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## Introduction

Disabled people of working age are more likely than non-disabled people to become self-employed (Pagán 2009, Boylan and Burchardt 2002).<sup>1</sup> Yet they are a “forgotten minority” in entrepreneurship research. It has been argued that the dominant perceptions of disability and its association with welfare support reinforce the view that disabled people are not suitable for business (Cooney 2008).

The focus here is on entrepreneurial identity and disability. First, how do business owners with impairments negotiate their entrepreneurial identity?<sup>2</sup> *Identity negotiation*, according to Swann (2005), is how 'perceivers' and 'targets' interactively agree on the identity of the target. Perceivers label targets with a particular identity, but targets are not always passive receivers and can actively resist the label. Second, how do business owners with impairments construct their entrepreneurial self-identity? Entrepreneurial identity is formed when the owner-managers of a firm “see and talk of themselves as entrepreneurs” (Down and Reveley 2004: 234). The aim is to capture the stories of entrepreneurs, of their transition into self-employment, and their embodied experience of starting and running a business. I explore whether and how *the body*, and *the impaired body*, affects the matter.

The study contributes by exploring the link between entrepreneurship and disability - conceptualising entrepreneurship as a social as well as an embodied practice - and the role of the body in the construction of entrepreneurial identity.

## Theoretical framework

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1 People under state pension age (men aged 16 to 64 and women aged 16 to 59) (Barrett 2010)

2 An entrepreneur is defined broadly as a self-employed individual or a business owner. The terms are used interchangeably.

***Self-identity***

Identity is often understood to be a fixed category, such as race or gender, and is viewed as biologically given and unchanging. Somers (1994) says that identities emerge in the social context and are socially produced, constructed, and reconstructed, rather than fixed. She suggests that using narrative in studies of identity can help us avoid “categorical stability in action” (1994: 621). Allowing informants to tell stories about who they are, and how they construct their identities, one can avoid making presumptions about how individuals are likely to act, based on their social identity.

*Self-identity* is one's consciousness of their identity. It is “the self as reflexively understood by the person in terms of her or his biography” (Giddens 1991: 53). What is more, Giddens (1991: 56) recognises that *the self is embodied*. The 'body' is increasingly important in shaping one's sense of self-identity (Shilling 2003: 4). The approach adopted here is to recognise that although identities are shaped by the external world, they arise at first from biological characteristics. The aim is to emphasise the role of the body in the construction of identity of business owners with impairments.

***Embodiment and self-identity***

There are two extreme positions on what constitutes the body. For positivists, the body is a pre-social entity with a biological basis. The social, political and economic relations are determined by our biological bodies. For instance, gender inequalities are understood to be a result of women's bodies. The radical constructionist position, on the other hand, views the body as a socially constructed phenomenon, suggesting that bodies are produced and can be constrained or enabled by society (Shilling 2003). Both traditions are important to our understanding of the body, but they are inevitably dualistic. Equating identity with a biologically stable body, the positivist fails to recognise the social forces that shape individual identity. The constructivist is preoccupied with the body as a social product, but downplays the body as the basis from which identities arise (Shilling 2003).

The phenomenological tradition goes a step further by focusing on the body as an object of inquiry in its own right while rejecting the mind/body dualism. It posits that “who I am cannot be separated from how I am embodied” (Turner 2001: 254). The phenomenological

idea of *embodiment* frames a body and a self as a single entity. Embodiment is defined as “the lived experience of the sensual or subjective body” (Turner 2001: 260). Turner explores the idea of the embodied self and its relevance to disability. He argues that disability is significant for our sense of self because “who we are is necessarily constituted by our embodiment” (Turner 2001: 258). For instance, while many disabled people do not identify themselves as disabled (Watson 2002), interactions with employers and employment agencies significantly influence the construction of disability identities (Brown et al 2009).

The idea of embodiment provides a framework for bridging the study of entrepreneurial identity and disability. In the field of entrepreneurship, identity usually takes a disembodied form. One may talk about a female entrepreneur, but there is no further elaboration of what it means. Though it is a social category different from that of a male entrepreneur, there is no mention of the lived body experiences of entrepreneurship. There is little sense of the diversity of bodies, the diversity of impairments, or lived experiences of impairment in studies of entrepreneurial identity.

### ***Disability and impairment***

Prior to the work of Mike Oliver (1990) who coined the phrase *the social model of disability*, the concept of 'disability' was firmly embedded in medicine and social care. Its meaning was either synonymous with 'impairment', or, referred to “restrictions of activity *caused by impairment*” (Thomas 2004: 21; original italics). The social model draws a distinction between *impairment* (physical limitation of the body) and *disability* (social exclusion) (Shakespeare 2006). Hence, a person with impairment may experience disability by being socially excluded or discriminated against.

Although the social model is a powerful tool for the emancipation of disabled people, it has weaknesses. The very distinction between *impairment* (medical) and *disability* (social) creates a dichotomy of the bodily experience and the social experience. Yet in practice it is difficult to make such a clear distinction (Shakespeare 2006). It assumes that disabled people are an oppressed group and that society does all the disabling. The experience of impairment, as an important aspect in the lives of disabled people, becomes neglected (Shakespeare 2006). *Impairment* is understood purely as a biological entity and the subject

of medical science, stripped of its social meaning and “separate from the self” (Hughes 2002: 67).

Hughes (2002: 66) proposes an alternative to the dualistic view of disability, suggesting that “impairment is social and disability embodied”. Seeing impairment as a social entity is to recognise for instance that “the body is the site of oppression”, or to explore “the cultural responses to impairment” (ibid: 68 and 69). That impairment *is* socially produced, constructed and re-constructed is evident in the effects of war or industrial accidents on the body (Thomas 2004: 24). Disability, on the other hand, is embodied. Exclusion from physical and social spaces is a bodily *as well as* a social experience (Hughes 2002: 71). For example, using a transport system that was designed with able bodied people in mind, one is aware of the barriers in space *as well as* of the bodily limitations and differences with other people, and the actual bodily effort made to overcome the barriers.

## **Methodology**

### ***Data collection***

I adopt a narrative approach to capture the stories of business owners. Essentially, storytelling is a construction of identity, enabling people to articulate to others, and to themselves, who they are (Johansson 2004). The entrepreneurs with impairments will be approached first as entrepreneurs, leaving it up to the individual informants to tell their accounts of entrepreneurship as they see it, without having “the other” identity (Hytti 2005) (e.g. disability) enforced on them. Yet it may be difficult to maintain such an approach while exploring participants’ embodied experience of entrepreneurship and the role of the body in the construction of self-identity. To avoid leading the interviewees, they will be asked to elaborate on events mentioned in the interview and draw upon these as vehicles for understanding the link between body and entrepreneurship. Polkinghorne (1995: 13) suggests that the interviewer can “solicit stories by simply asking the interviewee to tell how something happened”. Asking open ended questions, such as the *how* and the *why* questions about the actions taken or events that occurred will automatically generate stories.

### ***Sampling method***

I will invite a group of 40 business owners with a range of physical impairments to participate in the study. The rationale is to emphasise the corporeality of the body and its role in the interactions with customers, suppliers and other stakeholders. The business owners will be approached through disability organisations providing employment and business start-up support. I will use snowball sampling to overcome low response rate.

### **Data analysis**

Conducting the *analysis of narrative*, I will look for themes and patterns that emerge from stories and produce some common elements (Eriksson and Kovalainen 2008). A researcher can either look for concepts from known theories to see if they occur in the data, or can inductively derive new concepts from the data (Polkinghorne 1995: 13). Although the theme of embodiment will be important, new themes may also arise. The data will be analysed using NVivo software.

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