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### The Structuring of Disabled Identities

The personal response of individuals to their disabilities cannot be understood merely as a reaction to trauma or tragedy but have to be located within a framework which takes account of both history and ideology. Thus

a materialist understanding of the individual must centre upon two aspects of the ensemble of social relations of which the person is constituted: the performance of labour and the incorporation of ideology. (Leonard, 1984, p. 180)

The effects of changes in the labour market and their implications for social relations have already been discussed in Chapter 3, and the incorporation of the ideology of individualism has been described in Chapter 4; the effects that these factors have on identity formation for disabled people will be discussed below.

There is no doubt that the historical process has a significant influence on identity formation in general, for

there is a considerable consensus, about the extent to which the process must be seen as a matter of a specifically historical entry into some specific historical figuration - an interweaving of personal and collective histories. In this double sense identity formation en masse is seen as a historically located historical sequence. (Abrams, 1982, p. 241)

This 'historically located historical sequence' implies that there is a cultural context to identity formation, and as far as disability is concerned raises the question as to whether there is a culture of disability.

## **CULTURE AND DISABILITY**

Earlier it was suggested that prior to the rise of capitalism, disabled people were integrated within their communities and had a legitimated number of social (and economic) roles. Their exclusion as a consequence of the rise of capitalism had an influence on this cultural context as an analysis of the presentation of disability in the Victorian novel suggests.

Not until the rise of sentimentalism and the obsession with the excluded and the marginal, which climaxes in the reign of Victoria, did the blind, the deaf and the halt become major characters in large numbers of books written by authors and intended for readers who, thinking of themselves as non-handicapped, are able to regard the handicapped as essentially alien, absolute others. In such a context, fellow human beings with drastically impaired perception, manipulation and ambulation tend, of course, to be stereotyped, either negatively or positively; but in any case rendered as something more or less than human. (Fiedler, 1981)

Throughout the twentieth century, whether it be in the novel, newspaper stories or television and films, disabled people continue to be portrayed as more than or less than human, rarely as ordinary people doing ordinary things. Without a full analysis of images of disability it is not possible to do other than present examples of these images. Sir Clifford, in *LADY CHATTERLEY'S LOVER*, is an obvious example of the presentation of disabled people as less than human. The story of Sir Douglas Bader as portrayed in *REACH FOR THE SKY* is an example of a disabled person being portrayed as more than human. These portrayals see disabled people either as pathetic victims of some appalling tragedy or as superheroes

struggling to overcome a tremendous burden. But the image of disabled people as more than human does not always emphasise goodness, for as a recent analysis of children's fiction has shown

the disabled adult has often been portrayed as an embittered and menacing character who, like Long John Silver, seeks to manipulate children for his own ends, or as a man bearing a grudge against society, who uses his distorted body or artificial limbs in a sinister and aggressive fashion, e.g. Captain Hook. (Quicke, 1985 p. 122)

In recent years there has been a growing recognition of the fact that these dominant cultural images not only violate the actual experience of disability, but also are positively unhelpful in providing role models for disabled people and in breaking down prejudice amongst the rest of the population. Thus there have been attempts, particularly by the mass media, to break down some of these images through the development of specialist programmes, drama and documentaries, but there is still a long way to go; at present, the best that can be said is that dominant images are being challenged but they are far from being replaced by more authentic ones. The disability arts movement is increasingly becoming the focus of the mounting of these challenges but it has, itself, had to struggle to free itself from the domination of able-bodied professionals who tended to stress arts as therapy (Lord, 1981) rather than arts as cultural imagery. That, too, is changing, for as disabled people struggle to take control over their own lives,

The same process has been happening in the arts. Disabled people who were active in the arts are increasingly meeting with those who were active in what might be called, the politics of disability, and

together we are trying to develop a new way of looking at, and presenting, disability 'as a way of life'. (Finkelstein, 1987, p. 1)

The point about this brief discussion of cultural images has been to show how they support the ideology of individualism, in presenting the disabled individual as less than or more than human. There has been little attempt to present the collective experience of disability culturally, and hence the process of identity formation for disabled individuals has usually been constrained by images of superheroes or pathetic victims. But this process of identity formation does not merely take place within the context of what Mead (1934) might have called 'the generalised other' but of 'significant others' as well. Crucial significant others in the lives of disabled people are those vast array of professionals who either write things about or do things to disabled people. Their world-views of disability, heavily influenced by the medical profession, also individualise disability and reinforce the less than human cultural image of disabled people. It is the effects of this on disability identity formation which will next be considered.

## **ADJUSTMENT - A PSYCHOLOGICAL APPROACH**

In Gramsci's terms these significant others are 'intellectuals', though he gives this term a broad meaning.

By 'intellectuals' must be understood not those strata commonly described by this term, but in general the entire social stratum which exercises an organisational function in the wide sense - whether in the field of production, or in that of culture, or in that of political administration. (Gramsci, 1971, p. 97)

In terms of disability, these intellectuals are precisely that group of people who do things to or write things about disabled people and both their theories and their practice are constrained by the ideology) of individualism and by cultural images of disabled people as less than human.

The concept which links these strands is that of adjustment. The argument suggests that when something happens to an individual's body something happens to the mind as well. Thus, in order to become fully human again, in order to form a disabled identity, the disabled individual must undergo medical treatment and physical rehabilitation (see the previous chapter) as well as the process of psychological adjustment or coming to terms with disability. Further, in order to adjust satisfactorily, the individual may need to grieve and mourn for his lost ability and pass through a series of stages before adjustment is complete.

However, the conceptual framework provided by the adjustment has been severely criticised on theoretical grounds (Finkelstein, 1980; Oliver, 1981) as well as on the grounds that it does not accord with the actual experience of disability (Sutherland, 1981), and alternative frameworks such as social adjustment (Oliver et al., 1988) and social oppression (UPIAS, 1976) have been developed. But it is not just disabled people who have provided theoretical and experiential criticisms of this framework, but researchers also have found it difficult to provide empirical evidence.

Our view of the available literature suggests that a great deal of variability exists in individual reactions to negative life events, both within a particular life crisis and across different crises. We have found little reliable evidence to indicate that people go through stages of emotional responses following an

undesirable life event. We have also reviewed a substantial body of evidence suggesting that a large minority of victims of aversive life events experience distress or disorganisation long after recovery might be expected. Current theoretical models of reactions to aversive outcomes cannot account for the variety of responses that appear. (Silver and Wortman, 1980, p. 309)

The crucial issue this raises is why does the concept of adjustment exert such a powerful influence over what professionals (intellectuals) actually say and do about disability? It is clear that this influence cannot be accounted for in terms of theoretical coherence or empirical grounding, for as one disabled sociologist has pointed out in reflecting upon his own experience of disability,

I realised how meager are our attempts to write and do research about adjustment and adaptation. It would be nice if, at some point, growing up ends and maturity begins, or if one could say that successful adjustment and adaptation to a particular difficulty has been achieved. For most problems, or perhaps most basic life issues, there is no single time for such a resolution to occur. The problems must be faced, evaluated, re-defined, and readapted to, again and again and again. And I knew now that this applied to myself. No matter how much I was admired by others or by myself, there was still much more I had to face. 'My Polio' and 'My Accident' were not just my past; they were part of my present and my future. (Zola, 1982, p. 84)

Hence, professionals are clearly influenced by cultural images and constructions of disability as an individual, medical and tragic problem. The issue of adjustment,

therefore, became the focus for professional intervention and reinforced these very images and constructions by rooting them in practice.

In recent years a link has emerged between these professional constructions of disability as adjustment and cultural images of disabled people. Hence,

The most prevalent image in films and especially in television during the past several decades has been the maladjusted disabled person. These stories involve characters with physical or sensory, rather than mental handicaps. The plots follow a consistent pattern: The disabled central characters are bitter and self-pitying because, however long they have been disabled, they have never adjusted to their handicaps, and never accepted themselves as they are. (Longmore, 1987, p. 70)

Thus, it is disabled people who have the problem. They treat their families and friends badly until long-suffering enough, they confront these disabled people giving them 'an emotional slap in the face'. The disabled person then realises that it is him or her who has the problem, accepts the rebuke and becomes a well-adjusted adult.

The problems with these cultural images, as with professional constructions, is that they ignore issues of social prejudice and institutional discrimination. The non-disabled have little trouble in accepting disabled people and indeed understand the problems of disability better than the disabled people themselves. Thus, ultimately these images place 'responsibility for any problems squarely and almost exclusively on the disabled individual' (Longmore, 1987, p. 71)

## **STIGMA – A SOCIAL PSYCHOLOGICAL APPROACH**

A significant advance on the purely psychological conceptions of adjustment is the idea of stigma, originally advanced in the work of Goffman (1963). He pointed out that stigmas were originally inflicted, through marking or branding, on certain individuals who had transgressed the norms or values of a particular society. In modern societies stigmas emerged through the processes of social interaction whereby individuals were marked out or set aside because of some attribute they possessed or because something discreditable was known about them. Stigmatised identities were formed through interpersonal interactions rather than psychological reactions to events. Thus while stigma may have existed in all societies, in ancient ones it was inflicted because of some transgression or other; in modern societies, the stigma itself was the transgression. In both kinds of societies, stigma implied moral opprobrium or blameworthiness.

Partly because of Goffman's position in social science, and partly because of the originality of his insights, stigma became the dominant conceptual framework for developing an understanding of the experience of disability. No one mentioned that the empirical evidence for his insights was derived from secondary sources heavily dominated by psychological models (Barker et al., 1953; Wright, 1960) and that much of this data was gathered in one country in one specific period. And only Finkelstein (1980) pointed out that while Goffman's work was concerned with social contexts, interactions and processes, stigma was ultimately reducible to the individual; there could be no stigmatising process unless the individual possessed a stigma in the first place.

There were some attempts at implicit criticism when Goffman's framework didn't quite match empirical reality,



and it therefore needed to be extended and developed to understand the stigma of homosexuality (Humphreys, 1972) or leprosy (Gussow and Tracey, 1968):

he deals mainly with single individuals in brief encounters with normals, usually in 'unfocussed gatherings'. He seems less concerned with patients' efforts towards destigmatisation in more permanent groupings, especially in social settings where they live together in more or less continuous interaction, where they are able to develop their own subculture, norms and ideology, and where they possess some measure of control over penetrating dissonant and discrediting views from without. (Gussow and Tracy, 1968, p. 316)

Thus, while stigma may be an appropriate metaphor for describing (what happens to individual disabled people in social interactions, it is unable to explain why this stigmatisation occurs or to incorporate collective rather than personal responses to stigma.

A recent attempt has been made to rescue stigma from its individualistic, interactionist and relativist position (Ainley et al., 1986) almost to the point of providing a sociological account.

The overall structure of society is determined not only by its cultural attributes such as norms, values and religious beliefs but also by the nature of its social organisations and its political and economic structures. These factors contribute significantly to the way in which the concept of stigma is used and how it is viewed in society. (Becker and Arnold, 1986 p. 44)

Unfortunately, while this is acknowledged, stigma is still reduced to individual adaptation.

Changing one's appearance is one of many ways to cope with stigma. For most persons with visible stigmas, however, such a change is not possible. For these persons - ethnic minorities and those with physical disabilities - and for all the persons with 'hidden stigmas', coping with stigma is a process of individual adaptation. (Becker and Arnold, 1986, pp. 49-50)

The idea that individuals might confront, reject, or ignore, as a deliberate strategy, their stigmas rather than cope with them, is not even considered. Stigma is all embracing but still an individual problem.

And even when considering the political movement of disabled people, it is analysed in terms of destigmatisation and interactional processes.

At one time almost totally isolated from the general population, disabled people are today more visible and often live in the mainstream of American society. One purpose of this social movement has been to look beyond the particulars of specific disabilities to the commonalities experienced by all disabled people and their experience of stigma. Consequently, some of the stigma attached to physically disabled as a group has lessened, and individual self-esteem has improved as well. (Becker and Arnold, 1986, pp. 54-5)

Thus the political movement of disabled people is seen as synonymous with the self-help movement; populist and the more explicitly political aspects of the movement are ignored.

Within the book, the consideration of the issue of social control offers the opportunity to provide a structural account of stigma but again this is not taken, for

Social control involves reactions to stigmas (or deviance). Reactions may occur for various reasons (e.g. fear, vengeance), but an important consequence is often the restriction or termination of social relations. (Stafford and Scott, 1986, p. 87)

Stafford and Scott do not mean social relations in the sociological sense of the term, however, but interpersonal relations, as with skinny children being excluded from neighbourhood games of basketball, and the avoidance of ugly people as dating partners. No mention of the exclusion of disabled people in segregated institutions as part of the process of social control is even acknowledged.

Thus, disabled people have not found stigma a helpful or useful concept in developing and formulating their own collective experience of disability as social restriction. To begin with, it has been unable (so far) to throw off the shackles of the individualistic approach to disability with its focus on the discredited and the discreditable. In addition, its focus on process and interpersonal interactions ignores the institutionalised practices ingrained with social relations (in the sociological sense). And finally, therefore, they have preferred to reinterpret the collective experiences in terms of structural notions of discrimination and oppression rather than interpersonal ones of stigma and stigmatisation.

## **SOCIAL ADJUSTMENT - A SOCIOLOGICAL APPROACH**

Thus, neither the psychological nor the social-psychological approaches provides an adequate account of the experience of disability and, as has already been mentioned, there have been attempts to develop alternative frameworks using the concepts of social adjustment and social oppression. These attempt to locate the experience of disability within a wider social context and to consider the wider social forces which structure the experience of disability.

In a study of the experience of spinal cord injury, the concept of social adjustment was developed to facilitate an understanding of the wide variety of personal responses to spinal injury:

understanding the consequences of SCI involves a complex relationship between the impaired individual, the social context within which the impairment occurs and the meanings available to individuals to enable them to make sense of what is happening. This is what we mean by social adjustment: it is more than simply the functional limitations that an individual has or the social restrictions encountered; it is a complex relationship between impairment, social restrictions and meaning. (Oliver et al., 1988, pp. 11-12)

The experience of spinal injury, therefore, cannot be understood in terms of purely internal psychological or interpersonal processes, but requires a whole range of other material factors such as housing, finance, employment, the built environment and family circumstances to be taken into account. Further, all of these material factors can and will change over time, sometimes for the better and sometimes for the worse,

hence giving the experience of disability a temporal dimension. This framework does not need to present disabled people (as more than or less than human but rather as 'ordinary people coping with extraordinary circumstances'. While this is a significant advance, the study does concentrate on one type of impairment and does not attempt to show how these material factors are related to wider social forces.

The idea that disability was a particular form of social oppression was first articulated by the Union of the Physically Impaired Against Segregation in 1975; subsequently it was used by a group of disabled people to analyse their own experiences of disability (Sutherland, 1981); and later, incorporated within a materialist framework (Leonard, 1984). However, to analyse disability as oppression from an experiential base is not itself enough, for

To claim that disabled people are oppressed involves ... arguing a number of other points. At an empirical level, it is to argue that on significant dimensions disabled people can be regarded as a group whose members are in an inferior position to other members of society because they are disabled people. It is also to argue that these disadvantages are dialectically related to an ideology or group of ideologies which justify and perpetuate this situation. Beyond this it is to make the claim that such disadvantages and their supporting ideologies are neither natural nor inevitable. Finally it involves the identification of some beneficiary of this state of affairs. (Abberley, 1987, p. 7)

As Abberley himself acknowledges, there is plenty of empirical evidence to suggest that disabled people are in an inferior position, whether it be in terms of housing

(Borsay, 1986a), employment (Lonsdale, 1986), finance (Townsend, 1979), transport (Hoad, 1986) or education (Anderson, 1979). That these disadvantages are related to the core ideology of individualism and the peripheral ideologies underpinning medicalisation and personal tragedy theory was the argument presented in the previous chapter. Chapter 2 provided examples to show that disabled people are not treated as inferior in all societies nor at all historical points, thus demonstrating that their supporting ideologies are neither natural nor inevitable. Finally, the broad answer to the question 'Who benefits?', is that capitalism itself benefits in that disabled people may perform an economic function as part of the reserve pool of labour and an ideological function in being maintained in their position of inferiority. Thus they serve as a warning to those unable or unwilling to work (Oliver, 1986).

It is clear from this that disability can be seen both objectively and subjectively as a particular form of oppression. But again, as Abberley points out, this is not to suggest that a monolithic theory of oppression, into which all oppressed groups are fitted, can be developed. Disability is a particular form of oppression, in that sexual and racial oppression are 'wholly ideological'; whereas impairment is 'real' and 'forms a bedrock upon which justificatory oppressive theories are based' (Abberley, 1987, p. 8). This oppression is also multi-dimensional rather than monolithic in that 'more than half the disabled people in Britain today suffer the additional burden of racial and/or sexual oppression' (Abberley, 1987, p. 7). It is to the ways that experience of disability is structured in terms of race and gender that attention now needs to be focused.

## **WOMEN AND DISABILITY**

While a great deal of material has been published on both specific impairments and disability in general, there has been almost no consideration of the ways in which gender might structure the experience of disability and hence disabled identities. To be sure some studies have discussed the experience of women as well as men (Blaxter, 1980; Sutherland, 1981) and one collection concentrated exclusively on the experience of women (Campling, 1981), but even there, few of the women specifically discussed the effects of gender on their experience of disability. Some national organisations, like the Spinal Injuries Association and the British Council of Organisations of Disabled People, have established groups to consider this issue, and internationally, Disabled People's International is currently sponsoring a similar initiative. But, as a recent American publication devoted specifically to an analysis of gender and disability, notes,

Despite the attention given to disability in general and certain impairments in particular, one category within the disabled population has received little recognition or study: women. Like many social change movements, the disability movement has often directed its energies toward primarily male experiences. Male sexual concerns and employment issues, for example, have received more attention than child-bearing problems. (Deegan and Brooks, 1985, p. 1)

Part of the reason for this is that the experience of disability, like experience generally, is structured by the 'ideology of masculinity' (Brittan and Maynard, 1984), which limits the range of personal responses open to both disabled men and women.

Whereas disabled men are obliged to fight the social stigma of disability, they can aspire to fill socially powerful male roles. Disabled women do not have this option. Disabled women are perceived as inadequate for economically productive roles (traditionally considered appropriate for males) and for the nurturant, (reproductive roles considered appropriate for females). (Fine and Asch, 1985, p. 6)

Hence disabled women find it difficult to enter male roles but, at the same time are often denied access to traditional female roles because they are often seen as asexual and unsuitable for, or incapable of, motherhood.

It is this 'double disability' which structures the experience of disabled women and compounds the oppression of disability alone.

The lack of approved social roles for disabled women derives from a constellation of confounding forces. Disabled women (like racial or ethnic minority women) experience a major disadvantage in relation to their relevant 'single' minority reference groups: disabled men and non-disabled women. The disadvantage is 'double' because disabled women fare worse than both relevant comparison groups economically, socially and psychologically. (Fine and Asch, 1985, p. 7)

While, from a theoretical (and political) point of view, this would certainly appear to be the case, there is a lack of substantive empirical data of either an objective or subjective kind which directly compares the experience of disabled women and men.

This can lead to an alternative position, albeit from a male viewpoint (Murphy, 1987), which suggests that the



experience of disabled women may be less oppressive than that of disabled men. These arguments are now unknown to disabled women, who are happy to rehearse them without agreeing with them.

For example, it has long been thought that women's roles in society are not as severely limited by the wheelchair as are men's roles. The traditional view of sex roles holds that dependency and passivity are more natural for females than for males. A woman, even if disability requires that she use a wheelchair, can still manage a household, direct others in household tasks, provide emotional support to a family, and function sexually in a 'relatively passive' manner. (Bonwich, 1985, p. 56)

In other words, there are strong links between the assumed passivity of disabled people and the assumed passivity of women.

It should be recognised that this passivity associated with disabled people is not natural but 'wholly ideological' in Abberley's (1987) sense of the term. In the case of differences between disabled men and disabled women even where these differences may appear to be 'real' or natural, this may not be the case. For example, the management of bladder incontinence, which is often assumed to be much more difficult for women than men, is usually explained in terms of biological differences. But surely biology cannot account for the vast array of methods devices and equipment available to disabled men whereas disabled women only have the choice between catheterisation and incontinence pads? Even where new techniques such as the electro-stimulation of bladder muscles through surgical implants have been developed, considerably more have been given to men, who need them less, than women, who need them more.

Perhaps an appropriate slogan would be that 'incontinence is a feminist issue'.

Thus the different (and more oppressive) experience of disability for women does not occur naturally but because

The combined forces of a hostile economy, a discriminatory society, and a negative self-image contribute to a systematic rolelessness for disabled women. There is no avenue for self-affirmation. (Fine and Asch, 1985, p. 9)

## **BLACK PEOPLE AND DISABILITY**

There is a similar paucity of empirical material on the ways in which race may structure the individual and collective experiences of disability and hence its implications for disabled identity, although this issue is now beginning to be addressed. However, it has been argued that black, disabled identity can only be understood within the context of institutionalised racism which is defined as follows;

'All attitudes, procedures and patterns - social and economic - whose effect, though not necessarily whose conscious attention, is to create and maintain the power, influence and well-being of white people at the expense of black people.'

Or, in other words ... the able-bodied have now become white and the disabled people black. It therefore follows that the black or Asian disabled person faces a double disadvantage: that of being both black and disabled. (Confederation of Indian Organisations, 1987, p. 2)

The crucial issue this raises is the double disadvantage of being both black and disabled.

Few studies have addressed this issue of double disadvantage, though it has been pointed out that current community care policies in Britain fail to consider the individual needs of black, disabled people (Connelly, 1988) and an American study has shown that black people fare considerably worse in obtaining disability benefits than do their white counterparts (Thorpe and Toikka, 1980). Similarly

there is the suggestion that a handicapped person's race is a factor in the decision making and will determine the rehabilitative services provided. The implication of the services provided is that whites are more likely than blacks to be self-sufficient after rehabilitation. (Baldwin and Smith, 1984, p. 313)

Thus amid a growing awareness that this problem exists, more research is being undertaken and calls are being made for more appropriate responses.

The findings of the research project so far make it clear that there is an urgent need to educate all members of the community about the needs of Afro-Caribbean disabled people. There needs to be more awareness about the disadvantages they face as a first step towards responding positively and appropriately towards them. This will only come about if Afro-Caribbean disabled people themselves are encouraged to communicate their needs, aspirations and expectations and suggest how best society can respond to them. (Nathwani, 1987, p. 15)

The record of voluntary organisations in dealing with issues of race is a poor one (NCVO, 1984), although

some disability organisations, notably the Greater London Association of Disabled People, are beginning to address this issue, as other disability organisations are beginning to address the issue of gender. And specifically in respect of sickle cell disease, black people have begun to create their own organisations both to promote self-help and a better understanding of the disease as well as reducing the stigma attached to it. Further, they are beginning to move beyond stigma avoidance and are attempting to focus on service provision and more specifically political issues.

A recent conference has identified some of the key factors which structure the experience of being both black and disabled (Confederation of Indian Organisations, 1987, pp. 7-8):

1. Asian people's experience of disabilities are essentially different from other people with disabilities because of language difficulties and institutional racism.
2. There appears to be a severe lack of accessible information regarding available services, such as employment, education, training, recreation, grants and allowances for disabled people.
3. There is a need for Asian disabled people as well as their carers to meet one another and also integrate with the rest of the community: to combat the isolation that a lot of them experience and to do away with any stigma that may be attached to disability.

Clearly, then, race can have a considerable influence on identity formation in a similar way to gender, but if the evidence on the precise nature of this influence is slender in terms of race and gender separately, it is almost non-

existent in terms of the ways in which being both black and female might structure the experience of disability.

## **RACE AND GENDER AND DISABILITY**

One study which examined these issues found that

Black men and white men were most similar in the losses they perceived, emphasising - more than the female subjects - loss of independence and inability to make and spend money. Women, on the other hand, were more concerned than were men with the effects of their disability on their personal relationships and responsibilities. Thus, losses attributed to disability seemed to be rather closely linked to societal sex role prescriptions. At the same time, inability to perform tasks, whether in the occupational sphere or inside the home, was the loss most frequently cited by all 4 race-sex groups, highlighting a need for effective vocational rehabilitation. (Kutner, 1979, p. 65)

This would suggest that the effects of disability on economic and gender-related roles are likely to have a more significant effect on the experience of disability than race, but on the basis of one study, this cannot be taken as definitive.

In the absence of empirical data, there has also been little theorising on the effects of a combination of race, gender and disability on personal experience, though it has been suggested that concepts like 'multiple minority statuses' and 'multiple minority groups' might be a useful starting point for analysis (Deegan, 1985). Not only might such concepts be a useful basis for generating an understanding of individual experiences but they may also have implications for a wider understanding of the way

society functions, not as a massive united and anonymous force but as a complex and contradictory set of social relations. This also has implications for the way minority groups are perceived.

Instead of defining each minority as oppressed and restricted in opportunities by a large and unified majority, the pattern of such discrimination can be perceived as benefitting only a very small elite. This numerically tiny group benefits from the competition between disadvantaged groups. The dispossessed and second class citizens, because of their alienation and sense of isolation, allow themselves to be defined as in opposition with other disenfranchised groups. Minority groups often participate in each other's exploitation, as well as passively support control by the few. (Deegan, 1985, p. 52)

This draws attention to the important point that struggles within the ideological terrain generated by oppression do not occur just between the oppressors and the oppressed, but also amongst the oppressed themselves. A recent example of this is the way some feminists, in the analysis of the effects of community care policies on women, have portrayed disabled people as 'chronically dependent disabled' (Dalley, 1988). But it is not just the language in which the discourse is conducted which furthers the oppression of disabled people, but also their recipes for action, as in the case of the assertion that residential care is less oppressive to women than community care, therefore we need more residential establishments (Finch, 1984), ignoring the evidence that residential care is oppressive to disabled people (Miller and Gwynne, 1971; UPIAS, 1981).

To sum up, the process of identity formation in respect of disabled people cannot be understood without reference

to the historical process leading to the formation of cultural images of disabled people. These cultural images have portrayed disabled people as less than or more than human and have been reinforced by professional conceptions of disability as adjustment to tragedy or the management of stigma. Such conceptions not only fail to take account of history and culture, but also locate the problem within the individual, failing to take account of the ways in which other factors like race or gender may structure the process of identity formation.

Thus the disabled identity is not formed simply through internal psychological processes but may be externally imposed. The implications of this are that this process is not fixed but can be changed by challenging dominant cultural images and by resisting the ideologies underpinning racism and sexism, for

Whilst it is important to escape from an externally imposed handicapped identity, it is also important to resist the definitions of normality embedded in the ideologies of the able-bodied. (Leonard, 1984, pp. 197-8)

This resistance implies confronting disablism not just in the ideologies of the able-bodied but in the institutionalised practices stemming from these ideologies. This issue will be returned to in the final chapter, but before then consideration needs to be given to the ways in which disability has been constructed as a social problem and the policy implications of this construction, because these factors too can play an important part in the process of disabled identity formation.