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DISABILITY, DIFFERENCE AND THE POLITICS OF DEFINITION

In this paper I will attempt to identify some of the key issues involved in a particular approach to the question of disability. It is a socio-political perspective, one in which the issues of rights, choices and participation are central concerns. A specific focus will be given to the form an extent of disabled assumptions, relations and practices and the ways in which these are generated, legitimated, challenged and changed.

I will endeavour to present the material in a way which will hopefully indicate the extensive learning curve I have experienced since I started working closely with some disabled people. It will also provide a means for the 'voice' of disabled people to be heard. Thus, I will draw on material from their writings, poetry and songs, to illustrate the powerfulness of their articulations and insights which we need to listen to and learn from.

Disability is a complex and contentious topic. It raises numerous serious issues many of which cannot possibly be examined in a single paper of this nature. I have thus been very selective in what I hope to cover and make no claims other than that this is a basic introduction to some of these issues. My hope is that it will raise questions, stimulate interest and encourage a more serious engagement with this crucially important topic. This will have both academic and personal implications.

In this paper I propose to first, examine and justify my own involvement in this area of human experience and study. Secondly, I will highlight the essential features of those dominant views of disability which have been translated into both official policy and practice as well as common-sense understandings. Thirdly, I will seek to portray alternative definitions which are part of a social theory of disability generated from the struggles of disabled people to achieve a positive identity in an essentially oppressive environment. Finally, I will offer some concluding thoughts.

Reflections and Justifications for my Interest in this Issue

All my academic life as a sociologist I have been increasingly concerned with questions of inequality, discrimination and disadvantage. This has stimulated a commitment to critical analysis and the struggle for developing policies and practices based on social justice, equity and human rights. Disability has increased in significance in my own work as I have become more aware of its role as a means of social differentiation in society. My commitment is also influenced by the failure of sociology and social science generally, to seriously engage with the question of disability. Thus in terms of research and theorizing the perspectives and interests of disabled people are largely invisible or misrepresented (DHS, 1992).

A further justification results from my being a school failure and experiencing the damaging effects of labeling on my identity and self-esteem. I have, as a result, a specific interest in how

oppressed and discriminated people struggle to develop a sense of self-worth and resistance based on an alternative set of values and interpretations.

Finally, my interest has been encouraged by disabled people themselves. For example, Colin Barnes (1993) in a discussion about the development of emancipatory research calls for a

... workable 'dialogue' between the research community and disabled people in order to facilitate the latter's empowerment. To do this researchers must learn to put their knowledge and skills at the disposal of disabled people. They do not have to have impairments themselves to do this. Indeed, over the last 10 years I have met many people with impairments who are unsympathetic to the notion of disability as social oppression and many able-bodied who are (p.122)

Or an article on 'How to be an ally – The Role of Non-Disabled People' Mason (1990) maintains that whilst disabled people do not want our "patronage, pity and sentimentality", they need our 'closeness, respect and co-operation' (p.78) This includes championing their rights, removing barriers and giving them back power we may not have had over their lives. Disabled people like other oppressed groups need allies. I am responding to these calls and in a small way attempting to identify and challenge, for example, those barriers to participation which disabled people experience daily. This involves giving significance to the 'voice' of disabled people.

Ideological, cultural and material barriers restrict the 'public' and 'private' lives of disabled people. The perspective of disabled people is therefore crucial in that it provides a means of identifying and understanding the ways in which oppressive conditions and relations are experienced. This includes, the pursuit of an identity and self-image based on pride and alternative values.

The notion of 'voice' implies the right of speaking and being represented. It is frequently used against a background of silence. Thus, in the case of disabled people, they have historically been ignored, devalued and represented in largely passive and negative terms. They are viewed as the 'other' or 'outsider'. The asymmetrical power-relations in which disabled people are placed means that 'significant others' have defined their identities and needs. These include able-bodied professionals.

My involvement, like those of other researchers working with oppressed groups, still leaves me with a series of ethical, moral tensions, dilemmas and anxieties (Sparkes, 1994). These relate to my position and responsibilities. My earlier thinking, like that of Sparkes, was constrained by a naïve and paternalistic notion of 'giving' voice to disabled people. This was both arrogant and irresponsible on my part. My position in relation to disabled people is to get close to their subjective reality and portray the complex and rich features of their experience and self-identity. This involves me a series of critical questions concerning my work.

- What right have I to undertake this work?
- What responsibilities arise from the privileges I have as a result of my social position?

- How can I use my knowledge and skills to challenge the forms of oppression disabled people experience and thereby help to empower them?
- Does my writing and speaking reproduce a system of domination or challenge that system?
- Have I shown respect to the disabled people I have worked with?

These constitute part of the unresolved issues I am struggling with. Yet, I am convinced, my failure to speak out against disabling images and oppressive conditions and relations signals consent to the prejudice and discrimination that generates in that silence (Griffin, 1992). To that I cannot consent.

In adopting this approach I am reminded of the insightful statement of Apple (1986) in his discussion of creating alternative perspectives to those informing current official policy in education. He maintains that:

The critical power of any social analysis does not arise from some alleged disinterestedness. This is often illusory in the first place. Rather it stems from the ability of such an investigation to help us pass judgement upon social realities that seem unjust (p. 180).

I have thus a strong interest in as close an affinity as possible with disabled people.

The issue of disability provides an opportunity for raising serious questions about the nature of the existing society and the kind of society we desire or hope for. Furthermore, it gives us a good example of the complex and contentious nature of discourse and practice. Such discourse is the subject of intense struggles in that participants often adhere to competing objectives and operate from within unequal power relations (Fulcher, 1989). Part of the struggle involves disputes over the meaning of 'disability'. The ideas surrounding this issue must not be viewed as natural or immutable. They are complex and contestable social constructions. As such, they need to be struggled over. This is a vitally important task, particularly, in a social context in which people's understandings, access to knowledge and opportunities are unevenly distributed. How we approach this activity, the interpretations we present will be influenced by the values we are committed to. Whose interpretation is seen as significant, with what consequences and why, must therefore, be the subject of critical scrutiny.

Both the grounds for, and the difficulties of, providing a socio-political analysis can, therefore, be summarized in the following way. First, the field has been dominated by a form of reductionism which gives a privileged status to individualistic explanations. Within-the-person factors are emphasized, and/or, an individual's disabilities or loss, thereby encouraging disability to be viewed as personal trouble and not a public issue (Mills, 1970). This has had the effect of de-politicising the issues involved. Secondly, given the restrictive nature of this perspective, attempts to introduce complex questions of class, race and gender, for example into the analysis, are seen by many as unhelpful and unnecessary. Finally, the strong tradition that professionals involved base their assessments on scientific procedures, or are caring,

patient and loving, make it difficult to raise questions about, the politics of definition, vested interests, low-expectations, patronizing over-protective practices and disablist labels.

Clearly, there is no room for complacency. The task is extremely demanding, urgent and exciting. I am attempting to play a very small part in this struggle.

Dominant Orthodoxy

How we relate to disabled people is influenced, for example, by our past experience of such encounters and the way in which we define 'disability'. Our definitions are crucial, in that, they may be part of, and further legitimate, disablist assumptions and discriminatory practices. Disabled people have been the recipients of a range of offensive responses by other people. These include horror, fear, anxiety, hostility, distrust, pity, over-protection and patronizing behaviour. Indeed, as one analyst has claimed:

Everytime a disabled person goes out into the street, he or she has in a sense to start from scratch: the looks, the avoidance, the awkwardness, the prejudice are all there, everytime. Dealing with these things positively time after time gets very wearing. (Coleridge, 1993, p. 37).

One of the dominant influences shaping both professional and common-sense definitions has been the medical model. This approach as Hahn (1985) notes: "...imposes a presumption of biological or physiological inferiority upon disabled persons" (p. 89). It emphasises individual loss or inabilities thereby contributing to a dependency model of disability. Labels such as, 'invalid', 'cripple', 'spastic', 'handicapped' and 'retarded' all imply a functional loss and a lack of worth. These disablist labels have particular significance in a society in which the values of production and economic worth shape social conditions and relations (Kennedy, 1983).

Labels influenced by medical concerns tend to legitimate individualised and negative views of disability, to the neglect of other perspectives, in particular, those of disabled people themselves. These disablist images are often reinforced through the promotion campaigns of charity-led organizations and individuals. For example, in the local sports centre near my home a picture of a young girl named Vikki was being displayed in the main foyer. Under the heading WEEK AWAY APPEAL there was the following statement:

Time is ticking away for this pretty little 8 year old local girl who, without use of her hands or legs, *faces a meaningless life in a wheelchair. We can save her from this fate* if, we can raise £10,000 to send her to the 'Peto' clinic, Budapest, Hungary.

If we go to our graves knowing that we have helped Vikki, and hopefully other kids like her *to walk and lead purposeful lives* that will do for us.

We must "Save These Children". (my emphasis).

Through such explicitly overt and more subtle means, negative and individualised conceptions are reinforced.

Having to challenge the offensive nature of such images has been powerfully captured in a poem by Johnny Crescendo, a disabled singer, entitled 'Where d'ya get that leg?' This poem is a reflection on a life-time's experience of engaging with able-bodied people's 'curiosity' over his own physical impairment:

Where d'ya get that leg?
Are you alright on the stairs? and
'Where d'ya get that leg?'
Why do you walk silly?
Oh by the way -Where d'ya get that leg?'
I don't mean to be personal son, but
Where d'ya get that leg?'
As it affected half your bum and
Where d'ya get that leg?'
Does it hurt, is it painful, do you wear it in bed?
What about Douglas Bader eh and
'Where d'ya get that leg?'
He's very brave if you ask me and
Where's he get that leg?
Does he take it off to pee and
Where's he get that leg?
I knew a man without a brain,
He spent his life in bed,
His parents were under quite a strain, and
Where's he get that leg?
Is it captain still, rather you than me,
Still you're okay I suppose,
Take a look at me.
No thanks.
I've got problems with my zips,
I've squeezed them 'til they're red,
We all have our cross to bear
And Where d'ya get that leg?'
I got it with some petrol -it was going free
I got it 'cos I never wipe my willie when I wee
I got it by accident, I got it through bad luck
Cos it was run over by a Yorkie bar
disguised as a truck.
I got it for Christmas, for mi' birthday,
for Halloween,
Which leg are you talking about,
I don't know what you mean.
It's a down payment on a robot,
It's a jock strap for mi' dick.
Where do you get your questions from

Because they really make me ***** sick!

The issue of offensive questions has been most vividly illustrated in an analysis of the assumptions informing an official interview schedule administered in a Government funded project. In September 1988 the Office of Population Censuses and Surveys (OPCS) published a report which included findings on various issues relating to disability. Here is an example of some of the questions which formed part of an interview schedule. An alternative set of questions informed by a social model of disability constructed by Oliver (1990) are also provided.

OPCS 1986 SURVEY

CAN YOU TELL ME WHAT IS WRONG WITH YOU?

WHAT COMPLAINT CAUSES YOUR DIFFICULTY IN HOLDING, GRIPPING OR TURNING THINGS?

ARE YOUR DIFFICULTIES IN UNDERSTANDING PEOPLE MAINLY DUE TO A HEARING PROBLEM?

DO YOU HAVE A SCAR, BLEMISH OR DEFORMITY WHICH LIMITS YOUR DAILY ACTIVITIES?

HAVE YOU ATTENDED A SPECIAL SCHOOL BECAUSE OF A LONG TERM HEALTH PROBLEM OR DISABILITY?

ALTERNATIVE QUESTIONS

CAN YOU TELL ME WHAT IS WRONG WITH SOCIETY?

WHAT DEFECTS IN THE DESIGN OF EVERYDAY EQUIPMENT LIKE JARS, BOTTLES AND TINS CAUSES YOU DIFFICULTY IN HOLDING, GRIPPING OR TURNING THEM?

ARE YOUR DIFFICULTIES IN UNDERSTANDING PEOPLE MAINLY DUE TO THEIR INABILITIES TO COMMUNICATE WITH YOU?

DO OTHER PEOPLE'S REACTIONS TO ANY SCAR, BLEMISH OR DEFORMITY YOU MAY HAVE, LIMIT YOUR DAILY ACTIVITIES?

HAVE YOU ATTENDED A SPECIAL SCHOOL BECAUSE OF YOUR EDUCATION AUTHORITY'S POLICY OF SENDING PEOPLE WITH YOUR HEALTH PROBLEM OR DISABILITY TO SUCH PLACES?

A disabled researcher has offered a critical analysis of this particular survey and maintains, that such questions need to be viewed as oppressive and offering support to an individualized view of disability. (Abberley, 1993).

Other criticisms of the medical model have been carefully documented in a book entitled, *Able Lives – Women’s Experience of Paralysis*. Individual accounts of experiences within a hospital situation provide support for the demand for serious changes to this form of professional involvement in the lives of disabled women. Their criticisms included, the failure of staff to take their views seriously, lack of opportunity to grieve without such expressions being interpreted as a lack of resolution or an inability to cope, the emphasis on competitive attitudes and little attention being given to personal and emotional factors (Morris, 1989).

Medical values and interpretations have, historically, contributed to a view which gives priority to impairments, physical and/or intellectual, as being the cause of disability (Mason and Reiser, 1990). In this brief attempt to highlight some of the unacceptable features of this approach, it must not be assumed that disabled people do not need, or see, at specific points in their lives, the necessity of medical support. What is being challenged, are the social conditions and relations in which such encounters take place, the enveloping of their identity in medical terms, the importance of their voice being heard and a much more effective participation in decisions which affect them. In other words, an identification and removal of disabilist assumptions and practices in this aspect of professional involvement in their lives.

A Social Model of Disability

In a discussion of changing definitions of difference in relation to the history contend that these definitions:

... have always been conceived by others, never are they the expression of a group of people finding their own identity, their own history (p. 13).

Rather than seeking an explanation in terms of an individual's inabilities they place the emphasis on the *power* of significant groups in defining the identity of others. In this instance, the outcome of such interventions by professionals has been one of disempowerment, marginalisation and dependency.

Recognising the importance and exploring the origins of differences in the lives of disabled people compared to the rest of the community, are thus, fundamental elements in a social theory of disability. Participation in society is contingent upon effectively challenging the physical and social

restrictions of an essentially hostile environment. Disability is thus, a social and political category in that it entails practices of regulation and struggles for choice, empowerment and rights (Oliver, 1989).

This approach provides a very different understanding of disability and entails an alternative set of assumptions, priorities and explanations, as Hann (1986), a disabled political analyst, clearly shows.

He maintains that:

... disability stems from the failure of a structured social environment to adjust to the needs and aspirations of citizens with disabilities *rather* than from the inability of a disabled individual to adapt to the demands of society (p. 128).

Being disabled involves experiencing discrimination, vulnerability and abusive assaults upon your self-identity and esteem.

Disability is thus a form of oppression which entails social restrictions, as Oliver (1990) has so powerfully argued:

All disabled people experience disability as social restriction, whether these restrictions occur as a consequence of inaccessible built environments, questionable notions of intelligence and social competence, the inability of the general public to use sign language, the lack of reading material in braille or hostile public attitudes to people with non-visible disabilities (p. xiv, Introduction).

This perspective challenges both professional and public perceptions of disability. It involves more than changes to access and resource issues. The struggle is with institutional discrimination and abuses of human rights (Barnes, 1992).

In an analysis of social policy in the past decade Glendinning (1991) argues that the case of disabled people has actually got worse in that:

The economic and social policies of the last decade have done little to enhance, and much to damage, the quality of life of disabled people. Despite the rhetoric of "protecting" the most "deserving", "vulnerable", or "needy", much of this "protection" has been illusory. (p. 16).

These events have culminated in a serious reduction in the degree of autonomy and choice of disabled people but an increase and intensification of "scrutiny and control by professionals and others" (. 16).

In a recent project concerned with examining the extent to which community care can promote independent living for disabled people, Morris (1993) interviewed disabled people all of whom required assistance in daily living tasks. Several consistent findings confirmed the sense of hopelessness and helplessness that disabled people experience when trying to get access to statutory services. These services were often not able to respond to particular or changing requirements of disabled people. The ideology of 'caring' for someone which underpins practice in the social and health services, predominantly means "taking responsibility for them, taking charge of them" (p. 38). This necessarily involves relations of dependence and an emphasis on "fitting the client to the service" (p. 20). These factors contributed. Too often statutory services were to a custodial notion of caring based on the assumption that "physical impairment is the barrier to asserting choice and control" (p. 42) rather than how it is responded to. Or in another research project Bewley and Glendinning (1993) explored how far disabled people are consulted about the preparation of Community Care Plans. The research included a survey of Community Care Plans in LEAs in England and Wales and detailed studies of a number of Authorities. The main findings included:

- Very little energy and resources have gone into the production of appropriate materials for people with learning difficulties.
- Disabled People and statutory officers often held quite different views about the 'success' and 'effectiveness' of local consultation arrangements.
- The tendency to assume that representations drawn from voluntary organizations are adequately able to represent the views of disabled people.
- Failure to recognize the unequal power relations between those who control the provision of services and disabled people for whom these services are essential to maintain their personal independence.
- Little opportunity for disabled people to define the issues relating to Community Care which they thought were important.
- Many disabled people gave examples of how they had been effectively excluded by the format of the meetings, the predominance of paperwork, technical terminology, professional jargon and the shared understandings of social services staff (Bewley & Glendinning, 1993).

Examples of such studies can be multiplied and disabled people, both individually and through their organizations, have been campaigning for a range of changes with such professional bodies. These include, demands for greater choice in the nature and amount of services provided, more control over allocations of resources especially in relation to independent

living and new forms of accountability of service providers to disabled people involving clear mechanisms for handling disagreements (Brisenden, 1986; Oliver and Hasler, 1987; and Oliver, 1988).

It is against the daily realities of discriminatory experiences that disabled people struggle for a positive self-identity, empowerment and full participation in society. However, it could be construed from the account offered so far, that disabled people are a homogeneous group. Terms such as 'the disabled' are a catch-all and give an impression of sameness. But the difficulties and responses to being disabled are influenced by class, race, gender and age factors. These cushion or compound the experience of discrimination and oppression.

Difference and the Politics of Definition

Some analysts view the disability movement as an example of a new social movement in modern societies (Oliver, 1990; Hasler, 1993 and Shakespeare, 1993). Certainly the membership and influence of The British Council of Organisations of Disabled People continues to increase. The latter includes, engendering collective solidarity and campaigning for anti-discrimination legislation, independent living and a barrier-free society. Yet, more changes are needed *within* the movement if it is to be responsive to the diversity of disabled people. Particular criticisms have been made concerning the degree to which people with learning difficulties, black, gay, lesbian and disabled women are adequately represented and feel part of the movement. Thus, the degree of marginalisation is intensified in the lives of many disabled women, as Begum (1991) a disabled black woman so powerfully reminds us:

Disabled women have become perennial outsiders, our powerless position has not been seriously addressed by either the disability rights or the women's movement. The simultaneous neglect is unforgivable (p. 13).

Disabled women mediate their experiences within gendered relations. These compound the oppressions involved. This results in differences in perception and understanding. One able-bodied feminist contends that the seriousness of the gender issue is such that the term "... 'disabled people' should cease to mean, effectively: 'disabled men' (p.219)". This issue has become a more conscious part of the struggle members within the movement are engaged in. The outcome is crucial because empowerment which leads to collective action is absolutely necessary if lasting social transformations are to be realised.

I have argued in this paper that how disability is defined, by whom, with what consequences for the individuals concerned and the society in which they reside, are fundamental issues. Portraying disabled people as passive, incomplete, unfortunate recipients of disabilist abuse significantly inhibits notions that they can actively work to change their circumstances. Alternatively, portraying disabled people as heroic figures minimises the very real costs of oppression and encourages the belief that disabled people need no help. They can do it alone. Both are unacceptable, offensive and counter-productive perspectives.

Oppression involves relations of domination and the absence of choices in the lives of the oppressed (bell hooks, 1984). Disability like race is part of an overarching structure of dominance. This involves a rejection of an additive approach to oppression in favour of an interlocking perspective (Hill-Collins, 1991). How we see oppressed groups relationally is of central importance. The experience of disability is from a socio-political perspective to be viewed as “part of the wider and fundamental issues of prejudice and economic inequality” (Morris, 1993(b) p. 68). Challenging disabilist oppression is a necessary step in the struggle to eradicate all forms of oppression.

The struggle of disabled people is against such discrimination and prejudice. It is as Shakespeare (1993) notes, for example:

“... about 'the victim' refusing that label, and instead focusing attention on the structural causes of victimisation. It is about the subversion of stigma: taking a negative appellation and converting it into a badge of pride” (p.253).

Disabled people are thus involved in a struggle to capture the power of naming difference itself. An emancipatory meaning of difference is one of the goals of social justice. This involves challenging definitions which isolate and marginalize and replacing them with those which engender solidarity and dignity.

Drawing on the writings of black feminist Avtah Brah (1991) I want to argue for the importance of the distinction between a notion of ‘difference’ which emphasizes the distinctiveness of collective histories and thus is concerned with structural conditions and social relations and that which conceives it in terms of experiential diversity. Thus, consideration needs to be given to identifying the ways in which oppression is structured and legitimated in the taken-for-granted norms, habits and rules of institutions. This is part of the systematic constraints operating on oppressed groups. Complimenting such concerns will be the need to explore the ways in which identities are constructed in multiple and contradictory ways. The significance of such work is contingent upon the recognition that the

meaning of difference is a terrain of political struggle (Young, 1990). Assimilation and accommodation theories are being rejected here for a vision of the good society in which group difference is not eliminated or transcended~ but rather, as Young (1990) contends:

there is equality among socially and culturally differentiated groups, who mutually respect one another and affirm one another in their difference (p. 163).

In terms of the issues addressed in this paper such a perspective raises several serious questions. These include:

- To what extent is the notion of 'normality' a key aspect of oppression in the lives of disabled people?
- How can a theory of difference be constructed that is not in conflict with a politics of solidarity?
- How do we develop a view of 'difference' that is empowering?
- In what way is 'difference' a political issue?

(Corbett, 1991; Young, 1990).

Conclusion

Disabled people are increasingly involved in oppositional politics and a serious challenge to the prevailing system of social relations. They are endeavouring to provide alternative definitions, understandings and insights to those based on exclusory and demeaning conceptions. They refuse to accept the deficit and dependency role which has historically shaped policies and practices. Thus, they are involved in asymmetrical power-relations and the creation of appropriate strategies and alliances. The language used to describe these endeavours is that of a *struggle*. It is a war, a battle. The use of such discourse reminds us of the strength and pervasiveness of that which is being opposed. Secondly, it highlights the degree of commitment required by those engaged in such effort. Thirdly, it reinforces the social nature of this activity and thus the importance of collective solidarity. Finally, it assumes that there are no easy, quick answers to these complex, and often contradictory issues.. These sentiments are reflected in the following statement by a disabled researcher in his demands for anti-discrimination legislation (Barnes, 1992):

"The abolition of institutional discrimination against disabled people is *not* a marginal activity; it strikes at the heart of social organisations within both the public and private sectors. It would not be possible to confront this problem without being involved in political debate and taking up positions on a wide range of issues (p. 233), [my emphasis].

In the light of this there can be no underestimating the demanding task of both the liberation and social transformation required for the removal of oppression in the lives of disabled people.

In this paper I have argued that disability must be viewed as a form of oppression and as such it needs to be understood as part of a wider set of inequalities and oppressions. The socio-political perspective adopted is important because it provides a framework in which the voice of disabled people can be heard and engaged with. It also reminds us that current conceptions, policies and practices are neither natural nor neutral. They are a social creation and as such are subject to change. Finally, this approach gives particular critical attention to the position and responsibilities of government and the political-will required for the development and implementation of appropriate legislation and support.

The struggle for effective participation in society on the part of disabled people involves changing the relations of power. This necessitates developing a positive self-identity, as Johnny Crescendo (1993) maintains:

It's about being comfortable in who you are as a disabled person. It's about having the self respect and the self confidence to challenge the system that screws me and you ...There's a war goin' on for our right to be included in the human race. Stay Strong. Stay Proud. Stay Angry. GET INVOLVED.

The case for the importance and urgency of getting involved has been strengthened by, for example, the alarming increase in Neo-Facist groups and their particular hatred of disabled people, the developments in genetic engineering, the related economic arguments for the use of euthanasia, the medicalisation of the issues with the emphasis being on cure and, finally, the growing fetish with the 'body beautiful'. All these raise profound moral, ethical and human rights concerns. Thus, there will be the need on the part of the disability movement to constantly guard against the dangers of crude reformism, tokenism, incorporation and unwitting complicity. Effective coalition building within and between oppressed groups is absolutely necessary given the fundamental changes required.

By breaking out of a subordinate social role, refusing to acquiesce to a stigmatised social identity and asserting pride in oneself coupled with the pursuit of solidarity, the disability movement is mounting a serious challenge to discrimination, prejudice and disabilist images (Longmore, 1985). In a discussion concerning social change Crick (1964) contends that:

if we lose the ability to think of wanting other things beside what we are given, then the game is lost forever (p.)

Through their public actions and articulations disabled people are clearly demonstrating that in their vision of a barrier-free society the stakes are too high for this game to be lost.

The question remaining is the extent to which the institutions we work in, including my own, are involved in discriminatory practices?