology and disability research to develop a new sociology of disability. This aim indicates that sociology's contribution to research on disability until now has been seen as weak or inadequate by central disability researchers, but it also suggests that the author seeks resources in sociology that may contribute to the future development of disability research. Carol Thomas initially gives a short review of the development of disability studies and shows that the social model has come to represent a dominant approach to disability research, not only in the UK, but also in Scandinavia. In spite of her obvious sympathy with this model, she expresses the need for critical reflection about its analytical merits and for the introduction of other modes of reasoning around studies of disability. She is quite clear about her own position with regard to disability studies. She presents herself as a disabled sociologist 'whose primary allegiance is to disability studies, and whose work within disability studies is known for its materialist and feminist orientation' (5). From this position she turns to medical sociology to see what this branch of research might have to offer. Thomas also refers to and shows empathy with disability researchers, such as Tom Shakespeare, who have recently articulated criticism against the strong model's refusal of accepting impairment as a relevant and acceptable topic in disability research. The project is ambitious and for readers with an interest in disability research a book like this will raise expectations. It is possible to read the book as a valuable attempt by a well-qualified scholar to construct a bridge between medical sociology, sociologies of the body, feminist research and disability research. But it is also possible to read the book critically, and even if the author's good intentions are not disputed, the book invites critical reading.

The book is divided into two parts and consists of seven chapters. In Part 1 the author presents and discusses theoretical perspectives. In Chapter 2 she presents theories and research traditions in medical sociology with a focus on illness and disability as social deviance. She is careful to state that she refers to *sociologies* of health and illness as this topic is not covered by one tradition only. But most of the chapter deals with interpretative sociology, which is also the branch that gets most attention later on. In Chapter 3 theories and traditions in disability research are presented and discussed. The main focus is on this tradition's emphasis on disability as a product of social oppression, its focus on disablism and its activist orientation. Part 2 consists of four chapters. This is the analytical part of the book. The author

goes more explicitly and extensively into the differences and disagreements between medical sociologists and disability researchers before she concludes with a chapter on how disability research may be developed further as a new sociology of disability. As an analytical, or perhaps rather pedagogical effort, she has included examples of what she terms 'inter-disciplinary episodes' in Chapters 4 and 6. These are reported instances of debates and disagreements between representatives of the medical sociology and the disability traditions.

The book starts with an admission from the author; the book has not been easy to write. This is understandable and obvious when reading the book; it does not mean, however, that the book is difficult to read. It is well organized and well written. The author is well informed with regard to what she writes about. She introduces various theoretical perspectives in medical sociology as well as in disability research. But a book of about 200 pages is a restricted format with regard to how much can be presented of research and perspectives within medical sociology and disability research and how extensive the discussions about the two traditions can be. As might be expected from the author's stated position, the presentation of disability research and theoretical positions within such research is more accurately and subtly described than is the case for medical sociology. The author exhibits a much clearer sympathy with those doing disability research than with medical sociologists. She identifies with the former. And even if she presents a few favourites among the medical sociologists, their contributions are not fully valued. So this is a book on the connection between medical sociology and disability research and the possibilities for development of an adequate sociology of disability as seen from a disability researcher's position. An important issue within accepted disability research as it is outlined in the book is adopting an activist orientation to research on disability and chronic illness, and to support the political goals and ideologies voiced by prominent disability researchers. Whatever the diversity of views presented, the conclusion seems to be that the central focus for all research on disability should be on oppression and discrimination. Research that does not share this focus is of little or no value. Medical sociology has focused on other dimensions of disability or chronic illness and is therefore mostly rejected as politically and perhaps morally incorrect.

Vague attempts to admit that there is more to disability than social oppression make the author's position a bit unclear, but they do not change a certain understanding of what it takes and demands to do acceptable and 'authorized' disability research. It should be stressed that this is not a rejection or restraint of the importance of research focusing on the social oppression and discrimination experienced by disabled persons; neither is it an opposition to disability activism. But the connection between research and activism will always present epistemological and sometimes moral challenges to researchers. It is simply not the case that research by definition should be connected to activism or certain ideologies, however positive these might be. In research it is also important to allow focus on multiple kinds of problems and topics and it is essential not to be regulated by an ideological or political agency for 'policing' that at any time determines what is and is not adequate research. Even researches that are relatively abstract or do not explicitly support and have little or no direct practical value for activism may be justified. Researchers may of course be involved in activism – this will often influence the research they conduct and it should be made clear to the readers; but researchers should also be allowed to abstain from such involvement and to find the topics and

problems they want to pursue. What counts in this respect are the methodological and analytical principles that inform the research process and the data analysis. These are important problems and topics regarding the nature of academic research that are not dealt with adequately in this book.

The presentations and discussions of medical sociology are rather selective; they are restricted and superficial. One example is the problem of 'normalization'. This is central in disability research, but within sociology it is possible to distinguish between forms of normalization. It may be the case that the kind of normalization discussed by Garfinkel has an oppressive function in relation to disabled people, but this is just stated and not discussed. And this is one of the shortcomings of the book. It states frequently but does not discuss. One gets the understanding that stress and stigma theories are particularly obstructive in research on disability and chronic illness. So are the focuses on individuals' experiences of impairment; they tend to individualize and sentimentalize disability. When more acceptable positions from disability research are presented, the familiarity of many of them with interactionist sociology is often striking but neglected. Perspectives, topics and results from sociological research on health and illness are consequently described as more selective and restrictive and less satisfactory than those of the disability researchers. But why is this critical perspective used only on the first group? The disability researchers are certainly no less selective and restrictive than medical sociologists. It is also remarkable how the author has chosen and presented sociological approaches that best fit with her criticism. The important research by Corbin and Strauss on body biography trajectories in chronic illness, for instance, is not mentioned, even if it is within the interactionist tradition.

Disability research should be considered an adequate and important field. It may also be restricted as a field of research with firm determinations about what may count as valid topics, problems, theoretical perspectives and results. The latter might then preferably serve activist purposes or ideologies. At the same time, however, it should be possible to study disability and impairment from other perspectives and with other purposes. Such alternative research might not even be restricted to medical sociology. The message of this book, however, is that to the extent that sociology or medical sociology should have something to offer disability research, it must adapt to the principles articulated by the latter. To conclude, the book is more programmatic than analytic. The criticism of medical sociology is too simplified with too much attention on sociology of deviance. The concluding chapter, that should provide new insights and inform the development of a new sociology of disability, is simply not conclusive enough. It presents mostly repetitions of already stated points and comes with no useful hints about the contours of a new sociology of disability or how disability studies should use insights or approaches from medical sociology. However, the author has made an honest and important attempt and has entered a field characterized by conflicts and disagreements; she should be praised for that. At least she demonstrates convincingly that she moves within a difficult terrain.

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