

Disability as desubjectification. Autoethnography of depression

DOI: 10.1515/pysio-2016-0004

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Abstract

Disability is a label and a significant 'identity marker'. The objective of the article is a response to an autoethnographic question: how is disability constructed socially. The main character is Irmina who fulfills the definition criteria of disability as she is mentally ill. Irmina writes her diary at a mental institution where she stays during her treatment. She makes notes systematically and guides us through her mind (disabled?) describing situations she comes across. She refers to the matter of medicalization, bio-authority, standards, normality, illness, sexuality, desubjectification by disability and aspects of being a person. The elaboration makes physiotherapists sensitive to the issues of the world experienced (Lebenswelt) by people with various types of depression.

Key words: autoethnography, disability, depression, bio-authority, desubjectification, standards, intersectionality of disability

Introduction

The category of disability is sometimes oppressive: indeed, it indicates privileges entitled to a disabled person, but it also stigmatizes. On one hand, it is a social issue, on the other – a power relation through a medicalized discourse. The objective of the elaboration is to analyze the social process of constructing disability in the context of clinical depression. I use two types of sources. First of all, I will refer to works by Michael Foucault [1] and his interpreters, such as Thomas Lemke [2] or Ewa Bińczyk [3] as well as to the definition of disability [4-6]. Secondly, to the diary of Irmina [7], a mentally ill person, for whom writing is a form of therapy. The first set of the main research questions concerns the manner Irina constructs her identity as a disabled person. What language she uses experiencing herself? Does she find herself to be a disabled person and how her appearance may impact her understanding of disability? In my elaboration, I use original fragments of Irina's diary which are written in italics. I also ask the question of how the care of Irmina can be used in rehabilitation work. Answering this question, I will start with considerations about the definition of disability to move to the exemplification of mental disability and conclusions.

Several methodological comments

I started working with Irmina's diary two years ago. My methodological struggles are described step by step in the text *Piszę więc jestem. Stawianie się podmiotowości w tekstach* (I write therefore I am. Appearance of subjectification in texts) [7]. For the analysis, I chose a fragment of the diary which

was written between May and June of 2012 during her stay in a psychiatric hospital. I applied the autoethnographic method which is based on the assumption that "writing is a testimony of the situation and experienced emotions and a method to discover and analyze *ego* in the context of daily experience. We speak of autoethnography when a researcher comes out the framework of the traditional scientific writing, e.g. enriching the research material with a description of a subjective perspective of an overview of the studied phenomenon" [7, 8]. Autoethnography entitles the researcher to assume a strategy of colliding the author's own narration with the narration of the studied person. I have been doing it since the beginning of my work with the diary as in light of the WHO definition I am a disabled person. I do not describe my experience, but my research reliability involves the revealing of my personal commitment in the subject of the studies. Irmina's diary is a living example of the experienced world in which illness/health, disability/ability, normality/abnormality were confronted with my – as a researcher - perspective of an overview.

Considering the fact that we deal with an intimate nature of data [8], it is worth presenting the Reader with the process of reaching the source of experience in Ricoeur's understanding of the interpretation, i.e. "explain this type of «being in the world» extended before the text" [9]. I chose autoethnography, i.e. an analysis through writing about Irmina although it is a controversial method which is marginalized sometimes [10]. However, in nuanced contexts of experiencing disability (e.g. linguistic, rehabilitation, medical, legal) it is one of the most interesting options to describe multidimensional relations between an individual and a broader social and cultural context in which a significant role is played by an insight into the ex-

perienced world (*life-world, Lebenswelt*) mediated by writing [11]. Consequences of such an insight must be included in the body of the “technicised” discourse, i.e. medical and legal, about the manner of understanding, supporting and activation of disabled people as well as each time applied interactively in direct contact between patients and physiotherapists.

Are we all disabled?

One of the most important inspirations for this elaboration is a social campaign entitled „We are all abnormal” where it is indicated that “one is a workaholic, another one counts steps, another does not eat bread or irons tickets. Kasia has down syndrome. Everyone is different. We are all abnormal” [12]. Abnormal and disabled are categories which in everyday language oppressively divide people. As constantly functioning labels they cause a stigma and simultaneously enter the world of “hurt identity” [4]. Its ‘treatment’, social rehabilitation depends on numerous factors, e.g.: hurt identity – ego, interaction of social surroundings, starting from cultural patterns which jointly impact evaluation of reality and therefore some characteristics of disability cause a marginalization effect or even exclusion. Analyzing the subject of disability, one of the most important questions concerns its social consequences. We can state that disability is a lack or excess of something in the body or mind of a human being. The body is understood here as a category constructed culturally and socially as well as biologically. The mind concerns activity of the human brain which is a mediator in perceiving the world and oneself. Let us consider situations of granting retirement pension to disabled people or those “claiming” to belong to this category. In a way, it depends on interpretation of physicians/officials in the deciding committees. Therefore, in certain documents there are stories about how ill people try to pretend to be even more ill than in reality as they are afraid to admit that they manage and live normally, i.e. like healthy people, despite what they must deal with on a daily basis. Such an institutional “mask theatre” is a common response to the needs of being granted a label by an official authority. Therefore, in this elaboration my purpose is to balance the center of gravity of disability from the perspective of power relations, medicalization, definition of health and illness, normality and abnormality. Irmina’s case will be helpful as well as the discourse about women as disabled people.

As there is no one and only definitions of disability [13], a more important task seems to be to indicate relations which are applied. In probably the most popular definition of disability, according to the World Health Organization, the mentioned excess or lack is in the body or mind, it is noticeable as impairment is “any loss of ability or abnormality in the structure or functioning of the body in the psychological, psychophysical or anatomical aspect” [14]. Or it is “disability as each limitation or inability (resulting from disability) to lead an active life in a way or to a scope considered to be typical for a human being” [14]. They are also “limitations in fulfillment of social rules (handicap) – an infirmity of a person resulting from disability or impairment, limiting or making it impossible to implement the social role corresponding with age, gender and compliant with social and cultural conditions [14]. Therefore, are Natalia Partyka or Oscar Pistorius disabled? Or is a person without dentition who cannot chew their meals on their own disabled? Or are we, who are ailing due to various mental or somatic reasons, such as migraines, back pains, mild depression, neuroses, abled or the opposite? Or maybe it means that in numerous cases disability is a label which someone gives us or we give ourselves. If so, analyzing disability, one needs to take into account the approach towards the person

who was labelled as disabled. In this context, as well as with-in the discussion in “Physiotherapy” about social and humanistic consequences of functioning of people with disabilities the analysis of Wojciech Doliński [5] can be considered; he postulates that disability as a notion of ‘logic’ classification (in the scientific theory) was not simultaneously a category imposed from above on biographically established everyday life. It is an important element of the experienced world and Partyka, Pistorius or Irmina do not have to feel that way, and this has an important impact on the construction of their identity. Disability can undermine humanity of a human being who is not qualified within the framework of normality. Therefore, a person with a label of a disabled person who feels that way or not, has ‘hurt identity’ [4]. Erving Goffman was interested in managing hurt identity in daily social relations as “shameful distinctness” [4]. In order to see that, one needs to study situations with which people considered to be disabled struggle. Also transgender, homosexual, bisexual people as well as people discriminated due to racism, prejudice and sex are characterized by shameful distinctness [6]. These are all cases of abnormality, and therefore they can be considered as a disability. Hence the postulates of the reparative therapy of LGBTQ people. If disability is a spectrum of features, then does it not mean that we are all disabled?

I do not perceive the category of disability as unnecessary as it would be an excessive simplification to determine all people as disabled. In spirit “all, so nobody” would be a category saying little about the issue of disability. Analyzing social consequences of disability, I lean more towards Doliński’s approach who doubts the definitions proposed by expert systems (e.g. medical), qualifying people with above-standard feature set. In other words, he does not believe that Partyka or Irmina mentioned at the beginning whose example I will describe below were disabled as “only in situations in which I cannot interact with another person (only with oneself?), (...) «real» – social – disability should be sought” [5]. Doliński moves within a relatively relational disability by distinguishing “a scope of control” which concerns individual, daily and practical aspects of feeling able despite all [5]. Therefore, ability can be marked on the axis determined with a minus on one side and a plus on the other. Between these poles there are various scopes of the category: physical ability concerning different body parts as well as mental and psychological abilities.

Gender, authority and disability

The issue presented in such a way is not an exaggeration, as Colin Barnes and Geof Mercer [6] state that what creates sense in disability depends on the culture in which it occurs and they provide a definition of disability in a deep meaning penetrating the hidden social and cultural relations. In other words, creating sense takes place based on values which are considered and implemented in given society and they generate social divisions and power relations. One of the sources of these divisions is disability. Barnes and Mercer [6] write that if you are a disabled person and a woman, you deal with “double oppression”. A woman is often a victim of sexism and discrimination due to her impairment, i.e. the fact of being a woman. Moreover, “American and British experiences confirm a high degree of social exclusion felt by disabled women on the labor market. And therefore, disabled women are in a worse situation both in comparison to disabled men and able-bodied women. Thus, disabled women are neglected or presented as passive victims in the feministic discourse: «able-bodied women, perceiving disabled women as childish, helpless and persecuted, exclude them from the community of women, as they promote strong, competent and attractive

icons of femininity» [15]. Therefore, gender here is an oppressive power relation as it desubjectifies women labelled as disabled and women who strive to be 'attractive icons of femininity' – women striving to fulfill social and cultural expectations and therefore deprives them of the possibility to have the right to seek oneself on their own.

How about Irmina? How does she construct her 'hurt identity'? How are overlaps of various features which qualify Irmina as a disabled person or – the opposite – as fully able shaped? As I mentioned before, the correct approach to define disability is the analysis of its relations. Such a point of view consequently leads to acknowledgement of intersectionality of this notion.

Intersectionality of disability

Doliński states that ability is a broad "set of features worth developing [related – A.K.] with control of one's own body and its parts in various interactive situations (including imagined situations towards generalized other self)" [5] which means that each of us has goals to achieve, such as learning to read, to write, to analyze, to philosophize, run long distances, jump with a parachute or manage a fear, stress, sense of chaos in life. He believes that achieving ability concerns not only so called healthy, able-bodied, 'normal' people. It is sufficient to answer the following question: who of the able-bodied can be more able than a disabled basketball player in a wheelchair? [5]. Or what happens with our body and spirit when we take care of them? Therefore, based on his considerations, it is justified if we ask a question whether disability is a category characterized by intersectionality? It would mean a phenomenon of crossing, overlapping of various social categories which could hide marginalization of people or accentuate it. When I speak of intersectionality, I mean feminist critique which discusses these issues. However, the matter involves that the theories concern the subject of exclusion, marginalization, oppression, discrimination of women whose femininity has something of disability. However, they are not discussions dealing with disabled women as women without e.g. a leg, a breast or blind women [16].

Without going into details, I wish to notice that intersectionality involves overlapping of the category of age, disability, race, gender, identity of minorities such as sexual orientation, ethnicity, etc. and creating an exclusion identity. Irmina's diary constitutes a proof for the existence of this intersectionality: Irmina is a homosexual, but she is not in a relationship with a woman. She experiences clinical depression, and preparing herself to divorce her husband, she is concerned for her material status and the possibility to take care of her child as she wishes to be a single mother. However, she does not know whether she will be permitted to do this by the courts.

Irmina's story

In Irmina's features we can see intersectionality and disability. Does Irmina consider herself to be disabled? She does not describe herself as disabled in her diary, however she believes that she is ill, i.e. she does not reach subjective well-being typical for a healthy person. According to the definition by WHO Irmina fulfills the criteria of disability. Hence, another question appears: how can we recognize in a certain and authorized way that Irmina is disabled?

First of all, a proof of Irmina's disability can be a biographic note about her: Irmina is an author of a diary which has been kept since 2011 till now. Receiving the research material, I selected a fragment in which Irmina particularly experi-

ences her trajectory keeping a diary in her PC concerning her hospitalization in a psychiatric hospital [7]. Writing is a form of understanding herself and the world around for her. The diary structure is determined by subsequent days during six weeks of spring in 2012. Irmina is 37 years old and after years of marital life she admits that she denied being homosexual. This short characteristic of Irmina shows intersectionality of various features indicating disability in the form of the fact of being a biological and cultural woman, a homosexual person, a mentally ill person (clinical depression is a mental illness while less severe forms of depression are considered to be mental disorders). We can see that the direction of narration is related to the processes of exclusion and inclusion. A psychiatric hospital is supposed to be a connector with the normal world, a kind of transition between worlds of various daily lives – before and after hospitalization.

Second of all, a strong fragment of the diary confirms this where Irmina writes about herself that she is ill. The category of illness appearing in the narration is an indicator of disability as it is something that causes a lot of suffering to Irmina. She writes: "I am badly ill. How can I shake off dementia caused by pain which penetrates my guts and brain. If the head is ill, it is impossible to endure life. An ill mind puts a cage on independence and independence becomes a simulation of life. The illness makes my life a disguise because I breathe only when someone is looking. And truth be told, I am running out of air which gives life as what I feel is bad" (29-05-2012, Tuesday, at 16.18)".

This is a significant fragment which indicates that being mentally sick you cannot really live. You can live, but only on the surface. Can we say that disability means living on the surface? In some aspects – yes. They are immersed in the daily consequences of a medicalized discourse which leads to interference in the most intimate spheres of life, biopolitics and distribution of power practices.

Disability as biopolitics versus the hidden voice

Michel Foucault [1] was interested in a question how modern people have been and are changed by the fact that „we are exposed to public view" of human sciences with which we deal in psychiatry, psychology, sexology, criminology and pedagogy as well as institutions related to them [3] involved in practices of power through knowledge. History speaks a lot about the ethics of activities justified by medicine. According to Foucault the theory of power-knowledge understood in such a way is a theory of society which indicates the phenomenon of knowledge and rejects the classical dichotomy between what we believe as social, i.e. power mechanisms and what is discursive, i.e. knowledge, truth. Simultaneously, it is an indication that knowledge is a reverse of power [3]. Therefore Irmina lives in a "poisoned" life in the above quotation and what she feels *is bad*. It suits a medicalized discourse which provides ready calques of meanings to treat and understand oneself. She writes in a different place:

"I do not know how it is to speak my voice out loud. I have a voice, but it is inside me. No one can hear it. I can barely hear it. It is me. But I do not know what it says as it is very quiet. It is quiet as it is afraid. Being afraid is so horrible that it is not possible to get rid of it. It is better not to enter, as then you die. I speak about it with doctors a little. However, I do not know if they hear me. I do not know if they respond. Maybe they hear something totally different. But I do not know that. They only tell me to treat myself and they do not know how long it will take. Maybe even years. And I do not know how I can survive all these years in bad life. Every day I cry for

help. But it is a cry inside me. I cry inside me and I am very torn in blood. As when I try to cry I start to choke. And then someone must help me survive as I am very close to death. haHaHA what a pathos! Death is close uuuuuuu, be afraid. As death is serious and I am very serious now, as well. One needs to be unserious so that death does not bother them. How to do this when it hurts and when I am afraid? [30-05-2012, Wednesday, at 13:16].

“Crying” is an attempt of Irmina to say something. Something what will be heard by the external environment. Something others will treat seriously, very seriously, i.e. they will hear there is a human being. A subject. A feeling person. How can others notice Irmina if she does not cry, she cannot cry? Therefore, they perceive her as a mute medical case which suits the power scheme or not. The metaphor of Irmina’s *bad life* is a good example how biopower operates. Biopower (or biopolitics) uses expert specialized language to describe the case. The case of a human being. Arising from state mechanisms, biopower reaches very deeply into our alcove. The objective is that as little as possible escapes its control [1]. The biopolitical approach makes people a mass, a statistic group and simultaneously it desubjectifies them as a human being becomes a disabled individual, a cripple which needs to be treated consequently. And here a normalization discourse appears concerning knowledge and e.g. it organized campaigns to teach hygiene and medicalization of people [1]. Briefly speaking, standards succeed as they have the power to exclude and authorize. All exclusions of disabled people and labelling them constitute a biopolitical mechanism (Nazism is a very clear example of that).

Desubjectification through disability

A question appears whether today’s institution of a psychiatric hospital as an element of biopower desubjectifies or subjectifies its patients? The response is not clear. Today’s psychiatric hospital treats disability in a different way than it is described by Foucault in his “The Birth of the Clinic” [17]. Indeed, fastening belts are still applied, medications about which the patients often knows nothing are still administered and it is justified by the placebo effect, but simultaneously there is an institution which gives consent to treatment. This is subjectification of the patient. But is it really? Does it not mean that if consent is signed, it is simultaneously an illusion and consent to submission to biopower which will conduct normalization experiments? On one hand, it is certainly that, as among doctors there are a lot of officials, however to honestly answer this question, we need to complete the previously quoted fragment of Irmina’s diary which indicates that:

“I run from the Standards. I am a diagnosed fugitive from the Standards. As I stay with the abnormal. But I do not do anything wrong. I have only fallen seriously and fatally ill. Fortunately here in hospital there are people who understand – I think – that what I feel is real. Very often I do not know whether the situation I am in is real. I do not know whether it is normal. I am used to it as it has been so many years. Normal, real, right, healthy, but not free. This I know. Even though I stagger and I am not strong enough to raise my eyelids – I know this much. I know that the Standards are not free, but quick to improve in truth. If a man cannot have his truth, it is a thing. And if in hospital they do not allow me to have my truth, I will be a dirty thing. But here no one wants to be a dirty thing. Even when someone strokes their roommate and they do not want it. There is a truth coming out their whose? head. As truth is something hidden deeply inside us. Therefore, I do not cry, I only cry inside. As it is too deep. If I cried, I could scare you all. And I do not know what would happen. The end

of the world. I do not want to scare you, I do not want to cause death. Therefore, I am silent which hurts me. Truth hurts me. My own. Do not scream at me, I want to be pure (at 13:45, Thursday 21-06-2012)”.

Irmina is subject to the normalized discourse again. She keeps the façade as stated by Goffman [18], determined by the institution. This means that even in a psychiatric hospital, one needs to know how to behave as there are rules of normality. Irmina does not want to be perceived in a bad way in the hospital. The last sentence refers to her fear related to the potential lack of acceptance, and therefore the standards constitute a tool of social exclusion.

Standards as a tool of social exclusion

Standards push themselves anywhere with Panopticon’s precision [19]. But something else can be seen here: according to Michael Foucault in the 19th century hygiene enters the daily life sphere. This impacts the approach of people to their body. Cleanliness appears as well as a requirement to be physically clean, not just spiritually, in a Christian way. Power enters the body in a new way. There is also “medical valorization of sexuality” which means the beginning of the theories of perversion and degeneration which facilitate crystallization of social standards. Since then, standards are supposed to be used as a tool of social exclusion. Foucault states that biopower facilitates expansion of racism, and therefore elimination of entire populations. Apart from that, biopower was “a necessary element for development of capitalism – it could survive only for the price of pressing bodies into the creative apparatus and adjusting population phenomenon into economic processes” [3, 20]. Can a disabled person adjust to economic processes and fulfill conditions of efficiency, usefulness and rightness? Standards, e.g. a neoliberal standard, being a derivative of capitalism says ‘no’ to disability. Being disabled is a stigmatized identity which must prove that the life of the disabled has a value. It means to constantly prove that it needs means to live in a situation when it is not able to undertake work. This causes that people must be qualified – whether they function in society as able-bodied or disabled. Is there anything in between? I ask this question as in practice patients develop their own biographic skills and strategies of obtaining independence, abilities as well as maintain appearances – Irmina writes about “life in disguise” which may mean that it is life to show society, i.e. trying to prove to the system of power to be normal:

“Sometimes we talk that if we were in a psychiatric hospital tens of years earlier, obligatory electroshocks would make us vegetables. And maybe it is good that I cannot cry even though it is exhausting to hold it inside, as because of that I do not have strength to live and I am a vegetable on my own wish. However, something tells me that I know that if I didn’t endure, I would not be able to work, I would not have friends who are actually not fully normal, either, however they know how to move within the system very well. And this is not why they are very valuable. They are valuable because that try to walk on the grass, and not only on specified paths. When they came to visit me, I was forbidden to accept them (at 13:45, Thursday, 22-06-2012)”.

Therefore, it turns out that this “life in disguise” mentioned by Irmina is not only pretended, but careful. The primary value in life in disguise is professional work in her opinion, as it is a guarantee of normality, i.e. of the fact that she fulfills requirements of biopolitics. She is productive despite her disability. Another important point of reference are friends who “are not fully normal, either”, however it is an indication of the value of being able to use the system for one’s own purposes.

We can see here that the context of functioning of disabled people where valuable skills matter is extremely important.

Values and being valuable and a person, as well

Pezdek and Doliński [21] raise the matter of disability in the axiological context where values create a system which indicates significant spheres of life. It happens because “values may assume a form of objects, ideas, motivations, purposes, physical and mental states, etc.” [21]. It involves the systems of subjective rather than objective values. It means that they are considered in the context of a person, group, institution, society rather than system properties, i.e. the subjective side [21]. The authors write that it is undoubtful that functioning of disabled people “is determined by the system of values which constitutes a plane to determine needs, choices, assessments or purposes” [21]. And therefore, they can be values related to a form of spirituality, even though in the case of mentally ill people, if we talk about values, it may often mean not only certain purposes, but also self-esteem, their own dignity.

If we talk about the role and meaning of a value as a sense of one's dignity, a question appears whether and when disability deprives a person of being themselves? Pezdek and Doliński [21] quote a definition of a person according to Peter Singer which highlights that a secular definition is different than religious understanding. “In secular concepts a person is a man who is rational, conscious and autonomous” [22, 23]. Therefore, infants and adults suffering from permanent disturbances of consciousness are not people [21]. Mental illnesses, not mental disorders which are definitely more frequent than illnesses, mean that patients experience various disturbances of consciousness. A question appears whether mentally ill patients can be considered according to this definition to be people? The answer is: they should, however it is not always the case. In this text I consistently use a term of person/people determining disabled individuals. I do this as I wish to highlight that disability is a deeply relational feature of human beings. Irmina does not feel disabled, but she feels ill as she is in hospital. However, the medicalization discourse indicates that Irmina is disabled as she suffers from disturbances of consciousness. The moment of being admitted to hospital in her diary is a turning point. Irmina believes that what happens to her is not mild depression which is treated as mental disorder, but as clinical depression which severely changes her perception of the world. Hospital is a place where she discovers and starts to acknowledge her illness. It results from the fact that the illness impairs her daily life, making it impossible. Does Irmina stop being a person? How to assess clearly that Irmina experiences disturbances of consciousness which disqualify her as a person? In her diary Irmina also considers her desubjectification. I write and I call this ‘desubjectification’ phenomenon as the disturbances of consciousness and assumptions who has the right to be a person indicate these kinds of processes. Desubjectification is an opposition of subjectification. Both these phenomenon occur in a psychiatric hospital as well as in our daily lives. Not only mentally ill people struggle be to a subject – and therefore, a person. Irmina writes:

“They look at me like at a case, even though they want me to say what I feel. What does a case in a psychiatric hospital feel? Or what does an ill case feel? There are interns here. They ask questions. I don't say anything to them. Fear. I feel a lot, but it is all bad. A bad life, as it is wormy and it is better not to open the plum. I like plums, but one might be afraid of the worm inside. And I do not know the worm inside me. It does not speak. It tears me from inside. So, if I say something

it may happen that no one will believe me that I am real. The plum will be disposed of. I talk about it a little, but only here. When I write. Fear. I try to be normal at the therapist's. How is it possible that they can see that there is something wrong? Is it the fact that I am being torn inside, that I must cut myself, even though I am not a teenager who does it to show off. Fucking fear. They check how I look. I do not have anything sharp anyway. But recently I have cut my arm with a stone. A blunt stone. Blunt. A nurse slapped me, she punished me her eyes filled with pity and sanitizing the wound, she said that it is my own fault and now it should burn a lot. She sprayed it. I felt stupid. I am ashamed of myself, but I calmed down a little. I directed my fear to my wound (29-05-2012, Tuesday, at 14:50)”.

It is a fragment accompanied by fear. Sometimes it is so strong that consciousness is disturbed. Additionally, there are creative symptoms which involve seeing various creations which increase confusion. Irmina writes about it on subsequent pages of her diary. Does Irmina stop being herself when she experiences disturbances of consciousness? Maybe it happens if we consider the fact that she loses the ability to consciously see the situation and she is subject to creative symptoms. As I mentioned before, broadly understood ability and experience of dealing with one's own life constitute an important element of not being defined as a disabled person. On the other hand, did Virginia Woolf, Vincent Van Gogh or James Joyce stop to be people? How about Irmina who like other patients tries to live in society as we can see in the quoted fragments. She writes a lot about the fact that she has troubles with standards as she does not understand her own motifs and therefore she hides this worm in the plum very deep. She is afraid that someone will dispose of her because of it and what we know about the worm is that it is bad.

Summary

In order to show intersectionality and relationality of disability, I used Irmina's example who despite being mentally ill and perceived that way does not consider herself to be disabled. I chose the fragment of her diary written at the institution of psychiatric hospital which concerns experiencing the illness as experiencing disability because it is time of biographic suspension, a kind of pause from external daily life in a closed place of seclusion. The first important conclusion concerns the fact that mentally ill people frequently do not see themselves as disabled, but rather as desubjectified by their illness which does not allow them to be reliable for other people and causes imposed loneliness. Thus, disability is constructed in various ways and it is not necessarily called disability. Disability is a process of labelling which penetrates biographies of people as a trajectory for many years or even their entire life. It is also a process of becoming conscious of one's identity, as symptoms of disability impact how we construct knowledge about ourselves. It can be seen in the fragments of the diary where Irmina tries to overcome the illness. In her diary, she describes reality as if she explains who she is, how she lives, how she breathes, how she meets people, how she fulfills her needs. Irmina builds relationships with others, subjecting them to reflections, also in writing, and therefore her experience means that disturbances of consciousness do not disqualify her as a person.

Irmina's diary also constitutes a very good example of overlapping of biopower and construction of hurt identity which we can grasp only by an in-depth analysis of detailed cases. The purpose is also to show people from their direct surroundings, including physiotherapists and guardians that some mentally ill people cannot be treated statistically. Some

common features, e.g. features of behavior, can be noticed, however it is not the most important element. Each depression, schizophrenia, bipolar disorder or personality disorder has its own individual nature rooted in group stories (family, friends, neighbors). Often depression occurs in conjunction with back injuries or inability to walk and other diseases. It occurs in the case of cancer, which is spoken of by the Amazons. Depression can be a reaction to a life trajectory which is difficult to overcome and which builds hurt identity of sick patients. For the areas of physiotherapeutic knowledge, the process of communicating/understanding the patient suffering from depression is important regardless of whether they define themselves as such or not. In such direct contact, it is not only about efficient application of specialized theoretical and practical knowledge (e.g. medical), but also about communication skills, negotiation skills and skills which allow physiotherapists to better understand not only how the patient's body functions, but also what is the biographic situation of the body (socialized body). Each person who appears in the intimate surrounding of the patient even for a short period becomes an important element of their world (*Lebenswelt*). In this world, the patient and the physiotherapist must find existential justifications so that rehabilitation is without conflict, not to mention so that it is completed with a mutual sense of success. Consequences of such a sense are rooted in linguistic practices with an institutional [24] and media [25] nature. Success will be experienced by both partners of the rehabilitation process if they achieve the state of mutual trust

indicated by "an agreement between individuals not to undermine authenticity of features which appear on the common field/area" [5].

Irmina's example also shows that sexuality, and therefore gender, sexual orientation, sexual desires are one of the cruelest factors of oppression. Discrimination concerning professional or educational relationships is something different. Sexuality, as mentioned by Barnes and Mercer [6], is frequently a silenced area among disabled people and a strong source of stress as "unexpressed desires". The analysis quoted by the researchers highlight that sexuality of the disabled constitutes an area which "provides proofs to underestimate problems of «sexuality, human relationships and patients' own identity»" [6]. Therefore, disability is a desubjectifying factor, i.e. depriving the right to be a person. On the other hand, there is a question what being a healthy person means. Because sometimes even people suffering from schizophrenia, but remaining in remission, are considered to be healthy. Therefore, a theoretical as well as a practical challenge is that the scientific, common and media discourse about disability does not stigmatize and commemorate inequality as each of us has physical and mental barriers in a way. A huge value of features related to some types of disability is in the fact that they constitute positive points of reference and areas of similarities of experienced ability. In such areas, we should seek existential and methodological arguments to co-experience daily life (e.g. related to physical or sports activity [26]) of people with various scopes of control of their body [5, 16].

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Submitted: VII 2016

Accepted: VIII 2016