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**The Oppression of Women with Disabilities:
Can Feminist Educational Theory be a Force for Change?**

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ABSTRACT

The Oppression of Women with Disabilities: Can Critical Feminist Pedagogy be a Force for Change?

N. Chapman

This study focuses on how the experiences of women with disabilities should be included in critical feminist theory so as to develop a more inclusive theory and practice. In doing so, critical feminist theory offers a way for women with disabilities to acknowledge their unique experiences of oppression in a society dominated by the ideologies of patriarchy and normalcy.

The position is taken that counter-hegemonic forces can be developed by educational interventions. Leaders can assist women with disabilities learn that their experiences are valid and that they have unrecognized strengths. Through methods such as setting up safe spaces, developing narratives, learning to dialogue and pose questions, women with disabilities are enabled to develop both voice and visibility.

Once a critical consciousness has developed, women with disabilities can put their new knowledge to use in rebuilding community through local associations of like-minded people

working in connected ways to use the gifts and capacities of individuals who are oppressed.

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DEDICATION

To my three sons, Jeremy, Liam and Andrew, for being unique and very dear to me,

To my parents, brothers and sister, for their belief in me,

To my colleagues and friends at W.I.A.I.H., for their inspiration.

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CHAPTER 1

INTRODUCTION

This thesis will show that just as the biological fact of one's sex results in a particular social experience, so does the biological fact of impairment result in a social experience of disability that sets up and maintains disadvantage and oppression¹. After investigating how this disadvantage is maintained by society and how women with disabilities are socialized to become handicapped, I will explore the possibilities of redressing the balance within a critical feminist framework and of using feminist educational theory as a tool for the empowerment of women who live with a disability.

Feminists came together in the belief and recognition that each woman's experience differed from any other's and each was equally important to the discourse. This diversity stems from life experiences, perceptions, culture, personality, and beliefs: all those things that make each one of us unique. Hester Eisenstein (1983) in a work chronicling major feminist thought since 1970, pointed out how feminists sought to learn from and unite women from diverse backgrounds and experiences. Yet

¹ Oppression here refers to a "situation in which one group of people systematically undermines another group materially and psychologically. This leads to discrimination, which may be facilitated if the subject group internalizes the myths and stereotypes generated about it" (Lonsdale, 1990, p.2).

nowhere did Eisenstein mention ability in spite of her exhortations to attend to differences among women. Women with disabilities have become virtually invisible in our society and even within the feminist discourse, their voice has not been recognized nor included.

Why is it important for feminists to include the experiences of women with disabilities? First and foremost, because feminists have committed themselves to hearing the diverse voices of all women. The experiences of women with a disability in this society are a distillation of the effects of an oppressive, patriarchal experience. A dialogue between the two will enhance and enrich the feminist discourse and give rise to a better appreciation of the variety of women's experience of discrimination. This discrimination is based on the biological fact of sex and/or an impairment. I will show that gender and disability are both deliberate social constructions that distort biology.

The evidence is clear that people, and especially women, with disabilities experience severe economic deprivation and social disadvantage (See Annex 1 for statistics). Children with disabilities are still not universally entitled to the equivalent schooling as their

peers and so come out of school less qualified and less socially capable. People with disabilities, since 1945, have experienced higher rates of unemployment and are unemployed more than non-disabled people. When they do find work, it is often in low paid, low status work with poor working conditions. The majority of people with disabilities and their families are therefore forced into dependency on welfare and find themselves caught in a spiral from which it is hard to break free.

These facts beg the question, Why? Is it because these people are victims of an accident of nature? From a feminist standpoint, we should be wary of answering this question in the affirmative. Women have been countering claims that they are disadvantaged by their nature and feminists have come to realize that if being biologically female is a disadvantage, it is a disadvantage that has been socially constructed.

Being born with a disability means that a person spends much of his/her life as receivers of knowledge from a variety of institutions run according to the dominant ideology²: schools, hospitals, rehabilitation settings.

² Ideology serves to "order, legitimate and organize social relations and experience" (Smith, 1975, p.357) A patriarchal, able-ist ideology is dominated by men who are able-bodied and discrimination is based on an

Women with disabilities have been subject to simultaneous oppression from both a patriarchal and a paternalistic ideology which structures and defines their lives. I define a patriarchal world view as follows: "A view (which) begins and ends with male experience of the world and takes little or no account of women's experience where it differs from men's" (Spender, 1985, p.29). I define paternalism as "interference with a person or group by another person or group in order to promote the good of those interfered with" (Stainton, 1994, p.83). As a result women who have a disability are one of the most disadvantaged groups, not only in our society, but in the world³.

Two models of disability⁴ have arisen over the years:

inability to perform expected activities and roles and a differentiation from the norm of bodily perfection in a society where the norm is dictated by the dominant group.

³ It should be pointed out that because of a concurrent hierarchical system based on class, race, status and other variables, not all men gain equally from the advantages accruing from a patriarchal system. However, being male does give automatic membership in the more powerful gender. This means that because of their sex, males profit from the system more than do females of the same class, race, status or other variable such as ability. Although men with disabilities are subject to the same obstacles as women, the fact that they are men somewhat mitigates their situation as can be seen from the statistics in Annex 1. "Disabled men may have a choice between a role of advantage (male) and a role of disadvantage (disability). Their decision is frequently a strategic identification with males" (Deegan and Brooks, 1985, p.9).

⁴ The World Health Organization has attempted to define disability by using three concepts: an impairment is "any loss or abnormality of psychological, physiological or anatomical structure or function. Disability is "any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being." And lastly, handicap is "disadvantage for a given individual resulting from an impairment or disability that limits or prevents the

the individual and the social models. The individual model locates the issue of disability within the individual and it sees "the causes of this problem as stemming from the functional limitations or psychological losses which are assumed to arise from disability" (Oliver, 1996, p.32). The individual model arises out of the assumptions of an ideology of bodily perfection and physical beauty (Stone, 1995, p.413). The emphasis is placed on the biological and importance is given to the physiological features of illness and impairment which creates deviation from the standard of perfection or normalcy. This has resulted in the medicalization of disability and its control by professionals whose aim was

fulfillment of a role that is normal depending on age, sex, social and cultural factors" (United Nations, 1983, in Stainton,1994, p.66). This definition creates instant misunderstanding as it tends to equate people with disabilities with impaired functioning and implies that they are unable to occupy social or vocational roles - certainly a significant distortion of reality. This contributes to the general perception of people with disabilities as unproductive and in need of charity. Also it assumes an ideal "normal" standard which has probably never existed. There is no room in this definition for a successful disabled person. St Clair takes the definition further arguing that these three dimensions must be viewed interactionally: impairments which lead to below-average performance lead to a failure to "adequately fulfil socially defined roles or achieve statuses consistent with valued social roles" (St Clair in Stainton,1994,p.6). The institutionalized mistake in all the current definitions of disability is to reinforce the notion that disability is solely a biological, functional issue - a belief which has ignored and denied the impact of social influences on the issue and which is one of the main themes of this paper. For the purposes of this study, I will use the terms 'people with a disability' or 'women with a disability' instead of 'the disabled' in order to indicate the presence of a disability without suggesting that it is the defining or most important attribute of that person. I will also be referring to people with physical or sensorial impairments; although the same forces are at work in the case of an intellectual disability, other factors are involved which will not be elaborated in this paper.

to cure or rehabilitate the person back to normalcy through individualized medical treatments and educational interventions. By focussing on deficits within the individual, an institutionalized bias which maintains inequality is evident in the individual model of disability.

The more recently developed social model of disability holds that disability is socially constructed and

supported by a range of political actions which create the conditions to allow these activities to take place underpinned by a discourse which gives legitimacy to the whole enterprise" (Oliver, 1996, p.127).

This social viewpoint sees disability as the failure of society to remove barriers and social restrictions rather than as the failure of the individual to return herself to normalcy.

I describe these models more fully in Chapter 2 to look at how they have arisen from the power exerted over the population by élites who control the production and dissemination of knowledge in society. In Chapter 3, I will compare how an ideology underpinned by sexism and normalcy works to maintain oppression and how language has come to serve as its tool. The artificial creation of

the social experience of both gender and disability will be explored in Chapter 4 in order to expose the similarities: I will look at the socialization⁵ and education of girls who have impairments in a sexist, normal-ist society. Chapter 5 focuses on feminist educational theory and the emancipatory possibilities of critical feminist pedagogy. I will discuss how feminist theory, which recognizes the inherent biases of a society divided along sexist lines should be enlarged to include the experiences of women with disabilities. Feminist educational theory attempts to upset the educational imbalance caused by assumptions of inequality in order to empower women to change the structures of dominance. I will argue that such an educational model would set the stage for changes by enabling the individual to come to a critical understanding of her experiences in order to take back control of her life and to work toward empowerment.

Disability and gender have been used as excuses to exclude women with disabilities from both the malestream and the feminist discourse. Feminism has been criticized

⁵ Socialization here refers to the set of mechanisms and process through which society trains its members to take their place as full-fledged social beings (Lipman-Blumen, 1984, p.53).

for being the voice of white, middle-class women and it has been able to respond by including the voices of other women. Why has it not responded to the needs of women with disabilities?

CHAPTER 2
HISTORICAL BACKGROUND

The Individual model of disability

Discrimination against people with disabilities goes back to the earliest days of 'humankind.' Ancient Greeks idolized the perfect body embodied in their gods. Although humans could never attain the ideal, the presence of a disability was seen as evidence of a central deficit to what it meant to be human or at best, what was desirable in a citizen. Plato himself prescribed a program of eugenics,

... the best of our men with the best of our women as often as possible, and the inferior men with the inferior women as seldom as possible, and bring up only the offspring of the best...the children of the inferior Guardians and any defective offspring of the others, will be quietly and secretly disposed of...They must be if we are to keep our Guardian stock pure (Plato in Stainton, 1994, p.122).

Aristotle was of the same mind..."let there be a law that no cripple child shall be reared" (Aristotle in Stainton, 1994, p. 123).

With the rise of Christianity, disability was seen as being either a sign from God or a curse from the devil - the latter being the more common interpretation. The body in Christian belief is regarded as a source of shame and pain but it is suggested that there is such a thing

as a perfect body. Man's duty is to overcome imperfection so as to return to perfection at death. He, at least, was created in the perfect image of God, but because he is human, is still marked with sin. Not so woman who was not only not created in God's image but is responsible for man's fall from grace in the Garden of Eden. Doubly cursed, a woman with a disability bears the brunt of moral responsibility for her imperfections.

Christianity did, however, mitigate some of the harsher aspects of classical thought. The Augustinian notion that man would be saved by the Grace of God rather than by his own ability or reason, conferred a certain equality on people with disabilities. However, they paid the price, then and now, in increased paternalism. This is evident in Augustine's discussion of original sin and children. Children cannot be held responsible for their sins because their rational abilities are not fully developed and so they are considered innocents. People with disabilities were equated with children and were to be treated as such.

These themes of classical and Christian thought: control, paternalism and normalcy, dominate the discussion of disability throughout history. The

commonality is their denial of autonomy to and rejection of people with disabilities.

Modern forms of state support for people with disabilities had their roots in the 19th century British Poor Law. Those in need due to sickness, age, misfortune or disability were to be given an allowance and sent to hospitals or asylums. A person with a disability was seen as a tragic victim who suffered from a particular condition which made him or her eligible for charity. Such people were seen as "helpless, dependent, incapable of mastering the elementary skills essential for engaging in productive social and economic activities" (Scott in Lonsdale, 1990, p.33). It was left up to the family to give care and to bear the shame and guilt, or if the person was poor as well as disabled, it was the State's responsibility. The State turned the hospitals, originally meant to give refuge to such individuals, into a system of institutions that not only kept them out of sight of the rest of society, but also enabled them to say such people were being taken care of. In a newly capitalist, industrialist society, the nature of work changed drastically and people with disabilities were seen as unproductive and unfit for work. This label has

stuck with them and is perhaps seen as their greatest offense. They were, however, given license to beg. Hence the term 'handicap' appeared, literally meaning 'cap in hand.'

The individual model of disability has concentrated attention on deficits within the individual and more specifically, on a particular, dysfunctional part of the individual. He or she is made to feel guilty or defeated due to an inability to become well or 'normal, which is seen as his or her chief responsibility within this model. The model has placed the care and support of people with disabilities in the hands of professionals. That it has failed to provide minimum standards is evidenced by the extent of poverty, under-education and unemployment experienced by people with disabilities. The provision of welfare encourages the creation of dependency and the services provided are dominated by and serve the interests of the professionals employed in them rather than meet the needs of those people who were supposed to benefit (Wolfensberger, 1983).

The social model of disability⁶

The destruction of the Second World War was responsible

⁶ See Annex 1 for a chart which outlines the main features of the

for a major philosophical shift where people became more concerned with the preservation of life and improving its quality. The technological revolution was reflected in the rehabilitation industry that was now able to keep people alive who would not have survived twenty years earlier. Better technical aids meant that people with disabilities were more mobile and able to live independently in the community.

Disability rights movements were strongly influenced by civil rights and liberation movements of the 60's that demanded the right of minority groups and oppressed peoples to take an equal place in society and the world. The civil rights movement led by Black Americans, the feminist and the consumer movements were the catalysts for the independent living/disability rights movement that began to gather momentum in the late 70's. Independent living, rather than cure or return to productivity were seen as legitimate goals of rehabilitation. The independent living movement places the emphasis on gaining control of lives and on empowering the individual.

The Canadian disability rights movement began in the

individual and social models of disability.

1970's to bring individuals together in order to demand changes. The group COPOH (Coalition of Provincial Organizations of the Handicapped) was successful at lobbying the government on their own behalf, rather than having it done for them by non-disabled people, as had traditionally been done. However, women's interests were not being represented in COPOH except to provide support to the men who were doing the 'real' work (Driedger in Stewart, 1992, p.84). Several of the women involved felt like they were used as tokens and accepted as long as they acted like 'one of the boys.' Women's issues were brushed aside by the male members of COPOH.

At the same time, women's groups did not see women with disabilities as part of their movement. Feminists saw them as primarily disabled just as did the society at large. Asch and Fine suggest that "...non-disabled feminists have severed them from the sisterhood in an effort to advance more powerful, competent and appealing female icons" (1988, p.4). Nor did the majority of women with disabilities clamor to be included in the women's movement. Because of the prevailing attitudes, many women with disabilities themselves did not identify with other women. They were often isolated and did not have

access to information or education on women's issues. Consciousness-raising meetings were usually held in inaccessible places and no measures were taken to provide alternatives. Organizers of a National Action Committee on the Status of Women told two female COPOH members that their agenda was too full to take on another issue. So women with disabilities found themselves excluded from the male-dominated disability rights movement as well as from the feminist movement.

In 1985 COPOH at last agreed to include some women's issues on the agenda of its National Conference. As well, a new organization called DAWN (DisAbled Women's Network) was founded and provincial groups were set up. This group has spent the intervening years doing research of concern to women with disabilities and working with the women's movement as well as the disabled people's movement. The National Action Committee on the Status of Women conferences are now held in accessible places and their affiliates are urged to contact DAWN groups to lend support to women with disabilities. DAWN is an associate member of COPOH and the first woman president of COPOH was elected in 1986. Almost half the executive of COPOH is now women. In spite of this progress, there is much

more work to be done to recognize the issues that are faced by women with disabilities.

The 1980's saw the disability rights movement develop a cross-disability focus and it was recognized that no matter the impairment, the discrimination was the same. Research which included the voice and participation of people with disabilities instead of just as research objects was being undertaken. People with disabilities began writing and publishing their experiences so their voices were being heard as they participated in consciousness-raising activities and self-help groups. More attention was paid to the language of disability and politically correct terminology which 'put the person first' became *de rigueur*. DAWN was very actively building bridges between the able-ist women's movement and the sexist independent living movement. In Canada, the signing of the Canadian Charter that outlaws discrimination on the basis of disability was the zenith of the movement.

Change was not only happening on the practical level, but also on the intellectual level. As an alternative to the medicalized individual model of disability, people were beginning to understand how society was implicated

in the experience of disability. Michael Oliver put forth the idea that impairment and disability are not causally related; "(handicap) is wholly and exclusively social ... and is a consequence of social oppression" (Oliver,1996, p.35). He claims that the individual model of disability has given power over disability to professionals who are only concerned with dictating how one must live to restore a person to fit in with society's ideology of normality. Proponents of the social model insist that it is society that has to change and begin to accept people the way they are, not as how they think they should be. Oliver feels this will be accomplished through empowerment of people with disabilities as a group and not through social programs designed by professionals speaking for people with disabilities (Oliver,1996, p.37).

Although the social model of disability has helped people understand some of the causes of their oppression, it is not wholeheartedly accepted by all. Many people with disabilities feel that the model ignores a basic fact of their existence: their disability. The daily struggles of living with an impairment are real and they are not accounted for in the social model.

Disability rights activists admit that they have deliberately separated the experience of disability from the experience of handicap to point out the lack of causality between the one and the other. They intended to break the connection between the body and the social situation. "To mention biology, to admit pain, to confront our impairments (disabilities) has been to risk the oppressors seizing on evidence that disability is 'really' about physical limitation after all" (Shakespeare, 1992, p.40).

The social model has also been criticized for not recognizing the existence of other oppressions such as racism, sexism and homophobia. It is clear that dissatisfaction with this model has come about because it does not reflect the experiences of people with disabilities and seems to oversimplify the issues. To understand the problem more comprehensively, it is helpful to look at the dominant ideology of normalcy and how it exerts power to maintain its hegemony.

CHAPTER 3

MAINTAINING INEQUALITY

The Hegemony⁷ of Normalcy

The following discussion is based on the work of Lennard Davis (1997) and shows how ideology arises in a particular historical and cultural context. What are the bases of our conceptions about what is normal? Understanding how such assumptions are formed, may allow us to be more critical in our acceptance of them.

What is a norm and why is it such an important concept in our 20th century lives? Being normal in how we dress, think, eat, behave is considered a quality. We usually seek to keep such things as our weight, cholesterol level, alcohol consumption, and the way we dress within what is considered a normal range and we know what normal is because there are charts everywhere that tell us. Norms, means and averages have been calculated for almost anything one can think of.

The concept of normal has not always been with us. In the time of the ancient Greeks, there was the 'ideal' (a state only achievable by the gods), and the human, who could try to approach the ideal, but could never attain it. The word normal, (meaning *conforming to*), did not

⁷ Hegemony is defined as ideological saturation of a society which is pervasive, subtle, and influential. A hegemonic ideology emphasizes the facts

appear in the European languages until late in the 1800's⁸. Coincidentally it arose at the same time as a new science called statistics. To a French statistician, Adolphe Quetelet (1796-1847) is attributed the concept of the normal as an important general property. Quetelet put forth the notion of *l'homme moyen*, an abstract concept that was the average of all human attributes, physical and moral. Davis says that this concept was the beginning of the 'bourgeois hegemony' as the exemplar of the middle way of life, the way of moderation. This opened the door to the kind of science that idealized the concept of the norm (Davis, 1997, p.12) or the average as the ideal. Quetelet wrote, "deviations more or less great from the mean have constituted (for artists) ugliness in body as well as vice in morals and a state of sickness with regard to the constitution". (Quetelet in Davis, 1997, p.12)

Philosophers and scientists envisioned Utopia, inhabited by a race of average people and Karl Marx took up the idea of average man in his thoughts on labour theory of value or average wages:

of domination by serving the interests of the dominant group over those of other groups in society (Persell, 1977, p.10-11).

⁸ Before that, its derivative, the word 'norm' meant perpendicular and

Any average magnitude, however, is merely the average of a number of separate magnitudes all of one kind, but differing as to quantity. In every industry, each individualized labourer, be he Peter or Paul, differs from the average labourer. These individual differences, or "errors" as they are called in mathematics, compensate one another and vanish, whenever a certain minimum number of workmen are employed together (Marx as quoted in Davis, 1996, p.14).

Now we have a picture of the average man provided by Quetelet and of the average worker, provided by Karl Marx beside which all men could be compared.

Now that the concept of what the average human should be had taken hold, the idea of 'norm' gave a clearer picture of the range into which average would fall. Astronomy supplied the ideal measurement tool, the curve that represented 'error law' which became known as the Bell or Gaussian curve, now the symbol of the idea of the norm. Since the Bell curve has room for deviation at either extreme, the concept of deviation from the norm was born. In terms of bodies, people falling in these extremities, would be deemed deviant.

Sir Francis Galton's work (influenced by cousin Charles

referred to a carpenter's square.

Darwin) aimed to show that certain physical traits are embedded in the genetic structure and by extrapolation, that the body has a physical identity which is inseparable from its essence. One could now define identity from physical qualities and then rate it according to a standard, thus allowing for the identification of 'deviance'.

Galton refined the Bell curve and called it the 'normal distribution curve.' This is a significant departure from the astronomical curve which discarded the extreme readings as errors; the normal curve had positive and negative extremes that were seen as distributions of a trait. Furthermore, Galton, invented a means of ranking traits so that having more of a desirable trait such as intelligence would be seen as positive, having less as negative. The 'normal curve' had now become a value-laden instrument of grading and judging people. "The new ideal of ranked order is powered by the imperative of progress, human perfectibility, and the elimination of deviance, to create a dominating, hegemonic vision of what the human body should be" (Davis, 1997, p.17).

Undesirable traits all fell at the deviant end of the curve, so all were indiscriminately lumped together:

criminality, poverty, disability were all seen as one. Marx's notion of the average worker had already reinforced the damning label 'non-productive,' but grouping so-called deviants together and treating them commonly resulted in the labeling of one group with the other's characteristics. For instance, those with below 'normal' intelligence were equated with inefficiency, pauperism, insanity, criminality, etc. and this label of deviance clings to them even today.

Sigmund Freud's theories of psychoanalysis are also based on the concept of normalcy. Freud pointed to a standard of normal sexual functioning and then contrasted that with the abnormal, deviant, criminal. His ideas were incredibly influential and reinforced the notions already widely accepted in society. Thanks to Freud we can add sexual deviance to the list of vices already associated with disability.

The conflation of disability with depravity expressed itself in the idea of a 'defective class' which would need to be eradicated through the principles of eugenics⁹. The Royal London Statistical Society, founded in 1835 was made up of men whose common interest was eugenics.

⁹ According to Webster's dictionary, the science of or relating to

Statistics is intimately related to eugenics as its central insight is the idea that the population can be normed and divided into standard and non-standard sub-populations. Eugenics and statistics working together brought into existence the concept of the disabled body.

Eugenics was quickly espoused by Europeans; socialists as well embraced its ideas as they saw hopes for Utopian society mirrored in the search for a perfectible body. Once one could state the norm, it became an interesting endeavour to try to improve upon it, usually by selective breeding. Alexander Graham Bell delivered a speech noting the tendency of deaf-mutes to select other deaf-mutes as partners and thus, he felt the possibility of creating a race of deaf-mutes was likely.

The influence of eugenicists was widespread and included names like H.G. Wells and George Bernard Shaw. Fears were spread that deviants bred more rapidly than others and if not checked, would swamp respectable society and cost the state untold millions.

In Canada, forced sterilization was taken up for the protection of society by such people as feminists Nellie McClung and Emily Murphy who importuned the government to

the production of fine offspring.

not only "protect our public against diseased and distempered cattle, (but to also) protect them from the offal of humanity" (Pringle, 1997, p.35). The eugenicist movement was funded and supported by people such as John D. Rockefeller, Neville Chamberlain, Winston Churchill, Theodore Roosevelt, John Maynard Keynes and many other notables. What Hitler wrought was basically the accomplishment of what American and British eugenicists sought¹⁰. Even though Gregor Mendel's discovery of the laws of inheritance had already discredited the scientific basis of eugenics, enforced incarceration and sterilization continued in Canada until 1971, so entrenched was the paternalistic rationale and so powerful was the ideology of normalcy.

Medicine as a profession and the medical (individual) model of disability arose coincidentally with scientism which is characterized by the belief in an objective truth that can be discovered by using empirical, scientific tools (such as the normal curve). Combining biological determinism with scientific positivism allowed for the legitimization of differentiation and unequal

¹⁰ In Nazi Germany, thousands of disabled people were sterilized, and later, along with millions of Jews and other "deviants," put to death in the name of science.

treatment upon which eugenics theory and the authority of medicine is based¹¹. That these ideas influenced education can be seen in the use of IQ tests that were developed to give an unbiased, empirical measure of human intelligence so the normal could easily be sifted from the sub-normal. Failing to measure up to objective standards enabled governments to enact laws and policies to exclude or differentiate. Incarceration and/or exclusion of any and all who in one way or another did not meet society's norms or who were seen as deviants was made justifiable.

Davis concludes his essay by showing that the concept of normalcy arose in a particular historical context: industrialization, incredible growth and progress on many fronts and the consolidation of the power of the middle-class bourgeoisie. The implications of the ideology of normalcy have become entwined with our culture and have given physical difference a meaning far beyond its actual importance so that our "'problem' is not the person with disabilities; the problem is the way that normalcy is constructed to create the 'problem' of the disabled

¹¹ It is interesting to note that those interested in maintaining power over people who embodied difference were able to subvert empiricism and scientific rationalism to justify their stance. Who can argue with empirical

person" (Davis, 1997, p.9).

To summarize, the themes of control, paternalism and normalcy work to oppress people with disabilities, linking their individual worth with their ability to be productive in the able-bodied world, using able-bodied criteria. They have been judged as being both dependent and deviant, classed as the other or objectified¹², needing to be protected to justify enforced institutionalization. This unequal power relationship allowed one group to have the power to judge and to impose assumptions of normalcy, while the other submitted to judgement. The focus put on the individual's disability ignore barriers in society that exacerbate the disability into a handicap and serve to keep people with disabilities in a position of weakness. The same has been done to women in our society who are objectified and oppressed in the name of the patriarchal ideology which defines 'feminine' as deviant. How does our society exercise its power in our society to exclude someone who does not fit the imposed ideology's standards?

facts that show statistical evidence of deviance?

¹² This is discussed on page 45.

Power and Gender

For the purposes of this study, power is defined as:

The process whereby individuals or groups gain or maintain the capacity to impose their will upon others, to have their way recurrently, despite implicit or explicit opposition, through invoking or threatening punishment, as well as offering or withholding rewards (Lipman-Blumen, 1984, p.6).

In the hierarchical structure in which we live, there are many variables such as gender, class, ability, status, which are valued differently and thus determine where one is placed on the power ladder. In order to preserve its hegemony, the structure of dominance ensures that some people are powerful, others powerless. The patriarchal ideology under which we live controls knowledge which is androcentric and sexist, as well as based on the ideology of normalcy. The structure channels men and women into roles that are supposed to be complementary, which have exclusive tasks and which are rewarded very differently. In this study, sex is taken to mean the biological fact of being man or woman; gender refers to "a culturally-shaped group of attributes and behaviours" which create the "...framework in terms of which society views men and women" (Humm, 1989, p.89).

This dichotomy reflects an important power relationship

which "serves as the basis for all other power relationships" (Lipman-Blumen, 1984, p.4). It is likely that this power imbalance originally arose out of biological differences between men and women, but it has persisted long after the circumstances which made these differences significant have changed. Researchers have found that in spite of a considerable overlap on male-female traits such as assertiveness only the differences are recognized and emphasized. (McLelland as quoted in Lipman-Blumen, 1984, p.4) Lipman-Blumen notes that this over-concern with difference suggests that "one member of the relationship is more, has more, deserves more of what is defined as desirable in that society" (1984, p.5).

The sex-gender system is a fundamental and determining element of a society that is socially constructed, subject to historical change and development and organized so it is systematically reproduced. Sex-gender systems have been male-dominated with a sexual division of labour that always includes women's roles of mothering and heterosexual marriage. Women's domestic ties are based on specific relationships among people and are said to be natural and biological. Its primary social location is in the home. Women's tasks are traditionally not

compensated financially so women are dependent on the male for financial support. It is the women's management of the private sphere of home and family that allows men the time to pursue their 'real' work in the public sphere. Yet, the domestic sphere is hierarchical, based on kinship rules and men dominate these rules.

Man's primary social location is the public sphere. This public sphere is assumed to be defined according to normative, social criteria, not the biological/natural, so is taken to mean 'society' and 'culture;' intentional structures and ideas that go beyond the natural/biological and are the locus of political control. Men's ownership of the public sphere, then, gives them power to define society as masculine and to enforce institutions that control, i.e. marriage. So the private, domestic, or women's sphere, is dominated from within by men, and from without, both politically and culturally, by the public sphere of men.

In a relationship of inequality such as this, the dominant party finds it both normal and necessary to defend the status quo. Scientific research to justify the status quo is done using the assumptions of power to reconfirm what is already believed. Even when times

change, there is not enough impetus to move the entrenched institutional structures that serve to keep the system alive. Of course, it is to the benefit of the powerful group to intentionally, even if unwittingly, make sure the system remains intact. Mothering and the institution of heterosexual marriage are both ways through which male dominance is reproduced (Chodorow, 1978). Women and men are socialized to accept and internalize the structure so it becomes right and natural to teach one's children to conform.

Women may be defined as being less than men, but they are nonetheless idealized, mythologized, in a serious way through such values as motherhood, innocence, gentleness, sexual attractiveness, and so forth - a lesser pantheon, perhaps, but a pantheon nonetheless. Moreover, many women - perhaps the vast majority in America even today - are profoundly convinced that however baleful their place in society, the official view concerning the natural characterological differences between themselves and men is correct, eternally and naturally so (Goffman as quoted in Deegan and Hill, 1987, p.58).

Antonio Gramsci explained that the dominant class is able to gain consent for their interests because they impose their own conception of reality or common sense on all

subordinate classes. Because common sense is rarely questioned and because it is diffused through respected institutions such as schools and churches by respected professionals such as doctors and teachers, common sense, and therefore ideology takes on a hegemonic characteristic. This concept is helpful in explaining how individuals can consent to their own oppression (Gramsci, 1971). "Men create the world from their own point of views, which then becomes the truth" (MacKinnon as quoted in Leonard, 1990, p.216). Socialized to accept this 'truth' themselves, mothers are an important means by which this inequality is reproduced in their daughters, as what Gramsci called 'false consciousness.' That women have accepted and internalized the male view that they are dependent, powerless and inferior ensures that the inequality continues.

As it has done with sex, our society has given a whole new meaning to the biological fact of ability in order to maintain a structural inequality and the hegemony of an ideology of normalcy. Like gender, disability is a social construction which creates disadvantage. A woman with a disability is subject to simultaneous oppressions and thus has more limited role choices and role models

which result in conditions that are severely handicapping. The next section addresses how power plays a role in maintaining disadvantage on the basis of disability.

Power and Disability

As noted earlier by Lipman-Blumen (1984, there are many variables such as gender, class, ability, status, which determine where one is placed on the power ladder. We have seen how the dominant ideology controls knowledge which is androcentric and sexist, but it is also able-ist.

The medicalized, individual model of disability prevents people from realizing their aspirations because it begins with the assumption of biological inferiority to the societal norm and arises out of a paradigm of humanity as young and healthy (Wendell, 1989, p.108). In many ways, the disabled minority is similar to other minorities. They have experienced the same types of discrimination and segregation due to widespread prejudice and stigmatization. They are a mainly visible minority and that allows them to be categorized in subordinate societal positions according to the perceptions commonly held by members of the dominant group. As well, the trait that makes them a minority is

a permanent one, which cannot be discarded, and it determines the reaction they receive from other people. It signals society to conduct itself in certain ways toward the person. In all of these cases, a biological difference is given an importance far beyond itself and is the cause of disadvantage. In spite of similarities to other minorities, people with disabilities have probably been subjected to the most virulent rejection of any other group (Hahn, 1983, p.44). Wolf Wolfensberger (1972) reflected on how our society's dread of dying parallels our treatment of people with disabilities or illness. He believed that those who remind us of our mortality become associated with death and dying and are rejected by our society. The prejudice and contempt shown to aged people and to people who are ill or disabled can be partly explained by our fear of death.

A deviation from the norm of ability is accompanied by a lack of power. Michael Oliver argues that power is the central issue of rehabilitation. He feels

rehabilitation is the exercise of power by one group over another and further, that exercise of power is shaped by ideology. The exercise of power involves the identification and pursuit of goals chosen by the powerful and these goals are shaped by an ideology of able-ism

which, like most ideologies, goes unrecognized, often by professionals and their victims alike (Oliver, 1996, p.104).

Power is used to protect the able-bodied from the 'sick' - if the problem is located in the individual, then it is easy to wrap it up and keep it separate via the medical system and by segregation in hospitals, special schools or institutions. The power structure of our society has seen difference of ability as a rationale for inequality. The assumption that problems stem mainly from a lack of requisite physical attributes or a deviation from an imposed standard of ability or normalcy has been the basis of legislation made on behalf of people with disabilities by political leaders. This paternalistic stance has never provided people with disabilities with the means of combating negative attitudes or developing a positive sense of identity (Hahn, 1983, p.37).

When the source of inequality is located in the individual, there is a ready rationale for social inequality and limiting social entitlement. The political and social strategies of such technocratic rationality are then presented as value-free. By discounting the socio-political context of scientific inquiry and by reinforcing it with the principle of 'desert', measured by economic and social self-sufficiency and independence, it is possible to formalize

inequitable social relations while still maintaining that distributive justice is being upheld and the principle of equality met (Bach and Rioux, 1996, p. 72).

Western society has been obsessed with the scientific method and the quest for "truth." The medical profession has developed a powerful role due to its alliance with the scientific method. As noted by Peter McLaren (1989), ideology is knowledge and knowledge is power. Physicians have gained positions of dominance over others through expropriating knowledge:

human sciences have developed their positions of dominance over others through a knowledge/power spiral. This process includes the development of a professional discourse about a particular human group that is the object of that particular profession's practices...(which) has viewed the relationship between the professional as "helper" and the person with a disability as the "patient, client, or student" in need of help as a logical, positive and even natural state of affairs (Bach & Rioux, 1994, p. 202).

Since the individual is 'sick' and needs to be cured, the individual model is based on a relationship with professionals and on assumptions about the roles each should play. The physician is seen as guardian of knowledge about the impairment. The patient plays a

passive role as recipient of this knowledge, receiving a diagnostic label that is used to categorize the impairment, develop a cure/treatment, and qualify the individual for benefits.

The ideal welfare state aims to maintain a base of adequate benefits in order to enable everyone to live the life of a civilized human according to the standards prevailing in society. The central qualification for the provision of welfare benefits is need and this need is determined by professionals. That this arrangement has failed to provide minimum standards is evidenced by the extent of poverty, under-education and unemployment experienced by people with disabilities. The provision of welfare encourages the creation of dependency and the services provided are dominated by and serve the interests of the professionals employed in them rather than meet the needs of those people who are supposed to benefit (Wolfensberger, 1972).

Disability is still looked at through scientific/medical eyes and not as a socially constructed phenomenon. This view of disability is translated into the political with important consequences for the person. The question is rarely asked, because after all, the

professed ideology of the state is caring, not controlling but Oliver (1996, p.107) says the aim of rehabilitation is to encourage people with disabilities to become more 'normal' and to control people who are disabled through therapeutic interventions. This dual preoccupation profoundly affects the lives of people with disabilities, but in this ideological environment, no group is more powerless than women with disabilities.

In the next section I will discuss how language and the representation of people with disabilities serves as a tool of the structure of dominance to maintain the hegemony of normalcy.

Language and the Representation of Disability

Tomorrow I am going to rewrite the English language
I will discard all those striving ambulist metaphors
Of power and success
And construct new images to describe my strength
My new, different strength.
Then I won't have to feel dependent
Because I can't stand on my own two feet
And I will refuse to feel a failure
When I don't stay one step ahead.
I won't feel inadequate if I can't
Standup for myself
Or illogical when I don't
Take it one step at a time.

I will make them understand that it is a very male way
To describe the world
All this walking tall
And making great strides.

Yes tomorrow I am going to re-write the English language,
Creating the world in my own image
Mine will be a gentler, more womanly way
To describe my progress.
I will wheel, cover and encircle
Somehow I will learn to say it all.

(Keith in Oliver, 1996, p.57)

Crippled, retarded, lame, invalid (in-valid), moron,
lunatic: the language of disability is of deficiency and

has highly negative connotations. The fact that there is virtually no objective or neutral descriptor is evidence of a history of discrimination. In this section, I will show how language reflects the stigma attached to disability in our society so that this important means to the development of attitudes and self-perception is primarily negative and negative assumptions are reinforced.

Lev Vygotsky, a Russian psychologist, developed theories around how consciousness is a product of man's history¹³. These ideas are helpful in understanding how cultural and social significances become rooted in language at a very early age. Vygotsky believed that the study of language development and specifically semantic development is the study of cultural and ideological acquisition. Culture is embedded in the words that mediate the social and mental processes. This 'hidden curriculum,'¹⁴ at work in all aspects of society and language, is an important way of conferring the values of the dominant ideology. The signs indicating one's difference are read and

¹³ The ideas of L. Vygotsky are taken from Wertsch, 1985.

¹⁴ Persell called the non-cognitive outcomes of education which deliberately impart the status culture, a "hidden curriculum" (1977).

interpreted differently by different individuals depending on their cultural or social background or the experiences they have had in the past with 'difference.'

Language is our means of classifying and ordering the world: our means of manipulating reality. In its structure and in its use we bring our world into realization, and if it is inherently inaccurate, then we are misled. If the rules which underlie our language system, our symbolic order, are invalid, then we are daily deceived (Spender, 1985, p.2-3).

When someone is seen as possessing a less desirable characteristic that makes them different to others, that person "is reduced in our minds from a whole and usual person, to a tainted, discounted one" (Goffman, 1963, p. 12). Goffman calls this stigma but it may also be called a failing or a handicap. Labels attach a stigma to the labeled person by suggesting a deviation from the norm (deviance) and imperfection.

Goffman (1963) feels that as a society defines deviance so it becomes deviant. What is undesirable or stigmatized is heavily dependent on the social context and can be defined arbitrarily. This means that those who have power can define what is valuable in terms of human difference and what is not. Being seen as deviant or

stigmatized opens the way for dehumanizing treatment from others and is often called 'objectification' (Schur, 1984, P.30-34). The rules and cultural guidelines that usually prevail when someone encounters another become altered and according to Goffman, strangers feel they have the right to treat the stigmatized person in ways which would normally be unacceptable (Goffman, 1963, p. 28). Thus 'normal' people are able to separate their realities and ignore, condemn or punish with impunity the objectified person who is different.

The stigmatizing trait can influence other people's perceptions to the degree that the trait is seen to be the major characteristic of the person so that their response to the person will be that of a member of a stigmatized category. The trait becomes their 'master status,' a term usually applicable to variables such as age, gender, race, class, but physical appearance is to all intents and purposes, a master status. A *stereotype* is evoked when an image presents itself to us that we immediately place in a pre-determined category on the basis of a stable characteristic, ie. disability. People are often seen only in terms of one, overriding feature and a set of characteristics associated with that master

characteristic are stereotypically attributed to the person. Stereotypes help the perceiver order the world and prepare for predictable interactions, but stereotypes can be biased, inaccurate and pervasive¹⁵:

Disabling stereotypes which medicalize, patronize, criminalize and dehumanise disabled people abound...they form the bedrock on which the attitudes towards, assumptions about and expectations of disabled people are based. They are fundamental to the discrimination and exploitation which disabled people encounter and contribute significantly to their systematic exclusion from mainstream community life (Barnes as quoted in Shakespeare, 1994, p. 286).

Women with disabilities are still viewed through fixed and restrictive negative stereotypes and are seen primarily in terms of their disability although it is just one of many distinguishing characteristics. Unfortunately, the power of a stereotype is that there is usually just enough truth in it to make it seem true. For instance: women with a disability are stereotypically not seen as capable of earning a wage. The fact that her access to education or training may be limited and that she suffers the brunt of labour-force discrimination makes this stereotype uncomfortably near the truth, but

¹⁵ We have seen in the preceding chapter how the characteristics associated

she is ascribed personal and moral responsibility for her failures. Women with disabilities have been stereotyped as helpless, dependent, victimized, unattractive, passive and asexual.

Stereotypes give rise to labeling. Labeling is the process by which a person is viewed only in terms of her master status, disability. Labeling pigeonholes a person into defined domains in order to enhance the significance of others. Disability has long been associated with the shame and stigma of poverty. The label of dependency is a mark of paternalism in that the person cannot look after herself and needs charity. In a society that prizes independence, the label of dependence is a humiliating one. Labels are used to control access to services by indicating need: "legitimizing and controlling someone's access to financial and other assistance" (Lonsdale, 1990, p.35).

Stereotypes are expressed through metaphors and metaphors for people with disabilities are affected by the cultural context (Zola, 1985, p. 14). Annex 2 shows the different metaphors used over time which have

with disability have come to be associated with deviance.

reflected prevailing attitudes. The word 'cripple' is a common metaphor for injured; 'paralyzed' and 'blind' for (respectively) immobilized and unseeing or refusing to face facts. When paired with another word, these words always express something unfavorable¹⁶ and "now carry negative messages all their own, so much so that they serve as today's most common synonyms for incapable and unable" (Johnson in Nelson, 1994, p.38).

Metaphors used in everyday life to describe perceptions of what it is like to have a disability are used in various other situations: Are you deaf? to the child who doesn't listen; You idiot! to someone seen as stupid. Negative metaphors abound (menace, dumb, freak, dependent, retard, sick) but Zola comments that one of the most destructive is the depiction of people with disabilities in the passive voice, most often as victims. This reinforces the power of the so-called neutral language of medicine where it is common to refer to one as a 'patient, cancer victim, polio sufferer, wheelchair-bound.' The language of medicine is specialized and understandable only to initiates, leaving the person with

¹⁶ The following are representative headlines used in the New York Times: "Strike by Blacks Paralyzes South Africa," (November 5, 1991; "Overcoming a

the disability outside the discourse and reinforces the stereotype of the passive object of treatment.

Euphemistic metaphors (innocent, nice) have served to entrench negative stereotypes (and a paternalistic ideology) by implying that people are childlike, unable to protect themselves and need supervision. As with women who are placed on a pedestal, these metaphors bestow a label that permits differential treatment and denial of rights. People with disabilities have the same personality traits as the rest of the population and portraying them all as 'gentle' robs them of their humanity.

Because the words assigned by culture to signal disability have been appropriated by society to mean "bad," the words themselves have come to signify something bad. They work powerfully as metaphors because they make a connection with the reality of what society believes about a person who is blind, deaf, paralyzed or crippled" (Johnson in Nelson, 1994, p.38).

Sue Wendell comments that the latest attempt at a

Crippling Fear of School," (September 4, 1991); "Some Fear Blind Fear is Replacing Militarism," (January 26, 1991) (Johnson in Nelson, 1994, p.38).

neutral descriptor the phrase 'differently-abled,' is still saying that the person does not fit the paradigm of humanity as young, physically fit and in good health. She also suggests that the phrase is stereotypically patronizing, protective and euphemistic as it does not recognize the special struggles that people with disabilities face (Wendell in Minas, 1997, p.54). Disability rights activists have suggested the terms 'human being,' or 'person' would be appropriate. The fact remains that until society's negative attitudes to disability are changed, any new word used to project a positive image for disability will eventually end up with a negative connotation of its own.

Just as women have been uncovering the hidden biases in language where the male is norm, so does the able-as-norm require us to classify the world on the premise that the standard human being is able-bodied, strong, whole, beautiful, etc. Davis calls this the 'attractiveness stereotype' which enables people to believe that attractive people are also virtuous people (Davis, 1997, p. 244). At one level, we may reject this norm of beauty but the fact remains that the underlying meaning of language structures our behaviour and limits our view of

the world.

Western society's socially constructed view of disability is deeply rooted in the ways we communicate with and about our bodies and the ways language and myths have historically conditioned our views about what it means to be disabled (Bach and Rioux, 1994, p. 203).

Our cultural representation of disability takes many forms, all negative. The societal norm of bodily perfection permeates the media and is oppressive to women, particularly one with a disability,

Advertising, news and entertainment media have an important shared agenda: they sell a dream of lifestyles and beliefs. They tell us what is good and bad and what does not fit into the dream. According to the media, people with a disability do not (Elliott in Nelson, 1994, p. 73).

The medium reinforces the 'better-him-than-me, fate-worse-than-death' message. The person with a disability is usually portrayed as a negative metaphor, as 'the Other.' Think of the bent old witch, the one-legged Long John Silver, the one-handed Captain Hook, the twisted dwarf. Don't forget Kenny Rogers' song about Ruby - her husband came home from war with legs that were 'bent and paralyzed' forcing Ruby to take her love to town.

Inferiority is fixed to the person with a disability as a preordained trait and everything we read or see confirms that status.

Metaphors for disability are to be found in all portrayals of disability in the media, the most frequent being either hero or villain. Sometimes a disability is seen as little more than a barrier to be overcome by an individual in order to get back into the American way of life. Zola notes that most of these disabilities are war-related, heroic in dimension and the character is male (1985, p.8). Other portrayals are stereotypically negative; people with empty lives, roleless, child-like or children, victims. Roles are typically ones in which the character has no power or control. The portrayal of people who are ill usually centres around their illness and they are portrayed as needing help, submissive or lacking self-confidence¹⁷. Often they show negative traits of bitterness, impatience and selfishness. What is not portrayed is equally damning; invisibility is as bad as inaccurate representation.

¹⁷ Mass media fund raising campaigns have been criticized for encouraging paternalism by focusing on cases of misery, neglect and pity in order to create sympathy. "The...appeal to the public on our behalf is...the begging bowl in modern form...to stress our incapacity

Representation of people with disabilities has been false both qualitatively and quantitatively. It reinforces some of our most widely and strongly held cultural and historical beliefs. It serves to further compromise the identity of the woman with a disability by rendering her invisible, showing only the negative portrayals of disability and reinforcing the rolelessness she may already feel. An insensitivity to the unconscious effects of our language condemns us to highly constricted perceptions of how things are and therefore to severely limited alternative modes of behaviour.

As I will show in the next section, in terms of symbolic interaction, the self develops as a result of the image others have of us. Sociologists tell us that children learn most of their attitudes towards others through personal interaction or through portrayals on television (Nelson, 1994, p.2). If this latter is the case, then the child with the disability is doubly damned. She will be stigmatized due to television's negative influence on public perceptions and she herself will be influenced by what she sees on television. The

and helplessness is to bind us with more chains..." (Oliver, 1996, p.25)

likelihood of internalizing an image of herself as an inferior human being is great. As well, the stigmatized role is similar to any other role in which one behaves according to role expectations. So for a stigmatized person, stereotypes can come to be role expectations and therefore, the stereotype is reinforced and maintained.

Symbolic interaction theory considers that it is through language that the child is initiated into the meanings and relationships of the cultural group (and dominant ideology) to which he or she belongs. I have shown how language, with its built-in biases and its subjective interpretation, is an important vehicle in the maintenance of oppression and the preservation of the dominant ideology. In the following chapter, I propose to explore the way girls are socialized in Western society in order to reproduce and maintain a relationship of dominance. Our society sees being female and disabled as complementary, whereas male and disabled are seen as contradictory - it must be assumed that the "effects on role definition and social options on the self-concept of the disabled woman...(who often) become the dependent creatures their parents, teachers and others expected" (Asch & Fine in Davis, 1997, p. 249). Socialization

impacts on the way women think about knowledge and develop their self-identity. Although there are many socialization theories, the following chapter examines this process from a symbolic interaction perspective to provide an explanation of how one constructs meanings depending on past experiences and interactions with others as well as on the meanings attributed by others to one's self and one's actions.

CHAPTER 4

CONSTRUCTING HANDICAPPED WOMEN

Symbolic Interaction

The first two questions asked upon the arrival of a new baby are "Is it a boy or a girl?" and then, "Is he/she healthy?" If the answers are "girl" and "no," the child will be treated differently and so her expectations, attitudes and life experiences will largely be predetermined and, in most cases, disadvantaged.

Although there are many socialization theories, for the purposes of this study, I have chosen to look at it from the perspective of symbolic interaction. A perspective put forth by Mead, among others, and developed by Mackie and Deegan. This theory "with its assumption of human flexibility and creativeness, is one of the few social theories that point to ways in which the individual can change the group and the community" (Deegan & Hill, 1985, p.6). For this reason, it seems to be the theory that offers the most positive outlook for generating change in society.

Herbert Mead (1934) postulated that since the self arises out of social situations, it is essentially a social construction. Thus, the theoretical framework suggests that the self is a reflection of society. Symbolic interactionists believe one actively determines

one's own behaviour and does not simply respond passively to external cues. Symbolic behaviour is distinctly human behaviour because humans have the capacity to use complex language. People do not act directly in response to stimuli, as behaviourists believe, but to the meanings or symbols assigned to those stimuli. Meanings are constructed by individuals for the situations they are in according to their interpretations of that situation. According to Mackie (1987, p. 111), human behaviour occurs through one's definition of an interactive situation. People respond to their symbolic interpretation of objective reality. Interactions are understood in terms of meanings or shared definitions of a situation which have been developed through previous interactions and which can be personal or cultural (standard meanings of events embedded in the community's culture and learned through socialization (Mackie, 1987, p.111). It is important to note that whether it is objectively real or not, a situation is real if a person defines it as so.

The fundamental premises of symbolic interaction then, are threefold: first, an adequate account of human social behaviour is possible only when it incorporates the

perspective of participants in interaction and does not rest solely on the perspective of an observer. Second, self (or people's reflexive response to themselves) connects the larger social organization to the social interaction of those people. Third, social interactions precede the formation of self and social organizations while both of these derive from interaction.

Symbolic interaction sees human nature developing as distinctly human through association with others and especially with significant others. Being social creatures, we are less dependent on biological imperatives than on the social conditions of our existence. Given our rational capacity to interpret symbols to make moral judgements, a sense of self develops which is "essentially a social structure and it arises in social experience" (Mead, 1934, p.40). Thus for symbolic interactionists, socialization plays an essential and pivotal role in the formation of self.

Mackie, drawing on Mead's theory, notes three assumptions about the development of self: language is the primary vehicle of socialization, the self emerges out of social interactions with others and both language and acquisition of a self are accomplished through role-

taking because the person must be able to adopt other people's perspectives toward him/herself. At first a child learns to take the role of significant others. At a later stage, the child is able to take the role of generalized other or the generalized perspective of society as a whole. Therefore, interaction between the 'self' and the 'other' is the central unit of analysis of social interaction. This is an ongoing process that constantly interprets and defines one's own and the other's actions so as to arrive at socially acceptable mutual behaviour. These eventually become generally accepted (institutionalized), and control individual behaviour.

The symbolic interaction perspective explains how gender socialization contributes to the development of self. Various culturally-defined gender traits are incorporated into perceptions of oneself as masculine or feminine. Gender identity is one aspect of self-development and the interactionist perspective "implies, therefore, that gender identity, like other social identities arises out of social interaction and is incorporated into the individual's trans-situational self" (Cahill in Deegan and Hill, 1987, p.81).

Social Construction of Gender Identity

Mead (1934) believed that the self develops in social interaction and experience. This is the focus of Cahill's work on the development of gender identity. This identity must continually be confirmed across varying situations in order for it to remain stable. As a source of self-identification, it is one of the most profound our society provides (Goffman in Deegan & Hill, 1987, p.54). Interactionists believe gender identity is formed in the first months of life due to the substantial interaction between child and caregiver, both non-verbal and experiential.

The roles and expectations associated with females are institutionalized and are transmitted to girls from the day of birth. A child's first classification is a sex-class label and this label profoundly affects the interactions of the caregiver with the child. Researchers have found that even before holding their child, parents rated male and female infants differently on a number of descriptive adjective pairs, especially those referring to physical and constitutional factors (Cahill in Deegan & Hill, 1987, p.85). Researchers concluded that sex labels "may well affect subsequent

expectations about the manner in which infants ought to behave as well as parental behaviour itself" (Rubin in Deegan & Hill, 1987, p.186). Cahill notes the importance of sex-designating labels in the formation of gender identity especially when such labels are associated with "sexually different interactional experiences" (Cahill in Deegan & Hill, 1987, p.88).

The importance of a significant other is paramount in the development of gender identity. As noted earlier, caregivers respond differently to children of different sex, not in the quantity of response, but in the nature. Boys receive more touching and holding, while girls receive more looking and vocalization. As children grow up, these differences in caregiver response become more obvious. Symbolic interactionists would expect these differences to be reflected in different conceptions of self as sexual beings and so it is, according to the research. Girls interact with mothers more significantly than boys. "What does seem to be crucial to gender development is the responses of significant others, regardless of sex, to the child's early gender expression" (Cahill in Deegan & Hill, 1987, p.89). The expectations of significant others, first parents, then

teachers and peers, prepare male and female children for two very different worlds.

Gender identity is learned in the family (which as we have already seen, is a patriarchal institution): a small but effective setting that sets the rules for the wider society into which the child will eventually move. Goffman points out that the household serves as a remarkable organizational device for society (in Deegan & Hill, 1987, p.63. From birth, girls are taught to see themselves as weak and needing the protection of the stronger, trustworthy male, first father and brother, then husband. Becoming wife and mother is a priority in self-identification, so girls are pressured to postpone their goals for achievement and look to marriage as a way to fulfil themselves. Believing that it is feminine to be fearful and timid, girls are made more dependent on those who would care for them. This learned helplessness, taught to the young girl-child, is used to keep women in a position of inequality and reinforces the notion of inferiority both to women themselves, and to men.

Play constitutes an essential part of the development of gender development, seen by symbolic interactionists

as the most crucial interactional experience of young children. Girls learn interpersonal, nurturing skills necessary to maintain relationships in primary, domestic settings. Boys learn, through their preferred large group play, to coordinate, cope with impersonal rules, work for team goals and deal with competition and criticism. (Mackie, 1987, p.136) In symbolic interaction terms, boys emerge able to take the perspective of the generalized other, while girls are more equipped to take the role of significant other; an inferior and less-integrated perspective of themselves in society. Women emerge from childhood, then, lacking the skills that would allow them access to the male-dominated structure of dominance.

The symbolic interaction perspective also states that we learn who we are and how we should behave through interaction with significant others and that our perspectives changes over the life span as our interactions structure our behaviour. In childhood, the primary caregiver is usually the parent(s). In the teen years when the pressures to be masculine or feminine are at their peak, children try to disengage themselves from parents and peers come to play an especially important

role in setting and reinforcing expected standards of differential gender norms. In adolescence, gender identity becomes mixed up with sexuality and the bombardment of messages sent from every corner of society about what is desirable and expected. Into the 1990's, pressure on girls to marry early has lessened but there is more pressure to establish a heterosexual relationship than to pursue a career (Mackie,1987,p.153). Although mothers and teachers were important in childhood, women learn that their basic identity is "clearly devalued in the society" at large (Chodorow,1971, p.282).

Social Construction of Disability Identity

There has been very little research done on the effect that disability has on the development of a child. As has been seen in the history of disability, the main theme that dominated research was pathology; the focus was put on what was wrong with the child. Researchers explicitly treated the child as a small deviant. Able-bodied norms of behaviour prevailed and rarely, if ever, did investigators question the relevance of these norms to children with disabilities" (Gliedman & Roth,1980, p.57). This is beginning to change but it is unlikely that theories developed for able-bodied children can

interpret the behaviour of a child with a disability, especially from a symbolic interaction perspective.

If the self is a reflection of society and organizes human behaviour, then "handicapped children often live in a social world that is radically different from the one inhabited by their able-bodied peers and their physical or mental disabilities often impose sharp constraints on the ways that they can obtain and analyze experience" (Gliedman & Roth, 1980, p.58). What has never been fully explored is that given the social realities, some children grow up to be independent and self-actualizing, while others become passive and dependent, conforming to the disability stereotype. The child's personal response to his or her differences as well as differences in social/cultural background and family dynamics will likely hold the key to explain these anomalies.

Lacking a sociological theory of disability, I will discuss what I feel are relevant points that are raised by the symbolic interaction perspective in the context of a sexist, able-ist society and apply them to the development of an identity of disability.

Symbolic interaction theory states that we learn who we are and how we should behave through interaction with

significant others. In childhood, this is the primary caregiver, usually mother. Current psychological theories are inherently ideological in that they reflect the cultural view of mother as the primary caregiver and nurturer yet also the primary scapegoat for any problems in her child's development. The mother of a child born disabled falls victim to guilt, alienation and feeling out of control, all of which are imposed by the social aspect of disability. The birth of a baby who is disabled elicits many emotions: depression, anger, guilt, love, sadness, hope. Along with personal feelings, societal attitudes regarding disability have probably been internalized by the parents so it is obvious that early attachment takes place in a very different environment to that of an able-bodied child. The contradiction of love for the child and guilt, shame or despair at the disability compromises the important parental role in early experience. The process of adaptation to an unexpected situation takes place along with the process of child rearing and it would seem likely that many socio-cultural mechanisms fail on the birth of a child with a disability. Parental identity as the giver of life may be compromised. In a society that reacts with

joy to the birth of a new baby, there may be no support for the birth of one with a disability - in fact there may be isolation, confusion, silence. The primary caregiver may find this lack of affirmation particularly depressing. "Will the child introject that experienced depression in the other person and to what extent will she use that introject in forming the core part of her early identity" (Harris & Wideman in Asch & Fine, 1988, p.119)?

There are very few studies on mother-disabled child bonding. What exists focuses on the mother's attachment, not the child's. Symbolic interactionists presume that children gain their experience of identity by being mirrored; that is, they develop feelings about themselves in relation to how they are treated and seen. This has serious implication given what has been said about the social surroundings which create handicap. A child with a disability being mirrored in this negative lens would inevitably see herself as damaged and thus develop an identity of disability.

The most important experience of a child is with her mother. The self is first reflected in the mother's eyes

where the child is a part of her mother. Her response to the infant is a crucial element in the development of self-identity. Winnicott notes that the development of a basic feeling of aliveness or coming into being, which is the hallmark of the child, is dependent on the mother having an aliveness. If the mother is depressed, the child can either fit in with the mother as despondent, or has the difficult task of enlivening or reassuring the mother. Winnicott feels that this disturbance takes place when the self is developing and demands unusual resources from the infant (Winnicott as quoted in Fine & Asch, 1988, p.130). This could lead to negative or positive outcomes, depending on the many other subjective forces at play.

The effect of the disability on the mother-child relationship was confirmed by a Montreal study which found that the

initial reaction of mothers, their perception of the child's handicap and their emotional relationship with their child was always a function of the social norms of the surrounding social milieu. In every case, the seriousness of the malformation only played a secondary role (Gouin-Décarie as quoted in Gliedman & Roth, 1980, p.59).

The parent has also to deal with the intrusion of professionals into their realm. As I have already noted, there is an issue of power in this relationship which can relegate parents to the position of observer of their own child. Simultaneously needing the support and having to submit to oppression is a contradiction often experienced by parents of a child who is disabled. The individual model allows professionals to feel that their position gives them the right to intervene on behalf of the child to make choices which have traditionally been presumed to be a parental prerogative. The parent may find s/he is redundant and is no longer needed to make decisions for the good of the child. This weakens the parent in his/her role as significant other in the child's life and the strength of the relationship is put in jeopardy.

In terms of confirming the feminine role of the child, if the mother has internalized the societal attitude or that of the generalized other, then she may project these onto the disabled child. For instance, if the parents feel that motherhood is an inappropriate role for a disabled woman, they may pass this message on to the child and the child will lose one of her most important gender roles. Some authors have characterized women with

disabilities as roleless because of the limited social roles available for them and the absence of institutional means to achieve valued adult roles. The absence of sanctioned roles can cultivate a psychological sense of invisibility, self-estrangement and/or powerlessness" (Asch & Fine in Deegan & Brooks, 1985, p.13). This leads to girls who grow up feeling not only different, but worse, inferior and may be an accurate internalization of opportunity structures. They are not encouraged to use non-disabled role models because parents feel (as do most others) that their disability is their defining characteristic.

A child born with a disability may be kept away from the parents for several months if medical problems come into play. The all-important physical bonding and interplay may be entirely lacking in the crucial first months of the child's life. Sex-labelling from an early age is an important means of developing gender identity. A child with a disability may be more defined by her medical or physical problems than by her femaleness. Parents may be afraid to set up unrealistic expectations by confirming her femininity. So they may be gender neutral in their interactions or concentrate on her

physical needs. Being afraid themselves of what the future holds, they may be careful not to encourage unrealistic expectations in their daughter. Unfortunately, this may be interpreted by the child as their belief in her inability, or in terms of symbolic interactions, the child takes on the meaning of the significant other. Parents can be just as susceptible to the prevailing stereotypes of women with disabilities: childlike, dependent, incompetent, asexual, unable to take on the role of worker, sexual partner, mother. When primary caregivers are passing on these messages to the child, she may become confused about who she is and who she can become (Rousso, 1987, p.6).

In spite of these powerful factors, self-concept research finds that negative self-concept is less related to one's level of ability/disability than to one's gender. (Weinberg as quoted in Deegan & Brooks, 1985, p.14). Some males with disabilities may escape the trap being disabled can present by aspiring to male characteristics such as autonomy, mastery and competence. If disabled women seek to develop these traits in order to escape, however, they may forfeit their feminine gender role which calls for passivity, subordination and

dependence. On the other hand, a girl with a disability may be able to reject the traditional roles to adopt the more traditional male roles without being ridiculed. Parents may indeed encourage their daughter to be more assertive, independent and proactive if they feel the traditional female role is inappropriate for her. Males with a disability can choose to identify with the position of advantage, that is, as a male. Women have two positions of disadvantage from which to choose and often this adds to their sense of rolelessness. It is assumed that she needs a man to take care of her, but because of her disability she is also assumed to be unattractive to men.

Cahill (in Deegan & Hill, 1987, p.91) stressed the importance of interactional experience, namely play, to the development of a sense of gender identity. Children born with a disability do not have the same capacities to engage in unstructured play as do children born able-bodied. Often much of their time is spent undergoing medical or rehabilitative interventions. Sometimes, the parents are afraid that other children will be too rough or unaccepting so they may overprotect the child, keeping her at home alone. This can lead to feelings of

isolation and alienation as well as deny her an essential socialization opportunity. Even when encouraged to play with able-bodied peers, she may experience frustration or anxiety if she cannot do what their peers do or if she is rejected by them. As well, children need the chance to associate with other people with disabilities in atmospheres that foster individual growth and the incorporation of the disability into positive self-concepts.

Wearing gender specific dress is an important means of confirming gender identity (Cahill in Deegan & Hill, 1987,p.91). Girls with disabilities may be considered gender neutral so are not encouraged to wear make-up, buy new clothes or try to look feminine. Since attracting a man is not an option for her, she is not taught to pay attention to her looks. Societal concern for appearance is paramount but a woman with a disability may have been discouraged or prevented from buying nice clothes due to a limited income. (Also, there is a lack of sources for clothing that will accommodate and complement non-standard body shapes and medical devices). Similarly, access to hairdressers may be limited due to physical accessibility or lack of money. Assumptions of

asexuality mean looking attractive is neither seen as important nor is it always an option for women with disabilities. This factor would certainly preclude such a girl relating to adolescent peers whose concentration on the opposite sex is absolute.

In the split I referred to in a previous section between the public and private spheres, women and children have been assigned to the private and so have people with disabilities, the sick and the old. Weakness, illness, pain, death and all the negatives are private, better hidden and ignored. Some parents will not even acknowledge the disability - influenced by the myth that families are responsible for the disability, they feel ashamed and guilty with no right to ask others for help. With so few resources available and with the responsibility foisted back on the parent, they can become overwhelmed and exhausted. The child can become the focus of blame and bear the burden of her family's resentment and frustration. Parents may struggle alone rather than let anyone know they are unable to cope. Many women say that due to societal attitudes, disability is the defining characteristic in their lives and they were never helped to develop a positive identity during

childhood.

Many women feel anger at having to pretend they were normal all their lives and at being denied the help that could have allowed them to develop their abilities. Others become adept at *passing* - hiding their disability or pretending it is not important so as not to embarrass or make others uncomfortable. By forcing people with disabilities to sublimate their feelings and having to pretend they are not disabled, it has been difficult for them to develop a sense of identity which includes the fact of their disability but it has reinforced their sense of shame, that is, their sense of identity. Women with disabilities are thus effectively silenced and become voiceless as well as roleless in an able-ist society.

Mackie (1987) identified the importance of language in developing a sense of identity in children. In a previous section, I have shown that the language of disability is predominantly negative and serves to isolate, stigmatize and differentiate. Thus the child has no positive words to describe her experiences of disability and hears no positive response to her status.

She soon internalizes that she is less than everyone else and that she is described and valued in terms of deficiency and deviance.

The symbolic interaction perspective gives us a powerful tool to understand how women with disabilities are socialized to become handicapped. Since "the self is essentially a social structure as it arises in social experience" (Mead, 1934, p.140), the self of a woman with disability would reflect society's prevailing views on both women and disability. I have shown that these are predominantly negative. The importance of the significant other is key in the development of attitudes and in learning to see oneself from their perspective. I have shown how the parental role is disrupted with the birth of a disabled child and how parents' attitudes toward disability are often those of the society: negative. Role-playing and role-taking are essential components in the development of a sense of self - yet few roles are seen as reasonable for a person with a disability¹⁸ and I

¹⁸ Asch and Fine (1988) note that women with disabilities are less likely to marry than their disabled male counterparts and if they do marry after the onset of a disability, they are more likely to marry a person who is disabled himself. Asch and Fine feel this is not only due to the high value placed on women's appearance and fitness in American culture, but to the expectation that women be nurturant and able to satisfy men's needs and dependencies. The assumption is

have shown how children born with disabilities are often denied the essential experience of play. As a woman with a disability develops a sense of self, she is doing so with essentially negative input. Her defining-labelling process is tainted with the prevailing views of a society that, as I have shown, view women with dislike and disability with disgust.

In the next section I will show how another important socialization agent, education, contributes to the overall denigration of the woman with a disability. As an agent of the dominant ideology, the education system sorts and ranks students according to ability and is responsible for channeling students into handicapped lives. Small wonder that so many women with disabilities have little sense of self-worth and wind up being one of the most disadvantaged groups of all.

Maintaining ideology through education

Caroline Persell in her book, Education and Inequality (1977) draws upon the ideas of Bowles and Gintis¹⁹ to show

that women who are disabled are less able to meet the needs of their husband. A husband as caregiver goes against social conventions, but a woman as caregiver does not.

¹⁸ Bowles and Gintis were inspired by Marxism and their correspondence theory explains how school produce traits and attitudes necessary for the

how the structure of the workplace is mirrored in the classroom. It legitimates the assignment of students to inherently unequal slots in the social hierarchy to perpetuate the close relation of production and class structure in capitalist societies. Through both ideological hegemony and structural means, the structure of dominance is maintained, reproduced and legitimized.

The conflict theory put forth by Collins (1977) supports Persell's ideas about the ways in which educational structures maintain inequality and stratification in society. Collins points out that the dynamics of education revolve around and are implicated in the unequal distribution of resources in society and are not so much tools of capitalist society as they are the instruments for maintaining cultural differences among individuals. (Collins, 1977) He sees education as the means by which the dominant culture imparts a hidden curriculum laden with its values. Persell details the non-cognitive outcomes of education that result from

maintenance of capitalist class systems. They emphasize the correspondence between the material relations of production in capitalist societies and superstructural processes operating in schools. Schools train students from different class backgrounds to adapt to their ultimate occupational niche thereby perpetuating the close relations of production and class structure in capitalist societies. People with disabilities are seen as non-productive in this sense. Their inferior education reflects that.

differentiation of students in schools. Persell further states that educational institutions are a structural means of ensuring that major inequalities are obscured, of setting safe parameters within which debates and conflicts occur and of controlling expectations individuals hold about life and the world. (Persell, 1977,p.29). By appearing to be working meritocratically,²⁰ schools impart knowledge at a somewhat unconscious level so that it becomes truth. Persell elaborates on how the structure of dominance is maintained through the school system at the level of personal interaction. When the individual is the unit of analysis, the failure of the school to educate is blamed on the child, rather than on the role played by the teacher or by the school acting within the structure of dominance. Persell (1977, p.14) draws on symbolic interaction theory to account for the way teachers react to student attributes in different ways, depending on the meaning those attributes have in the teacher's constructed reality. So the significance attached to these attributes will often depend on the

²⁰ Meritocracy is the ideology that pervades the school system that dictates that if a student works hard, s/he will succeed in school and in life. Called 'bootstrapism' by Brislin (1990, p.6) it is a misleading ideology because the fact remains that hard work is not always the key to a person's success in any domain. Meritocracy is an attempt to hide the fact that there are structural and ideological barriers to one's progress.

meanings given in the education and class structures in which the teacher was socialized. (We have already seen in previous chapters that these meanings around difference and disability are predominantly associated with deviance and deficit).

When failure in school is blamed on the child's shortcomings, when some children are given better tools for success, when a child is placed in a low-ability track, when teacher expectations are low due to extrinsic factors such as social class, physical disability, appearance, race, etc., when one is judged according to spurious standards such as IQ, when one's school experiences are dependent on one's place in the social hierarchy, in fact when everything is done to highlight and accentuate differences, the effects can be devastating and lifelong. As we have seen in previous sections, certain children, through no fault of their own, are destined to fail and take up their predetermined role in society, at the same time being blamed for not succeeding in a society which prides itself on rewarding everyone who works hard enough.

In the next section, I will take a brief look at some of the educational experiences of women with a disability. I will show how they have been subject to the dominant ideology of normalcy which was influenced by the individual model as well as scientific positivism. The educational experience of many women has served to reinforce the dominant perception so that often, they emerge as handicapped. Drawing on the concepts summarized in the previous section, I will show how indeed, children and particularly women with disabilities are disadvantaged through the structures set up to maintain the ideology of normalcy through the education system.

The educational experience of women with disabilities

In a previous chapter, I have shown how failing to measure up to the objective standard of normalcy has resulted in laws and policies that were enacted to exclude or treat them differently. In this way, exclusion of any who do not meet society's norms or who were seen as deviants was made justifiable. Nowhere is this more obvious than in the field of education. The structure of dominance, which as we have seen is both male and ableist, has provided people, and especially women, with disabilities with an unequal and inferior education.

In the past, children were often sent away to special schools where they were socialized²¹ to be handicapped by a process where control was structured into everyday living. The most salient aspect of the institution is their tendency to encourage, if not actually teach, dependency and passivity attributes considered to be proper for someone with a disability. Children were taught manual craft skills and expectations of their potential were low. They were given basic education but were never encouraged to look further and alternatives were rarely given. Often punishments and an abusive atmosphere were part and parcel of the daily routine; being forced to eat, being prevented from going to the toilet, banishment to one's room and physical abuse were common. Worse,

none of us were comforted or even given a kind word. As we got older, we could adapt to it but the little ones needed comfort and no one ever gave it to them. I didn't like them being ill-treated, I didn't like them being hit, they were away from home and they were unhappy. I saw it happen so much, I used to feel very sorry for the little kids when I got older (French in Morris, 1996. P.32).

²¹ A 1969 book by Robert Scott, The Making of Blind Men, documents how persons who cannot see very well enter an institution for the blind, and come out with the identity of a blind person. This process involves professional diagnosis, labeling and treatment.

Emotions were to be suppressed and the caregivers were often cold and stern. Children were not praised and in fact were told how bad and useless they were. Parents were rarely told about conditions at the school either because the school felt they had no business to be involved or because the children didn't know that they were being treated differently to others. If these children weren't handicapped when they entered these schools, they exited having thoroughly internalized the social construction of disability.

The trauma of being separated from parents at a young age was great. Often the children would grow up away from home and would become a stranger to their family thus exacerbating their isolation :

I had no idea that I was going to a special school, nobody explained it to me - I knew I was different from the rest of the family, but I didn't understand why. ...I asked my parents why I had to go away and they just turned around and said it was because I was very special. That was it, I had to accept it (French in Morris, 1996, p.20).

Although today, segregated schools are no longer the norm, exclusion is still taking place in schools. Special classes known by various euphemistic names such as the

'opportunity class or the resource class,' are known for what they are. Sometimes students are differentiated through tracking them into groups based on their abilities as measured by IQ scores, a dubious practice encouraged under the old, medicalized paradigm. Often children with low scores are placed in segregated classes where it is assumed they will learn the required skills and then earn their place back in the 'regular class.' These classes often do not challenge the students adequately and rely heavily on rote learning, so many students fail to master the appropriate skills and remain socially and educationally isolated throughout their school years or lose motivation and drop out. While this is certainly true of students from cultural minority backgrounds, students with disabilities fail for many of the same reasons. Low teacher expectations based on poor IQ scores are responsible for the communication of negative attitudes and expectations which become reflected in low self-concept and failure. Lack of progress is often blamed on the student - they are seen as incapable of learning the requisite skills - when in reality it is the system which has failed them.

Abraham Maslow's hierarchy of needs posits that the

needs of human beings can be prioritized into five levels. These are physiological, safety/security, belonging/social affiliation, self-esteem, and self-actualization. Individuals do not seek satisfaction of a need at one level until the previous level's need has been met. Maslow claimed that only when we are anchored in our community (belonging/social affiliation) do we develop self-esteem or self-actualization (the stated goal of education). Norman Kunc writes that belonging is a requisite for the development of self-esteem and self-confidence and he claims that schools do little to support many children's need to belong. He feels that for educators, "achievement and mastery rather than belonging are the primary if not the sole precursors for self-esteem." (Kunc, 1995, p. 31) The need to belong has been transformed from an unconditional need and right into something that must be earned and can only be achieved by the 'best of us.' Children are required, as it were, to learn their right to belong. Students learn that their worth as individuals is dependent on their ability to learn the prescribed academic curriculum. Belonging is no longer the inherent right we have as humans and our schools, reflecting society, perpetuate

this belief.

In previous chapters I have outlined the inferior position occupied by people with disabilities in general, and women with disabilities in particular due to the narrow parameters around what is normal. As I have shown in Chapter 2, it is normalcy that is the criterion for belonging and normalcy is determined through questionable techniques based on scientific rationalism which support the dominant ideology. I have shown how unequal power positions serve to maintain this inequality and how it is reproduced through socialization and language, as well as through an inferior education. Schools reproduce the sexist and able-ist norms of the larger culture, as do other socialization agents and this continues to place women with disabilities at a disadvantage in terms of life opportunities.

In the last chapter, I will look at ways we can work towards changing the hold that this ideology has on our attitudes towards persons with disabilities. I believe that education based on critical feminist theory can enable people themselves to see how their disadvantage has been constructed and to give them the means to combat

it. "One of the tasks for a developing consciousness of disability issues is the attempt, then, to reverse the hegemony of the normal and to institute alternative ways of thinking about the 'abnormal'" (Davis, 1997, p.26).

CHAPTER 5

EDUCATING FOR CHANGE

The relevance of the feminist perspective

Feminism rejects the notion of a universal truth, an objective reality that holds true for all people in all times. They believe this is a distorted truth, developed and nurtured to maintain inequality between men and women. Betty Friedan, with the publication of The Feminine Mystique (1963), laid to rest any notion that women's reality bore any resemblance to the accepted, male version of it. However, the common thread, which allowed this diversity to coalesce, was the recognition that a patriarchal system had denied women their voice, indeed their right to be. From their many different perspectives, feminists came to this one conclusion and this gave them the power and encouragement to stand together in their difference.

The feminist world-view begins with the knowledge and acknowledgement of women's experience of patriarchy: the limitations of malestream knowledge about the world and how it has been used to oppress and silence women. Women have lived and operated in a male-defined reality from time immemorial and having played by their rules so long, they have developed a keen awareness of the rules and intricacies of the 'game.' Through a systematic

examination of how and why gender oppression has taken place and by validating the unique and different life experiences of women, feminist writers have constructed a vision informed by an intimate knowledge of the male world. The result is a framework in which diversity is recognized and male-dominated knowledge is exposed. There is no single feminist world-view: this would be a return to the 'truth' in the name of which women have been so long suppressed and oppressed. Herein lies the strength of the feminist framework: the lack of an 'official' feminist line, instead

a multiplicity of interpretations... and far from being accompanied by a flurried search to find them right or wrong, there is an acceptance - in varying degrees - of the co-existence of diverse and even contradictory explanations (Spender, 1985, p.25).

Postmodern feminist theories recognize that oppression is specific insofar as "it intersects with class, colour, nationality, history and culture" (Luke & Gore, 1992, p.7). Added to the feminist discourse over the years has been the recognition of the diverse voices from women of colour, women from different social class, religious and cultural backgrounds and women with different sexual

orientations. It is generally acknowledged that, in the feminist tradition, these voices give a depth and richness and avoid the 'one experience fits all' mistake. Having said this, it must be noted that early feminist work has been criticized for excluding the voices of all but white, middle-class women or in the words of Eisenstein being guilty of, "false universalism." (1983). Bell hooks made a clear call for the rejection of the notion that one system of oppression was responsible for all women's experience (hooks, 1984).

Most feminist scholarly works up to the present completely omit mention of disabled women. Disabled feminists today are critical of their exclusion and wonder if the prejudices and stereotypes of the able-ist ideology have been internalized by feminists. To be truly inclusive, feminists must look at what women with disabilities are saying and at what they have to offer to the feminist discourse. Feminists are not the only ones at fault. Researchers in disability have ignored how disability interacts with gender, social class, ethnicity or sexual orientation, or race. It is assumed, as it was earlier with gender, that disability is the master

status²². Disability rights groups have often stressed commonalities between disabled people rather than differences resulting from other variables and have also excluded women as was shown in Chapter 2. A truly inclusive feminism would not only look at the oppression imposed by a sexist, racist, able-ist system, but also at how these factors interact to make each women's experience a unique piece of her-story. It would serve to help her understand how her experiences have been shaped by forces outside her control.

Why is it important for feminists to include the experiences of women with disabilities? Because feminists have committed themselves to hearing the diverse voices of all women and because there are many commonalties between women and women with disabilities:

Both feminism and the interrogation of disability...challenge existing social relations; both resist interpretations of certain bodily configurations and functioning as deviant; both question the ways that particularity or difference is invested with meaning; both examine the enforcement of universalizing norms, both interrogate the politics of appearance; both explore the politics of naming; both participate in positive identity politics" (Thomson in Davis, 1997, p.281).

²² For a discussion of master status, see page 45 of this study.

For instance, discrimination is based on a biological fact: gender and/or a disability. Women with disabilities with their experience of living with 'imperfect' bodies, can inform the feminist discourse in its attempt to expose the tyranny of beauty. Women with disabilities are women first and are often victims of sexual abuse and victimization. Women with disabilities are socialized to want to become 'normal' and 'like other women' so they may be more vulnerable to and tolerant toward sexism. Women with disabilities are more likely to never marry and have a higher divorce rate than any other group. Women with disabilities can benefit from participating in the feminist movement because they need to know that they are

faring less well than disabled men in education and employment, in getting a range of jobs, in receiving the economic security and social support they need, and in their access to sexuality and intimacy." (Fine & Asch, 1988, p.29)

Women with disabilities, like other women minorities, are at extreme economic and educational disadvantage. Disabled men have been the focus of research into rehabilitation and medical professionals have ignored the needs of women. Feminists say they want:

recognition in their terms (that) includes appreciation of both sameness and difference and it entails social transformation in order for diversity to be tolerated and not punished. They understand that some differences, even if culturally created, are acceptable and perhaps even valuable, not only for women but for men and for social and political institutions (Asch & Fine in Davis, 1997, p. 252).

Feminism is incomplete until it includes the voice of women with disabilities and tries to understand how the social construction of gender and the social construction of disability interact.

In this study, I have looked at the individual and social models of disability. While the latter has helped to empower people with disabilities to understand the social construction of disability, we have seen that it has not provided a comprehensive tool with which to study disability. It has ignored the personal experience of disability, which is all too real. It has, however, forced a recognition of disability as a civil rights issue. It has lessened the individual burden of the personal tragedy theory and enabled people to

confront, survive and even surmount countless situations of exclusion and discrimination. It has played a central role in promoting disabled

people's individual self-worth,
collective identity and political
organization (Crow in Morris, 1996,
p. 13).

It has been criticized for politicizing disability and silencing the personal experience of disability.

Feminist educational theory could be the foundation for a critical model of disability that would take into account the handicapping effect of our dominant ideology, as well as the reality of personal experience of disability. This critical model would help women to understand the oppression under which they live and how it has affected their life. From that point, through a critical educational pedagogy, women would be encouraged to develop a voice and engage in dialogue for empowerment and reclaiming control. A feminist framework is not only more broadly based, but it is potentially more just as it allows the oppressed to define their oppression in their own words, not in those of the oppressor. Feminist theory and critical feminist educational theory offer a way to begin change. By questioning what has hitherto been seen as the natural way of things women can begin to conceive of alternatives. Even though women are still socialized in a patriarchal system, many are now able to

see it for what it is and to understand how their thinking has been conditioned. Women with disabilities need an opportunity to liberate themselves from the hegemony of normalcy and work towards taking control of their lives.

Briefly put, feminism's often conflicting and always complex dual aims of politicizing the materiality of bodies while rewriting the category of woman are exactly the kinds of interrogations that should be brought to bear upon disability (Thomson in Davis, 1997, p.281).

Critical Feminist Educational Theory

Feminist critical pedagogy is based on an exploration of the lives of women in order to uncover how the forces of patriarchy, capitalism, racism and the ideologies that sustain these systems have shaped both the lives and consciousness of women in multiple ways (Maher, 1987). It aims to develop a critical consciousness from which one is able to critique the dominant ideologies that oppress them. Over the years, feminist theorists have seen that the classroom as an important area of exclusion for women as it has been for people with disabilities. Feminist critical pedagogy has developed in an effort to redress the balance by "creating new models of releasing

and empowering women's experience and knowledge, as part of reshaping the learning process for both women and men" (Maher, 1987, p.91). Out of this have come several ideas for pedagogical practices based on a feminist philosophy. These have rejected the experience, goals and viewpoint of white, Western, able-bodied, elite males which up to now have been the only source of knowledge transmitted in our culture and which has ignored the multiple and varied experiences of women.

Feminist pedagogy has drawn on the liberatory pedagogy put forth by Paolo Freire and others that seeks the empowerment of oppressed and voiceless groups. Feminists have criticized Freire's model for lumping women together with other exploited and silenced groups and taking no consideration of the variety of experiences or oppressions they may have. The gender model, is based on theories which have been put forth in the past 20 years about women's development and how it differs from that of men. (Belenky, Clinchy, Goldberger & Tarule, 1986, Chodorow, 1978, Gilligan, 1982, Belenky, Bond, Weinstock, 1997) A gender-based pedagogy takes into account these differences which arise out of the female experience as nurturer and child-rearer in the private

sphere. It advocates a more subjective, participatory and meaningful way of learning built on the particular styles of women. However, as liberation models tend to ignore the experiences of women, so do gender models tend to ignore the "nature and extent of oppression in shaping the experience of women" (Maher, 1987, p.92).

Feminist critical pedagogy includes gender as a focus on the different ways that women see and relate to the world. Women's special epistemological and philosophical styles arise out of their difference from men: their ways of knowing²³. Women therefore need a different pedagogical approach to one that is heavily weighted by the masculine. Feminist methodologies aim to bring the personal and unique experiences as women and as the oppressed into the classroom by acknowledging their validity and teaching from the place where the student is.

Feminist critical pedagogy sees the oppressed student being judged through a white, male, elite (able-bodied) ideological lens. She is thus seen as cognitively

²³ According to Belenky, Clinchy, Goldberger and Tarule, 1986, these include a relational sense of the world, a reliance on their emotional-affective sides, a need for interconnectedness, sensitivity, maternal thinking or "problem solving for relational goals, in specific contexts, governed by evolving and changing people and situations, rather than abstract reasoning for generalized situations" (Ruddick as quoted in Maher, 1987, p. 95).

inferior, ruled by emotions, needing to be controlled. As a result, women are alienated by the education they receive and Freire's pedagogy of liberation, adopted by many feminists, was designed to counter this alienation through a specific process. By coming to name their oppressions and analyzing their experiences of it, students will recognize the social and historical construction of their realities. This realization of the unnatural circumstances of their existence, or new knowledge, is to be followed by *praxis*, "a constant interplay between theory, ideas and the actions that derive from them and in turn influence their development" (Maher, 1987, p. 94). Both Freire's and the feminist conception of knowledge challenge that of the existing structure: they see knowledge as constantly changing, both subjective and subject to the interpretation of the oppressed working to transform their world. Accepting this epistemological shift is an essential element of a liberatory experience for women with disabilities.

All women, but especially women with disabilities, need validation of both their feminine nature and the reality of their disability. As I have shown in an earlier chapter, both of these are often sacrificed in the

socialization and education process that produces a woman unaware of her potential and of her role as a person with a disability. Up to now, the experiences of a woman with a disability, have been seen as 'otherness' and have been excluded from the discourse. What is needed is "an interactive pedagogy, a pedagogy which integrates student contributions into the subject matter, just as the subject matter integrates the new material on women" and on those with disabilities (my addition) (Maher in Maher and Tetreault, 1994, p. 9). At the same time, people with disabilities must be educated to understand how the ideology of normalcy is deeply ingrained to produce false consciousness and they must be taught to understand how disadvantage has been socially constructed.

We are talking about the schools cultivating in the young that most "subversive" intellectual instrument - the anthropological perspective, This perspective allows one to be part of his own culture and, at the same time, to be out of it (Postman & Weingartner, 1969, p. 4).

Starting Places

Although, this study does not see formal education as the only, or even best means to enable women with

disabilities²⁴, it is helpful to look at a review of the literature that lists factors which are key to improving access by students with disabilities to post-secondary education. The top two are:

- The establishment of a centre for disabled students which serves as a drop-in centre for disabled students and their professors, provides services and support groups, disseminates information, and sponsors awareness and sensitization programs;
- The delivery of programs and seminars to sensitize the student population, faculty, staff and the administration to the issues faced by students with disabilities (Ticoll, 1995, p.17).

As for classroom techniques, one of the most important is said to be the need to teach skills of self-determination and self-advocacy to students with disabilities. Self-determination here refers to "the attitudes and abilities required to act as the primary causal agent in one's life and to make choices and decisions regarding one's actions free from undue external influence or interference" (Ticoll, 1995, p.21). Some of the requirements to fulfil this goal are: skills that promote self-regulation, psychosocial skills needed in the workplace, environments

²⁴ The classroom is generally not conducive to student-centred learning being either too large or too disparate to be considered a 'safe' place.

that are structured to ensure opportunities for choice, instruction that is organized to promote self-determination, teaching strategies that promote self-determination (Ticoll, 1995, p.21).

An educational experience in which a woman feels herself and her experiences to be valued and authentic, in which she is enabled to recognize the social construction of disability and in which she sees herself reflected as competent and valued both in the content of education and in the eyes of others, are essential to a realization of how she has been excluded, un-gendered and rendered voiceless as well as powerless. This is the first step to bringing about positive change for her and for women with disabilities in general. In the next section, I will propose ways of using critical feminist teaching methods to achieve these goals by building authenticity through validation of experiences, a reinterpretation or reconstruction of knowledge, development of a voice and learning self-advocacy skills.

Safe Places - Building Connections

People with disabilities do not live in ghettos or in specific neighbourhoods, but are spread evenly across

race, class, socio-economic status, geographical area. This has created a problem (exacerbated by the fact that transportation and location are often inaccessible) that has meant that they could not organize or come together to discuss common problems and issues. I have outlined in an earlier chapter how many women with disabilities felt excluded from feminist meetings due to inaccessibility of location or negative attitudes toward disability. However, of prime importance is that they are enabled to connected with other people who share their challenges²⁵. Women with disabilities are isolated - living in a world of the able-bodied, having to deny the pain and difficulties they experience and feeling guilty and embarrassed for being the way they are. Feminists should understand this condition - in the early days of

²⁵ There seems to be a contradiction inherent in the situation that needs explanation: I have outlined how people with disabilities were segregated along disability lines for schooling, rehabilitation, etc. and I indicated that this was a predominantly negative thing. Yet I am now suggesting that special groups be set up for women with disabilities as a first step to enablement. I do this not only for reasons of building a safe place, but also to develop opportunities for connection as well as friendships with other people. I believe that the lack of inter-connectedness is a major factor in the isolation of people, and especially women with disabilities. Because of this and as a result of the many other factors I have already mentioned in this paper, these women may lack the necessary skills needed to initiate and maintain friendships, so necessary for sustenance and support. The importance of relationships and connectedness for women and their ways of knowing have been well documented so I believe that this inability or lack of opportunity may be a fundamental obstacle to any effort at critical education.

the movement, they were in a similar situation. In an educational setting, women with disabilities can be brought together in a centre where they are made welcome. It should be a place where they feel safe, able to connect with others who have a shared experience of disability, able to discuss without fear of antagonizing or embarrassing others, able to rest and relax in private.

Such a space requires the provision of opportunities for the articulation of multiple perspectives in multiple idioms, out of which something common can be brought into being. It requires, as well, a consciousness of the normative as well as the possible: of what *ought* to be, from a moral and ethical point of view, and what is in the making, what *might* be in an always open world" (Greene, 1988, p.xi).

Independent Living Centres²⁶ which have been set up in many Canadian cities would be perfect venues, as they bring together people from across disability groupings and are always physically accessible. Whatever the opportunity, separate groups must be set up for women

²⁶ The Canadian Association of Independent Living Centres is a national organization which promotes the Independent Living Movement in Canada. The Independent Living Movement empowers people with disabilities to control their own lives through the principles of individual choice and self-help.

with disabilities. Creating a safe²⁷ environment is essential.

[T]hat space while it lasts should be a nurturing space where you sift out what people are saying about you and decide who you really are. And you take the time to try to construct within yourself and within your community who you would be if you were running society. In fact, in that little barred room where you check everybody at the door, you act out community. You pretend that your room is a world, It's almost like a play, and in some cases you actually grow food, you learn to have clean water and all of that stuff, you just try to do it all. It's like, "If I was really running it, this is the way it would be. (Reagon, 1983, p.358).

Various experts have commented on the importance of this type of space to "exclud(e) controlling élites who might limit the group's ability to explore their situation" (Belenky, 1997, p.161). Men have dominated the disability movement thus far and their presence often makes women afraid to speak up. The disability movement "has been the poorer (because of the male domination)... as there has been an accompanying tendency to avoid

²⁷ The concept of 'safe place' is reflected in the literature, mostly not associated with the formal education domain. ('authentic public spaces' from educational philosopher, Green, 1988, 'free spaces' from political sociologists Evans and Boyte, 1986, 'movement half-way houses' from historian Morris, 1984, 'beloved community' from civil-rights worker

confronting the personal experience of disability" (Morris, 1991, p.9). The presence of non-disabled women could be intimidating until women with disabilities have found and developed a voice.

Bell hooks has pointed out that when black students are included in mixed race feminist classes, the classroom can become a "site of conflict, tensions, and sometimes ongoing hostility" (hooks, 1994, p. 113). This will eventually become desirable as confrontation across differences induces change in one's perceptions and attitudes through a reinterpretation of 'knowledge.'

In order for women to take the risk of self-exposure, a safe space must also have group generated rules about participation such as confidentiality, freedom not to speak, freedom from criticism or put-downs. The group facilitator must be seen as being equal to the participants in terms of respectful and reciprocal relationships. Much has been written about silencing of students due to the 'authority' of teacher (Ellsworth in Luke and Gore, 1982, Weiler, 1988, Gore, 1992), but even unequal relationships can work if there is mutual respect and reciprocity of sharing.

Narratives and Inquiry

Dependence on authority for knowledge and direction can be a severe handicap for anyone in a modern society driven by rapidly evolving technologies as a premium placed on independent, creative thinking. Unquestioning conformity to authorities and the norms of one's community can be particularly problematic for people presumed to be Other. If they are to move beyond their situation, it is necessary that they question the authorities and traditions that have defined them as subordinate, submissive and without the capacity for intelligence (Belenky, 1997, p.59).

Following up on her work with the women's ways of knowing collective, Mary Belenky developed a project called Listening Partners. This project was aimed at isolated women who were identified as silenced or received knowers²⁸ and its goals were to "bring together isolated, disadvantaged mothers of young children to work collaboratively in developing their powers of mind and voice and their skills in fostering the development of

²⁸ According to Belenky's previous work, a silenced knower is one who "does not believe they are capable of learning from experiences mediated by language. They think of themselves as 'voiceless' because they feel unable to give words to what they know. They also find it difficult to acquire new understandings by listening to what others might have to say." A received knower is one who "sees (her)self as capable of receiving knowledge by listening to authorities but not as able to give voice to their own ideas. They assume that any problem has only one right answer and that one learns to tell 'right' from 'wrong' by listening to authorities" (Belenky, 1997, p.59).

others" (Belenky, 1997, p.70). Belenky notes that *silenced* should not be seen as a normal phase of epistemological development, rather as a "reflection of social disintegration" (Belenky, 1997, p.59). Some of the ideas I express here are based on this Listening Partners research project.

Women with disabilities have to reconstruct knowledge and the ideas of feminism so that they become meaningful in light of their personal, lived experience. But for silenced or received knowers who see knowledge as something that is externally created and handed to them for unquestioning acceptance, the process must be carefully fostered and nurtured. For received knowers, even theories which are based on ideas of liberation can become an imposed ideology. Women need to focus on the "range of human intelligence, the multiple layers of language²⁹ and the symbol systems available for ordering experience and making sense of the lived world" (Green, 1988, p.125). I believe that a liberatory education must develop attitudes and skills of social, political and cultural criticism but this is a painful process which

²⁹ An essential component of any discourse for women with disabilities, see Chapter 3 MAINTAINING INEQUALITY, Language and the Representation of Disability, p. 42, this study.

involves and coming to terms with shedding layers of socialization and re-building one's true self. Postman and Weingartner write that our intellectual history has been a chronicle of the suffering of people who

tried to help their contemporaries see that some part of their fondest beliefs were misconceptions, faulty assumptions, superstitions, and even outright lies. The mileposts along the road of our intellectual development signal those points at which some person developed a new perspective, a new meaning, or a new metaphor. We have in mind a new education that would set out to cultivate just such people - experts at 'crap detecting' (Postman & Weingartner, 1969, p.3).

The first step in being able to crap detect is to examine the situations of one's life and engage in dialogue with caring others. Dialoguing provides the chance for silenced women to develop listening and speaking skills, to articulate personal meaning and find meaning in other's words. The interpretive and creative powers of the mind are revealed to the received knower. Belenky noted that once an understanding that "ideas can and do emerge from one's own mind, a person is more likely to begin consciously to develop, use, articulate and integrate procedures for constructing knowledge and

ideas" (Belenky, 1997, p.81). Dialoguing skills must be taught in order to draw out meanings and develop listening and speaking skills.

Belenky and her group encouraged women to interview each other in order to write their life stories which were then discussed and subjected to interpretation and re-interpretation. Women can see the development of their ideas as they refine, critique and build on their's and other's ideas. "This process also provided an opportunity to observe one's ideas unfolding and gaining in power, making it clear that one really does 'get smarter' when talking and thinking problems through with care" (Belenky, 1997, p.84). These narratives were then written up and published for distribution to various reading centres, validating the women's roles as authors of meaningful material about their meaningful lives. Personal experience is demonstrably valid knowledge, as are "...feeling or emotion (that) have traditionally been seen as a source of women's knowledge about the world" (Weiler, 1991, p. 463).

As outlined earlier, symbolic interaction theory states that the self arises as it is mirrored in others. Women with disabilities see themselves mirrored in

negative ways so it is important to ensure they are enabled to see themselves as strong and capable beings. If there is truth in the saying that hardship builds character, then women with disabilities are well-endowed. Most have encountered and overcome daily obstacles and they are true survivors, but rarely is this recognized. Facilitators of groups must be adept at seeing, and mirroring the strengths of the women in their groups. Belenky calls such leaders cultural workers:

Cultural workers hold up a mirror for people to look at themselves, their lives and their communities. Our work as cultural workers is to show you what we see. The reflections help people inventory their culture, their history, their stories, and their social relationships. At our best we are mirrors (Belenky, 1997, p.291).

As I have said earlier³⁰, being positively reflected in the eyes of a significant other allows women to see themselves clearly. From personal narratives, effective leaders can help to clarify and underline the barriers overcome in the past to plan for future challenges. Audio- or video-taping women allows women to see that the conversations in which they participated were

³⁰ See Chapter 4, pages 56-61

stimulating, meaningful and thought-provoking. Gathering input from women and mirroring it in a workable plan for action, then encouraging women to contribute according to their strengths and goals fosters growth and reflects capability.

Any curricular material must reflect the lives of women with disabilities. Consciousness-raising is done on the back of valid, lived experiences of real women with disabilities. Since the late 1980's many women with disabilities have written about their experiences and many have become successful in various valued roles. These examples must be made visible and celebrated to provide role-models and to allow women to see themselves and their experiences mirrored in others' lives.

Group problem solving allows the critical thinking process to be exposed and focuses participants on their own intellectual strengths. Participants would be encouraged to look for and document each other's strengths. Input from others during the proceedings enables women to see different viewpoints and to see how their knowledge can add to her understanding and enlarge her epistemological perspective to become procedural or

constructed knowers³¹.

In order to elucidate the problem, a process of inquiry must be undertaken so women can think about their situation and formulate answers. Women and other oppressed people have traditionally been discouraged from asking questions and they need to be encouraged and taught to do so. The inquiry can be reflective (What was one time when you felt pretty smart? Or What was the most clever thing you did this week?) or critical (How am I manipulated into thinking I am dumb? Or Why do I feel so dependent?). Once they recognize that they do have strengths they can begin to take a look at why, then, do they always feel so stupid.

Postman and Weingartner note that asking questions is essential in order to "to elicit from students what meanings they have stored up so that they may subject those meanings to a testing and verifying, reordering and reclassifying, modifying and extending process" (1969, p.62). The questions that women pose will be ones which have relevance for them and one can only learn in

³¹ Procedural knowers: "A perspective that has one core belief: ideas can be developed, analyzed, tested, and communicated if people are careful to curb their subjectivity with the use of procedures. The ideas of authorities can and should be subjected to such procedures as well." Constructed knower: personal, emphasis on dialogue,

relation to what one already knows. The authors then go on to suggest standards for good questions. Some of these are:

- Will your questions increase the learner's will as well as his capacity to learn? Will they help to give him a sense of joy in learning?
- Will they help to provide the learner with confidence in his ability to learn?
- In order to get answers, will the learner be required to make inquiries?
- Does each question allow for alternative answers (which implies alternative modes of inquiry)?
- Will the process of answering the questions tend to stress the uniqueness of the learner?
- Will the answers help the learner to sense and understand the universals in the human condition and so enhance his ability to draw closer to people? (Postman & Weingartner, 1969, p.66)³²

Careful use of inquiry techniques with open-ended questions will encourage divergent, thoughtful answers but will also increase one's capacity for generating other questions - a necessary condition for raising consciousness and self-awareness. In such an inquiry context, the participant will see that they are at the centre of the learning experience and that reality is a multiplicity of meanings, depending on who is at the centre. In this context, there is no imposed content, no

empathic role-taking and contextual analyses. Connected knowers seek understanding rather than proof" (Belenky, 1997, p.60-61).

³² Although these authors wrote the book, Teaching as a Subversive Activity in a male-oriented way, their ideas are pure feminist critical pedagogy. I would add to the last question, however, "understand the universals as well

right or wrong, no need for anyone to feel threatened or inadequate, only the expectation that participants make their own meanings. Our ways of questioning structure how we see the world - what we see is not the world itself. As I said in Chapter 4, whether it is objectively real or not, a situation is real if a person defines it as so.

Out of such questioning comes a raised consciousness³³ about the conditions under which one's life is lived. "For example, about social arrangements that are so much a part of everyday life that they are beyond one's conscious awareness" (Belenky, 1997, p.268). Just as did feminists in the early days, women with disabilities need to undergo this process of consciousness-raising by listening to each other speak, letting their ideas evolve and revolve, bringing together their insights, and questioning in order

To look at themselves through their own eyes rather than through those of men...it is the...often painful process of breaking through the experience of femininity. By discussing and comparing their individual experiences, women develop an

as the *specifics* of the human condition."

³³ Consciousness-raising arose in grass roots settings as a technique for finding words for 'problems with no names' (Friedan, 1963). Women met to share their sense that something was wrong with their experiences as women. It was a way of constructing knowledge where none existed.

understanding of the emotional structures of their dependency (Foreman as quoted in Middleton, 1993, p.113).

This type of activity is consistent with the way women tend to communicate: listening, collaborative dialoguing, and seeing oneself as an individual in a network of interconnectedness. Women seek to develop close relations and want to give and receive support in consensual situations. Women with disabilities may have been excluded from the expression of such natural instincts and need to be enabled to develop their feminine side in this way at the same time as deconstructing the realities of their disadvantage.

What Next ? Building Community

Mary Belenky has devoted a chapter of her book, A Tradition That Has No Name, to a study of what she calls 'public homeplaces' which are "well-established, successful ongoing projects women have created for bringing an excluded group into voice and encouraging people to become fuller participants in community life" (Belenky, 1997,155). The researchers found that these public homeplaces nurtured the development of people and communities very successfully. Drawing heavily on Black

women's traditions and culture which focus on the uplift of the community rather than the assertion of individual rights, Belenky notes how this has been crucial to the survival of African Americans. She points out that the cultural traditions of Black community leaders who treat biologically unrelated people as if they were members of one's own family provide a foundation for Black women's political activism that is little understood in the broader society. Public homeplaces are very much about the leadership potential rooted in the maternal, a practice and a way of thinking that has been ignored and denigrated by male-dominated ideology³⁴. "Whenever people are cast as Other, they are largely unseen and unheard. The language used to describe them and their contributions is apt to be impoverished, innaccurate and demeaning" (Belenky, 1997, p.293).

The public homeplaces which Belenky describes all grew out of a process of inquiry in which women were asked about their situations and encouraged to dialogue about practical responses. The projects are based on the feminine and maternal - using concepts such as caring, relatedness and interconnection. Experimental projects

³⁴ For an interesting history of this traditional form of leadership,

were set up which had equal chances of failing or surviving but participants took the risk together and began the process of community evolution that answered to their needs and which could be re-tooled when and how it became necessary.

John McKnight, professor and community organizer, paraphrases Alexis de Tocqueville to describe informal groups of ordinary people,

self-appointed, who came together and took three powers: the power to decide there was a problem, the power to decide how to solve the problem - that is the expert's power - and then the power to solve the problem" McKnight, 1994, p.3).

No one elected these groups, which McKnight calls associations, and he feels the hope for our time is in those associations. This parallels Belenky's notion of public homeplace: a social space in continuous creation by its citizens, who claim by the very fact of their citizenship, authority and responsibility in this space. These association use all kinds of methods and create all kinds of situations in which each of us finds relationships where all our gifts are recognized and magnified. These associations are part of a tradition of

see A Tradition That Has No Name, Chapter 10, by Mary Belenky.

'connection.' However, they are threatened by the opposite tradition of 'separateness." McKnight believes this threat comes "mainly from institutionally defined social programs with the power to establish authoritative definitions of need" (1994, p.3). These systems feed on needs and are always looking for ways to create them. The result is diminished citizenship as

these systems of service colonize your life and my life, saying that we are bundles of needs and there are institutionalized services there to meet the needs to make us whole, to make us real, what we become is less and less powerful. Our citizen capacity and our gifts get lost and forgotten, so that there is, I believe, a relentless struggle between associational ways and system ways, and what we have seen in our time is the ascendance of systems over associations (McKnight, 1994, p.4).

The four results of this ascendancy of systems are: people will become known by their deficiencies, not their gifts; money will tend to be put at the discretion of those offering service; active citizenship will retreat in the face of professional expertise and services will aggregate to form total environments (McKnight, 1994).

The plight of people with disabilities reflects the effects of these four better than any other group as

their lives have been bound up with the institutional since the day of their birth or onset of their disability.

What I propose is an emphasis on the associational/community aspect in order to build up the strength of the individual or collective of citizens and diminish the professional edifice dedicated to the fixing of people and to making the abnormal normal. A regeneration of community based on the maternal qualities of caring, sharing and interconnection is needed to visualize from a micro-perspective. Oppressed groups have been socialized to accept the opinions of others or externally generated solutions to their problems but must now work to reclaim local capacities and bring about change based on their real needs.

Once women with disabilities have been enabled to reclaim their history and critique their experiences, the next step must be to organize on a local, community level. The connections and skills developed in the individual phase of their critical growth can be used to enlarge their perspective from the individual to the collective. They will be ready to step out and face the larger world of the able-bodied with more confidence in

their abilities and with a support system developed in the first phase. The strengths and coping skills they have developed over their lifetime can now be put to use in working for their own good as well as that of others. The logical culmination of personal transformation is using it to support others. Women with disabilities have suffered from being seen as dependent, passive and redundant women. Praxis in this form would have them take a leading role in reaching out, advocating and supporting others.

The most formidable barrier for people with disabilities are the negative attitudes towards disability held by our society. I believe these will never be changed by formal programs in the schools or media campaigns showing people in wheelchairs bungee-jumping. Change of this sort can only be done one person at a time and the best way to begin is to get to know someone who is labelled as Other. Community associations are places where leaders come together to work out problems together. Leaders, cultural workers, transformational leaders, whatever they are called are people who see gifts not deficits. They are connected in the community, they elicit trust and they can support

women with disabilities needing a 'homespace.' People with disabilities can contribute to these grass-roots efforts and at the same time become more visible as productive, pro-active and willing to share gifts. Forging connections at the local level will encourage relationships built on common interests, build a network of social resources and will eventually lead to breakdown of isolation, sharing of responsibility, and acknowledgement of capabilities. One individual at a time will eventually break down the barriers.

CHAPTER 6

CONCLUSION

Women with disabilities have been shown to be one of the most oppressed groups in our society. The reasons behind this are legion, but relate only in small part to the fact of their actual physical impairment. Their oppression stems from factors in the social environment mainly due to the hegemony of the patriarchal and normalist ideology which dictates the assumptions upon which the oppression is based.

The solutions for ending this constructed disadvantage are neither simple nor obvious, bound up as they are with cultural practices that dictate how individuals feel about themselves and how they relate to 'difference.' I have discussed how the hegemony of normalcy is maintained through socialization practices and language. However, women with disabilities are beginning to speak out to tell their stories. This study proposes that the disability rights movement can be informed very much by the feminist movement because the oppression in both cases is due to factors imposed by society.

I have proposed a critical feminist methodology based on building a safe place, the use of narratives, inquiry and consciousness-raising to enable women with

disabilities to understand their disadvantage in social, as well as personal terms. A shift in epistemological stance from silent or received knowers will enable women to critique the accepted manifestations of the dominant ideology which has reduced her to a voiceless, roleless, ungendered entity. Recognizing the strengths she has developed in dealing with the difficulties of impairment in such a hostile environment and reclaiming her power to speak up will enable her to re-vision her circumstances in a critical way. Building on the personal, she will be able to develop political power and share her knowledge with others for the benefit of the community. Stereotypes can only be broken down when enough women are enabled to defy their limitations.

In the end, as they did for feminists and Black Americans, the associations which work at the local, grassroots level and which aim to limit the power of the institutions of the dominant structures, will be able to change the hegemonic systems which delimit and disadvantage so many.

I have discussed in an earlier chapter the two current models of disability, the individual (medicalized) and the social. Although the latter is an improvement over

the former, it has been criticized for focusing only on the social aspects of disability and ignoring the personal experience of having an impairment. Further research needs to be done on developing a more adequate model to describe the effects of impairment. Working to authenticate a woman's experiences of oppression on an individual level could lead to the development of a critical theory of disability. Arising out of a feminist perspective, such a theory of disability would marry these two aspects to highlight the relationship between the external and the personal. Feminists need also to study how such variables as gender, class, race and ability interact to produce women's experiences and how one affects the other.

As well, following in the research tradition of John McKnight and Mary Belenky, study needs to be done on associations of people with disabilities to see if they are functioning as effectively as are other groups. If they are not, then the reasons should be examined to see if they have been encouraged to go through a process of critical inquiry into the reasons for their oppression or if there are structural reasons why this is not happening. Are women being encouraged to take active

roles in these groups? Are groups working in connected ways? What supports are necessary to make this happen? It is essential that people with disabilities themselves be involved in any research as they have traditionally been left out while 'colonizers' have investigated the facts of their lives for them and pronounced on the solutions. We have to understand that we cannot 'fix' people and mould them into some preconceived conception of an ideal. Our systems have been created to do just that and have become more and more tyrannical as they intervene in people's lives to do good. What we need is a community that is able to see what people have to offer and to allow those gifts to be given.

We have wonderful possibilities in society if we're willing to fail to be gods, if we give up the idea that we can create institutions and systems that will fix everything, that will be the modern gods, that will make us whole, make us real, make us all those things. That's when life will come alive and communities will grow: when we see the wonderful possibilities of failing to be God (McKnight, 1994, p.8).

ANNEX 1

- Percentage of adult Canadians who are employed 67
- Percentage of Canadians with a disability who are employed 40

- Percentage of adult Canadians who are not in the labour force (who are not working or actively seeking employment) 25
- Percentage of Canadians with a disability who are not in the labour force 51
- Percentage of Canadian women with a disability who are not in the labour force 62

- Percentage of adult Canadians who report total incomes from all sources of less than \$10,000 46
- Percentage of Canadian women with a disability who Report Total incomes from all sources of less than \$10,000 72

- Percentage of women with a mental disability (surveyed) who reported having either no schooling or schooling up to Grade 8 only 66

(Health and Limitation Survey, Statistics Canada, 1986)

As well,

- Eighteen percent of women are disabled.
- Disabled girls are twice as likely as able-bodied girls to be sexually assaulted.
- Disabled women are more likely than able-bodied women to be victims of violence.
- Support and services for disabled mothers are almost totally inaccessible.
- The unemployment rate for women with disabilities is 74 percent.
- Working women with disabilities earn 64 percent of the wages of non-disabled women.
- When men become disabled 50 percent of marriages break up; for women that figure is 99 percent.

(Ontario Advisory Council on Women's Issues, 1989)

ANNEX 3:

Variations of the Popular Cultural Voice on Disability (Bach and Rioux, 1994, p.209)
 (With addition of Heroic by myself)

TYPE OF METAPHOR	EXAMPLE OF METAPHOR	HISTORICALLY RELATED TO
Heroic	Disability as challenge	Work ethic
Humanitarian	Disability as Misfortune	Giving to charity
Medical	Disability as sickness	Hospitals, medical care, cure, healing
Outsider	Disabled person as "other"	Monsters, strangers
Religious	Disability as divine plan	Charity, fortune/misfortune
Retribution	Disability as punishment	Sin
Social control	Disability as threat	Monsters, Horror show
Zoological	Disabled person as pet, disability as entertainment	Freak show, circus, dwarf tossing

NOTE TO USERS

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