Chapter 7

The struggle for
disability equality

Richard Rieser

Introduction

At least 15 per cent of the world’s people have a significant, long-term, physical or mental impairment that 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 that 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, fi lo, victim, obsessive averager, 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.

In December 2006 the United Nations adopted a groundbreaking new human rights treaty recognizing the above and requiring all States Parties who adopt and ratify this treaty to 'undertake to ensure and promote the full realization of all human rights and fundamental freedoms for all persons with disabilities without discrimination of any kind on the basis of disability'. Thus Article 1 of the United Nations Convention on the Rights of People with Disabilities (UNCPRD 2006) addresses the need for equality & disabled people throughout the world. To convince the United Nations of the need for the Convention it was necessary to demonstrate how disabled people were systematically denied the Human Rights others take for granted. In the United Kingdom, which ratified the Convention in June 2009, we have also passed into law the 2010 Single Equalities Act, which addresses disability and the other
equalities issues addressed in this book. These two statutes can provide a new
impetus for developing disability equality and developing inclusion.

The dimensions of inequality to do with gender, sexual orientation, 'race' and
class all interact with disability to create additional oppressions for those
subjected to 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 2005 the Cabinet Office produced a
far-reaching strategy to get disability equality for disabled people in the UK.
Tony Blair, Prime Minister, writing the Foreword, had this to say.

This report therefore sets out an ambitious vision for improving the life
chances of disabled people so that by 2025 disabled people have full oppor-
tunities and choices to improve their quality of life and will be respected
and included as equal members of society.

(Cabinet Office 2005, p. 6)

Whether such commitments survive the change of UK government in 2010
and the harsh cutbacks brought about by the banking crisis remains increasingly
unlikely with 14 separate attacks on disabled people's entitlements and benefits
by March 2011, but at least it was an official recognition of the deep-seated
inequalities associated with being a disabled person in British society.

In this chapter, therefore, I will begin by looking at how disabement is defined
and modelled. I will then look at the extent of disability, worldwide and in the
UK, and the impact and scope of the UNCRPD and the Equalities Act for
developing disability equality. Next, I will give a brief history of disability,
including the growth of the Disabled People's Movement and our struggle for
civil rights. I will conclude with an examination of the way that ideas of disability
equality can be raised in the general school curriculum. This can help to counter
prejudicial and discriminatory attitudes, which lead to harassment and bullying.

In English schools 80 per cent of disabled pupils report bullying; two and a half
times the level of non-disabled children (DCSF 2008; EHRC 2010). Outside
school hate crime against disabled people has only recently been recognized as a
largely hidden but serious human rights abuse. The United Kingdom Disabled
People's Council report identifying media reports of 69 murders and 549 serious
attacks on disabled people in the UK in the three and a half years to July 2010
(SCOPE 2008; UKDPC 2010).

Article 8 of the UNCRPD requires governments as part of awareness-raising
to ensure ‘(b) Fostering at all levels of the education system, including in all
children from an early age, an attitude of respect for the rights of persons with
disabilities’.

Three ways of viewing disabement: the 'traditional model', the 'medical model' and the 'social model'

The 'traditional model' of disability

The 'traditional model' is a many-headed monstersity that has helped human
beings in all societies and cultures give an explanation to that which they did
not understand. It relies on belief in the supernatural, religion, magic and fantasy.
It is an 'othering' process that helps deal with fear, curiosity and pain caused by
the occurrence of physical and mental impairment. Impairment is ever present
and is seen as a threat to sense of well-being by non-disabled people (Rieser
2008a). Here are just a few such notions:

- Disabled people bring good luck or have supernatural powers, sixth sense
  or ability to tell the future.
- Disabled people are a punishment from God or good karma.
- Disabled people are bad luck or evil.
- Disabled people are figures of fun, the butt of jokes or jesters/clowns that
  help us forget our troubles.
- Disabled people are possessed by demons.
- Disabled people are vengeful and have a chip on their shoulder. Disabled
  people are a burden on everyone else.
- Disabled people are asexual and perpetual children.
- Disabled people are contagious and have to be kept separate from everyone
  else, and many other false notions.

While we may think such ideas are long gone, a surprising number of people
in many cultures are influenced by such ideas and they persist in the stereotypes
promulgated in literature and the media (Rieser 2004). Many of these ideas arise
from the way we have been perceived and treated in the past as will be seen from
the section 'The history of disabement'.

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, and art. Many disabled people internalize negative views of ourselves that 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 that 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 difference 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 Dreger 1989). Article 1 of the UNCRPD demonstrates how this latter approach is at the heart of a human rights approach to disabled people:

Persons with disabilities include those who have long term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

In recent years this social model approach to disability has been adopted by the World Health Organisation, UNESCO, UNICEF and the World Bank. In the UK it formed the basis of the Duty to Promote Disability Equality in the 2005 Disability Amendment Act.

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 that 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 (Olivier 1990; Morris 1991; Mason and Rieser 1994) (see Figure 7.2).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 head teacher 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 smelt 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 that 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, 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 of these situations people were disabling me by presenting barriers to my equal participation.

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. Indeed 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 worldwide sense, 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

Figure 7.2 The social model
the 'social' and the 'medical' model of disability is understood (see Chapter 8 of this volume for a discussion of disability and education). I recently mapped the traditional, medical and social models of disability into the educational context (Rieser 2008a, p.28; see Table 7.1). What is clear from this analysis is that only a social model perspective in education leads to a dynamic school change process that leads to inclusive 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

<table>
<thead>
<tr>
<th>Thinking/ model</th>
<th>Characteristics</th>
<th>Form of education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional</td>
<td>DP a shame on family, guilt, ignorance. DP seen as no value.</td>
<td>Excluded from education altogether.</td>
</tr>
<tr>
<td>Medical 1</td>
<td>Focus on what DP cannot do. Attempts to normalize or if cannot make to fit into things as they are keep them separate.</td>
<td>Segregation institutions/hospitals Special schools (with 'expert' special educators)</td>
</tr>
<tr>
<td>Medical 2</td>
<td>Person can be supported by minor adjustment and support, to function normally and minimize their impairment. Continuum of provision based on severity and type of impairment.</td>
<td>Integration in mainstream: a) At same location - in separate class/units. b) Socially in some activities (e.g. meals, assembly or art). c) In the class with support, but teaching and learning remain the same.</td>
</tr>
<tr>
<td>Social model</td>
<td>Barriers identified – solutions found to minimize them. Barriers of attitude, environment and organization are seen as what disables and are removed to maximize potential of all. DP welcomed. Relations are intentionally built. DP achieve their potential. Person-centred approach.</td>
<td>What you cannot do determines which form of education you receive. Inclusive education - schools where all welcomed and staff, parents and pupils value diversity and support is provided so all can be successful academically and socially. This requires reorganizing teaching, learning and assessment. Peer support is encouraged. Focus on what you can do.</td>
</tr>
</tbody>
</table>

Table 7.1 Types of thinking about disabled people (DP) and forms of education

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 21 years to establish itself. This has now become the United Kingdom Disabled People's Council. This battle 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 it 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 20 or more employees - thus exempting 96 per cent of employers (after pressure, this was reduced to 15 or more employees and from October 2004 to all employers as a result of new European legislation). The split in the Rights Now Coalition (a group campaigning for civil rights legislation) between the factions 'for' 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 did introduce, in 2001, the Special Educational Needs and Disability Act. This extended the DDA to cover the provision for the whole education system. In 2005 transport and other areas were brought under the legislation. Also a new duty to promote disability equality was introduced for all public bodies including schools. A weakened form of this duty has made its way into the 2010 Single Equalities Act with public bodies from April 2011 no longer needing to have a Disability Equality Scheme, the result of consultation, but only to set vague equality targets. The Single Equality Act has also consolidated and strengthened disability discrimination with a new category of indirect discrimination and disability-based discrimination. The Duty to Promote Disability Equality followed the introduction of the Race Relations (Amendment) Act 2000, which followed the inquiry into the death of Stephen Lawrence and introduced a duty to promote race equality on all public bodies.

From April 2011 all previous duties are consolidated into a duty on public bodies not to discriminate against people in the seven protected characteristics: gender; race; ethnicity and nationality; disability; sexual orientation; gender age;
religious belief and no belief; transgender. None of these developments would have occurred without pressure from the trade unions, community groups and disabled people’s 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 that 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 Organisation in 2011 estimates more than one billion (World Report on Disability).

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 20 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. Recently the World Health Organisation (2011) has revised the number of disabled people in the world to 1 billion and presented a comprehensive report on the challenges of implementing the UNCRPD.

The United Nations (2007) identify that disabled people are growing as a proportion of the population:

- ninety per cent of disabled pupils in the South do not attend school
- thirty per cent of street children have an impairment;
- up to 80 per cent of disabled adults are without work;
- disabled girls and women are much more likely to be beaten or raped.

UK figures

A DfEE Workforce Survey (Winter 2006) showed that only 50 per cent of disabled adults of working age (16 to 65 years old) were working or registered unemployed. This is an increase of 10 per cent from 1995 and the increase coincided with a 10-year period of economic growth and the implementation of the Disability Discrimination Act. The rest — 50 per cent or 3.4 million disabled people — were on benefit and not looking for work. Whether these improvements will be sustained in the new times of austerity is a real test of whether the principles of disability equality have been incorporated by the government and employers.

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 16 to 65 and 360,000 were five to 16 years old. 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 that recorded 6.9 million people who were disabled or long-term sick.

To be counted 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 10 scales such as mobility, hearing, sight, incontinence, lifting and 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. Secondly, 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.

Critiquing the survey method and the ideology that lies behind it, Mike Oliver (1990) makes the different orientations clear. From the OPCS survey
(1986–88), 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 that 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 cause 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 cutbacks. 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. These statistics are shifting sands. Using the DDA definition the 2001 Census identified 10.5 million adults who are long-term sick or disabled — that is, 22 per cent of the adult population. In addition, the DfES in 2004 identified 700,000 young people under 16 who are disabled. This is an underestimate as there are 1.6 million children with special educational needs, many of whom would come under the DDA definition.

A person has a disability if he has a physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities.

(DDA 1995, Part 1)

This definition has recently been incorporated into the 2010 Equalities Act, though arguments that were put forward to have a more social model definition were not heeded by Parliament. In June 2009 the UK government ratified the UNCRPD with four reservations. The UK government now has international treaty obligations on the rights of people with disability as well as the Treaty entering into the law of the United Kingdom. So it would appear that the legal framework for disability equality and rights is firmly in place. However, implementation is another matter dependent on wider changes in attitude in society.

The duty to promote disability equality

In 2005 the UK government introduced a duty to promote disability equality for all public bodies and a specific duty for certain bodies such as NHS Trusts, schools, colleges, universities and local authorities to have a Disability Equality Scheme explaining how they would implement this duty (DRC 2005). When carrying out their function public bodies had to have due regard to the following:
promote equality of opportunity between disabled persons and other persons;
- eliminate discrimination that is unlawful under the Act;
- eliminate harassment of disabled persons that is related to their disabilities;
- promote positive attitudes towards disabled persons;
- encourage participation by disabled persons in public life;
- take steps to take account of disabled persons’ disabilities, even where that involves treating disabled persons more favourably than other persons.

Furthermore, implementation was based on an understanding of the ‘social model’ of disability.

The poverty, disadvantage and social exclusion experienced by many disabled people is not the inevitable result of their impairments or medical conditions, but rather stems from attitudinal and environmental barriers. This is known as the ‘social model of disability’, and provides a basis for the successful implementation of the duty to promote disability equality.

(DRC 2005, p. 172)

From December 2006 universities, colleges and secondary schools and other public bodies had to implement these duties. From December 2007 primary and special schools had to implement them. There was no comprehensive programme for training schools on these duties and most did not take them very seriously, as is evidenced by the scarcity of published schemes (Rieser 2008b). In 2009 the Lamb Inquiry into parental confidence in the Special Educational Needs system recommended, based on evidence of a low take-up of the duties by schools, that OFSTED should make compliance with equalities duties a limiting grade in inspections and that schools have to publish their Disability Equality Schemes on the internet. This was agreed by the Secretary of State (Lamb Inquiry 2009).

In 2008 I carried out an action research project for the Secretary of State to ascertain if the new duties were improving the experiences of disabled children in English schools. Working with HEYA (Helping Empower Youth Activists) we identified 11 meetings of disabled children and young people.

We worked with 143 disabled pupils from 14 secondary schools, two academies, five special schools and five primary schools. We used a series of games and recorded views and filled in questionnaires. One activity was to get the young people’s views on their schools on a number of dimensions by using symbol cards that they could either move to or show. This produced a mixed picture and there was considerable variation across schools. Those where there was a higher proportion not liking playgrounds and corridors reported higher levels of bullying (Rieser 2008b).

Table 7.2 What disabled pupils thought of their schools

<table>
<thead>
<tr>
<th>Area of the school</th>
<th>Excellent</th>
<th>Good</th>
<th>Not so good</th>
<th>Bad</th>
</tr>
</thead>
<tbody>
<tr>
<td>The school building</td>
<td>25%</td>
<td>40%</td>
<td>10%</td>
<td>25%</td>
</tr>
<tr>
<td>Playtime</td>
<td>33%</td>
<td>39%</td>
<td>16%</td>
<td>12%</td>
</tr>
<tr>
<td>School dinners</td>
<td>17%</td>
<td>24%</td>
<td>15%</td>
<td>44%</td>
</tr>
<tr>
<td>Assemblies</td>
<td>17%</td>
<td>31%</td>
<td>15%</td>
<td>27%</td>
</tr>
<tr>
<td>School trips</td>
<td>47%</td>
<td>21%</td>
<td>9%</td>
<td>23%</td>
</tr>
<tr>
<td>PE and games</td>
<td>29%</td>
<td>43%</td>
<td>12%</td>
<td>16%</td>
</tr>
<tr>
<td>Lessons</td>
<td>24%</td>
<td>36%</td>
<td>8%</td>
<td>32%</td>
</tr>
<tr>
<td>Teachers</td>
<td>19%</td>
<td>46%</td>
<td>5%</td>
<td>20%</td>
</tr>
<tr>
<td>Teaching ass.</td>
<td>40%</td>
<td>39%</td>
<td>7%</td>
<td>14%</td>
</tr>
<tr>
<td>Other children</td>
<td>22%</td>
<td>28%</td>
<td>18%</td>
<td>32%</td>
</tr>
<tr>
<td>School council</td>
<td>37%</td>
<td>5%</td>
<td>29%</td>
<td>29%</td>
</tr>
<tr>
<td>School clubs</td>
<td>25%</td>
<td>25%</td>
<td>26%</td>
<td>24%</td>
</tr>
<tr>
<td>Corridors</td>
<td>8%</td>
<td>15%</td>
<td>17%</td>
<td>60%</td>
</tr>
</tbody>
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had changed, with the disabled pupil being seen as the problem. In individual interviews it became clear that those pupils who disliked the corridors and playground were the same ones who experienced bullying on a daily or weekly basis. In English schools 70 per cent of disabled pupils report bullying; two times the level for non-disabled children (DCSF 2008). Recently the EHRC report on ‘How Fair is Britain?’ (2010b) increased this to 80 per cent.

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-springs of our oppression comprise 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
exist 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 60 years (Davis 1989). Where an impairment was more commonly occurring, such as blindness in a Mexican village (Gowanney 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 adorn 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 Paralympics 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 cham–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 Colosseum 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 prescriptive, 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 Agesilaus 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 (Claudius in Latin means lameness). Claudius’ mother, Antonia, described him ‘as a monster of a man, not fit Latii by nature but only half done’ (ibid., pp. 40–42). Echoed in Shakespeare’s Richard III, this develops into an abiding stereotype as the evil and avenging man/monster.

The Judaean-Christian tradition

Another seminal source of thinking about disabled people was the Judaean-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 unfaithful 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 in 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 (Haffner 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 crosses 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 Witch Hunt of 1480–1680. The ‘Malleus Maleficarum’—The Hammer of Witches, 1487, written by two priests—was a bestseller in Europe and went to 70 editions in 14 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 eight 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 story-books that 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 Breughel’s painting The Cripples, where the fox tails denote wrongdoing. Outside any medieval church are the deformed ones, the gargoyle; 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 ineptual 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 200 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 headbands. This is because in seventeenth-century Holland the bacillus leprosy, brought inadvertently on the back of the ‘spice trade’ from colonists 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 headband, 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).

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 rung 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 were increasingly 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 2 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.

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 a Blue (parking privileges) Badge, Disability Living Allowance or Incapacity Benefit you have to be examined by a doctor. Now Atos has won a contract to prove by a computerized test that many claimants with established work-limiting impairments are fit for work. This is leading to many being wrongly put on lower benefits and some committing suicide (The Guardian, 14 February 2011). Interestingly the same article reported that 40 per cent of such decisions were overturned on appeal. Disabled people are not trusted in general and there 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. In fact the same Guardian article reported a fraud rate of less than 1 per cent despite outrageous headlines to the contrary in The Daily Mail. 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 outbreed 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).
Children perceived to be ineducable, including many with cerebral palsy, Down's syndrome and speech impairments, went to junior training establishments right up until 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 US, compulsory sterilization was in wide use by the 1930s. Forty-one states had provision for the sterilization of the insane and feeble-minded, and 17 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 30 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 until 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 that 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 240,000 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 six million Jews were exterminated (Burleigh 1994). More recently in War Against the Weak (Black 2003) the author estimates that more than one million disabled people died in this programme in the German Empire.

With cutbacks in the Welfare State, the eugenicist argument is currently undergoing a revival in Britain. A recent poll on GMTV revealed that 66 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. It remains to be seen if society wishes to cut off such a great source of leadership, innovation and hope. Do we want a Society without Beethoven's (deaf) Einsteins (dyslexic/autistic), Hans Christian Anderssons (autism), Stephen Fry's (bipolar) or Tanni Grey's (spina bifida)?

This brief excursion 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 30 for Down's syndrome with a view to termination if it is identified. We would not have Pablo Pinedas -- a Spanish actor and teacher completing his Masters Degree in Spain who has Down's syndrome (Inclusion Now 2010).

The struggle for human dignity

The oppression of disabled people, over the years has not gone unchallenged. 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. 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.

In the 1970s war veterans in the US started the disability movement there and successfully campaigned until they achieved full civil rights legislation in the Americans with Disabilities Act of 1991 (Dreger 1989). 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 that 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...
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 US 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 that hangs in the National Portrait Gallery was X-rayed, it was discovered that the King's hump had been added 60 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 needed. 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 (Kaiser 1998).

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 Hewey 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, issued the following useful guidelines to the media. There are ten main stereotypes of disabled people; the disabled person as:

- Pitable 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.
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-disabled. 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)
medical model' thinking are 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 Rieger (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 of how the image of disabled people has been developed through Hollywood, while Pountain (with Davies 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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