

7 Disability equality

Confronting the oppression of the past

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Introduction

At least 10 per cent of the world's people have a significant, long-term, physical or mental impairment which can and usually does disable them from taking part in the usual educational, social and economic activity in their community. This is due to barriers in attitudes, in the built environment and in the way society is organized, which prevent us from participating on an equal level with others. The reason why most of these barriers exist is because societies have until very recently not recognized that the systematic way in which they discriminate against disabled people when backed by discriminatory laws and practices of the state, often amounts to oppression. Barnes (1991) gives a full account of the discrimination disabled people encounter in all areas of life. This oppression has developed from our history, from myths and beliefs that attribute characteristics to disabled people which are unrelated to the reality of disabled people's lives. Such collections of attitudes often determine how non-disabled people respond to the 'different' in their midst; how they form stereotypes of the disabled person as saint, sinner, super-hero, freak, fiend, victim, obsessive avenger, isolationist, the butt of jokes, just a burden, or someone to be pitied. The particular form of stereotyped thinking depends on the society's history, its explanation of how it has come to be and the resultant culture.

The dimensions of inequality to do with gender, sexual orientation, 'race' and class all interact with disablement to create additional oppressions for those with one or more of these oppressions. However, until very recently, the arguments for disability equality have often been ignored in the development of thinking about equal opportunities. In this chapter, therefore, I will begin by looking at how disablement is defined and modelled. I will then look at the extent of disability, world-wide and in the UK. Next, I will give a brief history of disablement, including the growth of the Disabled People's Movement and our struggle for civil rights. I will conclude with an examination of stereotypes in the media – images that are continually recycled to maintain prejudice – and at what is being done to counter this.

Two ways of viewing disablement: the ‘medical model’ and the ‘social model’

The ‘medical model’ of disability

The ‘medical model’ sees the disabled person as the problem. We are to be adapted to fit into the world as it is. If this is not possible, then we are shut away in some specialized institution or isolated at home, where only our most basic needs are met. The emphasis is on dependence, backed up by the stereotypes of disability that call forth pity, fear and patronizing attitudes. Rather than on the needs of the person, the focus is usually on the impairment. With the medical and associated professions’ discourse of cures, normalization and science, the power to change us lies within them. Often our lives are handed over to them.

Other people’s (usually non-disabled professionals’) assessments of us are used to determine where we go to school; what support we get; what type of education; where we live; whether or not we can work and what type of work we can do; and indeed whether we are even born at all, or are allowed to procreate. Similar control is exercised over us by the design of the built environment, presenting us with many barriers, thereby making it difficult or impossible for our needs to be met and curtailing our life chances. Whether it is in work, school, leisure and entertainment facilities, transport, training and higher education, housing or in personal, family and social life, practices and attitudes disable us.

Powerful and pervasive views of us are reinforced in language, and in the media, books, films, comics and art. Many disabled people internalize negative views of ourselves which create feelings of low self-esteem and achievement, further reinforcing non-disabled people’s assessment of our worth. The ‘medical model’ view of us creates a cycle of dependency and exclusion which is difficult to break.

‘Medical model’ thinking about us predominates in schools where special educational needs are thought of as emanating from the individual who is seen as different, faulty and needing to be assessed and made as normal as possible (see [Figure 7.1](#)).

The ‘Social Model’ of Disability

If, instead of focusing on differentness within the individual, the focus were on, for example, all children’s right to belong and to be valued in their local school, then we would be asking ‘what is wrong’ with the school and looking at the strengths of the child. This second approach is based on the ‘social model’ of disability. This model views the barriers that prevent disabled people from participating in any situation as being what disables them. The social model makes a fundamental distinction between impairment and disability. *Impairment* is defined as ‘the loss or limitation of physical, mental or sensory function on a long-term, or permanent basis’, whereas *disability* is ‘the loss or limitation of opportunities to take part in the normal life of the community on an equal level with others due to physical and social barriers’ (Disabled People’s International, 1981, in Dreiger, 1989).

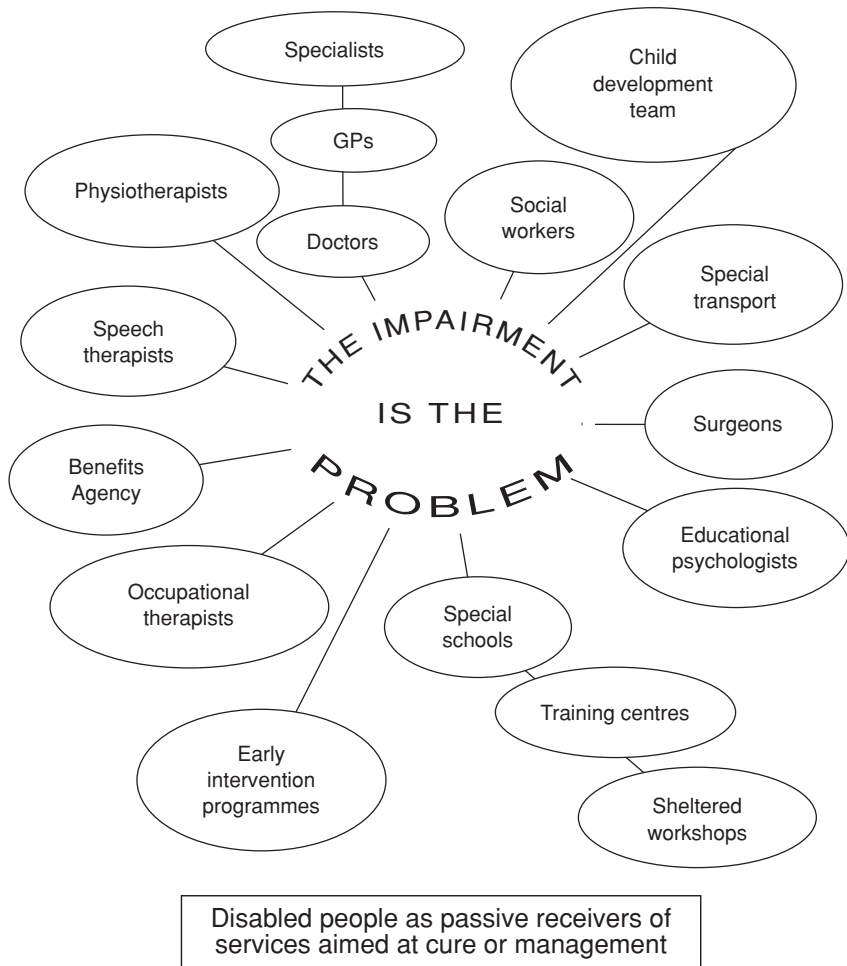


Figure 7.1 The medical model

The Disability Movement, which consists of organizations controlled by disabled people, comprises those disabled people and their supporters who understand that they are, regardless of their particular impairment, subjected to a common oppression by the non-disabled world. We are of the view that the position of disabled people and the discrimination against us are socially created. This has little to do with our impairments. As disabled people, we are often made to feel that it is our own fault that we are different. The difference is that some part, or parts, of our bodies or minds are limited in their functioning. This is an impairment. This does not make us any less human. But most people have not been brought up to accept us as we are. Through fear, ignorance and prejudice, barriers and

discriminatory practices develop which disable us. This understanding of the process of disablement allows disabled people to feel good about ourselves and empowers us to fight for our human rights (Oliver, 1990; Mason and Rieser, 1994).¹

I will illustrate the two models of disability, with reference to my own history. I had polio in 1949 which led to the loss of muscle in my left leg, right arm and back. My impairment by the time I was six years old was not major – I could walk, swim, ride a bicycle and so on – but I walked with a limp. However, when I expressed the desire to attend the local primary school, which was all built on one level, the headteacher refused to have me, claiming that I was a fire risk. I was accordingly sent to a school for ‘the physically handicapped’. This was my first experience of disablement. The school smelled like a hospital and I did not want to go there. So my parents kept me off school until the London County Council (LCC) agreed to pay for me to attend a private ‘progressive’ school which was not very good. There I was diagnosed as having ‘learning difficulties’ and ‘behaviour problems’. Seven years later, I chose to leave and went to the local secondary modern, a year below my age group. Again I was disabled by not being allowed to use the lift in the six-storey building, by being bullied and being made to feel bad about myself in PE. Despite this, I did get the necessary O and A levels to enter university, though at some considerable cost to my self-esteem. In all these situations people were disabling me by presenting barriers to my equal participation (see Figure 7.2).

The Disabled People’s Movement

The Disabled People’s Movement represents the view that the ‘cure’ to the problem of disability lies in the restructuring of society. Unlike medically based ‘cures’, which focus on the individual and their impairment, this is an achievable goal and to the benefit of everyone. This approach, referred to as the ‘social model’, suggests that disabled people’s individual and collective disadvantage is due to a complex form of institutional discrimination as fundamental to our society as social-class exploitation, sexism, racism or heterosexism. This leads to discrimination and the internalized oppression we experience. This is not to deny or devalue the discomfort and pain we often experience as a result of having an impairment. Recently a number of disabled writers (Morris, 1993; Crow, 1996; Shakespeare, 1992; Oliver, 1996; Shakespeare and Watson, 1997) have argued that the ‘social model’ of impairment must include these experiences – for example, pain, discomfort and dying – and that the Disabled People’s Movement will only attract larger numbers of disabled people if it takes these ideas and practices on board. There has been understandable resistance from those who experienced their lives as dominated by the ‘medical model’ and the real problem is that our current ‘social model’ has not been developed to encompass our experience of impairment and so to develop our own responses to it.

In addition to this, the obsession with finding medically based cures distracts us from looking at causes of either impairment or disablement. In a world-wide sense,

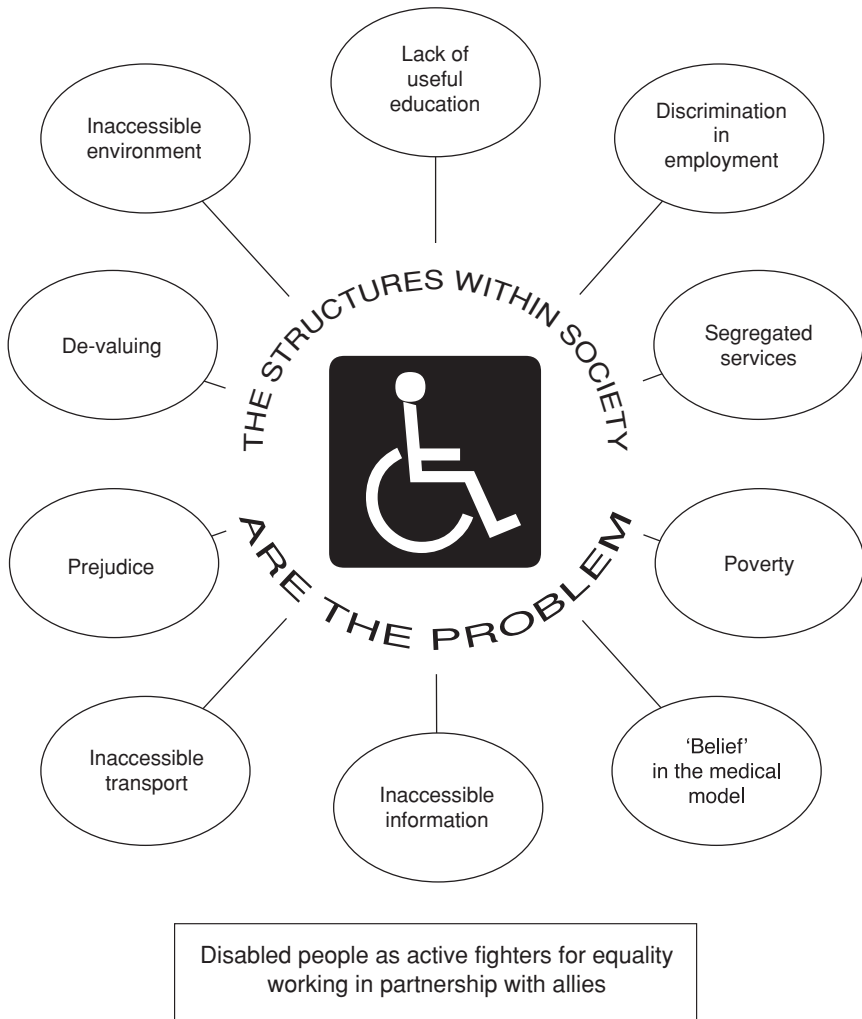


Figure 7.2 The social model

most impairments are created by oppressive systems – hunger, lack of clean water, exploitation of labour, lack of safety, child abuse and wars (see below).

Clearly, the ‘social model’ has important implications for our education system – particularly with reference to primary and secondary schools. Prejudicial attitudes towards disabled people and indeed against all minority groups are not inherited. They are learned through contact with the prejudice and ignorance of others. Therefore, to challenge discrimination against disabled people, we must begin in our schools.

Our fight for the inclusion of all children, however ‘severely’ impaired, in one mainstream education system will not make sense unless the difference between the ‘social’ and the ‘medical’ model of disability is understood (see Chapter 8 of this volume for a discussion of disability and education).

The ‘social model’ has empowered many disabled people and been important in uniting previously disparate, often impairment-based organizations. The self-representation of disabled people has been important in a situation where organizations ‘for’ disabled people, but run by non-disabled people, have sought to do things in our name, but without finding out what disabled people want. The British Council of Disabled People, made up of 129 organizations of disabled people that are run by disabled people, has had a long battle over the last twenty-one years to establish itself. This has been particularly hard when large charities ‘for’ disabled people such as the Royal National Institute for the Blind (RNIB), the Royal National Institute for the Deaf (RNID), the Royal Association for Disability and Rehabilitation (RADAR), SCOPE (for people with cerebral palsy) and MENCAP (Royal Society for Mentally Handicapped Children and Adults) get large amounts of government funding to provide services for disabled people, have influence, but do not represent disabled people and are not controlled by them. This was very apparent when the 1995 Disability Discrimination Act passed through Parliament and these organizations welcomed the new law in the face of opposition from disabled people’s organizations.

The Disability Discrimination Act was seen by the Disabled People’s Movement as weak and full of ‘get-out’ clauses, such as a ‘reasonable’ discrimination. In addition, the Act did not create a commission to enforce and support disabled complainants although a Disability Rights Commission was subsequently established in 2000. Transport and Education were largely left out of the Act’s provisions, and the legislation only applied to employers with twenty or more employees – thus exempting 96 per cent of employers (after pressure, this was reduced to fifteen or more employees and from October 2004 to 5 or more, as a result of new European Legislation). The split in the Rights Now Coalition (a group campaigning for civil rights legislation) between the factions ‘of’ and ‘for’ us was patched up, with the establishment of the Disability Rights Task Force.

The Labour government did not honour its manifesto commitment to introduce enforceable civil rights legislation for disabled people, but it has introduced, in 2001, the Special Educational Needs and Disability Act. This extended the DDA to cover the provision for the whole education system. Currently, (August 2004) a new Disability Bill is awaited which will implement the remainder of the Task Force recommendations and introduce a new duty on all public bodies (including schools and colleges) to promote disability equality. This follows the introduction of the Race Relations (Amendment) Act 2000, which following the enquiry into the death of Stephen Lawrence, introduced a duty to promote race equality on all public bodies. None of these developments would have occurred without pressure from the trade unions, community groups and disabled peoples’ organizations.

What is disablement?

World figures

Disablement, then, is a social process, but many of the attempts to enumerate disabled people do not take account of this; instead, they view it as a medical problem or personal tragedy. In 1996, the United Nations estimated there were at least 500 million disabled people in the world. This was made up of people with the following impairments: 55 million visually impaired (11 per cent), 70 million hearing impaired (14 per cent), 130 million with severe intellectual impairment (26 per cent), 20 million with epilepsy (4 per cent) and 160 million with some sort of mobility impairment (Disability Awareness in Action, 1995, p. 7). Many poor countries do not have information on disability. In some, cultural taboos lead to disabled people being hidden away. In addition, major categories of impairment, such as mental distress, facial disfigurements and deformities, cancer, HIV/AIDS, hidden impairments like diabetes, sickle-cell anaemia, acute asthma and many other conditions which affect physical or mental functioning on a long-term basis, are not included in these figures. If all these groups were to be added, the number would certainly increase significantly to at least 850 million or one in eight. The World Health Organization estimates 10 per cent (Coleridge, 1993, p. 108).

The UN figures also reveal the major causes of impairment. These include: malnutrition (100 million (20 per cent)); accident, war and trauma (including 20 million injured by land mines; 78 million (15.6 per cent)); infectious diseases, such as TB, polio and leprosy (all of which are preventable) (56 million (11.2 per cent)); non-infectious diseases (100 million (20 per cent)); and congenital diseases (100 million (20 per cent)). It has been estimated that 80 per cent of the impairments in the world are preventable as they are caused by poverty, war, hunger and disease. The report gives many examples of self-help projects from around the world, where disabled people have managed to dismantle barriers to their inclusion (Disability Awareness in Action, 1995, p. 9).

It is also clear that the number of people counted as 'disabled' increases as the standard of living increases, showing it to be a social construct. The proportion of disabled people in Austria, for example, is twenty times higher than that in Peru (Coleridge, 1993, p. 105). Local perception, barriers, survival rates and longevity vary considerably from rich to poor countries and will help to explain such variations.

UK figures

A DfEE Workforce Survey (Winter 1994–5) showed that only 40 per cent of disabled adults of working age (sixteen to sixty-five years old) were working or registered unemployed. The rest – 60 per cent or 2.2 million disabled people – were on benefit and not looking for work. It also showed that, of the 3.7 million disabled of working age adults (up by 1.2 million on the OPCS survey eight years earlier), 41 per cent had no educational qualifications. This compared to the whole working

population very poorly, where only 18 per cent had no educational qualifications (cited in Sly *et al.*, 1995). 2002 figures put this at 48 per cent, but there has been an increase in the number of disabled people of working age of 1 million (Smith and Twomey, 2002).

These figures follow on from a ground-breaking sample survey in the mid-1980s by the Office of Population Census (*6 Reports Survey of Disability in Great Britain*, cited in Martin *et al.* 1988) that sought to enumerate the number of disabled people in the United Kingdom. This showed that there were at least 6.5 million disabled people in Britain. Of these, 6.2 million were adults (14.2 per cent of the adult population); 41.8 per cent or 2.59 million of these were aged sixteen to sixty-five and 360,000 were five- to sixteen-year-olds. More recent surveys show increases in all categories. The survey did not include under-fives who, given the rise in the birth rate and improved medical techniques, would number at least another 300,000. This is borne out by the 1991 Census which recorded 6.9 million people who were disabled or long-term sick.

To be classed as disabled in this Office of Population Census (OPCS) survey, one had to have a significant impairment that 'restricted or led to a lack of ability to perform normal activities, which has resulted from the impairment of a structure or function of body or mind' (OPCS, 1988, p. xi). Thresholds were set on ten scales such as mobility, hearing, sight, incontinence, lifting, mental ability. Panels of judges developed the scales by examining the responses to narrowly based questions. People were interviewed and asked 'what they normally can do'. Anyone who is disabled has had to learn to do things in an environment and with objects that are not designed for us to use. Second, the questions asked were individualized rather than socialized and did not examine people's impairments against a background of the social and environmental contexts of disabled people's lives.

Criticizing the survey method and the ideology that lies behind it, Mike Oliver (1990) makes the different orientations clear. From the OPCS survey (1986–8), he examines questions that were drawn from the face-to face interviews. The questions were:

- 1 Can you tell me what is wrong with you?
- 2 What complaint causes you difficulty in holding, gripping or turning things?
- 3 Do you have a scar, blemish or deformity which limits your daily activity?
- 4 Have you attended a special school because of a long-term health problem or disability?
- 5 Does your health problem/disability affect your work in any way at present?
- 6 Do your health problems/disability make it difficult for you to travel by bus?

These questions clearly see disability as individualized and are based on 'medical model' thinking. They could have been put in an alternative way that draws on a 'social model':

- 1 Can you tell me what is wrong with society?

- 2 What defects in design of everyday equipment like jars, bottles and lids causes you difficulty in holding, gripping or turning things?
- 3 Do other people's reactions to any scar, blemish or deformity you have limit your daily activity?
- 4 Have you attended a special school because of your education authority's policy of sending people with your long-term health problem or disability to such places?
- 5 Do you have problems at work as a result of the physical environment or the attitudes of others?
- 6 Do poorly designed buses make it difficult for someone with your health problem/disability to use them?

(Oliver, 1990, pp. 7–8)

Abberley (1992, p. 154), in criticizing the surveys, has this to say:

It is a matter of political choice that OPCS surveys were designed in terms of an individualistic 'personal tragedy' approach to disability, rather than to devote significant resources to an exploration of the ways in which it is society that disables impaired people. Whilst there are ways in which we may utilise OPCS data, we must not in doing so lose sight of this most fundamental flaw. Information gathered on the basis of an oppressive theory, unless handled with circumspection, is itself one of the mechanisms of oppression.

Anyone who has followed the pronouncements of the New Labour government in the UK on disability benefits can see the dangers of this oppressive theory. Despite announcing a task force to recommend full civil rights legislation for disabled people, the government allowed the Benefits Integrity Project to whip up pressure generally to cut back on the non-means-tested Disability Living Allowance (DLA) by producing false figures that one in five claimants was bogus. When this was shown to be false they claimed that if everyone who was entitled to claim Disability Living Allowance did, then 8.6 million people would be eligible on the current criteria, thus creating a climate for cut-backs. This time a huge outcry from disabled people and their allies prevented any threat to DLA. The allowance was the one positive thing that came out of the OPCS surveys which showed definitively that disabled people lived in poverty and needed extra money to participate in society. *OPCS Report 2* (Morris and White, 1988) established that disabled people were poorer than any other section of UK society. Now DLA is under threat because the government fails to understand that the barriers in society disable us and until they have been removed we need to be compensated for the extra cost of being disabled.

The history of disablement

The continuing inequality we face will not be rectified by ramps, lifts and accessible communications, or the outlawing of discriminatory behaviour, welcome as

these may be. The well-spring of our oppression comprises deeply held social attitudes that reflect generations of prejudice, fear and discrimination towards disabled people in education, work and social life. The main reasons are negative attitudes and stereotypes which are based on untrue ideas that have been around for thousands of years and which are amazingly persistent.

We can, at any time, all become disabled – develop a physical or mental impairment. Perhaps the need to distance ourselves from this reality makes it convenient to rely on negative attitudes and stereotypes of disability. They are less troubling than accepting the individuality, the joy, the pain, the appearance, the behaviour and the *rights* of disabled people.

Work by anthropologists (Hanks and Hanks, 1948) has established that there is no one way that disabled people are viewed across a wide range of societies. Views ranged from high status to outcast. There appears to be an underlying economic basis, so in societies with more surplus produce, such as agricultural rather than nomadic or hunter-gatherer, there was more acceptance of disabled members of those societies. There was more chance of their being supported as there was surplus food. However, there were exceptions, and some evidence exists that hunter-gatherers have valued disabled members of their societies. A band of Northern Territory Aborigines carried a member of their band who could not walk with them on their wanderings for sixty years (Davis, 1989). Where an impairment was more commonly occurring, such as blindness in a Mexican village (Gwaltney, 1970), or on Martha's Vineyard, an island off the New England coast with an unusually high proportion of deaf people (Groce, 1985) the whole culture changed to accommodate guiding and signing, respectively. Though no systematic cross-cultural study of the position of disabled people has yet been carried out, it is clear that the individualized tragic view of disability prevalent in modern Western society is not universal.

The ancient world

To understand the development of this particular view of disabled people, we must go back to ancient Greece, to the beginning of 'Western civilization'. In Greek mythology Zeus and Hera had a child, Hyphaistos, God of Fire, who was born with a 'club-foot'. He was thrown off Mount Olympus into the sea, but, being a god, he survived to return and become the butt of jokes of all the other gods (Garland, 1995). He was a forger of metal and as he grew up his sexual relations with women were frequently fraught with difficulty because of the attitudes of the other gods. His wife, according to Homer, was the beautiful Aphrodite, who deceived him by having an affair with Ares. Here, we witness one of the most pernicious myths about disabled adults – that they are incapable of adult sexual relations.

The Greek and Roman attitude was to worship and adore the body beautiful. This is exemplified by the many perfectly proportioned sculptures of the human body, bodies with 'beautiful' symmetrical features. In representations on vases, tablets, sculptures and so on, there are very few disabled people. The Olympic ideal

was to aspire to be like the gods in physique, intellect and morals. This is still often apparent in the Olympic Games, where the Para Olympics and Games for People with Learning Difficulties still segregate disabled athletes, although some sensory-impaired people have recently competed in the main Games.

The cult of the body beautiful was put into practice, particularly among the patrician or ruling classes in ancient Greece and Rome. Aristotle wrote ‘that you should take your child off if they are imperfect and get rid of them’ (Garland, 1995, p. 15). The status of ‘child’ was not conferred until seven days after birth, so there was time to dispose of unwanted babies legally. In militaristic Sparta, children were the property of the state and inspected at birth. ‘If the child be ill-born or ill-formed’, the father was required to expose it at a chasm-like place called *Apothetai* or the Place of Exposure (*ibid.*, p. 14). In Rome disabled infants were meant to be drowned in the Tiber and the games at the Coliseum put on to entertain and pacify the ‘mob’ included disabled children being thrown under horses’ hooves, blind gladiators fighting each other and ‘dwarves’ fighting women. The rest of the ancient world was not as proscriptive, but nevertheless exposure was widespread. Those with less significant impairments who survived generally led a half-life, disdained and ridiculed, often having to rely on begging. There were exceptions. Even in Sparta, King Agesilaos was afflicted with ‘congenital lameness’ but this acted as a spur to his ambition and he desired to be first in all things (*ibid.*, p. 40). Clearly, then, exposure did not always occur, as parents do tend to love their children, and many disabled people survived infancy. In Rome, despite the dislike of and cruelty towards people with impairments, there is evidence that at least one emperor was disabled: Claudius may well have had cerebral palsy (*clauditas* in Latin means lameness). Claudius’ mother, Antonia, described him ‘as a monster of a man, not finished by nature but only half done’ (*ibid.*, pp. 40–2). Echoed in Shakespeare’s *Richard III*, this develops into an abiding stereotype as the evil and avenging man/monster.

The Judaeo-Christian tradition

Another seminal source of thinking about disabled people was the Judaeo-Christian tradition that fundamentally disability is a punishment for evil – ‘if humans are immoral they will be blinded by God’ (Deuteronomy, 27:27); in Exodus (20:5) God tells Moses that retribution for sin will be inflicted on the offspring of the sinners for many generations. In the books of Exodus, Numbers and Deuteronomy, the people of Israel are repeatedly punished for their sinful ways through physical impairment (Rose, 1997).

The Jewish faith, however, has a more complex position, with some parts of the Talmud advocating disability as a holy state and a means of getting to heaven. Similar sentiments are expressed towards those who help disabled people. Some of this is reflected in the parables of the New Testament, but usually with Christ performing miracle cures. Rarely are disabled people accepted as themselves.

The Book of Leviticus (21:16–20) has a clear message that impairment is unclean and polluting, and prevents disabled people from receiving sacraments:

And the Lord said to Moses none of your descendants throughout the generations who has a blemish shall draw near, a man blind or lame or one who has a mutilated face or a limb too long, or a man who has an injured foot or an injured hand or a hunchback or a dwarf, or a man with defective sight or itching disease or scabs or crushed testicles. He may eat the bread of his God, both of the most holy and of holy things, but he shall not come near the veil or approach the altar, because he has a blemish, that he has a blemish, that he may not profane my sanctuaries.

This message was taken seriously. Until the 1950s people with learning difficulties were not allowed to receive certain sacraments in the Roman Catholic Church.

The medieval period

Disabled people were treated medieval Europe as both saints and sinners. On the one hand, they were ‘innocents unstained by normal and sinful human characteristics’ (Barnes, 1991, p. 12) who should be offered asylum and alms; on the other, they were evil changelings – the work of the devil (Haffter, 1968).

Martin Luther, the architect of the Reformation, believed that changelings had no soul and advocated that children so ‘afflicted’ should be taken to the river and drowned. Nevertheless, the bulk of disabled people born into feudal villages or acquiring impairments would have been accepted and did what they could, while those with more severe impairments may have been subject to infanticide.

Veterans of war were often treated better. The first record of a sheltered workshop in Europe was the Congregation of Three Hundred, established in France in 1254 for 300 crusaders who had had their eyes gouged out by Saracens (Ford, 1981).

At times of crisis disabled people were likely to be scapegoated as **superstition** took over – for example, during the Plague or during the Great Witchhunt of 1480–1680. The ‘*Malleus Malleficarum*’ – ‘the Hammer of Witches’, 1487, written by two priests – was a bestseller in Europe and went to seventy editions in fourteen languages. It includes whole sections on how you can identify witches by their impairments or by their creation of impairments in others; or giving birth to a disabled child. Between 8 million and 20 million people, mainly women, were put to death across Europe and a good proportion were disabled. Three witches were recorded as hanged after an Oxford trial in 1613, one of whom was put on trial because she was a disabled person using crutches (Rieser, 1995, p. 6). Recent research on the treatment of people with learning difficulties, however, suggests that naturalistic accounts of learning difficulties and mental illness were accepted, rather than the disabled people being demonized (Neugebauer, 1996).

The ‘disabled witch’ comes through in the folklore of Britain and Europe. The Brothers Grimm collected the oral stories of northern Europe and made them into their fairy tales. The witch in *Hansel and Gretel* is deformed, blind, ugly, disabled and carries a stick (this book has been adapted for use with children as young as

two years old). There are also storybooks which feature evil imps swapping healthy babies for disabled ones – changelings (Rieser, 1995, p. 5).

There are many pictures and stories from medieval times of penitent sinners. Groups of penitent ‘cripples’ are depicted trying to get alms and, if they wandered around long enough, feeling humble enough, then maybe they would make it in the next life. A very strong message therefore came across. Disabled people were often scapegoated for the ills of society, as in Brueghel’s painting *The Cripples*, where the fox tails denote wrongdoing. Outside any medieval church are the deformed ones, the gargoyles; and on the inside are the ‘perfectly formed’ pictures around the crypt.

Until the seventeenth century those disabled people rejected by their families relied upon the haphazard and often ineffectual tradition of Christian charity and alms – gifts for subsistence (Barnes, 1991, Chapter 2). During the sixteenth century the wealth and power of the Church was greatly reduced due to the confrontation between Church and state in England. There was also a growth in those seeking alms due to a rise in population, poor harvests, the beginning of the commercialization of agriculture and immigration from Ireland and Scotland (Stone, 1985). To secure the allegiance of local gentry and magistrates, the Tudor monarchs were forced to make economic provision for people dependent upon charity. The 1601 Poor Law marks the first recognition of the need for the state to intervene in the lives of disabled people. Some two hundred years earlier, the Peasants’ Revolt of 1381 had led to a mandate to local officials to distinguish the ‘deserving poor’ from the ‘undeserving poor’. The bulk of relief went to the deserving poor in the form of ‘household relief’ to people in their homes. Segregation did not really emerge until the nineteenth century (Barnes, 1991, pp. 14–19).

Close examination of Rembrandt’s sketches reveals that the beggars are often wearing white head bands. This is because in seventeenth-century Holland the bacillus-leprosy, brought inadvertently on the back of the ‘spice trade’ from colonies in the tropics, spread quickly around urban areas. An edict was passed by the state that all those who contracted it had to report to The Hague, and once their condition was confirmed they had all their worldly goods confiscated, had to wear a white head band and they and their families had to rely on alms as penitent sinners. Those with leprosy had to live in segregated colonies and their only reward for penance was rehabilitation in heaven (Toth-Ubbens, 1987).²

The eighteenth and nineteenth centuries

The development of industrial capitalism and its inherent requirement for workers to sell their labour power meant that those with significant impairments were excluded from the labour market. Those disabled people who were able to work were forced to the bottom rungs of the labour market ladder (Morris, 1969, p. 9). As a result, disabled people came to be regarded as a social and educational problem, and increasingly were segregated out of the mainstream, in institutions of various kinds: workhouses, asylums, colonies and special schools (Oliver, 1990, p. 28). According to Finkelstein (1980), this is Phase Two of disabled people’s

development, the phase when we were separated from our class origins and became a special segregated group, with disability seen as an impairment, requiring segregation from the labour market as well as social restriction.³

Throughout the eighteenth and nineteenth centuries the policy of segregating severely impaired people into institutional settings slowly spread. The main impetus was the change from working as groups or families on the land, down the mines or as cottage industry to factory work. The latter required set rates of working on repetitive tasks for long hours; time was money. By 1834, Poor Law household relief was abolished for the 'non-deserving poor' – the unemployed. The deserving poor were categorized – children, the sick, the insane, defectives and the aged and infirm, the last four being categories of impairment – and provision was uniform across the country. Deterrence was built into relief as a principle of 'least eligibility' was introduced. This meant that those on relief would be less comfortable than an 'independent labourer of the lowest class' before benefits would be granted (Barnes, 1991, p. 16). Charles Dickens and others have vividly described the horrors of the workhouse. Charities increasingly set up asylums for the insane and then special schools for blind and deaf children. This role was taken over by the state from the 1890s (Hurt, 1988).

The 'insane', which included 'idiots', 'lunatics' and the mentally infirm, were, after the 1845 Lunacy Act, able to be detained on the certification of a doctor. This was based on a theory advanced by the medical profession that mental illness had physiological causes that were treatable. This marked the beginning of the medical profession's state-endorsed involvement in the lives of disabled people (Barnes, 1991). This power is still exercised today; as a disabled person, if you want an blue (parking privileges) badge, Disability Living Allowance or Incapacity Benefit you have to be examined by a doctor. Disabled people are not trusted in general and here is always a belief that people will pretend to be disabled to get benefits fraudulently, but this does not explain the continual checking of our impairments even when medical science has no solutions and our conditions are stable or deteriorating. Far more disabled people who are entitled to benefits don't claim them than the bogus claims from non-disabled people that are made; the latter, in reality, being rarities. This symbolic treatment of disabled people who are at the margins of the workforce very much defined who was part of the workforce and who was not (Oliver, 1990).

In the last quarter of the nineteenth century, another strand of thought became highly influential – the eugenics movement. This had and continues to have a disastrous effect on the lives of disabled people. Drawn from the ideas of Aristotle, eugenics thinking first wrongly applied Darwin's theories of natural selection to ideas about racial degeneration and was then applied to disabled people. The birth of disabled children, it was claimed, would weaken the gene pool and out-breed non-disabled people. This, in turn, would weaken the European population in its task of colonizing and controlling the rest of the world (see Chapters 3 and 4 of this volume for a discussion of racism and imperialism).

The twentieth century

Traditional myths that there were genetic links between physical and mental impairments, crime, unemployment and other social evils were constantly proposed by the likes of Galton (1883, 1909), Dugdale (1895) and Goddard (1913), and many others. They wished to improve the British and American ‘races’ by preventing the reproduction of ‘defectives’ by means of sterilization and segregation. In the UK in the 1920s pressure from eugenicists for ‘voluntary’ sterilization increased (Ryan with Thomas, 1987) (see the website, www.eugenicsarchive.org for much more detail).

These ideas spread quickly to intellectuals of all political complexions as the century of science got under way: H.G. Wells, Sidney and Beatrice Webb, Bernard Shaw and D.H. Lawrence, W.B. Yeats, J.M. Keynes, Winston Churchill and Aldous Huxley to name but a few.

If I had my way, I would build a lethal chamber as big as Crystal Palace, with a military band playing softly, and a Cinematograph working brightly; then I'd go out in the back streets and the main streets and bring them in, all the sick, the halt and the maimed; I would lead them gently, and they would smile me a weary thanks; and the band would softly bubble out the ‘Hallelujah Chorus’.

So wrote D.H. Lawrence in 1908 in a letter to Blanche Jennings (Boulton, 1979, p. 81). This was part of an élitist intellectual culture, which included a dislike for the industrial world and the social disorder it had spawned, and eugenicist views towards disabled people (Carey, 1992).

The Mental Deficiency Act of 1913 was the result of eugenicist agitation and it led to the incarceration of ‘idiots’, ‘imbeciles’, ‘the feeble minded’ and ‘moral imbeciles’, the last category usually referring to young people who had had illegitimate children. Many were incarcerated for life in sex-segregated institutions to prevent them from reproducing. At first it was argued that units or extra classes attached to ordinary schools were best, but soon the eugenicist view prevailed and the early part of the century saw large numbers of segregated schools for ‘crippled children, epileptics, educable morons and feeble minded children’ (Copeland, 1997, p. 714; see also Hurt, 1988).

A great wave of building ensued after the First World War with large institutions and colonies being erected on the outskirts of towns. Simon and Binet’s false science of IQ testing, refined by supporters such as Cyril Burt (1977), was developed to distinguish the educable from the ineducable. An IQ of less than 50 meant you were destined for a mental deficiency institution as a child and probably for life. It is estimated that 50,000 children with no mental deficiency were sent to these institutions prior to 1950, on the false diagnosis of doctors who, at this time, subscribed to bogus theories, such as that someone’s intelligence could be determined by their head shape and size (Humphries and Gordon, 1992).

Children perceived to be ineducable, including many with cerebral palsy, Down’s syndrome and speech impairments, went to junior training establishments

right up to 1972. At that time, some 60,000 children joined the education system in severe learning difficulty schools. Today, many with the same conditions successfully attend ordinary schools.

In the USA, compulsory sterilization was in wide use by the 1930s. Forty-one states had provision for the sterilization of the insane and feeble minded, and seventeen states prohibited people with epilepsy from marrying. In many states women born deaf were sterilized. Twenty-seven states still had these laws until very recently, though they were seldom enforced. In China, some 15 million people with 'mental incapacity' have been compulsorily sterilized under a law that was enacted in 1995. This is an abuse of their human rights and, as the *Guardian* reported in 1997, is a particular outrage since it is known that many of these women have developed their condition from iodine deficiency in their environment.

Recently it has been reported that in Scandinavia and France, mentally defective women were compulsorily sterilized up to the 1980s. This all took place despite the findings of a study carried out for the Wood Committee in 1929 which showed that only 7.6 per cent of patients of one particular asylum had defective parents.

Disabled people are seen as a burden, and at times of economic stress this view intensifies. The Nazis, when they came to power in Germany in 1933, introduced a law for the Prevention of Hereditary Diseases which led to the forced sterilization of more than 300,000 people. Under the Third Reich, propaganda films were made to show how we were a burden on the state. We were the 'useless eaters', and we should be got rid of. In the beginning, voluntary euthanasia was advocated to end the suffering of 'the incurable', but this ultimately evolved into mass murder. In November 2003 the German Government acknowledged that two hundred and forty thousand physically and mentally disabled people were murdered in 1939/40 at the hands of the doctors of the Third Reich in six so-called clinics, which were staffed by many of those who went on to run the concentration camps where 6 million Jews were exterminated (Burleigh, 1994).

With cut-backs in the welfare state, the eugenicist argument is currently undergoing a revival in Britain. A recent poll on GMTV revealed that 86 per cent of people who rang in thought that a doctor was right to abort two disabled children. In Holland and Tasmania laws have been introduced to allow voluntary euthanasia. This is indicative of the way in which, through history, people have been socialized to view disabled people. The medical ethics committees are allowing the Genome Project to map the seat of all genetic disorders. Soon science will have the capability to eradicate many forms of impairment.

This brief excursus through the history of disabled people should cause us to ask if normality and uniformity are so important or is it difference that makes life interesting? The medicalization of impairment ignores the social context. In 1972 in the UK a child with Down's syndrome (an extra chromosome) would be deemed ineducable. Today, many such children who have attended mainstream schools are able to sit seven or eight GCSEs and are accepted by their peers. What would their lives be like if prejudice and discrimination were to be eradicated? Yet the medical profession insists on genetically screening all pregnant women over thirty for Down's syndrome with a view to termination if it is identified.

The struggle for human dignity

The oppression of disabled people, over the years, has not gone uncontested. On the contrary, many disabled people have consistently struggled for human dignity and for inclusion in mainstream society. The National League for the Blind and Disabled and the British Deaf Association, for example, were both run by disabled people and, from the 1890s, campaigned for rights. In the 1920s, when unions of disabled veterans were formed all over Britain, sit-ins and occupations were held in an attempt to force the introduction of legislation for disabled people's rights. In the 1920s and 1930s, there were hundreds of thousands of First World War veterans with no rights at all in the UK. Even those young people incarcerated in institutions for the blind or deaf had a culture of resistance; for example, when sign language was banned deaf pupils managed to develop their own pigeon sign language.⁴

In 1944 the Disabled Persons Act was passed. This included a quota system, whereby 3 per cent of the jobs in any given business had to be allotted to disabled people. This was to accommodate injured war veterans, and was abolished by the Disability Discrimination Act of 1995. It remains to be seen if this weak Act (see above) is any more effective in getting disabled people into work.

In the 1970s war veterans in the USA started the disability movement there and successfully campaigned until they achieved full civil rights legislation in the Disabilities Act of 1991 (Dreiger, 1989).⁵ In the 1970s in the UK the Union of Physically Impaired Against Segregation was formed. This was initiated by Paul Hunt, who lived in a Cheshire home which he called the new workhouse. He wrote a letter to the *Guardian* (20 September 1972) calling on severely physically impaired people to form a new consumer group to put forward their views. This and a number of other organizations run by disabled people and formed in the 1970s amalgamated into the British Council of Organizations of Disabled People (BCODP). The Council, which supports the 'social model' of disability, now represents some 300,000 disabled people who all control their own organizations. The BCODP also linked a number of the local Centres for Independent Living and Local Coalitions of Disabled People (Campbell and Oliver, 1996). These organizations campaigned for full civil rights legislation. Fifteen attempts were made from 1980 to 1995 to get a Civil Rights Bill through Parliament in the UK. Instead, all that was achieved was the 1995 Disability Discrimination Act. The Direct Action Network of disabled people expressed the frustration of millions of disabled people in a series of actions which brought London and other cities and towns to a standstill. As a result, the Labour government set up a ministerial task force to advise on the implementation of full anti-discrimination legislation based on the 'social model' of disability. Disabled people are still struggling for the rights to use public transport, to get into buildings, to go to school or college with their friends, to get a job and even to go to the cinema. In October 1998, Glenda Jackson MP announced that £500 million would be spent on making London Transport buses accessible. In 2004 more was achieved (see p. 00), but much still remains to be struggled for and won, not least a European Directive and a United Nations Declaration on disabled people's rights.

Recycling old ideas in the representation of disabled people

As disabled people, we often feel that the culture we are in characterizes us in a number of false ways that make us seem different to everyone else. Stereotypes of the disabled abound. Thus, there is the ‘super-crip’ or the disabled person who ‘triumphs over tragedy’. Have you ever noticed how often perfectly ordinary things that disabled people do become newsworthy – the blind mountain climber, the boy with cerebral palsy who walked one mile, or the deaf man who was a chess champion? These things are only seen as newsworthy because journalists have a view that disabled people usually cannot or should not be doing ordinary things. The 1996 London Marathon was advertised by Nike showing a man with no legs or arms. The caption was: ‘Peter is not like ordinary people. He’s done the Marathon.’ This plays on two ideas: first, that we are not able to do things; and, second, that we are objects of curiosity – ‘freaks’ who are worthy of public attention.

We are often referred to as ‘cripples’. This comes from an Old German word *kripple*, meaning to be without power. We do not like being called this. President F.D. Roosevelt, the only man to be elected President of the USA four times, had physical impairment, having had polio in both legs, and was unable to walk unaided. Yet he perfected ways of disguising it, such as never being photographed in his wheelchair. He once observed that ‘the American public would never vote for a president who was a cripple’. He may well have been right.

With the development of the printing press in 1480, at a time when most people in Europe could not read, cartoons and other graphic representations became popular ways of making political and moral comments to a mass audience. The old ideas of the Greeks became recycled: humankind was created by gods who were physically perfect. Since human beings were created in the gods’ own image, the less physically perfect were less worthy. Evil, moral weakness and powerlessness were depicted by caricatured disabled people. For example, in an attempt to discredit Richard III, historians portrayed him as a disabled and vengeful mass murderer. However, when his portrait which hangs in the National Portrait Gallery was X-rayed, it was discovered that the king’s hump had been added sixty years after his death. Modern film-makers often make their villains disabled. Little changes.

One need only look at pirates. From Lego to Stevenson’s Long John Silver or Blind Pew, or Barrie’s Captain Hook in *Peter Pan*; nearly all have eye-patches, hooks and wooden legs. All these disabled pirates do not accord with historical reality. Pirates had a system of simple social security long before anyone else. They had common shares in the common purse so, if they were injured during the course of their endeavours, they would retire to a tropical island with as much money as they wanted. They were unlikely, therefore, to go on trying their luck as an impaired pirate (Greenwich Museum private exhibition, 1994). Yet in the nineteenth century a number of writers became obsessed with disabled and evil pirates. In previous centuries pirates had been socially acceptable as they plundered and built up the British Empire. For example, Daniel Defoe wrote a bestseller about a certain Captain Singleton, pirate, popular hero and, on his return, thrice Lord

Mayor of London. But pirates outlived their usefulness as privateers who expand the Empire, and after the Battle of Trafalgar the Royal Navy could do the job on its own (Rieser, 1995).

Many charity adverts are designed to create fear. Take, for example, the one depicting a girl living ‘under the shadow of diabetes’. She probably did not even know she was ‘in a shadow’ until she found herself up on the billboards of England for three years. She was simply injecting insulin every day and that was all right. Other charity advertisements use black and white imagery to make us look pitiful (for a detailed analysis of how charities use images of disabled people to disable us, see Hevey, 1992).

There is, however, some cause for cautious optimism. The Invisible Children Conference, for example, jointly organized by Save the Children and The Alliance for Inclusive Education, was an exciting and thought-provoking day held in London on 1 March 1995 and attended by more than 150 key image-makers. The conference decided that ‘disabled people should be shown as an ordinary part of life in all forms of representation, not as stereotypes or invisible’. The 1 in 8 Group, which grew out of this conference, has issued the following useful guidelines to the media. There are ten main stereotypes of disabled people: the disabled person as:

- Pitiable and pathetic: e.g. charity advertisements and telethons, concepts like *Children in Need* and characters like Tiny Tim in *A Christmas Carol* or Porgy in Gershwin’s *Porgy and Bess*.
- An object of violence: e.g. films such as *Whatever Happened to Baby Jane* or *Wait until Dark* which set the style for countless TV films.
- Sinister or evil: e.g. Shakespeare’s *Richard III*, Stevenson’s *Treasure Island*, the films *Dr Strangelove*, *Dr No*, *Hook* or *Nightmare on Elm Street*.
- Curios or exotica: e.g. ‘freak shows’, images in comics, honor movies and science fiction, films such as *The Hunchback of Notre Dame* or *X-Men*.
- Super cripp or triumph over tragedy: e.g. films like *Reach for the Sky*, the last item on the television news – featuring a disabled person climbing a mountain, for example.
- Laughable: e.g. films like *Mr Magoo*, *Hear No Evil*, *See No Evil* and *Time Bandits*.
- Having a chip on their shoulder: e.g. Laura in the film *The Glass Menagerie*. This is often linked to a miracle cure as in *Heidi* and *The Secret Garden*.
- A burden/outcast: e.g. as in *Beauty and the Beast* set in subterranean New York, or the Morlocks in the *X-Men*.
- Non-sexual or incapable of having a worthwhile relationship: e.g. Clifford Chatterley in *Lady Chatterley’s Lover*, *Born on the Fourth of July*, O’Casey’s ‘Silver Tassie’ or the film *Life Flesh*.
- Incapable of fully participating in everyday life: our absence from everyday situations, not being shown as integral and productive members of society.

(Bildern and Bogdana, 1977, amended by Rieser and Mason, 1992)

Images: the way forward from and for disabled people

- Shun one-dimensional characterizations and portray disabled people as having complex personalities and being capable of a full range of emotions.
- Avoid depicting us as always receiving; show us as equals – giving as well as receiving.
- Avoid presenting physical and mental characteristics as determining personality.
- Refrain from depicting us as objects of curiosity. Make us ordinary.
- Our impairments should not be ridiculed or made the butt of jokes.
- Avoid sensationalizing us, especially as victims or perpetrators of violence.
- Refrain from endowing us with superhuman attributes.
- Avoid *Pollyanna*-ish plots that make our attitude the problem. Show the societal barriers we face that keep us from living full lives.
- Avoid showing disabled people as non-sexual. Show us in loving relationships and expressing the same range of sexual needs and desires as non-disabled people.
- Show us as an ordinary part of life in all forms of representation.
- Most importantly, cast us, train us and write us into your scripts, programmes and publications.

(Rieser, 1995, p. 44)

Unfortunately, most children and young people still rarely meet disabled children in their schools and form their views of them mainly through the media. The inclusion of disabled people in producing and creating images and the portrayal of disabled people as ‘real people’ is crucial. It was felt now is the time to achieve this.

With a very few welcome exceptions – such as the children’s television serial *Grange Hill*, the BBC drama *Skallagrigg* or Channel 4’s *ER*, and the films, *Four Weddings and a Funeral*, *Shine* and *Muriel’s Wedding* – disabled characters and images are largely absent, or when they do appear they are presented in a **negative** and stereotypical way. Change can occur. Twenty years ago Asian, black and other minority ethnic people were in a similar position. Now the necessity for their inclusion is taken for granted. Lack of portrayal of disability in our society is not accidental. Western culture from Greek and Roman times, reinforced in Renaissance Europe, has seen ‘the body beautiful’ as an ideal, and those with physical or mental imperfections have been seen as being in receipt of divine retribution. Such ideas are deeply embedded in myth, legend and classical literature. Today’s celluloid entertainment culture reinforces the tendency to judge people by their appearance. The 1 in 8 Group has concentrated on changing the perceptions of image-makers, particularly in film and TV. There has been some shift in the TV soaps, which now include disabled characters, but these are not usually played by disabled actors. To keep the industry aware of these issues, the 1 in 8 Group organizes an annual Raspberry Ripple Award for good and bad portrayal.⁶

More recently the British Broadcasting Corporation has commissioned a number of dramas – *Every Time You Look at Me* (April 2004), *The Egg* (2003) and *Flesh and Blood* (2002) which include disabled characters as ordinary. As part of the European Year of Disabled People (2003) The British Film Institute and Disability Equality in Education collaborated to produce for teachers a website and a DVD examining how disabled people are shown in moving image media (www.bfi.org.uk/disablingimagery). The DVD and text containing an analysis and many activities for 8–18 year olds are also available in a book (Rieser 2004).

In the next chapter I will examine how both traditional thinking about disabled people and the ‘social model’ impact on the English education system, one which has grown out of the oppressive history of disabled people and ‘medical model’ thinking, predominant in special needs education. I will argue that inclusive education, rooted in an understanding of these diverse processes, is the way forward in eliminating both disadvantage and prejudicial attitudes.

Notes

- 1 Mason and Rieser (1994) is for teachers and school governors.
- 2 This book is written in Dutch, with an English summary.
- 3 In Phase 1, disabled individuals were part of a greater feudal underclass. In Phase 3, which is just beginning, disability comes to be seen solely as *social restriction*. The surplus value generated in capitalist societies, combined with modern technology, means that we can be exploited as workers by capitalism in much the same way as non-disabled people. However, it also means that we can make the case *not* to be segregated either in the world of work, or more generally in the mainstream society.
- 4 The book *Out of Sight* contains first-hand oral histories and photographs of life in special schools and institutions in the first half of this century (Humphries and Gordon, 1992).
- 5 This is a good account of the international development of the Disabled People’s Movement.
- 6 Norden (1994) gives a fascinating account how the image of disabled people has been developed through Hollywood, while Pointon (1997) provides a very useful handbook on how the disability movement has developed a critique and a response to the way disabled people are shown in the media. These ideas could also be useful to educationalists in the way they reproduce and interpret images of disabled people in the classroom.

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