
ARTICLES IN ENGLISH

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SUBJECTIVE WELL-BEING AND DISABILITY IN RUSSIA: THE TEST OF THE SOCIAL MODEL

Prior research has indicated severe discrepancies in the levels of subjective well-being between people with and without disabilities. Given the Russian Government ratified the Convention on the Rights of People with Disabilities and thus committed itself to ensuring equal opportunities for citizens with disabilities, it is important to understand how those discrepancies can be explained and addressed. This study seeks to test whether it is the disability itself that hinders subjective well-being of disabled persons in Russia, or rather the social and economic consequences of ableist inequity, as the social model of disability would suggest. For this purpose, a series of multiple regression models was designed using data from the Russia Longitudinal Monitoring Survey (RLMS-HSE) which included the following blocks of independent variables: disability status, demographic background (gender, age, level of education, and marital status), economic position (relative income, purchasing power, and workforce participation) and social exclusion (loneliness, respect, and online networking). The findings indicate that the differences in subjective well-being are fully absorbed by social exclusion and financial situation rather than disability status. Thus, it can be argued that more attention should be paid by Russian policymakers to the promotion of social inclusion, combating stigma and raising public awareness on the topic, as well as employment strategies for people with disabilities that could provide them with an opportunity to improve their financial position, which should replace charitable interventions.

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Introduction

In ratifying the UN Convention on the Rights of People with Disabilities, Russia took an important step towards the elimination of barriers for people with disabilities. Since then, the Russian government has devoted keen attention to adjusting its policy on disability to better meet the needs of the group in question and to ensure a decent quality of life for them. Quality of life can be assessed in a number of ways, with subjective well-being the most commonly used indicator in public policy studies (Diener et al. 2009). The general notion is that people with disability should score lower on this indicator, and, as cross-cultural research on subjective well-being in vulnerable groups has shown, this assumption is not unfounded. Studies suggest that gaps between people with and without disability in regard to both 'emotional well-being' and 'life satisfaction' – components of subjective well-being – are ubiquitous (van Santvoort 2009), with Russia showing one of the highest discrepancies among European countries (van Campen, van Santvoort 2013).

While one interpretation of the observed inequality in subjective well-being between people with and without disability attributes this gap to the functional limitations of disability itself, the social model of disability suggests a different causal mechanism. The social model defined as a disadvantage and activity restriction of people with disabilities resulting from contemporary social organization (UPIAS 1975), highlights the role of social and economic barriers that act as the main cause of such disadvantage and calls for the removal of such barriers and anti-discrimination measures (Oliver, Sapey 2006; Oliver 2013). It stands in strong opposition to the individual model, which implies that disability is an individual tragedy or individual deficit which should be 'fixed' or 'cured.' When put in the context of subjective well-being, the social model reasoning boils down to the idea that 'people with disabilities are not emotionally distressed primarily by their bodily differences or functional limitations, but rather by the layers of social and economic disadvantage imposed on top of their impairments' (Green, Vice 2017: 227). This proposition has been confirmed in a number of studies (e.g. Green, Vice 2017; Savage et al. 2014; van Campen, van Santvoort 2013; van Santvoort 2009); however, its applicability to Russia remains insufficiently researched.

This research fills in this gap by addressing the following question: can the difference in subjective well-being between people with and without disabilities in Russia be attributed to discrepancies in their social and economic position? In other words is it the disability itself that hinders subjective well-being of disabled persons in Russia, or rather the social and economic consequences of

ableist inequity, as the social model of disability would suggest? Building on previous research on the topic, the following blocks of determinants of subjective well-being are included in regressions equations: disability status, demographic background (gender, age, level of education, and marital status), economic position (relative income, purchasing power, and work force participation) and social exclusion (loneliness, respect, and online networking). The analysis is based on the data collected from individuals living in Russia as part of the Russia Longitudinal Monitoring Survey (RLMS-HSE 2016), Wave 25. The findings can inform disability policy-making strategies in Russia to promote higher levels of happiness and life satisfaction in the group in question.

Disability in Russia

As a recent report on disability in Russia suggests, currently there are about 12.5 million adults with some degree of disability in the country (8% of the total population) and approximately 600,000 children diagnosed with a disability (Maleva 2017). According to the Law *On the Social Protection of Disabled People in the Russian Federation*, a disabled person 'has a health condition characterized by the permanent disorder of bodily functions caused by diseases, consequences of injuries or defects, leading to the restriction of activity and causing the necessity of their social protection' (Federal Law 1995). In 2012, Russia ratified the United Nations Convention on the Rights of People with Disabilities. According to this treaty, the state must ensure equality and absence of discrimination against people with disabilities. This has resulted in a number of legislative measures, such as changes in a number of federal and regional laws. According to the latest presentation of the report on the implementation of the Convention in Russia to the United Nations Committee on the Rights of Persons with Disabilities (OHCHR 2018), the main areas of concern included guiding administrative regulations and the delivery of municipal services, improving access to buildings and goods, and vehicle production. It was asserted that the State did its best to create conditions for independence among individuals with disabilities, with a focus on providing assistance, access to information and affording ground for independent mobility. Yet, in spite of these public statements, according to independent research, 63% of individuals with a disability living in Russia considered these measures insufficient to ensure their well-being (Maleva 2017).

Looking for an explanation, one can turn to Tarasenko's (2004) claim which still remains relevant: Russian social policy regarding people with a disability is rather 'provisional' in nature and accentuates differences instead of promoting equality of opportunities. Moreover, even when the rights and benefits for the group in question are formally declared, the mechanisms for their practical implementation and regulation are often underdeveloped (Fröhlich 2012; Tarasenko 2004). Hence the documented lack of consensus in terms of the

standards, purpose and content of social support at the local level and patronizing attitudes towards people with disabilities on the part of social workers (Romanov, Iarskaia-Smirnova 2008). This reluctance to employ global practices in eliminating social and economic barriers in order to ensure higher subjective well-being among people with disabilities may well stem from the belief that such practices are of no use in the Russian context. However, the present analysis provides grounds for thinking otherwise.

Subjective well-being and its determinants

Subjective well-being is one of the most widely used indicators for quality of life in policy research (Diener et al. 2009). It is the measure of whether one lives a 'good life' based on subjects' own experiences, i. e. cognitive and affective reactions to events in life. It includes such factors as happiness and life-satisfaction, where the former is the emotional and the latter the cognitive component of subjective well-being. While happiness is understood as the overall emotional well-being of a person, life-satisfaction is an individual's positive evaluation of their life (Diener, Suh 1997). Subjective well-being has received a lot of attention, with social scientists attempting to determine the causes of happiness and satisfaction. The potential candidates on the micro level may include personal and socially developed characteristics, attitudes and beliefs, social interactions, while on the macro level the economic, social and political environments are considered.

Disability has been repeatedly found to be negatively associated with subjective well-being; in other words, people with a disability, on average, report lower levels of happiness and life-satisfaction than non-disabled people (Freedman et al. 2012; Green, Vice 2017; van Campen, van Santvoort 2013; van Santvoort 2009). In his happiness research, Edward Diener (2000) chooses this gap, which is especially pronounced for individuals with multiple handicaps, as an example of the circumstances that strongly undermine subjective well-being and to which people do not completely adapt even after many years. However, one must be very cautious in establishing any direct causal relationship in this respect, since the link between disability and subjective well-being may prove to be spurious, as the social model of disability would suggest.

To begin with, inequality in levels of subjective well-being in people with disabilities, as in other groups, is often linked to certain demographic characteristics, although the results are rather contradictory. Thus, while Marcel W.M. Post et al. (1998) in their study of individuals with a spinal cord injury reported that younger age and being married are related to higher life satisfaction, J. Scot Osberg et al. (1987), who conducted research on elderly persons with severe disabilities, showed that older males rate higher on subjective well-being than younger ones and that positive marital status has but a slight positive effect and only among men. John D. Corrigan et al. (2001)

concluded that neither age nor marital status was associated with the subjective well-being of persons with a traumatic brain injury. Post et al. (1998) also find a bivariate association between educational level and subjective well-being, although this did not stand the test of path analysis, suggesting that more years of education do not lead to higher life satisfaction and happiness, at least in individuals with a spinal cord injury. Clearly, the inconclusive results may be due to a variety of factors ranging from the type of disability to the stage in life when the disability was acquired to different regional contexts. Yet, demographic characteristics constitute necessary controls to be used in the models of subjective well-being for people with disabilities.

There is more consensus among researchers in respect to the causal effect of economic factors. Poverty is one of the first challenges that arises in a discussion of the disadvantaged position of people with a disability. The mediating effect of poverty on the subjective well-being in the group is well documented (Osberg et al. 1987; Kinney, Coyle 1992; Schmidt, Danziger 2012). Sara E. Green and Brianna Vice (2017) posit that disability is costly for an individual, regarding the expenses for special equipment, medication, caregiver and medical services, which puts a strain on a person with a disability and may lead to lower happiness and life satisfaction. However, it can hardly be argued that poverty in the group in question arises solely due to their higher expenses. As UPIAS proclaimed in their *Fundamental Principles of Disability: The particular form of poverty principally associated with physical impairment is caused by our exclusion from the ability to earn an income on a par with our able-bodied peers, due to the way employment is organized. This exclusion is linked with our exclusion from participating in the social activities and provisions that make general employment possible* (UPIAS 1975: 15).

Indeed, there is evidence of the underrepresentation of people with a disability in the labour force both in Russia and elsewhere (Green, Vice 2017; Mалева 2017) and of a positive relation between employment and subjective well-being in the group in question (Corrigan et al. 2001; Kinney, Coyle 1992).

In this way, the social model of disability implies that people with a disability are systematically excluded from community participation; strictly speaking, within this model, disability equals social exclusion. While social exclusion may manifest itself in a variety of forms, in this research the focus is on the lack of sufficient and satisfying day-to-day social interactions and respect, which persons with a disability often face. Vanessa Burholt et al. (2017) hold that negative public attitudes and stigma complicate access to social resources for this group, which, in turn, causes a feeling of loneliness. Social support and integration, conversely, are found to correlate with a positive mood and life satisfaction in individuals with a disability, for instance a spinal cord injury or a traumatic brain injury (Fuhrer et al. 1992; Corrigan et al. 2001; Müller et al. 2012). Post et al. (1998) argued that social functioning that includes social interaction is the strongest predictor of subjective well-being in their model.

Thus, theoretical propositions and empirical findings provide a reason to suggest that social and economic factors and not physical or mental impairments as such should explain why persons with a disability are, on average, less happy and satisfied with their lives than non-disabled individuals. In other words, we may expect that after controlling for demographic, economic and social characteristics, the negative relationship between subjective well-being and disability should disappear. The following sections will put this hypothesis to the test.

Data and Method

The present research is based on the data from the RLMS – Higher School of Economics, Wave 25 (RLMS-HSE 2016). It is a series of comprehensive annual surveys of individuals and households conducted to monitor the health and economic welfare of Russian citizens. It constitutes the only long-term nationally representative source of this kind, providing both panel and cross-sectional data via repeated samples with a split panel design since 1992. It should be noted, however, that RLMS is plagued with the same drawbacks as any large survey when it comes to its use for disability research. To be exact, it is likely to skip a significant portion of the population of people with disabilities, specifically, those who are living in institutions, as well as significantly disabled individuals, who do not meet the legal requirements of official disability status and people with severe cognitive impairments.

Since the main research interest is in the current state of affairs, individual-level data of the most recent round of the series, Wave 25 (2016), was used for analysis. The overall number of respondents for this round is 12,554, from which 1,180 respondents are ascribed to some disability group. Thus, the share of individuals with a disability in RLMS-HSE (8%) coincides with the estimates from previous studies (Maleva 2017). Analysis was performed using the responses of those individuals who had answered the questions about their disability status and those measuring happiness and life satisfaction, which reduced the sample to 9,178 non-disabled respondents and 1,090 respondents with a disability. Respondents with a disability, on average, were older, more often women and less often employed, even though the percentage of those who have completed higher education in this group is just slightly lower than among non-disabled respondents (see Table 1). The lower employment rate in respondents with a disability could be partly attributed to the higher mean age in the group; however, the age-adjusted rate, that is the average across the age-specific labour force participation rates, remains at 11%, indicating that it is not the case.

Before analysis is performed, it is necessary to find out whether the gap in subjective well-being between people with disabilities and without them indicated in previous research exists in Russia. For this purpose, the mean levels of subjective well-being are compared between the two groups using independent samples t test to assess statistical significance of the difference. Further, a model

of subjective well-being is specified, drawing on the reviewed literature with inevitable constraints determined by the availability of survey items in RLMS-HSE (2016). The model assumes that the main determinants of subjective well-being in people with disabilities are disability status, demographic background, economic position, and social exclusion detailed below.

Subjective well-being is the dependent variable in the model. As it has been discussed above, it typically includes two components, namely happiness and life-satisfaction; therefore a composite measure of subjective well-being is needed. Following previous studies (Inglehart et al. 2008), each individual's responses to the questions 'Are you happy?' and 'How satisfied are you with your life as a whole at the moment' were combined to produce a subjective well-being index. Both concepts were measured on a scale from 1 (absolutely happy/satisfied) to 5 (absolutely unhappy/dissatisfied). The scales were reversed and equal weights were given to each variable, resulting in the following arrangement: subjective well-being = 0.5 life satisfaction x 0.5 happiness. The results for the index ranged from 1 to 5 with intermediate fractions. In this way, the person with the highest subjective well-being would obtain 5 on the scale, with the lowest level being represented by 1.

Table 1

Summary statistics for persons with and without disabilities

<i>Variables</i>	<i>Persons with disability (N=1 090)</i>	<i>Persons without disability (N=9 178)</i>
Mean subjective well-being (1=low; 5=high)	2.90	3.34
Mean age	65	41
Female	0.62	0.52
Married	0.43	0.50
Higher education	0.22	0.26
Mean relative income (low=1; high=5)	3.95	4.21
Mean purchasing power (low=1; high=4)	1.23	1.40
Employed	0.11	0.53
Lonely	0.27	0.11
Mean perceived respect (low=1; high=9)	6.07	6.09
Networking Online	0.78	0.84

Note: The table reports group mean scores and proportions for dependent and independent variables.

The suggested predictors of subjective well-being were grouped into four categories: disability status, demographic background, economic position, and social exclusion. The disability status was assigned to respondents with the question: 'Are you ascribed to any disability group?'; the answers included 'Yes', 'No', 'Child with disability', 'Completing documents'. For the purposes of the study only those who chose the first two options were selected, which resulted in a binary variable where '1' indicates a person with disability and '0' a non-disabled person. The official classification of the severity of disability accepted in the Russian Federation includes three categories, with the first category indicating the highest degree of impairment. In this way, unlike some previous studies on the topic (e.g. van Campen, van Santvoort 2013; Green, Vice 2017; van Santvoort 2009), the measure of the severity of disability is based not on a self-assessed state of health but on an ascription to a disability group.

The demographic block included age, gender ('Male', 'Female'), level of education (with the lowest (1)'0–6 grades' and the highest (6)'Complete higher education or above') and marital status. The latter was measured with the question 'Are you officially married?'; the response categories were (1)'Never been married', (2)'Married for the first time', (3)'Remarried', (4)'Divorced', (5)'Widowed', (6)'Married but living separately'. Participants who answered (2) or (3) were given scores of '1' and the others were coded '0'.

The economic position comprised the respondents' income and employment status. The choice of measurement items for income was determined by the absence of the direct question on the topic in the individual RLMS-HSE questionnaire. The data on the individual's purchasing power and perceived relative income were put to use to make up for this missing information. Purchasing power was determined using the following three questions: 'Do you or your family have an opportunity, if you wish so, to (1) improve your living conditions by buying a room, apartment or house/ (2) save up for a major purchase (a car or summer house)/ (3) afford a trip abroad with all your family?'. A four-point scale was used, with 1 indicating a person who can afford none of these, and 4– all of these. Perceived relative income was measured by asking the respondent to locate themselves on a ten-step ladder of income, with 10 indicating the richest. Finally, labour force participation was measured with one single question: 'What is your current occupation?'. The answers including non-employment, maternity and other paid or unpaid leaves were collapsed into a dummy variable with 0 marking the absence and 1 the presence of employment at the moment.

Finally, the social exclusion block included loneliness ('Do you feel lonely?' with responses (1)'Almost always', (2)'Often', (3)'Seldom', (4)'Almost never'), perceived respect (locating oneself on a 9-step ladder where '9' indicates the most respected) and networking online ('In the last twelve months, have you used the Internet for communication purposes?' with responses 'Yes' and 'No'). The original four-point scale for loneliness was substituted with

a binary where '0' indicates that the respondent rarely or never feels lonely and '1' that they do feel lonely often or always.

Further, independent variables were successively entered in a series of regression models. Firstly, only disability status was regressed on the measure of subjective well-being. In the second model the demographic variables were added, in the third the economic position, and in the fourth social exclusion. This results in an analysis with four successive models. In each model, the impact of the determinants entered in that block is analysed as additional to the impact of variables already present in the previous one to find out whether they can explain the gap in subjective well-being. In other words, if the effect of disability becomes insignificant in the model, the hypothesis that people with disabilities are less happy and satisfied than non-disabled individuals due to socio-economic disadvantages and not due to disability itself can be confirmed.

Results

To begin with, the findings confirm the previously observed gap in subjective well-being between people with and without a disability (van Campen, van Santvoort 2013; van Santvoort 2009), with the former scoring significantly lower on the variable of interest ($M=2.90$ vs $M=3.34$; $t(10, 266) = 16.1$; $p < 0.001$). Turning to the analysis of the determinants of subjective well-being, the first model (Model 1), which contained only disability status again revealed its significant influence on the dependent variable, but explained only 2.5% of the variance. The predictor stayed significant in Model 2, when demographic factors are included; however, the standardized coefficient value of the effect of disability on subjective well-being dropped significantly. Variables describing the economic position entered in Model 3 reduced the coefficient even more so that it constitutes but just above one third of its original value. Finally, in Model 4, the addition of loneliness, respect and online networking changed the situation drastically by rendering the disability status insignificant.

That is to say, the negative relationship between an individual's disability and subjective well-being is completely absorbed by socio-demographic and social exclusion factors. The most significant predictors of subjective well-being in Russia, as can be concluded from the final model, are age, income and social exclusion. Overall, Model 4 explains only 25% of the overall variance, indicating that there are many other factors influencing the happiness and life satisfaction of the Russian population, and yet those listed are sufficient to conclude that disability itself is not the reason for the observed lower scores on subjective well-being in the group of interest. The estimation results for all the models can be found in Table 2.

According to the central results, inequality in subjective well-being between non-disabled people and persons with a disability are explained not by an individual's disability status but by structural disadvantages. In this way,

the findings serve to support the social model of disability (Oliver 2013; Oliver, Sapey 2006), and, hence, point to the possibility of improving the below-average subjective well-being of people with a disability via the social policy adjustment that it calls for.

Table 2

Determinants of subjective well-being in Russia

<i>Subjective Well-being</i>				
	(1)	(2)	(3)	(4)
Disability Status	-0.158***	-0.073***	-0.061***	-0.023
Age		-0.223***	-0.181***	-0.237***
Female		-0.011	-0.003	0.003
Married		0.139***	0.118***	0.099***
Education		0.067***	0.001	-0.011
Relative Income			0.282***	0.193***
Purchasing Power			0.194***	0.161***
Job			-0.019*	-0.059***
Loneliness				-0.245***
Respect				0.177***
Networking Online				0.018
Observations	10,268	8,308	8,308	5,120
Adjusted R ²	0.03	0.09	0.22	0.252

Note: Entries are standardized regression coefficients. Test statistics of normality (Shapiro–Wilk test), heteroscedasticity (Breusch–Pagan test) and multicollinearity (variance inflation factors) reveal no violation of ordinary least squares (OLS) assumptions. Significance levels: * $p < .1$. ** $p < .05$. *** $p < .01$ (two-tailed)

Discussion

This research shows that despite widespread ableist stereotypes, people with disabilities are capable of living happy lives. Even though there is evidence for significantly lower levels of self-reported happiness and life satisfaction among people with and without disability in Russia, this relationship is fully mediated by social exclusion and economic need, which, according to the social model, are frequently the outcome of discriminatory attitudes toward people with disabilities.

The problem of financial disadvantages in the group in question is well known and is tackled through disability pensions, benefits, services and charitable donations. However, the social model argues that these measures are inadequate since they force persons with a disability into the role of 'tragic victims' (Oliver 2013: 1026), and mandates instead the removal of social and infrastructural barriers that prevent them from improving their economic position through employment and full social participation. Indeed, in a recent report on disability and the social position of people with disabilities in Russia (Maleva 2017), 16% of unemployed people with disabilities reported that they would return to the labour market if given such an opportunity. Therefore, employment and inclusive strategies for people with disabilities should be given more weight, articulated in more detail and better monitored.

Importantly, the social model does not encourage persons with a disability to assimilate and conform in order to fit in society; it claims that the barriers they face are the product of a specific social structure and, hence, holds society responsible for accommodating people with a disability. In this way, disability policy measures should, in the first place, combat negative attitudes towards the group in question and improve their confidence and self-esteem to ensure equal participation in all types of social activities.

There exist a number of NGOs in the Russian third sector which already perform some of these functions by providing job search assistance and conducting seminars and inclusive events for people with disabilities, on the one hand, and raising public awareness on the topic and combatting stigma, on the other. Given the potential for cooperative relations between the Russian state and civil society in the field of social inclusion and the representation of vulnerable groups' interests (Fröhlich 2012), the current study implies that the third sector initiative should be supported and their country-specific experience should be considered when developing state projects and programs. Further, given the negative effect of age on subjective well-being (see Table 2) and the above-average age of the group with a disability (see Table 1), it is critical to ensure that the challenges that the adult population – and not only children with disabilities – faces are on the agenda.

It should be noted that the social model of disability has been subjected to criticism for its lack of consideration for disabilities and heterogeneity within the group (Oliver 2013; Shakespeare 2006). It is not the intention here to claim that the pain and discomfort often associated with disability have no effect on happiness and life satisfaction in the group; however, our analysis shows that socio-economic differences may explain the gap in subjective well-being. Further, Mike Oliver (2013) states that the social model has never intended to serve as an overarching theory, but rather is a tool to improve the lives of persons with a disability. In this way, it is understandable that it would not be able to account for the trends in groups with every type and degree of disability, yet it proves to be instrumental in highlighting the common forms of discrimination that persons with a disability

face. It also provides a base for a sense of collective identity instead of introducing divisions between more deserving and less deserving (Oliver 2013) or deserving and dependent (Rasell, Iarskaia-Smirnova 2013), as welfare systems often do.

There are a number of limitations to this study. Firstly, a rather concise measure of subjective well-being and the choice of analysed determinants are restricted by the RLMS-HSE (2016) open access data and are rather limited making it impossible, for instance, to account for personal resources such as vitality, optimism, or resilience, as it has been done in previous studies (van Campen, van Santvoort 2013). Neither does it allow to address the whole complexity of the concept of social exclusion. Given its importance for the topic, it would be highly desirable to obtain the data on other variables covering social and political integration, which are not available to the broader public. Further, the measures of income used in this study are subjective, while it would be valuable to obtain objective data on the item. Lastly, the cross-sectional design of the study does not allow to account for possible time changes in the relationships between our variables and the quantitative nature of it excludes the possibility of discovering alternative determinants of subjective well-being in people with a disability. Future researchers may address the dynamics in the trend by using panel data available in RLMS-HSE or qualitative methods to find out which other barriers may prevent people with disability from reaching higher levels of happiness and life satisfaction.

Acknowledgments

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List of abbreviations

OHCHR – Office of the United Nations High Commissioner for Human Rights
UPIAS – Union of the Physically Impaired Against Segregation

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