

CHAPTER 17

The Discursive Construction and Invalidation of Disability

Stephen Lee Hodgkins and Sid Baility

Within the United Kingdom and other countries around the world, disability has been institutionalized and industrialized and is governed by specific and general legislation and social policy. The institutions and industries associated with disability attract billions of pounds in donations and provide a significant workforce across a wide range of professions as well as academic, arts, sports, cultural, and activist movements. Although a recent increase in activism and awareness has demanded greater investment in and attention to disabled peoples' participation as citizens, defining disability remains problematic and contradictory across contexts.

This chapter examines the way disability and disabled people are represented in talk and text (i.e., discursive construction). Focusing on recent and historical texts relating to policy, theory, activism, disclosure, and identity issues, the naturalization and invalidation of the disabled body is explored and critiqued. Rather than accepting disability as a fixed entity located within the body and mind of individuals, we argue that it is a discursive object and its construction is linked to historical, social, and political structures. It is the intention of this chapter to identify and critique disabling practices and structures that reject and oppress the diverse body.

Even though there has been a recent interest and increase in the analysis of discourse within disability studies, an ideology of the normative and able body continues to influence disability identity (Goodley & Lawthom, 2006; Thomas, 2007). In many ways, critical disability studies has been stifled by the dominant view of the disabled body as a natural tragedy, rather than as a matter of political oppression and human diversity. Materialist and Marxist perspectives of disability studies, even though they are opposing mainstream

viewpoints, have also appeared reluctant to study contemporary discourse about disability. This reluctance in part relates to much broader contested issues concerning the implications of relativism and social constructionism and the challenges this poses for the radicalization of a social movement. Specifically, the mobilization of people toward action is perhaps more effectively achieved if their collective identity is easily shared and defined. Research and theoretical work that appears to discredit a disability identity can be easily misinterpreted as denying the inequality facing this group and therefore presents difficulties for the development of a disability movement. Although it is helpful to critique knowledge that legitimates the able body, this type of critique also risks the implication that disability is merely a constructed version of reality that thus does not exist. However, the position of this inquiry is not to deny disability but to reveal its relativity to the negativity and oppressive expressions that arise concerning the disabled body. It is not the intention of this chapter to render disability as a nonentity but to expose and be critical of constructions of the normative body that are used to produce and sustain the disabled body and, thus, an identity for disabled people.

This chapter is concerned with the representation of disability as a negative and oppressive construct as well as the recognition of disabled people as part of a marginalized, discriminated, and excluded group and thus an important priority for social policy (see Barnes & Mercer 2004; Morris, 1992, 2004; Oliver, 1990; Swain, Finklestein, French, & Oliver, 1993). The chapter also reviews the ambiguous construction of disability and disabling processes in representations of meaning and knowing, and the difficulties posed for theorization of impairment, disability, and related matters (e.g., Corker & French, 1999; Corker & Shakespeare, 2002; Gabel & Peters, 2004). We unravel the processes that invalidate and produce disability as an anxiety of the normative body (see Hughes, 1999, 2000, 2002; Shildrick, 2005; Shildrick & Price 1996; Tremain, 2001).

ANALYTICAL APPROACH AND COMMENTARY

The extracts presented in this chapter were taken from a body of data collected as part of a wider qualitative research partnership between the University of Northampton and the Disability Information Training Opportunity (DITO), a community disabled persons organization in East London. The text extracts come from a variety of sources, including the *Oxford English Dictionary* (OED) online versions (www.askoxford.com) of 2005 to reflect contemporary language; extracts from *Hansard*, the transcription system for recording of parliamentary debates in United Kingdom; transcriptions of three semi-structured discussion groups included disabled people, community workers, and senior managers; and images taken from publicity material of a community organization and a legislative and policy guidance handbook from local government of Tower Hamlets, East London.

The discourse analytical approach of Potter and Wetherell (1987) was used to explore these texts. Language will be analysed to emphasize orientation toward action, consequence, and variation and to illuminate systematic

differences in descriptive accounts of disability, its function, and its construction. Talk and text mobilizes discursive constructions that facilitate access to the world and everyday events. Versions of meaning and ways of knowing the world are thus only established through talk and textual constructions (Potter, Wetherell, Gill, & Edwards, 1990). Discourse analysis should be understood as a method of critically reading texts, not for what they say but for what actions they orient, what constructions they sustain, and the meaning and knowledge that are accepted, or taken from them. The following sections present a variety of texts and analytical commentary that illustrate the discursive construction of disability and the positioning of disabled people as invalidated in talk and text.

“HIS DISABILITIES TO PERFORM HIS PROMISE”

The meaning of disability that is inferred in contemporary texts is usually one of “want of ability . . . inability, incapacity, impotence” (OED). For example, the current UK legislative definition of disability as detailed by the Disability Discrimination Act (DDA) of 1995 defines disability as “a physical or mental impairment, which has a substantial and long-term adverse effect on a person’s ability to carry out normal day-to-day activities.” This is just one example that epitomizes how current UK regulatory practices both produce the disabled body as invalidated and value the normative able body. The DDA definition, although progressive in some ways, can be criticized for sustaining notions of ability and the able body as reliable and natural entities that constitute and qualify the human being. Rather, disability—or for that matter any construct of the broken, flawed, or diverse body—should be recognized as an intrinsic and significant way of being in the world (Moser, 2005).

Indeed within biblical, ancient Grecian, and other historical texts, references and documentary evidence reveal the presence of the disabled body as long as there have been indicators of human activity. The oppression faced by disabled people also has a long history. In the Bible, Leviticus 21:16–24 states that those with impairments held the same status as “prostitutes” and thus were considered “unclean” (Stiker, 1999). Early benevolence is apparent with the arrangement of a “cripple” pension by Lysias 400 B.C.E at the council of Athens (Stiker, 1999). This alludes to a long history of negativity that is intrinsic to being. Therefore, a critique of disability is as much about the misrepresentation of the body as it is about the structure and administration of power that regulates and maintains order within human communities.

The impermanence of the definitions and identity of disabled people is revealed by the observation that disability has not always located itself on the body but also holds status within a legal discourse. Government bodies and the regulation of resources require a definition and identity marker of disability that can determine and qualify welfare benefit payments. These are regulatory actions deemed appropriate so as to ensure deserving beneficiaries. A question therefore arises regarding the extent to which the identity of the physical body is related to a legal definition rather than one based on citizenship and whether one definition possesses greater power than the other.

The linguistic form of disability is derived from “disable” (also *dysable*, *dishable*), and made up of the prefix “dis-,” expressing negation, and the suffix “-able,” referring to “that may.” Literally then, disability means “not, that may.” The earliest etymological reference of *disability* cited in the OED comes from Lupton’s 1580 book *Siuqila, too good to be true*. It is a piece of prose fiction, or utopian satire, portraying in some detail a fictitious society. From the preface, it explains that it is a dialogue between a character “Siuqila, an honest man who lived a good life but was weary of the wickness of his country and so went in search of a better land and people who were more agreeable to his affection” (pp. 138–139) and Omen from Mauqsun, a country of wonderful charity.

Siuqila: What if he should be so hard hearted that he would not grant him his reasonable request?

Omen: Then the party that promised must bring sufficient witnesses to the judge of his loss as hindrances, as of *his disabilities to perform his promise*, since he promised it: whereupon the judge will take order therein as he thinks good. (Lupton, 1580, pp. 138–139)¹

The narrative is concerned with good conduct and trust relating to matters of trade and business. Although this version of disability appears to relate to a sense of inability, which differs from current meaning, there is a similarity and discursive resonance. There is implication of a contract or agreement to fulfill, but that this is prevented in some way by a restrictive element (a “hindrance” of “disabilities” to carry out “his promise”). The location of responsibility or source of disability is alluded to as belonging to a human agent, at least partially. Alternative meanings from the OED focus on legal and moral incapacity, which this extract infers, but this is easily translated as incapacity of the body and mind, too. This meaning is concerned with capacity or action, regardless of its source, and there is negative implication if the desired outcome is prevented. Self-control and autonomy are at risk of dysfunction, and this is inferred as being problematic. Further, it is inferred as being disruptive of that which is deemed to be appropriate conduct.

Of great importance to disability and the management of body dysfunction are the practices of rehabilitation. For disability, rehabilitation is not necessarily a useful vehicle for participation and inclusion. Indeed, rehabilitation could be considered to be an exclusionary technology because it validates the normative body and determines a restorative health trajectory toward which the disabled body is projected. Rehabilitation infers “restoration (of a person with a disability, a criminal, etc.) to some degree of normal life by appropriate training” (OED). It is about marking difference within the confines of administrative categories. *Rehabilitate* contains “re” (of once more; afresh, anew and back; with return to a previous state) and “habilitate” (to endow with ability or capacity and to qualify oneself for office). Further, *habil* is derivative of *able* and *ability* and relates to *habit* in linguistic structure. Rehabilitation can be taken to describe literally those practices that work to repair and return something broken to a previous habit, and one that can be associated with ability and being able, of which typical and current meaning promulgates as valuable.

In 1919, the Royal Association for Disability and Rehabilitation (RADAR) was set up and by 1936 had initiated 40 orthopedics hospitals and clinics. This was in response to the growing need to address the “crippled child” and “wounded war veterans,” and more generally respond with greater medical precision to accidents and industrial injuries. For almost 100 years prior to this, orthopedics and rehabilitation medicine had been developing, but often offering inconsistent surgical and care treatments (Borsay, 2005). Although people with congenital impairments have often been subjected to harsh orthopedics and medial regimes, restoring the war wounded provided a significant platform for the development of rehabilitation and established this link to employment. The OED cites an etymological reference to rehabilitation in 1940 from the UK parliamentary record *Hansard*:

There is one aspect of the healing of the wounded—which I should like to mention, it is the secret of the maximum cure possible for the patient. It is the process known as rehabilitation. It is not sufficient that the wound should be healed; the wounded part of the patient must be enabled to function again so that he may once more play his part in society as a worker . . . I have appointed an advisor on rehabilitation. (M. J. MacDonald in *Hansard* HC, October 17, 1867–1940, as cited in OED)

This view is totalizing by implication as there is no midway or diversity of position. Healing is determined to be partial if a return to worker status does not follow. Rehabilitation is professionalized in this statement and appointed power by the way it is deemed to be offering a potential twofold solution of both state governance and normative body repair.

However, rehabilitation services historically did not develop evenly due to the complexities, conceptual spaces, and geographical distances between established specialties (i.e., medicine, physiotherapy, psychiatry). As a result, disabled people often did not receive services or remained incarcerated in long-stay hospitals. Furthermore, disabled people with deteriorating conditions were excluded from rehabilitation due to the understanding that they were unlikely to benefit from such services. If organized differently, however, services may have enabled personal autonomy rather than rendering their bodies as docile and referenced against a normative construct (Borsay, 2005).

The 500-year-old textual reference to disability from Lupton’s (1580) work is of interest to consider in relation to current definitions. Today, mainstream representation of disability locates it on the body and within the human agent. Although recent activism resists this definition, disability is historically rooted in meanings that infer dysfunction, defiance, and disruption of capacity to act in a particular way and fulfill demands and responsibility. The shift in agency from legal obligation to one embodied and owned by the human subject can be perhaps attributed to the conditions that have contributed to the development of the citizen as a moral participant in civil living arrangements. As society has recognized and developed its workforce, medicine and positive health ideology have revealed the potential for the regulation of economically able bodies. The legal capacity of agents and business matters can be seen, therefore, as contributing much to current

knowledge concerning disability through the manner in which institutions of work, medicine, charity, and welfare have been organized within economic and administrative domains. These economic and administrative domains value and favor the normal and rational citizen and her able body. Although, the discourses of disability might historically appear to describe the failings of the body, they have also promoted the value of actions that contain competence, contribution, and individual independence.

INVESTING IN INDEPENDENT LIVING

To counter the dependency and incarceration associated with impairment, disability activists have asserted an independent living approach to social policy. This has achieved a heightened prominence of disabled people and is as much about future inclusion as it is about previous and ongoing exclusion. More specifically, it proclaims and details a new order for an inclusionary lifestyle of the impaired body and makes significant challenge of recent and distant histories that have incarcerated and positioned disability as an ultimately negative and undesirable way of being. In this way, the foundations of independent living are based on three fundamental ideas:

1. the human and civil rights of disabled people are denied;
2. mainstream reaction to impairment is inherently negative and fails to account for and accommodate impairment, which in turn undermines these rights; and
3. this need not be so, and is wrong because impairment does not have to be the primary defining feature of life if appropriately accounted for and responded to. (Morris, 1992, 2004)

The Independent Living Movement details the needs and requirements of disabled people that are necessary to achieve parity with their able-bodied peers in terms of accessibility and equality regarding human and civil rights. These needs include achieving accessibility in all areas of the everyday—environment, transport systems, information, housing, education, employment, provision of equipment, technical aids, personal assistance, self-advocacy (through advocacy, counseling, and peer support), and economy (Morris, 1992, 2004). The impact of the movement across strategy, policy, and equality initiatives is huge, yet current provision in the United Kingdom continues to fail disabled people (Disability Rights Commission, 2007). Notions of civic participation have little meaning for citizens with impairments as they remain excluded and ostracized. Despite this activism, disability and impairment remain naturalized as a flawed characteristic of the body. Thus, the ethical responsibility to accommodate them is negated (see Tremain, 2001).

Nevertheless, the movement has asserted a massive discursive influence and has reformulated the construction of disability as both a personal and social issue, undermining negative assumptions and reactions and charging the issue of impairment with much political capital (Barnes, 2002). Within numerous UK government documents and policies concerning disability

(e.g., Department of Health [DoH], 2001; Prime Minister's Strategy Unit, 2005), there are terminologies of choice, control, access, and assistance, each of which can be traced to the early campaigns of the Independent Living Movement, that both redefined independence and vehemently challenged dependency. The discourse of independent living has achieved a great deal. The UK Office for Disability Issues is carefully considering reform of social care provision along the lines of the ideologies espoused by the movement, suggesting that future support provision for disabled people may facilitate independence and citizenship.

The following quotation comes from the *Hansard* transcripts of House of Lords' second reading of the private members bill, the Disabled Persons (Independent Living) Bill of 2006. The bill was presented by Lord Ashley of Stoke during 2006 and debated on December 15, 2006. In 2008, the bill was awaiting further debate. Although the bill poses much needed reform for social and community care provision, its success is not necessarily dependent on how it will attend to equality and inclusion issues for disabled people, but rather how it might assist government in its regulation of disabled people and associated expenditure.

The organization of modern Western society is in many ways dependent on individualism and the processes that establish and define contractual arrangements with its citizenship (Alaszewski, Walsh, Manthorpe, & Harrison, 1997). Moreover, government and capitalist enterprise promulgate discourses that represent society as self-sustaining (Weber, 1927). Central to both these areas is the language of economy that asserts a regulatory determinism over state governance matters.

I hope that Gordon Brown and other Members of both Houses will recognize the important economic benefits of investing in independent living. As people become more independent and return to work, earning from their employment and paying taxes, savings will be made in the social security budget. There will also be a big reduction in the use of health and social services as people become active and return to work. Vitally, the net costs incurred under the Bill will be far less than people first assumed when they saw these demands. (Lord Ashley of Stoke, *Hansard*, December 15, 2006, column 1794)

The economic case for investment in independent living is based on the prospect of it leading to employment and activity that in turn will benefit tax income and savings in health and social care, and welfare expenditure. Employment is presented as a key assumption of increased independence and central to both budget and personhood. Thus, the independence of disabled people is constructed as being of benefit to the economy through the enhanced performance of the citizen as an active and engaged consumer. This is functional to the able ideology of effective contribution and production by individuals as compliant citizens.

This assumption infers that competence enhancement is necessary to realize these outcomes, rather than the adaptation or redefinition of jobs and the workplace to be more inclusive of disabled people. The benefits of investment in independent living are constructed as an individualistic discourse that, although orientating the system toward potential improvements for disabled

people, are nevertheless strengthening the dominance of an economic and normative able-bodied discourse.

IT IS SOCIETY THAT DISABLES

The social model of disability that was initially articulated by the Union of Physically Impaired against Segregation (UPIAS, 1976) has had a tremendous impact on meaning concerning disability. It has very much shifted disabling agency from that of the individual's body to the societal barriers that exclude disabled people from participation in everyday living. The defining statement of the social model of disability asserted, "it is society that disables physically impaired people" (UPIAS, 1976, p. 14).

Representing a massive shift in the conceptualization of disability, the social model has been influential in bringing about much social policy reform and antidisability discrimination legislation. In its earliest form, produced over 30 years ago, the social model was initiated to signify the oppression faced by people with physical impairments. However, it has a much broader scope today and is taken by those within the disability movement, industries, and other agencies to relate to a broad range of impairments and conditions.

The social model raises concerns regarding definitions of disability that produce it as a static state and able to undermine the diversity of the body (Oliver, 1990). More recently, the social model of disability has been criticized for its flaws as a theoretical model to account for issues of pain and impairment and how it sustains the othering and naturalization of disabled people as extra to the ordinary construct of the body. Indeed, Shakespeare (2006) asserted that "the social model is wrong" (p. 53).

Although this conclusion caused controversy within activist and academic circles (see Sheldon, Traustadóttir, Beresford, Boxall, & Oliver, 2007) because of its potential to be interpreted as a critique of the disability movement, this line of criticism is not uncommon within disability studies (for a review see Thomas, 2004; Vehmas, 2007). However, shortly after Shakespeare's (2006) book was published and launched, Lord Ashley of Stoke asked the government in the House of Lords, "how soon can we have a new definition that is comprehensive and based on the social model of disability?" (*Hansard*, HL, Oct 10, 2006).

The simultaneous production of these multiple and perhaps contradictory versions of disability—be it calling for administrative regulation by definition of the social model or by disputing its theoretical and methodological meaning—represents a concerning dislocation between policy and academia. The issue here is not focused on the appropriateness of these statements but on the observation of them as existent at similar times but at differing sites of regulatory power. The contradiction demonstrates the multiple understandings of disability and although both question established meaning, the invested interests are variable in terms of the immediacy for social reform and the accuracy of knowledge. This dislocation between leading academics and policy makers is problematic in the way it contributes to the isolation of understandings concerning disability.

Although, social policy typically lags behind critical thinking in academia, some responsibility must rest with the trend within academic work to distance itself from a political agenda and thus impact on the potential development of inclusion and equality policies that are crucial to disabled people.

RAISING OR BREAKING BARRIERS

Central to the social model of disability is the distinction made between impairment and disability. For UPIAS (1976), disability is defined as the socially imposed restrictions (i.e., barriers created by inaccessible social environments) that restrict and exclude people with impairments from participation in society. Impairment, on the other hand, is taken to refer to physical or psychological inability. Although this distinction remains relative to the conceptualization of a normative or typically able body, the social model relocates disability away from the individual to that of social structure. Disability is viewed as the restricted participation and social disadvantage a citizen faces as a result of an inaccessible and unaccommodating environment and not that of the flawed functionality of an individual's body. This position is persuasive in its relocation of disabling agency (i.e., that which causes disability) but is contentious and problematic in its articulation. Specifically, there is a dominance of individualism and qualities deemed as intrinsically human in meaning and constructions of disability that have been historically conceptualized as relative to the normative body.

In this way, discursive constructions of the social model of disability use "barriers" as a signifier of exclusion and furthermore do so to attribute the responsibility for this to be changed by reorganization of civic society. However, these vary in relation to the discursive function under discussion. To demonstrate this, and how the method of discourse analysis may be drawn on to consider the accompanying imagery of texts, two images are presented, in Figures 17.1 and 17.2. These images are deemed relevant for inclusion because of the way they depict discursive variation in presentations of the barrier metaphor and can be read as relating to differing actions being oriented, too.

Both images depict the barrier metaphor. Figure 17.1, which fronts an advice and guidance handbook for Tower Hamlets council managers about their responsibilities under the Disability Discrimination Act 1995, shows a car park barrier emblazoned with the text "discrimination" in the process of being raised. Figure 17.2, the logo of the Disability Advocacy Network, a local organization of disabled people in Tower Hamlets, presents its name as an acronym DAN, with the "A" for advocacy breaking through a cartoon depiction of a barrier and is printed much larger than the "D" and "N."

Although both images draw on the social model of disability and use the barrier construct, they do so to achieve different ends. Both imply that the location of disability is societal or structural, and both infer that change is achievable through the removal of barriers. The first, however, is shown and named as "discrimination" and is being raised, whereas the second implies that barriers are to be broken. The blurred trail lines of the moving barrier in the first image imply an action. "Our responsibilities" on the council handbook



Figure 17.1. DDA 1995: Our Responsibilities. *Advice and Guidance Handbook for London Borough of Tower Hamlets Managers*. Produced by the Corporate Equalities Service (2000).



Figure 17.2. Disability Advocacy Network (DAN) Logo. Since 2000, used on stationery and publicity information. Disabled persons organization in Tower Hamlets, east London.

is in a handwritten script font, perhaps to construct a sense of engagement and inform its intended readership, namely Local Authority service managers, that the DDA has implications for them. This is contrasted with the large “A” for advocacy that is constructed as an agent of change through a different form of action, collective struggle, and the breaking down of barriers.

Discourse analysis has not typically engaged analytically with the “image-text relation” as has been considered in other work for many decades (e.g., Barthes, 1957; Kress & Van Leeuwen, 1996). Nevertheless, a discourse analytical approach toward image-text representations is useful when considering the construction of phenomena. These images have been included to demonstrate variation in constructions of the “barrier” metaphor. The implication is that those committed to promoting disability equality should be critically vigilant of mainstream bodies when they assimilate and adopt radical activist discourses (i.e., as the independent living and the social model). Although they might seem to be adopting approaches that benefit disabled people, the original meaning is likely to be rhetorically distorted and colonized by those bodies in line with their own regulatory interests (see Oliver, 2004).

“I USE MY DISABILITY, I TRY AND MAKE THE MOST OF IT

The disclosure of disability as possessing positive attributes is incongruent to its dominant meaning. The “dis-” prefix expresses negation or reversal of state and thus applied to “-ability” poses dilemmas. To make, use, and/or attribute the possible benefits that might arise from a negative state is linguistically problematic and has potential to be discredited as nonsensical or at least discursively defiant. Indeed, current meanings and representations of the disability category can be seen as situated within a plethora of social, cultural, historical, and political institutions that produce and sustain its embodiment as undesirable and an invalid way of being (Shildrick, 2005). In this way, the positioning and identification as a disabled person at the moment of disclosure can be problematic for it dislocates an association with the normative and portrays a subjectivity of the other. The following quotation and commentary explores some of the tensions and contestations of disability disclosure as well as complexities associated with narratives and accounts that attempt a reconfiguration of the disabled subjectivity as exclusively invalid.

X: I was gonna say that I use my disability, I try and make the most of it if that makes much sense. I know that it's helped my daughter's friend to go back to college and she's studying law and her mum's been round and said “Oh thank you so much” and (she's) actually said to me . . . it's because of you, cos she's known me for like about 14 years cos' it's my daughter's best school friend and she's seen how I used to, when I used to be really bad in and out of hospital, in and out of hospital and all this and that, so I said to her what you trying to say? If I can do it you can do it sort of thing? But it's helped her and I've got other friends who have gone and done things and they have said, they say like if X can do it anyone can do it anyone can do it. But I don't think they mean it in a bad way when they say it you know and we have a laugh about it. So and that's well I've done it with

some of the clients in here. Can I say about that that client? [refers to monitoring questions asked as part of the voluntary advice work X does at the community project DITO] You know the client come in here last week and er she said when I asked her if she classes herself as disabled she said no—and I said “Can I ask why?” and she just went “oh no I’m no—I don’t wanna—no I’m not disabled” you know so I said “I’m dis.abled” she went oh I knew she was really shocked and she looked, she was looking on eh the sheet of paper we had when we were doing that training and she saw that thing, “half a person” [refers to a disability awareness training course exercise that used resources from the Disability Rights Commission’s 2003 poster campaign “Is a disabled person only half a person?”] [R: oh yeah yeah yeah] so I said to her “Oh I writ that” I said “I can’t believe that I done that” and she said “oh” she was reading it and by the time I’d finished with her she kept saying “I can’t believe you’re disabled—you’ve got arthritis” I said “I’ve had hip replacement” she was just, mate she said “change it and put that I class myself as disabled now” and that’s what you know it’s made a difference she, I said you’ll feel better your be more positive if you can look at it that way, I understand what you’re saying T cos you say, cos you see people worse than you I, I know where you’re coming from but I’ve always, I’ve never found it hard to say that I’m a disabled person cos I don’t feel that it’s anything for me to be ashamed of you know.

T: No I’m not ashamed of it, I just think cos since I’ve been coming to DITO I see people a lot worse [X: a lot worse yeah] than me [X: yeah yeah I see what you’re saying] I know that I can’t walk but I can still see, [X: right yeah] if you took me eyes away I’d kill myself. Or I’d rather . . .

X: You say that but you would cope [T: no I wouldn’t] you would have another disability [T: not with me eyes] but you would be amazed you would just on with your life because there are other people who, are worse than that.

T: [I couldn’t I couldn’t not], not if anything happened to my eyes.

X: [Yeah but you say that] cos you’s a fighter.

HZ: [You’ve got your ears], you’ve got your ears [R: you’ve got your ears].

X: Yeah there’s always, you know what I mean. Even though you say that T you know God forbid you would still, you’d survive.

T: I don’t mind my ear holes going I won’t hear my kids ask me for money. [X: Laughs]. (Hodgkins, 2003, DG1, p. 10 line 15–p. 11 line 26)

The quotation shows a version of personal disclosure and acknowledgment of a disabled identity that positions a positive difference. Through this disclosure, a benefit can be achieved. This is corroborated by X by way of references to external witnesses, working them up as transformed beneficiaries of her disclosed disability (lines 2, 4, and 14). By doing so, however, another position becomes apparent, namely, that motivational agency can be achieved by comparison and reference to the achievements of those who do so despite their adversities. This is circular and dilemmatic in its depiction of disability as adverse as the speaker considers “but I don’t think they mean it in a bad way” (line 10).

The account X asserts works to denounce shame and counteract the rejection of a disabled identity: it is an alternative positioning. This is referenced to the client (line 12) who is persuaded to change her disclosure through example. What is revealed the positives of disclosing or affiliating to a disabled identity, in contrast to its avoidance and thus negative accounts. This is further used to contest its denial and infers “shame” as the justification for

nondisclosure, or for it being troublesome or “hard to say” (lines 25–26). Implicitly, X is acknowledging T’s position in that there can be people “worse” (line 25), but the account of a positive embraced disclosure ultimately deflects possible negatives associated with a disabled subject position.

Not being disabled is warranted by reference to others being “a lot worse” (line 29), but is inferential of an ideological dilemma where impairments are constructed as existing along a continuum of undesirability. This implies a hierarchical ordering of capability and functionality that is referenced to the able body. Elsewhere, a “hierarchy of impairment” (referring to disability) is discussed as an interactive resource utilized to promulgate disablism among disabled people (Davis & Watson, 2001; Deal, 2003; Reeve, 2004). Such a way of inferring and constructing versions of meaning can be seen as referential to a discursive interactive theme, named here as the “dierarchy.” This is not a hierarchy in a typical sense, but is a discursive interactive resource that demands competence, in a bleak and condemning way, of that which is not normative and compliant. This is extremely dilemmatic, and furthermore nihilistic, because it maintains its discursive production as extraordinary, and thus, by recognition of what is worse, denotes what is deemed better.

Several other discourse analytical features can be observed in the extract. The statement, “if you took me eyes away, I’d kill myself” (line 31) is an example of an “extreme case formulation” (Pomerantz, 1986). The final articulation (line 40) uses humor to deflect potential negative inferences by way of “prompt overlap” and “interruption” (Nofsinger, 1991; Schegloff, 1987) and a finalizing “disclaimer” (Hewitt & Stokes, 1975). Disclaimers are verbal devices deployed in advance of statements that may invoke obnoxious attributions to enable the speaker distance from negative connotations. The final utterance (line 40) effectively brings to an end this exchange with a semi-humorous retort that explicates disability, albeit a visual impairment, as stigmatizing and undesirable. Indeed, the articulation of “I’d kill myself” (line 31) resonates the dierarchy theme and draws on a dominant eugenic discourse. This discourse promotes a hopeless construct of disability as a difference, othered, and representative of a life not worth living. Although uttered and, thus, invalidating, this discourse is contested by X whose position is action-oriented, offering a reconfigured subjectivity wherein diverse bodies not only live but thrive.

This extract is revealing of competing accounts of disability disclosure, demonstrating its potential benefits and the option of nondisclosure by way of the dierarchy theme. However, both approaches infer a dominant normative body. The latter is explicit in making visible and qualifying disability as undesirable. The former, despite producing a reconfiguration of this dominant disabled subjectivity, must do so cautiously against established versions of knowledge and the embedded materiality of modernity. The production of the alternative body challenges social order and implicates structures of governance as oppressive and requiring change.

CONCLUSION

This chapter has examined the discursive construction of disability and disabled people in talk and text. Having explored a number of text extracts

and images from a variety of sources, it has shown how the meaning of and knowledge about disability is discursively produced. We have shown how ideas and philosophies, such as the social model of disability and independent living movement, can be rhetorically distorted.

The final extract explored issues of identity showing how accounts of disability are determined and constituted in talk not as an aspect of personal identity but rather as a process of positioning. Speakers' orientations in conversational interaction become apparent as they disclose their versions of disability. The identity or position of disability appears to be based on elaborate discursive work that is employed during interactions that accept, reject, and account for the disabled position. In light of the extracts and analytical commentary presented in the previous sections, I draw this chapter to a close by sketching out a future direction for discourse analytical research and theorization of ethical benefit to the disability equality and diversity agenda.

Disability language furthers meaning and knowledge, but disability knowledge and meaning is also manipulated through language. As Shildrick (2005) asserted, "there is no singular explanation [of disability], and no certainty, but only the disabled body in all its contingency and undecidability" (p. 768). Disability knowledge and meaning is not then to be taken as accurate reflections of the world or representative of its constitution. Rather, disability should be taken as an artifact of interaction, mobilized and ever reforming in discourse. In this way a distinct identity of disabled people is rendered inappropriate. What is revealed then are the disablist practices that invalidate disability and impairment. These practices are relational and interactive, action-oriented and constructed in and through discourse. The disabled body is oppressed through language and knowledge rather than being accepted and embraced, as it should be, as an intrinsic aspect of human diversity. Drawing on relativism, discourse theory, and disability studies, the discourse approach represents a new opportunity for cross-discipline dialogue that is both politically applicable and theoretically useful to guide disability research and thus influence related equality and diversity initiatives.

A discursive constructionist stance considers knowledge to be not a reflection of the world but an artifact of interaction. Thus, this approach offers a perspective of the disabled body not as a permanent state but as a fluid representation produced through a multiplicity of histories, structures, and discourses. If the body is considered to be an artifact of knowledge interaction that over time absorbs language that serves the interests and actions of authoritative and regulatory collectives, then a discursive mode of disablism becomes apparent. Power issues perpetuate the othering and invalidation (Hughes, 2000) of disabled people. There is a "tyranny of perfection" (Glassner, 1992) and a notion of capacity to conduct and express autonomy.

Disability has been done, over its long history, not just to those with impairments but to the detriment of all bodies as a denial or "anxiety" of being in the world (Shildrick, 2005). It could be argued that the very idea of disability is a reminder of the dead body and, as such, is repressed and repulsed. This negative representation has been sustained through language of the normative body and a discursive mode of disablism, multiple, transhistorical, ever absorbing, and interactional with mediums of knowledge that allude to the value of compliant bodies.

Future research could document the discursive mode of disablism, through exploration of discrimination cases, “back-to-work” benefit assessments, and reporting of hate crime incidents. By examining everyday text records, such as interview transcripts, welfare benefit application forms, and policy documents, both the implicit and explicit examples of disablism could be identified and revealed. Although the discourse analytical approach is useful to develop critique, it is limited by its reliance on text. Combining critical disability discourse analyses with quantitative data may be a useful way to build greater understanding of disablism and its impact.

It is necessary to recognize disablism as a significant issue and foster zero tolerance toward it. This requires vigilance and action to make active challenge at each and every moment it appears. So that all bodies are valued, their diverse relativity must be embraced and celebrated; when rejected, critical responses must be made. However, it needs to be remembered that this requires effort, commitment, and reflexivity, for often the normative is so dominant in its expression that it represses acknowledgment and acceptance of diversity, thus legitimating its oppression.

NOTES

1. The reference to disability presented here is the earliest etymological source detailed in the OED and is italicized in the extract. The additional text was taken from the original source.

2. Extract transcribed following conventions detailed by Jefferson (1985) to account for pauses, intonation, overlaps, and other conversational characteristics.

Author:
Please
provide
the text
citation
for note 2.

REFERENCES

- Alaszewski, A., Walsh, M., Manthorpe J., & Harrison L. (1997). Managing risk in the city: The role of welfare professionals in managing risks arising from vulnerable individuals in cities. *Health & Place*, 3(1), 15–23.
- Barnes, C. (2002). Introduction: Disability, policy and politics. *Policy & Politics*, 30, 311–318.
- Barnes, C., & Mercer, G. (Eds.). (2004). *Implementing the social model of disability: Theory and research*. Leeds: Disability Press.
- Barthes, R. (1957). *Mythologies*. London: Paladin.
- Borsay, A. (2005). *Disability and social policy in Britain since 1750: A history of exclusion*. Hampshire: Palgrave Macmillan.
- Corker, M., & French, S. (Eds.). (1999). *Disability discourse*. Buckingham: Open University Press.
- Corker, M., & Shakespeare, T. (Eds.). (2002). *Disability/postmodernity: Embodying disability theory*. London: Continuum.
- Davis, J., & Watson, N. (2001). Where are the children’s experiences? Analysing social and cultural exclusion in “special” and “mainstream” schools. *Disability & Society*, 16, 671–687.
- Deal, M. (2003). Disabled people’s attitudes toward other impairment groups: A hierarchy of impairments. *Disability & Society*, 18, 897–910.
- Department of Health. (2001). Valuing people: A new strategy for learning disability. Retrieved January 8, 2008, from www.archive.official-documents.co.uk/document/cm50/5086/5086.pdf.

- Disability Rights Commission. (2007). Developing a social care system fit for the future. Stratford-upon-Avon: Author.
- Gabel, S., & Peters, S. (2004). Presage of a paradigm shift? Beyond the social model of disability toward resistance theories of disability. *Disability & Society*, 19(6), 571–596.
- Glassner, B. (1992). *Bodies: The tyranny of perfection*. Los Angeles: Lowell House.
- Goodley, D., & Lawthom, R. (Eds.). (2006). *Disability and psychology: Critical introductions and reflections*. Basingstoke: Palgrave Macmillan.
- Hewitt, J. P., & Stokes, R. (1975). Disclaimers. *American Sociological Review*, 92, 110–57.
- Hodgkins, S. L. (2003). Text transcription of audio recordings of three discussion groups (DG1, DG2 & DG3) held at DITO disability information training opportunity. 40–50 Southern Grove, London.
- Hughes, B. (1999). The constitution of impairment; modernity and the aesthetic of oppression. *Disability & Society*, 14, 155–172.
- Hughes, B. (2000). Medicine and the aesthetic invalidation of disabled people. *Disability & Society*, 15(4), 555–568.
- Hughes, B. (2002). Bauman's strangers: Impairment and the invalidation of people in modern and post modern cultures. *Disability & Society*, 17(5), 571–584.
- Jefferson, G. (1985). An exercise in the transcription and analysis of laughter. In T. van Dijk (Ed.), *Handbook of discourse analysis*, vol 3. (pp. 25–34). London: Academic Press.
- Kress, G., & van Leeuwen, T. (1996) Discourse semiotics. In T. A. van Dijk (Ed.), *Discourse as structure and process. Discourse studies: A multidisciplinary introduction*, vol 1. (pp. 257–291). London: Sage.
- Lupton, T. (1580). *Siuqila, too good to be true*. Copy held at British Library Rare Books Section, London. Retrieved from Early English Books Online, /eebo.chadwyck.com.
- Morris, J. (1992). *Independent lives: Community care and disabled people*. London: Macmillan.
- Morris, J. (2004). Independent living and community care: A disempowering framework. *Disability & Society*, 19, 427–442.
- Moser, I. (2005). On becoming disabled and articulating alternatives: The multiple modes of ordering disability and their interferences. *Cultural Studies*, 19, 667–700.
- Nofsinger, R. E. (1991). *Everyday conversation*. London: Sage.
- Oliver, M. (1990). *The politics of disablement*. London: Macmillan.
- Oliver, M. (2004). If I had a hammer: The social model in action. In C. Barnes & G. Mercer (Eds.), *Implementing the social model of disability: Theory and research* (pp. 18–41). Leeds: Disability Press.
- Pomerantz, A. (1986). Extreme case formulations: A way of legitimating claims. *Human Studies*, 9, 219–229.
- Potter, J., & Wetherell, M. (1987). *Discourse and social psychology: Beyond attitudes and behaviour*. London: Sage.
- Potter, J., Wetherell, M., Gill, R., & Edwards, D. (1990). Discourse: Noun, verb or social practice. *Philosophical Psychology*, 3, 205–217.
- Prime Minister's Strategy Unit. (2005). *Improving the life chances of disabled people*. London: Stationery Office.
- Reeve, D. (2004). Psycho-emotional dimensions of disability and the social model. In C. Barnes & G. Mercer (Eds.), *Implementing the social model of disability: Theory and Research* (pp. 83–100). Leeds: Disability Press.
- Schegloff, E. A. (1987). Recycled turn beginnings: A precise repair mechanism in conversation's turn-taking organization. In G. Button & J. R. E. Lee (Eds.), *Talk and social organization*. Clevedon: Multilingual Matters.

- Shakespeare, T. (2006). *Disability rights and wrongs*. London, Routledge.
- Sheldon, A., Traustadóttir, R., Beresford, P., Boxall, K., & Oliver, M. (2007). Disability rights and wrongs? *Disability and Society*, 22, 209–234.
- Shildrick, M. (2005). The disabled body, genealogy and undecidability. *Cultural Studies*, 19, 755–770.
- Shildrick, M., & Price, J. (1996). Breaking the boundaries of the broken body. *Body & Society*, 2, 93–113.
- Stiker, H.-J. (1999). *A history of disability*. Ann Arbor: University of Michigan Press.
- Swain, J., Finklestein, V., French, S., & Oliver, M. (Eds.) (1993). *Disabling barriers: Enabling environments*. London: Sage in association with Open University Press.
- Thomas, C. (2004). How is disability understood? An examination of sociological approaches. *Disability and Society*, 19, 569–583.
- Thomas, C. (2007). *Sociologies of disability and illness: Contested ideas in disability studies and medical sociology*. Hampshire: Palgrave Macmillan.
- Tremain, S. (2001). On the government of disability. *Social Theory and Practice*, 27, 618–636.
- Union of the Physically Impaired Against Segregation (UPIAS). (1976). *Fundamental principles of disability*. London: Author. Retrived June 1, 2008, from www.leeds.ac.uk/disability-studies/archiveuk.
- Vehmas, S. (2007, May). Disability research: Emancipation for whom and from where? Keynote presentation, Participation for all—the front line of disability research. Nordic Network on Disability Research Conference. Goethburg, Sweden.
- Weber, M. (1927). *General economic history*. New York: Greenberg.

