Discoursing Disability: The Personal and Political Positioning of Disabled People in Talk and Textwork.

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Abstract

This thesis presents a critical disability discourse analysis. It examines the discursive construction of disability and the personal and political positioning of disabled people. Focusing on disclosure, identity, activism, theory and policy issues relating to disabled people, the naturalisation and invalidation of the disabled body is explored and critiqued. Organised in three parts, the thesis begins by considering some significant historical moments, the sociolegal context and the recent politicisation of both disabled people and disability research. Disability is argued as embedded in, and institutionalised by, political regulatory structures and research that risks de-politicisation of it is critiqued. Part two considers theories, methods and the text data collected for the research. This defines the theoretical orientation to discursive psychology, discourse analysis and critical disability studies. Disability is articulated as an object in, and for interaction and its construction linked to historical, social and political structures that regulate and sustain the human subject. The text data used in the thesis is then presented in terms of the collection process and the organisation of extracts within the current thesis. The forms of text data collected include transcriptions of discussion groups with disabled people, front line workers and senior managers, policy documents, publicity imagery and Hansard records of parliamentary debates. Part three then presents a critical disability discourse analysis using this text data. Drawing on the framework of discourse analysis as articulated by Potter and Wetherell (1987) the discursive function, construction and variation of disability talk and textwork is critically considered. This reveals dilemmas of
positioning and ideology during moments of disability disclosure. Analytical commentary argues that disability identity is constructed by an interpretative repertoire embedded in the antithesis of desired and valued life. The construction of ‘barriers’ in social model texts are also explored in discussion groups and local policy documents. This shows the recent distortion and colonisation of the social model, and suggests that the metaphor of ‘barriers’ used to signify the structures that disable people has lost its once radical and resistive power. Hansard records are then used to explore implications and dilemmas which arise regarding agency, autonomy and the disabled body in relation to dominant discourses of individualism and the challenges this poses for an ‘independent living’ reform strategy. The thesis concludes by asserting a discursive mode of disablism. This is suggested as a useful driver for research and initiatives to expose and challenge everyday discourses and practises that perpetuate the invalidation of the disabled body.
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‘the statement … is not in itself a unit, but a function that’s cuts across a domain of structures and possible unities, and which reveals them, with concrete contents in time and space’.

Michel Foucault, The Archaeology of Knowledge (p87, 1972).
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Introduction: ‘You couldn’t have said that ten years ago’.

Even though there has been a recent interest and increase in discourse analytical research and its application to disability studies, within mainstream psychology and medical sociology the dominant approach is sustaining of an ideology of the normative and able body (cf Goodley & Lawthom 2006; Thomas 2007). In many ways therefore the turn to critical disability discourse analyses has been stifled by the dominant perpetuation of the disabled body as a naturalised defiance rather than it as a matter of political oppression and human diversity. Accounts of disability as oppression, as articulated by materialist and Marxist perspectives of disability studies, even though opposing mainstream viewpoints have also appeared reluctant to engage with discourse analytical approaches. This in part relates to much broader contested issues concerning the implications of relativism and social constructionism, and the challenges this poses for the radicalisation of a social movement. The mobilisation of potential campaigners 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 present difficulties for the development of a disability movement.

While a relativistic approach is helpful to formulate a critique of knowledge relating to disability that is oppressive and raises questions about the legitimisation of the able body, and more broadly the conceptualisation of ability, it also risks the implication that disability is merely a constructed
version and thus does not exist. While this is in part the position orientated to in this thesis, this is not to deny disability but rather it is intended to reveal its relativity in specific terms of the negativity and oppressive expressions that arise concerning the disabled body. As a result it is important to articulate that it is not the intention of this thesis to render disability as a non entity, rather it is to expose and problematise constructions of the normative body that are overtly referential in producing and sustaining the disabled body and thus an identity of disabled people.

The term ‘disabled body’ is taken throughout this thesis to refer to the broadest range of impairment categories and labels. This includes physical and sensory impairments, learning difficulties and disabilities, long term and chronic illnesses, neuro injury and neuro diversity, mental health and psychological issues, hidden impairments, HIV, and other impairment issues. Also, occasionally the thesis refers to ‘impairment effects’. This term, as asserted by Carol Thomas (1999: 2007), relates to the restrictions, or diversity, in activity and behaviour that are associated with bodily variations designated as ‘impairments’. This is distinguished from those restrictions imposed upon people because they have impairments. Related to this it should be noted that the current thesis uses the term ‘body’ in such a way to include ‘mind’ that might be typically represented as ‘body/mind’ etc. In line with the constructionist stance of the thesis, a ‘body/mind’ or ‘physical/psychological’ distinction is not made.
The reader will note that all of the chapter titles in this thesis include a quotation. These are mainly taken from the corpus of text data, but also come from other references and sources that have been influential to me whilst carrying out this research. Each quotation specifically relates to the content of the chapter and has been carefully chosen so as to aid the presentation and clarity of the arguments being made. The incorporation of other voices and texts within the titles and subheadings acknowledges the variability and constructive nature of language and reflects upon the broader influence that discourse theory has had upon the thesis. This recognises power and the inter-relatedness of language, knowledge and everyday practises.

This introductory chapter includes in its title the quote ‘You couldn’t have said that ten years ago’. This comment was made to me following an oral presentation of an early version of chapter 7 (Hodgkins 2007) at the 8th conference of the European Sociological Association. Its reference was to a statement I had made that forms a principle and significant position of this thesis. That is, that disability is an object in and for interaction, discursively constructed and action orientated. I have chosen to include the comment in the title of this introduction, not because I disagree necessarily but rather I believe it is representative of some critical issues of concern to disability studies, discursive psychology and discourse analytical research.

Even though it may not have been possible to assert disability as a discursive object in and for interaction ten years ago, the recent interest in discourse theory and its application to research enables this today (cf Wetherell, Taylor
& Yates 2001). The dominance of materialist approaches in disability studies had previously demanded a strict social model definition of disability and impairment in research. While valuable in driving the disability equality agenda forward, this had been to the detriment of research inspired by feminism, post-structuralism, embodiment and discourse theory. The combination of the evolving nature of disability studies and discourse theory have resulted in a failure to develop an interdisciplinary dialogue that could have potential to aid understanding in terms of ‘the social character of impairment and the embodiment of disablism’ as Carol Thomas suggests (2007 p180). Reflecting on this and the comment made to me at the 8th European Sociological Association Conference, research concerning disability is no longer confined to a rigid social model as it perhaps was ten years ago. Indeed the benefits to engage across perspectives, research approaches, and theoretical ideas holds much potential to overcome both local and global discourses and structures that promulgate disablism.

**Thesis Structure**

This thesis presents critical interdisciplinary research and is influenced by, and draws on ideas from, disability studies, discursive psychology, discourse theory, politics and activism. Consisting of three parts the thesis considers the discursive construction of disability and the personal and political positioning of disabled people. Part one focuses on history, prevalence and politics. Part two details the theoretical orientations, methodological considerations and talk and text data utilised in part three, which presents a critical disability discourse analysis. The conclusion draws together the issues
presented and explores implications, limitations and directions for further research that emerge from this thesis.

**Part One – Histories, Prevalence and Politics (Chapters 1, 2 and 3)**

Part one provides an overview that includes histories, sociolegal definitions and provision, and the recent politicisation of both disabled people and disability research. This explores both the oppression of disabled bodies and dilemmas of representation concerning disability. Chapter one presents a discursive history and considers a variety of sources and citations significant to the construction of disability during recent and distant historical moments. From here, chapter two explores sociolegal definitions and prevalence issues. Considering statistical estimations, demographics, welfare benefits and anti discrimination legislation, the chapter focuses on the problematic nature of social policy definitions and its attempts to identify disabled people. Chapter three then considers the recent politicisation of disabled people, the social model and the recent interest in critical disability discourses.

**Part two – Theories, Methods and Data (Chapters 4 and 5)**

This sets out both the theoretical orientations and methodological considerations of the thesis. Chapter four begins part two by outlining discursive psychology and discusses its potential for research concerning disability and disabled people. Chapter five then details the theories, methods, reflexivity, data and overall approach undertaken. This explains the theoretical orientation to discursive psychology, discourse analysis and critical disability studies and sets out the processes by which the research data were
obtained and analysed. In addition chapter five includes a reflexive account of personal, community and participant and epistemological issues of relevance to the production of the thesis.

**Part three – Critical Disability Discourse Analysis (Chapters 6, 7 and 8)**

Part three presents a critical discourse analysis of the discursive construction of disability. The personal and political positioning of disabled people is critically analysed using discussion group transcripts, policy documents, publicity imagery and Hansard transcripts of parliamentary debates. Chapter six considers disability disclosure and highlights dilemmas faced by speakers when claiming or rejecting a disabled identity. Analytical commentary explores the personal positioning of people as disabled and explores how accounts are action orientated and warranted.

Chapter seven considers how social model ‘barriers’ vary and are distorted in representations of disability as oppression. This draws on discussion group transcripts, publicity imagery and local policy documentation. Finally, chapter eight examines the discursive construction of ‘independent living’ in UK parliamentary discourse. Analytical commentary focuses on how dominant ideologies of economics and individualism are interwoven and sustain the disabled body as problematic. Taken together the three chapters that make up the critical disability discourse analysis show variability in construction of disability and disabled people, and how both the personal and political positioning is orientated to particular discursive functions and actions. These can be to manage a positive self disclosure or represent a colonisation of
disability language by social policy authorities so as to rhetorically legitimise
equality statements and initiatives.

The final chapter concludes by drawing together the issues presented
throughout the thesis, but with a particular emphasis on those presented in
part three, and explores the implications, limitations and directions for further
research that emerge. This includes the assertion that a discursive
constructionist stance holds potential to reveal, significantly, the discursive
mode of disablism. This becomes apparent when considering the body as an
artefact of knowledge interaction that over time has absorbed power ideals
through language and truth games that serve the interests and actions of
authoritative and regulatory collectives. It is suggested that considering the
discursive mode of disablism may be useful to uncover, and challenge,
everyday practices and processes that invalidate the diverse spectrum of
impairment effects. In this way, while it may not have been possible to assert
disability as an object in and for interaction ten years ago, it is the intention of
this thesis that by considering the arguments and positions made herein it can
be today. This is not to be overtly relativistic but rather taken to represent a
new opportunity for cross discipline dialogue that is both politically applicable
and theoretically useful to guide disability research and thus influence related
equality initiatives.
Part One: Histories, Prevalence and Politics.
Chapter 1

‘His disabilitie to performe his promise’

Introduction

This chapter presents a brief and UK focused discursive history of disability. The purpose is to explore the representation of disability in language and is included towards the start of the thesis to highlight two issues. Firstly, disability and the disabled body are intrinsic human characteristics of being in the world, and thus can be thought of as old and diverse as the human community. Secondly, as disability is typically, and mistakenly, taken as a natural entity, its history and that of disabled people is largely an unwritten one. In this way it is important for critical analyses of disability to consider, even briefly, historical influences and moments that might have been significant in shaping and sustaining current meaning and misunderstanding concerning disabled people. By doing so, the current chapter is not a traditional historical analysis that focuses on specific moments, but rather draws upon dictionary citations and other references that infer the disabled body. It should be noted that the citations and references are not considered factual, rather rhetorical presentations that contribute to disability meaning and knowing.

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i From ‘Siuqila too good, to be true’ Thomas Lupton, 1580. Earliest etymological citation of ‘disability’ referenced in the Oxford English Dictionary. Copy available at the Rare Books Section, British Library, London.
Drawing on a Foucauldian genealogy and etymological sources, ‘disability’ is considered as a discursive interactional phenomena emerging across historical texts. Following a reverse historical trajectory the chapter explores texts concerning the social model, discrimination, disability activism, peace time reform, industrialisation, medicine, rehabilitation and the first Oxford English Dictionary citation of ‘disability’ in Lupton’s (1580) ‘Siuqila, too good to be true’. The discursive influence upon current disability knowledge is discussed not in terms of ‘what is disability?’ but rather, ‘how is it that disability is done?’ In this way, the chapter refers to negative connotations and power issues that perpetuate the othering and ‘invalidation’ (Hughes 2000) of disabled people and to recent work that articulates disability as an ‘anxiety’ (Shildrick 2005) and ‘vulnerability’ (Shakespeare 1994) of the able body identity. The chapter concludes with the assertion that, like the disabled body and all its uncertainty, a discursive history of disability will be of multiple value and be interactive across situated and institutional discourses that regulate and sustain the human.

**Foucauldian Genealogies & Etymology**

Traditional historical inquiries typically are focused to reveal previous time frames where the foundations of meaning and understanding can be located as originating. In many ways etymology is bound to this tradition and embedded within the institutions of established dictionaries and regulated language. Indeed etymology is, in general, the study of the history of words in
relation to the moment of initial citation in languages, as well as how syntax, form and meaning change throughout history (Liberman 2005).

Related to this is the notion of genealogy that refers to the styling and investigation of lines of descent. Foucault’s genealogy on the other hand, considers the constitution of and relationship between knowledge, discourses and power (of both dominance and resistive expression) that are productive of truth and factuality. In this sense Foucault’s approach questions truth as absolute and asserts its performance as relative to the operation and action of power. A historical analysis ‘guided by genealogy, is not to discover the roots of our identity but to commit itself to its dissipation’ (Foucault 1977 p162).

Traditional historical accounts can be problematic because they are orientated to, and revealing of particular, often dominant versions of knowledge. There is emphasis given to phenomena such as sexuality, madness, crime, and by implication disability, that may seem to be static unquestionable objects, unchangeable by history because they are assumed to be intrinsic human qualities rather than subject to power relations. A Foucauldian genealogical approach is also not focused on the articulation of a linear development but moves to reveal the value pluralism and past contradictions that have influenced the production and regulation of truths and power relations concerning particular phenomena. In this way the chapter does not follow a chronological order but considers issues thematically.

In many ways etymology and Foucauldian genealogies are oppositional in their theoretical approach and grounding. The former locates and traces form
and meaning of words in a linear style of *now - then* to precise time points of reference, whereas the latter considers power and its forms of expression through language or more broadly, discourses. Also, Foucault’s work asserts that there can be no definite, absolute truths but rather multiple versions that reflect the production, regulation and resistance concerning knowledge and power.

To bring together etymology and Foucauldian genealogy in consideration of a discursive history of disability may appear mismatched theoretically and unconventional. However, this is overcome by adopting the position wherein the etymological references and descriptions drawn upon in this chapter are considered, themselves, as indicative of the production of power and knowledge concerning disability, rather than assuming them uncritically as unique and ultimate statements of meaning. The dictionary and other sources are not taken as factual, rather as records of representation of meaning concerning disability as expressed in and through discursive practices, understanding them as indicators of ‘virtual fractures’ (Foucault 1988) that note and mark significance in the formation and practice of power and knowledge. In this way a discursive history of disability can only be alluded to, and indeed must be considered partial, in relation to the multiple, alternative texts and narratives that do not survive within documents and regulated language references and sources.

The following section moves then to explore a discursive history of disability through a Foucauldian genealogical critical lens that acknowledges the
unreliability of truths concerning disability. Drawing on etymological references cited in the Oxford English Dictionary as well as other relevant and significant ‘disability’ texts, the inquiry considers the discursive influence upon current knowledge and representation in terms of not, ‘what is disability’? but rather, ‘how is it that, disability is done?.

**A Discursive History of Disability**

The meaning of disability presented in contemporary texts, academic, activist and otherwise, as ‘want of ability … ; inability, incapacity, impotence’ (OED 2005), raises questions about the accuracy and utility of these descriptives in terms of the impaired body. This includes critical work asserting disability as a representational ‘anxiety’ (Shildrick 2005) and ‘vulnerability’ (Shakespeare 1994) regarding the identity construction of the normative body. Indeed the current UK legislative definition of disability as detailed by the Disability Discrimination Act (1995, most recently amended in 2005 to include further duties and clauses), as is discussed in greater length in chapter 2, 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 one example that epitomises how current regulatory practises both produce the disabled body as invalidated and value the normative able body. In this way the DDA definition is criticised for sustaining

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The Oxford English Dictionary (OED) online versions of 2005 and 2007 are cited throughout as the source from which the etymological references are taken. Although the original sources are also included the dictionary reference is retained so as to note how they were accessed for the present inquiry as well as recognising their representation and citation within the OED. This particular dictionary was used because of its widespread adoption and reflection of contemporary language and also its electronic availability and accessibility via the British Library.
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 recognised 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. In the Bible, Leviticus 21. 16-24, it is recorded that disabled people held the same status as prostitutes and thus were considered unclean (Stiker 1999). Early benevolence is also observed with a ‘cripple’ pension arranged by Lysias 400BC at the council of Athens (ibid). This alludes to a long history and one that is intrinsic to being. Whether these have been known as matters of disability as specialist subject or merely as everyday aspects of living is difficult to ascertain. 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 work to regulate and maintain order within human communities.

Within the UK, and other countries, disability has become very much an industry governed by specific and general legislation and social policy. This industry attracts billions of pounds in spending and charitable donations and provides a significant workforce across a wide range of professions as well as academic, arts, sports, cultural and activist movements. Of these, those that concern government bodies and the regulation of resources require a definition of disability that can determine and qualify welfare benefit payments. This is deemed appropriate so as to ensure deserving beneficiaries. 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, most noticeably in activist movements and social policy.

**The Social Model of Disability**

Significant to a UK disability history, albeit a recent one, is the articulation of the social model of disability (UPIAS 1976). As is explored in further detail in chapters three and seven, the social model has had a tremendous impact on meaning concerning disability. It has very much shifted disabling agency, from that of the individual’s body to those of 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: p14).

Representing a massive shift in the conceptualisation of disability, the social model has been influential in bringing about much social policy reform and anti-disability discrimination legislation to the statute books (DDA 1995). Although in its earliest form, produced over 30 years ago, the social model was developed to signify the oppression faced by people with physical impairments, it has a much broader scope today and is taken by those within the disability movement, industries and other agencies to include a broad range of impairments and conditions.
The social model raises concerns regarding definitions of disability that produce it as a static state and are able to undermine the diversity of the body (Oliver 1990). Yet more recently the social model of disability has been criticised for its flaws as a theoretical model to account for issues of pain and impairment and how it sustains the othering and naturalisation of disabled people as extra to the ordinary construct of the body. Indeed, Shakespeare has recently (2006) asserted that ‘the social model is wrong’ (p53).

Although this caused controversy within activist and academic circles (see Sheldon, Traustadóttir, Beresford, Boxall & Oliver 2007) because of the potential for it to be interpreted as a critique of the disability movement, this line of criticism is not uncommon within disability studies regarding the social model (for a review see Thomas 2004; and Vehmas 2007 as an example). However, shortly after Shakespeare’s (2006) book was published and launched, Lord Ashley of Stoke asked the Government in the House of Lords on Tuesday 10th October 2006, ‘how soon can we have a new definition that is comprehensive and based on the social model of disability?’ (Hansard, HL 10 Oct 06).

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 rather 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. Whilst 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 not impact upon the potential development of inclusion and equality policies.

Along with the activism and increased attention to disability around the time of initial articulation of the social model, and in line with the wider liberatory and emancipatory movements, the politicisation of disabled people can be seen to begin in earnest. The formation of ‘user control led services’ or ‘disabled persons organisations’ such as, the United Kingdom’s Council of Disabled People (then the British Council of Organisations of Disabled People) in 1981, the Disablement Income Group in 1965, Disablement Information and Advice Line in 1978, Centres for Independent Living in the 1980’s by the Derbyshire Coalition of Disabled People (DCDP) and the Hampshire Coalition of Disabled People (HCDP), the Disability Direct Action Network in 1993 and others, contributed to an increased recognition of disability as a collective identity marker and minority grouping that was subject to prejudice, discrimination and exclusion (Barnes 2002). The self organisation of disabled people has contributed to an increase in campaigns and indeed the active promotion of disability equality. This marked a shift in emphasis in the control of
organisations for disabled people, traditionally managed by non-disabled people, to those with disabled people in management positions and is explored further in chapter three. Of interest here is the shift in discourses using ‘for’ disabled people to that ‘of’ disabled people which today is very much an identification marker of user-run organisations. Although subtle, this shift in emphasis and power has contributed significantly to the notion of user control, consultation and representation in service planning by authorities.
Examples of this include 1986 Disabled Persons (Services, Consultation & Representation) Act, which was to ensure greater user involvement in service development, and more recently the Disability Equality Duty (Disability Discrimination Act 2005). The latter requires all public bodies to consult with and involve disabled people in producing a disability equality scheme and enforces a duty to actively address disability discrimination. Furthermore, as disabled people themselves became politically active, their voices and narratives achieved greater publicity and documentation. The key difference being that it here was self authorship. Paul Hunt’s (1966) *Stigma: The experience of disability* for example is a significant text expressing the lived experience and personal narratives of life as a disabled person.

Around this time, the OED cites etymology references to ‘ablelism’, deriving from racism, sexism, that is ‘discrimination in favour of abled bodied persons; prejudice against or disregard of the needs of the disabled’ (OED 2005). Relating to this is ‘ableist’, which is cited in the earliest OED etymological source and comes from ‘the feminist news journal Off Our Backs’ in 1981. It reads, ‘*One must imagine trying to show a woman with lower body paralysis*
that she is ‘accepted’ by saying, ‘we’re all less strong than we’d like to be,’ to realize how ableist it is to say ‘We’re all crazy’ (Off Our Backs, May 35/1, 1981 cited in OED 2005).

Similarly, etymological citations of ‘disablist’, that is ‘discriminating or prejudiced against disabled people; displaying discrimination on the basis of disability’ (OED 2005) are noted in ‘the unfortunate employee wrote a report about the effect of abolition on the council’s services, which was graphically described as ‘crippling’. That, he was told, was ‘disablist’ (Daily Telegraph, 1 Nov. 18, 1984; OED 2005).

Interest here is orientated towards the expression of not only disability as a matter of prejudice but also one that can be resisted and considered unacceptable and not an inevitability. The social model, the development of disabled persons’ organisations and the expressions of ableism are further indicative of this power of resistance concerning the reformulation of meaning about disability. This resistance not only challenges the prejudice and negativity concerning disability as a broken or flawed way of being, but also asserts vehemently the problems of producing and valuing the normative body as exclusively able. Moreover, it criticises practical support arrangements such as those administered by the department of health and the local authorities.

Invalidating Policy and the Disablement Problem
Prior to the advent of the Disability Discrimination Act (1995) the approach to disability policy had been very much paternalist. Indeed if it were not for the activism from the 1960s onwards based in the broader context of liberatory politics, the social model and DDA may not have achieved the status and powerful influence that it has today in asserting disabled peoples’ right to participation in society and recognition of their exclusion. It is of note that participation and exclusion reveal disabled people as subject to a ‘dividing practise’ (Foucault 1981) that positions them as distanced from the normative. Indeed the very idea of disability is bound to that of ability; without each other they are invisible and unknowable. The critical question is how is this done. Although the calls for participation and inclusion relates to all aspects of life, a significant concern relates to employment, where many disabled people have been historically excluded.

A collective marker of ‘the disabled’, for the purpose of social administration and unlike that of the disability activist movement of the 1960-70’s, is cited in relation to employment in an OED etymological reference noted in 1916. It reads, ‘the solution of the disablement problem is to train the disabled till they can earn a living wage’ (19th Cent. Oct. 823, 1916; OED 2005).

The need for government to respond to disabled war veterans has contributed to the institutionalisation and collective identification of disabled people. The consequence of war has resulted in an increase in policies and initiatives that introduced training and resettlement programmes, employment and sheltered workshop provision. For example, this included the Disabled Persons
Employment Act (1944) as well as the Ministry of Information film ‘Back to Normal’ (in Borsay 2005) and sought to accommodate disabled people, largely wounded male veterans returning from World War II in the workplace. Such initiatives remain today, as can be observed in the current Welfare Reform Act (2007) that indicates a move from welfare to workfare and further moves to include disabled people in the workforce. However, these are troublesome. From a historical materialist perspective, social model analyses of disability place both industrialisation and capitalism as productive of and contributory to the dividing practises that position disabled people outside and invalid in terms of the work place (Oliver 1990; Thomas 1999). Post WWII welfare benefit awards of ‘invalidity’ benefits, later becoming ‘incapacity’ benefit, resonate in their discursive formation with the materialist analyses and sentiment that entry into, and participation in the labour market was determined, valued and rewarded by a marker of ‘ability’.

Further analyses relating to the history of disability and work refer to the transition from feudalism to capitalism, tracking the rise of generalised commodity production in late feudal England that gradually excluded disabled people as labour producing subjects as production methods intensified. In feudal society disability was accommodated to a degree in community and shared living arrangements (Gleeson 1997). The art work of Pieter Bruegel the elder (1528-1569) such as ‘The Cripples’ 1568, ‘The Peasant Dance’ 1568 and ‘The Parable of the Blind or The Blind Leading the Blind’ (1568) depict the presence of impairment, often as metaphor for misery, suffering and moral
degradation (Stainton 2004), but it was not until the rise of industrialisation that disability became institutionalised as a distinct and separate feature.

Related to industrialisation and the regulation of the disabled subject during the 18-19\textsuperscript{th} centuries is also positivist science, medicine and the administrative state. Disability and its identification became an organising tool of government to exert power and control in the administration and policing of the state (Galvin 2006). There are several historical moments which this control can be seen as gaining power and establishing influence. The Poor Law legislation of 1601 and the later amendment Act of 1834 signify the ‘great confinement’ (Foucault 1967) and incarceration of those requiring support in daily living. The establishment and construction of workhouses, asylums and other institutions sought to supply relief to the ‘deserving’ or ‘impotent’ poor who were sick or infirm. As relief was distributed as per the Poor Law, methods of surveillance developed complex categories and systems of monitoring. Basic units of analysis defining ‘aged’, ‘infirm [disabled]’, the ‘insane’, ‘lunatic’ and ‘idiot’ gained prominence in the administrating structures, utilised to ensure only the deserving received support (Borsay 2005). The workhouse and asylum became highly significant in the institutionalisation and identification of the disabled subject. The conditions of both were variable, but dismal at best. Yet despite the eradication of their original form, characteristics of eligibility criteria and surveillance procedures remain in current policy through the manner in which the disabled body is considered irrational and defiant and thus utilised as a measurement tool for identifying support need. Assessment is always made in terms of an ideology
of the normative body, and confined within the limitations of social policy expenditure. The imperative of local and central government to reduce their ratio of non-worker to worker so as to maximise tax contribution and minimise social security results in the normative body becoming both the assessment against which the disabled person is measured and the reason for their isolation from the workplace.

Alongside the workhouse and asylum were the hospital and the broader institution of medicine that, during medieval times, offered treatments and cure within a religious or clerical framework. However, by the 1700’s medicine and associated knowledge moved away from practises that had demonised disability and approached health from humoral ideas of blood, phlegm and bile, to a localised pathology of diseased organs (Borsay 2005). This would be later replaced, in the late 19th century by a cellular approach and more recently perhaps by genetics. The 17th century was a significant time for medicine. The advancement of medical technologies contributed to the decline in belief that a Christian God played a significant role in the incidence of disease and deformity and related these to sinful behaviour. The new ideas of medicine however positioned nature and heredity as causal to ill health and disability. Without the influence of God in this respect, an increasingly dominant discourse of medicine began to determine disease as dysfunctional but not as irrational and related to sin as the religious lens had done. Around the late the 17th century, following the popularity of medicine, physicians were paid by the royal administration to offer medical services to
‘care for the ill and in doing so become adjudicators of a social norm that is defined on the basis of norms of life and of health’ (Striker 1999, p104).

Science and medicine thus produced a map of the body, limited to and valuing only the normative and biologically compliant. However, medical intervention and disability are contradictory counterparts, for medicine has contributed to more extensive regulation of the body, and this in turn would have prevented the death of impaired bodies that in previous times would have ceased to be through a lack of biological regulation or indeed necessary sustenance. In this way, disability is a phenomena performed by medicine. The dominance of this regulation and medical mapping of the body has been extensive but problematic in part. Primarily this has been the case with regard to attempts to rehabilitate the broken body. While medicine works to ease pain and save the body it also condemns its diversity.

Of great importance then to the discourse of medicine are the practises of rehabilitation. For disability, rehabilitation does not necessarily equate as a useful vehicle for participation and inclusion. It is an exclusionary technology by the manner in which it validates the normative body and determines a restorative health trajectory toward which the disabled body is projected. Rehabilitation, as inferring ‘restoration (of a disabled person, a criminal, etc) to some degree of normal life by appropriate training’ (OED 2005), is about marking difference within the confines of administrative categories. Interesting also is the form of the term rehabilitate which is made up of 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 literately those practises that work to repair and return something broken, to a previous habit, and one that can be associated with ability and being able.

In 1919 the Royal Association for Disability and Rehabilitation (RADAR) was set up and by 1936 had initiated 40 orthopaedic hospitals and clinics. This was in response to the growing need to address both 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, orthopaedic 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 orthopaedic and other regimes, restoring the ‘war wounded’ has provided a significant platform for the development of rehabilitation linked to employment. The OED cites an etymological reference to rehabilitation in this context 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

Of interest is the orientation towards a version of cure that can be of maximum benefit for achieving the restoration of normality for the status as a worker and society. This is totalising by implication as there is no midway or diversity of position, but rather healing is determined as partial if the return to worker status does not follow. Rehabilitation is professionalized in this statement and appointed power by the way it is deemed as offering a potential twofold solution of both state governance and normative body repair. However, rehabilitation services historically did not develop evenly because of complexities relating to the conceptual spaces and geographical distances between established specialities. As a result disabled people often did not receive services or remained incarcerated in long stay hospitals. Furthermore disabled people with deteriorating conditions were also excluded due to the understanding that they were unlikely to benefit from such services. If organised differently, however, services may have enabled personal autonomy rather than rendering their bodies as docile and polarised against a normative construct (Borsay 2005).

The [Dis]embodiment of Ability.

Rehabilitation and disability, like other ambiguous terms, have alternative meanings. Both imply ability, not just of the body but also of ‘office’, ‘rank’ or ‘legal rights’, and both originate from distant etymological sources. For
rehabilitation this is ‘the action of re-establishing (a person) in former standing with respect to rank and legal rights’ (OED 2005). Similarly, the 2nd reference to disability in the OED states it as ‘incapacity in the eye of the law, or created by the law; a restriction framed to prevent any person or class of persons from sharing in duties or privileges which would otherwise be open to them; legal disqualification’ (OED 2005).

From a Foucauldian genealogical analyses, the impermanence of the disabled identity is revealed by the observation that disability has not always located itself upon the body but also holds status within a legal discourse. Considering the organisation and politics of administrative categories that currently determine legal entitlement to services and benefits, a question arises regarding the extent to which the identity of the physical body is related to a legal one and whether one possess 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 that is then ‘not, that may’. The earliest etymological reference of ‘disability’ cited in the OED comes from Thomas Lupton’s 1580 book ‘Siuqila, too good to be true’, and forms part of the title of this chapter. It is a piece of a prose fiction, or ‘utopian satire’, portraying in some detail a fictitious society located in time and space. From the preface it explains that it is a dialogue between a character ‘Siuqila, an honest man who lived a good life but was wearie of the wickness of his country and so went in search of a better land and people who were more
agreeable to his affection, 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 disabilitie to perform his promise, since he promised it: whereupon the judge will take order therein as he thinks good.

(Lupton 1580; ‘Siuqila, too good to be true’)

The narrative within the extract is concerned with good conduct and trust relating to matters of trade and business. Although this version of disability appears to be used here in a sense of ‘inability’ which differs from current meaning which relates to the extensive array of labels, categories and diagnostic criteria, there is a similarity and discursive resonance. Note in the extract that ‘loss’ becomes a ‘hindrance’ of ‘disabilitie’ to carry out ‘his promise’. There is implication of a contract or agreement to fulfil, but that this is prevented in some way by a restrictive element. The exact location of responsibility or source of disability is alluded to in part as of belonging to a human agent and yet this is partial. As mentioned before, alternative meanings from the OED reference legal and moral incapacity, for which this extract can stand, but this could as easily be translated as one of the body, or mind too. Indeed the meaning is concerned with capacity or action,

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iii The reference to ‘disability’, presented here includes additional text other than that detailed in the OED citation, which is underlined in the extract.
regardless of agentic source, and there is negative implication if the outcome be prevented. Self control and autonomy are at risk from dysfunction. The implication in this extract is not dissimilar to that of MJ MacDonald’s (Hansard HC, 17 Oct. 867 – 1940; OED 2005) mentioned above regarding the ‘rehabilitation’ of the patient in order that he be able to play his role within society as a worker again. In this way, disability can be seen as possessing variable discursive form.

The 500 year old textual reference to disability as a matter of legal capacity is of interest to consider in relation to current definitions. Today mainstream representation of disability locates it upon the body and within the human agent. While recent activism resists this significantly, disability can be seen as historically rooted in meanings that imply dysfunction, defiance and disruption of capacity to act in a particular way and fulfil 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 recognised and developed its work force, medicine and positive health ideology reveals the potential regulation of economically able bodies. The legal capacity of agents and business matters can be seen therefore as contributing much to current understandings of disability through the manner in which institutions of work, medicine, charity and welfare have been organised within economic and administrative domains. Each of these are dogmatic and sustaining of discourses that value and favour the normative and rationally compliant citizen and its body. While
the discourses of disability may historically appear to describe the failings of the body they have also been action orientated to promote the value of both competence and contribution.

Summary

The purpose of this chapter has been to present a brief, discursive history of disability identifying significant moments in its development within specific and general knowledge. Although partial, the inquiry has presented textual references of significance to an understanding of a UK disability history. Using a Foucauldian lens, it has sought not to uncover ‘disability’ truths but rather to explore the discursive interactional aspects and representations of the dis/abled body throughout recent and distant texts. Utilising OED (2005 & 2007) entries, etymological references and quotations as well as other significant disability texts the inquiry has considered contemporary perspectives alongside current and recent developments, such as the social model and the rise of activism and disabled persons organisations, as well as anti discrimination terminologies and legislation. The ‘great confinement’ of disabled people by Poor Law institutions, medicine and the development of rehabilitation has been discussed in consideration of disability and work in terms of pre and post WWI & II reform. Following commentary regarding similarities of ‘disability’ and ‘rehabilitation’ in recorded meaning as relating to incapacity of legality, rather than a physical or mental body, Lupton’s (1580) reference is considered as a discursive epitaph of this perspective. Future inquiries considering a discursive history of disability may do well to extend its
textual resources beyond etymological citations and explore the discursive representations that portray the ‘disabled body’ in both early administrative documents and personal narratives, although the latter may be difficult to identify. Examples however may include the records from workhouses, asylums and other institution that detail justification for admission to the confining institute, such as those from the ‘lunatic admission order books’ of the Lunacy Act 1890. For more recent times however, focus could be directed towards alternative, non-traditional narratives that acknowledge and reproduce disability/impairment as a significant and intrinsic aspect of being in the world. This could include literary work, performances, benefit claim documentation and moments of resistance such as is explored in Gagen’s (2007) research concerning the Enham Strike in 1922 that explores the social status of disabled veterans and the role of the care institution in producing disability.

Having now explored a discursive history of disability and its contribution to present meaning and knowledge, the next chapter will consider some of the current UK sociolegal definitions of disability and the prevalence of disabled people. This builds upon the position of the thesis that is critical of static and rigid understandings of disability and challenges the adverse, and ongoing, positioning and oppression of the disabled body.
Chapter 2

‘Around 1 in 5 of our local community are disabled’: Sociolegal Definitions and the Prevalence of Disabled People

Introduction

This chapter considers sociolegal definitions and the prevalence of disability and disabled people. Focusing on UK sources, prevalence estimates of disabled people are explored in terms of how they are counted and thus constituted as a minority and excluded social policy category. Detailed definitions of disability as expressed through welfare benefits and the Disability Discrimination Act are considered in terms of the implications they pose for the identification of disabled people, policy responses to them and the production of statistics. Data collated and promulgated by the Department of Works and Pensions (DWP) that relates to the welfare benefit Disability Living Allowance (DLA) is presented that depicts impairment related trends of claimants. Challenges and contradictions relating to the application of the Disability Discrimination Act are also discussed. Finally dilemmas concerning the quantification, support and liberation of a disabled population are considered in relation to the dominance of economic, individualising and able-bodied living regimes that position the disabled body as an-other and unacceptable way of being in the world.

The purpose of the chapter is to reflect upon sources of information that present definitions and prevalence estimations of disability and that are produced in sociolegal contexts, exploring dilemmas and difficulties within them. The quantification, categorisation, sub-categorisation and policing of disabled people is highly complex. Although many governmental and non-governmental organisations make regular claims and estimations concerning the prevalence of disability, disabled people are far from being an unproblematic and predictable commodity. The production and estimation of numbers is motivated by recent growth and interest in disability by a variety of formal organisations and social movements. The goal of such bodies is to further the knowledge and understanding of disability and the consequences it has for those living and associated with impairments. In this way, quantifying numbers of disabled people has become a priority for many countries throughout the world due to disability becoming increasingly recognised as both a common personal experience and a social phenomenon that has widespread economic, cultural and political implications (Barnes 2002). The implicit and explicit objective of this counting process can be seen as the desire to bring about the change and adaptation that will both include disabled people as citizens and participants in civil society and help government to manage social policy provision and expenditure.

Even though disability attracts much political attention, which has increased significantly in recent years, counting and defining disabled people is an awkward task. This can be attributed to the wide variability and lack of consensus regarding definition and what is to be included within the category
of disability. Related to this is the issue of personal identity and the people who may be counted as disabled or impaired in social policy contexts may not consider or categorise themselves to be so (Watson 2002; Shakespeare 2006; Thomas 2007). There are significant difficulties with its constitution, coherence and the idea that disability is indeed a useful category from which human functionality divisions can be made in relation to the fallacy of normality (Corker 1999; Price & Shildrick 1998).

Disability is however a pertinent issue for all, and not, as has been traditionally considered, of concern only to those with impairments and their associates. This is because it raises fundamental dilemmas and significant questions about its construction and dominant interpretation as the antithesis of desired and valued life. Furthermore, the production of disabled people is sustained by, and indeed a necessity of, social policy and governance structures that work to regulate, en masse, the human subject as individual yet predictable and compliant to the general majority collective order. The following section, then, explores some data sources that present prevalence and statistics concerning disabled people. Implications arising from sociolegal definitions of both welfare benefit and anti discrimination legislation are then considered against the ongoing, and contentious interaction between disability, disabled people, disabiling barriers and social policy.

One in Five People are Disabled
The International Disability Forum (IDF) estimate that there are some 500 million disabled people worldwide, 50 million of which are located within the European Union (IDF 1998). A large body of research asserts the intrinsic link between disability and poverty in both ‘developed’ and ‘developing’ nations alike (WHO 2001; Stone 1999; Coleridge 1993). It is estimated that the prevalence of disability will rise dramatically over the coming decades, making it a significant issue for all, and especially so for those involved in the formulation of disability related policy (IDF 1998).

In the UK, figures vary depending on the characteristics of the ‘disability’ category applied in the research design and/or as a result of the intention of the given study and policy arena in which it is embedded. This vast variability in survey estimates of the numbers of disabled adults in Great Britain ranges from 6.2 million (14 per cent) in the 1985 OPCS Survey of Disability (Martin et al. 1988), to 8.6 million (20 per cent) in the 1996/7 Disability Survey (Grundy et al., 1999), and 11 million (23 per cent) in recent surveys using DDA based definitions (Grewal et al. 2002). This latter figure uses the Disability Discrimination Act definition and so includes many of those that do not relate to the category personally, politically or for other reasons relating to impairment specific access and resources.

The Office for National Statistics (ONS) 2001 census results on health, disability and the provision of care report 9.5 million people (18.2%) as saying they have ‘a long-term illness, health problem or disability which limits their daily activities or the work they could do’. Of these, 4.3 million are of working
age (16-64 for men; 16-59 for women). The prevalence of people with a ‘limiting long-term illness’ (LLTI) is reported to have increased since 1991, when 13.3% of the population of England and Wales were recorded as having ‘a long-term illness’ (LTI). During 1991 there is a reported 3.4% increase in the number of people aged 65 and over. However, the Labour Force Survey (ONS) in June 2005 reported an increase to 20% of the workforce, 6.9 million people, as having some form of disability or impairment. Answers to 2001 Census questions on economic activity also provide a measure of the number of people aged between 16 and 74 who were unable to work due to being ‘permanently sick or disabled.’ In England and Wales, 2.08 million people or 5.5% of the age group, 1.13 million men and 0.95 million women - are economically inactive due to 'sickness or disability'.

The incidence and consequence of impairment can be seen as differing in relation to socio-economic status, gender, age, religion and ethnicity. Also, a relatively small majority of disabled people (17%) are born with an impairment; most people acquire them during working life (Labour Force Survey, ONS 2005). People in lower socio-economic classes are more likely both to have and to acquire impairments, and disabled people are more likely either to be or become poor. Furthermore impairment increases significantly with age. In England the likelihood of being a disabled person is 8 times higher among those aged 75 and over than among those aged 16-44 (DOH 2001).
Regarding children, young people and their families, significant limitations of national data sets and statistics are widely recognised (Gordon et al. 2000; Office for National Statistics 2004; Prime Minister’s Strategy Unit 2005). The Child Poverty Action Group (CPAG) report that there is no robust and statistically significant information concerning the prevalence of impairments among children, and are critical of the fact that the government still relies on data from the 1989 OPCS report that indicated the presence of some 360,000 disabled children in the UK (Bone & Meltzer 1989). As a result it is difficult to accurately depict trends and characteristics of disabled children and whether or not fluctuations in reporting and prevalence are attributable to phenomena such as reductions in road traffic accidents, or the survival of more severely disabled babies into child and adulthood (CPAG: 2001). More recently however, the Family Resource Survey (FRS 2004/05) have estimated, that there could be near on 1 million disabled children in the UK using the Disability Discrimination Act definition based on an original sample size of 16,000.

Janet Read (2007) reviews the major national data sets concerning disabled children noting numerous limitations in current counting processes. The work highlights that current prevalence estimates vary from 5% to 18% depending on the definition. Many data sources are limited by their population coverage in terms of age, geography, size of sub category grouping, ethnicity and place of residence. Only a very few sources collect detailed data on a child’s social and demographic circumstances, despite evidence suggesting disabled children are more likely to live in poverty. Furthermore, in large scale data
sets, Read (2007) notes, disabled children are not often themselves engaged directly in the collection process.

At school, a child can be assessed and identified as disabled if they are recognised as failing, or deemed to have potential to fail, to maintain the status quo in completing assignments and thus are deemed as requiring specific learning support. If so, a process of assessment and coordination should occur, led by the special educational needs coordinator and associated departments allocated to the child’s school. The term 'special educational needs' is legally defined in the Special Educational Needs and Disability Act 2001 and states that children with special educational needs have learning difficulties or disabilities that make it harder for them to learn or access education than most children of the same age. Approximately 1.5 million children (18 per cent of all pupils) in schools in England are identified as having Special Educational Needs (SEN) with primary schools having a slightly higher proportion than secondary schools (School Censuses January 1997 and 1998; DFES 2006).

In the UK there are currently over 1000 special educational schools in operation with some 90,000 children attending them (DFES 2006). Within higher education a significant increase in numbers of disabled people attending, disclosing impairment and accessing support have been observed despite the persistence and presence of disabling barriers (Viney 2006). While there are critical issues with definition, research strongly suggests disabled people and children in the UK experience widespread poverty and
isolation, have fewer life opportunities, face greater barriers to social inclusion than non-disabled people, and face discrimination on all levels (RADAR 2003: Prime Ministers Strategy Unit 2005).

**Benefiting Disabled People**

In light of recent initiatives such as the DDA and Children’s Act 2004, Read (2007) asserts the need for more accurate and robust data in order that policy be strategically planned and developed on ‘sound evidence’ (ibid p2). The collation of statistics concerning disabled people and disability is typically undertaken for the purpose of anticipating, managing and initiating government policy. However, this is problematic as any attempt to produce a population of disabled people using current dominant sociolegal definitions, such as the DDA etc, will individualise impairment and thus work to mask the disabling practices inherent with social relational arrangements that sustain them. This renders any policy responses that seek to benefit disabled people and children as compromised, for the services and resources offered will be judged and planned on a financial per-individual cost basis.

By implication, such responses seek to compensate disabled people rather than challenging and changing structures and relations that produced disabling practises. Even though the Disability Equality Duty has in some small way begun to address this, for the majority of disability related support provision and resources there is focus on financial regulation of government expenditure. For the awarding and monitoring of payments to welfare state
beneficiaries, information concerning prevalence and characteristics of
disability are gathered and produced periodically. Numbers of disabled
people and types of impairment are observed and subsumed within legal
frameworks and definitions. These work to constitute and specify disability
through rigorous assessment of entitlement to benefit awards and payments.

The welfare state can be viewed as a specific government social policy
institution constructed and defined by medical and occupational discourses.
With historical reference to the workhouses, and to post WWII UK legislation
that sought to accommodate disabled military personnel, the utilisation of
assessment procedures that identify disabling factors are well established.
Its definition of disability is related to the agenda of the welfare state
specifically to regulate and manage financial contributions to those deemed
unable to participate as workers within the economy. Definitions of disability
for the purpose of monitoring entitlement today can be related to the historical
units of analysis of the poor law workhouse and asylums, as was discussed in
the previous chapter.

Among the financial benefits available to disabled people from the Department
of Works and Pensions (DWP) is Disability Living Allowance (DLA) and
Attendance Allowance (AA). Unlike most other welfare benefits DLA (for
under 65s) and AA (for over 65s) are non means tested, in that disabled
people who meet the assessment criteria receive payment regardless of
income, savings and other financial resources. Prior to the introduction of DLA
and AA in 1992 no such financial assistance existed for disabled people to
accommodate the additional costs of living with an impairment (see Burchardt 1999). It was the efforts of disability activists from the late 1960s onwards that raised the issue of widespread poverty facing disabled people and forced it to become a parliamentary concern. By its introduction, the UK government acknowledged, albeit minimally, the economic hardship and additional costs associated with living with an impairment. However, considering the high numbers of disabled people in the UK and the vast economic exclusion they face, this benefit only goes a very small way to addressing poverty issues.

Although these benefits are intended to alleviate the additional costs associated with impairment, they are assessed in relation to a specific criteria of support and care needs. In this way, not all of the 11 million disabled people identified by the DDA qualify, and not everybody who is entitled to them claims. This can be for reasons relating to access, personal circumstance, pride, lack of appropriate publicity and difficulties arising from the application process. Awards are made on the basis of mobility and personal care needs only, and are assessed with an emphasis on the impact on day to day living. It is paid in two components ‘mobility’ with a high and low rate, and ‘personal care’ with a low, middle and high rate.

The criteria for DLA states that to be awarded the ‘mobility’ component claimants must be:

- For the Higher Rate - unable to walk, or virtually unable to walk, or the exertion required to walk would constitute a danger to your life or would be
likely to lead to a serious deterioration in your health, or you have had both
legs amputated (or missing from birth) at or above the ankle, or you qualify for
the highest rate of DLA care component (i.e. are severely mentally impaired
and show disruptive behaviour), or are both blind and deaf and need the
assistance of another person to walk out of doors.

• Or for the Lower Rate - can walk but need guidance or supervision on
unfamiliar routes because of mental or physical disablement.

For the ‘personal care’ component of DLA the criteria states that claimants
must be;

• For the Lower Rate - needing attention in connection with bodily
functions for a significant part of the day which can be during one or more
periods and be age 16 or over and unable to prepare a cooked main meal.

• For the Middle Rate – needing frequent attention throughout the day in
connection with your bodily functions, or continual supervision throughout the
day to avoid substantial danger to you or others, or prolonged or repeated
attention at night in connection with your bodily functions, or another person to
be awake at night for a prolonged period or at frequent intervals to watch over
you in order to avoid substantial danger to you or others.

• For the Highest Rate – have one of the day needs and one of the night
needs indicated in the middle rate or that you are terminally ill.
A noticeable characteristic of the criteria is that it does not mention specifically what impairments qualify for payment but rather attempts via broad statement to encompass the impact upon day to day living. The initial approach then is to award on the basis of what assistance is required in relation to the circumstances and scenarios mentioned. However, as part of the self report style application process claimants will also be requested to provide a signed statement from ‘somebody who knows you’ (as indicated on the form) as well as evidence of medical interventions, treatments, therapies, diagnoses and other ‘professional’ accounts of the ‘illnesses or disabilities’ to legitimise the claim.

The November 2007 DWP statistical summary reports some 2.9 million people are in receipt of DLA, and a broadly equal number of claims by females and males. DLA awards by impairment / conditions are reported which include, arthritis, muscle/joint/bone disease, blindness, stroke-related, learning difficulty, mental health causes, epilepsy, deafness, malignant disease, chest disease, back ailments, heart disease, Parkinsons disease, diabetes mellitus, renal disorders, skin diseases, AIDS, frailty, multiple sclerosis and other. ‘Other’, which includes some 25 medical conditions, makes up the highest sub category of awards, followed by ‘arthritis’, ‘mental health causes’, with ‘frailty’ and ‘AIDS’ generating the lowest amount of claims.

Despite the DLA criteria stating that awards are made on the basis of impact upon day to day living, these are subsequently statistically organised into a range of pathologised labels and descriptives. These are then used to account, monitor and regulate DLA assessments and awards. Linking this to the actual DLA criteria it can be seen that the consideration of disability as ‘what you can’t do’ or what ‘assistance is required’ spans a multitude of physical and psychological conditions and circumstances. This raises issues of complexities concerning the representation of disability definitions and meaning. Referring back to the criteria, which include terms such as ‘unable to walk’, ‘show disruptive behaviour’, ‘unable to prepare a cooked meal’ and ‘needing frequent attention…in connection with your bodily functions’, the fixed and static nature of the disability category becomes a contentious issue. Simultaneously, the policy and application of DLA produces disability as a pathology and dysfunction of individual agency. The manner in which DLA criteria specifies entitlement to it promotes disability as something static, located and observable by a pseudo-medical administrative jurisdiction. Indeed a DLA award is often used as a passport and marker for entitlement to many other benefits and resources, such as through social services. In this way DLA produces and regulates a homogeneity of disability knowledge that serves both to minimise social policy expenditure and legitimise the able-normative subject. The rigid and restrictive award criteria of DLA has been noted elsewhere as excluding and denying potential claimants who live with conditions that fluctuate or are not obviously viewed as constituting and belonging to a mobility or personal care category (Shildrick & Price 1996).
Through this, DLA policy and application positions and regulates disability within ideological dichotomies of able/disable, compliant/disruptive, independent/dependent and normal/abnormal (Corker & French 1999).

Similar to DLA is the award of Attendance Allowance (AA) which is paid to people who make their claim over the age of 65. However, people who have claimed DLA before 65 still retain their award, although there is a difference in amounts paid. AA does not include a mobility component and only has a low and high rate for the personal care component. Despite the incidence of disability as proportionally higher for the over 65’s than any other age group, the reduction in rates is perhaps attributable to the government’s assumption that the financial burden is too great and to the ever growing benefit bill for the over 65s and the eligibility for state pension and other benefits. Perhaps also, at 65 people have typically retired and thus are no longer considered as primary members of the workforce and so their needs to carry out ‘normal day to day activities’ is viewed as less than those potential members of the workforce below the retirement age. The difference in AA and DLA payments shows that older people are only considered disabled if they were determined disabled by the criteria during working age and represents an anomaly in understandings of disability, work and older people. Elsewhere the dilemmas of how ‘old age’ is often distanced from ‘disability’ are related to practices that position older people as being outside of adulthood and the assumed association of impairment with later life (Priestley 2006).
Furthermore, disability can be viewed as an indicator of the vulnerability of the able body identity (Shakespeare 1994; 2006), non factual and as a social construction intrinsically bound to notions and knowledge of normality (Shildrick & Price 1996). The category of disability serves as a conceptual dumping ground for all that is not viewed as normal, able or healthy. But what then are the implications of considering disability as a social construction for the claimants of DLA? Regardless of whether they consider themselves as disabled people, they are revealed as such via the criteria that asserts their difference in relation to those that can ‘prepare a cooked meal’ and don’t ‘require frequent attention…in connection with [their] bodily functions’. This then raises critical questions about the production of knowledge and facts that constitute constructs of normality and the implications these hold for the organisation and policing of society and community. A materialist position suggests that it is the organisation of an economic dependent society and the culture of the workplace that is contributable to the perpetuation of disability (Barnes 2004). Disability is then much more about a concern with conformity to ‘norms’ in terms of the body, the self and the responsibilities of oneself as an able member of an economic dependent society.

**The Disability Discrimination Act (DDA)**

In recognition of the prejudice and inequality disabled people are subjected to, disability campaigners brought recently to the statue books the Disability Discrimination Act (DDA). Becoming law in 1995 with additional clauses being introduced in 1999, 2001, 2002, 2004 and 2005 the Act is noted as the
most important piece of anti-discrimination legislation ever introduced for
disabled people. Its intention is to promote disability equality and make it
unlawful to discriminate against disabled people in the contexts of
employment, education, providing goods, facilities and services, transport and
other areas. There are however critical limitations of the act. For example, it
allows employers to discriminate against disabled people for reasons relating
to risk, safety, role competence, etc if they can argue it to be justified.
Furthermore, in order to be protected by the act and thus be able to make a
legal challenge to incidences of discrimination, a person must be able to be
covered by the definition of disability as set out in the act.

The DDA defines ‘disability’ as,

‘a physical or mental impairment, that has an adverse effect on your ability to
carry out normal day-to-day activities and that adverse effect is substantial or
is long-term’ (meaning it has lasted for 12 months, or is likely to last for more
than 12 months or for the rest of your life).

Using this definition, it is estimated that there are 11 million disabled people
over the age of 16 in the UK (Grewal et al. 2002). But as has been mentioned
previously this does not necessarily imply that those persons have self
identified and so includes many that may not relate to the category personally,
politically or for other reasons relating to impairment specific access and
resources. If step free access enables a person unable to use stairs due to
issues of chronic pain to enter and exit a building, they have not been disabled.

More recently part V of the Disability Discrimination Act (1995) introduced the Disability Equality Duty (DED). This affects the 45,000 UK public bodies and includes the police, local authorities, the NHS etc. It forces them to take an active role in promoting and sustaining disability equality. The act requires that public bodies eliminate discrimination and harassment, promote equal opportunities, promote positive attitudes and encourage participation by disabled people in public life. This is a proactive approach and is intended to be less reliant on individual disabled people affecting change through complaints and legal cases. Rather through enforcing a legislative duty, public bodies must take active steps and demonstrate how they are challenging discrimination and promoting equality. Furthermore, through this duty there is potential for class action challenges against disability discrimination to be made by collectives of disabled people. This may be helpful to overcome aspects of specific discrimination although it requires the effective organisation of a collective to campaign for it.

In a similar way to that of the DLA definition, the DDA expression of disability is linked to notions of normality; ie ‘an adverse effect on your ability to carry out normal day to day activities’. However, the DDA is about preventing discrimination and so because some people are counted who may not consider themselves disabled a question emerges: whether if, when not being discriminated, are those people still disabled? Advocates of the DDA would
assert that because the act has implications for bodies to change their practises to include disabled people that may not be apparent (i.e. ensuring that organisations produce information about services in alternative formats or making the London underground tube system accessible) a disabled person, regardless of whether they self identify will be protected by the Act and subsequently defined as disabled by the definition mentioned above. In this way a person who doesn’t identify as disabled but has a fluctuating pain condition and cannot use stairs is counted in the 11 million because when they travel on the new extension to the London underground Jubilee Line and make use of the level access provision they have been affected by what the DDA has enforced public transport providers to do when developing new services.

While the DDA locates disability equality higher on the policy agenda than ever before, it defines disability and disabled people through a sociolegal lens that is both homogeneous, individualising and seeks administrative accountability. Even though structural and practical change is implied, the disabled body remains a regulatory concern, for it is deemed extraordinary and challenging to a compliant model of citizenship. Policy essentially fails because it bases its reaction and strategies for change on adaptations of and for the individual agent, rather than recognising and reforming the everyday practices and processes that produce and invalidate impairment. While investment in level-access transport systems may appear to demonstrate a commitment to inclusion, the segregated schooling, under funded social care and low incomes of disabled people determine disabled peoples’ exclusion.
and sub-position in social arrangements. This exclusion is not only structural, but relational too, appearing in knowledge as material facts through the discursive practises that value body ability and economic compliance.

The identification and classification of disability holds much political capital. It is a necessity for both government and activist movements to define disability in order to highlight its importance and the need for political action. This is apparent through the discursive expression of the DDA as an anti-discrimination activity as well as for the distribution of government resources such as DLA that purport details of ‘disability living’ through monitored criteria. Disability is read therefore as a position defined by the agendas of institutions requiring decision making knowledge about it. Such a position is utilised for regulating power relations and its expression is controlling and wields assumptions about how the body should be. This is a critical issue as attempts to achieve disability equality are embedded in the situational and institutional discourses and practices of the sociolegal context that is challenged by the uncertainty of the body.

**Summary**

This chapter has explored sociolegal definitions and the prevalence of disability and disabled people in the UK. The varying prevalence estimates of disabled people and the exclusion they are subjected to by social policy research has been considered. The information concerning DLA was discussed in terms of its current production and regulation of the disability
category. Difficulties with the DDA definition of disabled people have also been considered along with concerns relating to its application. The disabled population can be considered as produced only in relation to the dominance of economic, individualising and able-bodied living regimes.

From this position however, it is possible to reclaim disability. Not as pathologised inability, but rather one of oppression, apartheid, a remnant of modernist thinking and as a phenomena created in discursive and relational practises as is asserted elsewhere (see Goodley & Lawthom 2006). The research focus then shifts to not how the body fails, but rather how it is that the non-able body is subjected to an impoverished and excluded way of being in the world. Even though initiatives such as DLA and the DDA set out to challenge inequality it is suggested herein that they do so by extraditing and regulating knowledge of disability as an-other and unacceptable way of being in the world. Disability is not then an easily identifiable structure with sharply defined boundaries that includes or excludes by rigid criteria, but rather one that is infinitely fluid, absorbing and accommodating of what is not deemed ‘able’ by the dominance of sociolegal practices and discourses.

Disability is as much a matter of body diversity as it is a process of resistance and struggle that opposes norm regulating practises. The following chapter explores this further by considering the social model of disability and the recent politicisation of disabled people as representative of practises of resistance against the invalidation of diverse bodies.
Chapter 3

‘Imposed on top of our impairments’: Barriers and Bodies in the Social-Political Model of Disability

Introduction

This chapter explores the recent politicisation of disabled people and the social model of disability. Following a brief presentation of various legislative developments in the last 60 years that have influenced disability equality initiatives, the rise of organisations ‘of’ rather than ‘for’ disabled people is explored. The initial articulation of the social model of disability is then presented and its implications are discussed in terms of both its radical potential and critical limitations. This relates to both the persuasiveness of the notion of disabling barriers and the dilemmas that the impaired body poses for a social model interpretation.

From here a review of Tom Shakespeare’s (2006) recent critique of both the social model and disability studies orthodoxies is given. This is asserted by the thesis to not only depoliticise disability but also overlook and devalue the social model as a radical historical moment that enabled a social relational trajectory for UK disability policy. The recent turn to critical discourse analyses in disability research is then explored. Problems with research issues and the disability identity are discussed in terms of embodiment, power and discursive practises. The chapter concludes with the assertion of disability as a social-political phenomenon and its representation as a barrier to
participation, or as an impaired body is inextricably linked and produced through prevailing structures and regulatory discourses that sustain the disabled person as an invalid other.

*The politicisation of disability*

In recent years, the representation and understanding of disability has gone through a significant and dynamic change. It is no longer only an issue of medicine, charity and tragedy as it has been traditionally viewed. Moreover, disability is recognised as highly political, spanning the spectrum of life with specific implications for one’s status and social mobility. With the advent and introduction of UK ‘disability’ legislation, such as the Disabled Persons (Employment) Act 1944, National Assistance Act 1948, Health Services and Public Health Act of 1968, National Health Service Act 1977, the Mental Health Act 1983, the Disabled Persons (Services, Consultation and Representation) Act 1986, The NHS and Community Care Act 1990, the Carers' Act 1995, the Disability Discrimination Act 1995, the Community Care (Direct Payments) Act 1996, The Human Rights Act 1998, the Carers & Disabled Children’s Act 2000 and the Health and Social Care Act 2000, both disability and disabled people are ever more subject to political legislation for the purpose of distributing resources and addressing inequality.

Influencing the disability rights and equality agendas are a number of other issues. As was mentioned in chapter one, this includes the formation of organisations ‘of’ disabled people, such as the Disablement Income Group
and the British Council of Organisations of Disabled People in 1981 (now know as the UK’s Council of Disabled People). These activist groups fundamentally challenged and changed policy, service practise and responses to disabled people. Also, community care policies brought closure to the large scale hospital styled residential homes and replaced them with housing options more akin to community living. In addition, the introduction of direct payments in 2003 enabled disabled people to receive funding directly via the local authority and employ personal assistants themselves, thus achieving greater autonomy in defining support needs. Furthermore, recent UK government initiatives further the politicisation of disability. The introduction of the Disability Rights Commission in April 2000, now part of the Commission for Human Rights and Equalities, enforces the Disability Discrimination Act (1995). The currently debated Disabled Persons (Independent Living) Bill seeks to refocus the design and delivery of statutory services from ‘managing vulnerability, risk and dependency’, to ones that ‘support choice, control, and participation’ (DRC briefing on Lord Ashley’s Disabled Persons Independent Living Bill: June 2006). Furthermore, the Office for Disability Issues, set up in early 2006, and policy documents such as the ‘Improving the Live Chances of Disabled People’ set out a 25 year plan for affecting disability equality in the UK.

Such changes can be seen as being influenced by activism and articulations of discrimination as well as the emergence of a large number of organisations ‘of’ as well as those ‘for’, disabled people, that have advocated the need for social change. This group of organisations and individuals, collectively
referred to as the ‘disability movement’, has campaigned for equality of opportunities for disabled people, and has brought about many positive changes in terms of civil rights. This growth in disability activism is observed by Barnes (2002) who notes that the membership of the UK’s Council of Disabled People has grown from seven organisations at its first meeting to 130 organisations representing 400,000 disabled people at present. The British Council of Disabled People and others claiming membership to the disability movement assert that an organisation is considered to be ‘of’ disabled people if it is managed solely or by a majority of disabled people. Whereas those controlled by non disabled people, such as professionals, carers and parents have received criticism from organisations of disabled people on the basis that their approaches and initiatives have been paternalistic and rooted in medical explanations of disability, which is thus seen as furthering negativity and the oppression of disabled people. The position adopted is of ‘rights not charity’. Traditional charities are criticised for their perpetuation of disability as a naturalised tragedy, depoliticised approach and their rhetorical colonisation of disability rights terminologies that serve fundraising targets rather than the emancipation of disabled people. Organisations ‘of’ disabled people have often adopted a more radical approach to disability and have conflicted with those ‘for’ them, such as when the disability activist organisation the Direct Action Network (DAN) publicly protested, with stink bombs and placards, at a fundraising ball of the national charity Leonard Cheshire for its continued support and planning of residential homes in 2002 (Disability Now: December 2002).
Barriers and Bodies in the Social Model

As was briefly mentioned in chapter one, an important focus of the disability movement and one that has contributed to the recent politicisation of these developments is the social model of disability. Indeed it has been termed the ‘big idea’ of the disability movement (Hasler 1993). The social model asserts that people are not disabled by their impaired bodies but rather by disabling barriers. Disability is articulated as a ‘socially imposed restriction’ (Oliver 1983) experienced in addition to impairment, and the primary cause of isolation and exclusion. The Union of Physically Impaired Against Segregation (UPIAS) first asserted ‘a social model of disability’ in the ‘Fundamental Principles of Disability’.

Disability is something imposed on top of our impairments, by the way we are unnecessarily isolated and excluded from full participation in society. Disabled people are therefore an oppressed group in society. To understand this it is necessary to grasp the distinction between the physical impairment and the social situation, called disability, of people with such impairment. Thus we define impairment as lacking part of or all of a limb, or having a defective limb, organism or mechanism of the body; and disability as the disadvantage or restriction of activity caused by a contemporary social organisation which takes little or no account of people who have physical impairments and thus excludes them from participation in the mainstream of social activities (UPIAS 1976. p14).
The social model reacts against the traditional view of disability as a tragedy and as something that needed extensive therapies and medical intervention to regulate and maintain the body as capable. The origins of these latter viewpoints are traceable to social reformatory practices arising from the impact of the industrial revolution in 19th century Britain as well as the advent of modern medicine that pursued average examples of human functionality from which deviant bodies could be singled out and repaired.

The social model has forced a re-evaluation and critiqued assumptions concerning the disabled body. Indeed, the passing of legislation such as the Disability Discrimination Act (1995) has been claimed as an achievement affected directly by the disability lobby and movement. Through the critical reworking of disability as a source of oppression, the social model positions society as responsible for excluding disabled people by its inaccessible design and organisation. However, even though disability legislation intends to promote the rights of disabled people, achievement is limited because within key resources there exist policies that are orientated around the idea that disability is a tragedy, and so focus input on individual rehabilitation. The disability movement with its social model recognises and remains active in challenging the fact that society has welcomed and favoured ability, but not disability (Oliver 1996a).

Despite its radical persuasions and notoriety, the social model is critiqued and its limitations have been exposed. Within disability studies and related disciplines there is to be found lengthy debate concerning emerging critical
perspectives, research dilemmas and theoretical issues relating to a social model approach to disability (see Thomas 2007). Perhaps the singular most contested issue arising from this work relates to the formulation of a disability theory and the manner in which impairment is dealt with by the social model. Among other issues, researchers and theoreticians are warned about the potential of adopting an uncritical social model orthodoxy that may further confusion rather than understanding about the exclusionary experience associated with disability (Scott-Hill 2004).

Although the social model can be credited for its reworking of conventional understanding concerning disability it is criticised for its inadequacy to accommodate and account for the personal impact of impairment. There is strict distinction between disability and impairment made by the social model. The former is about social oppression whereas impairment is solely about the body circumstance, known in medical terms as the ‘condition’, ‘disease’, ‘dysfunction’ or ‘illness’. Disability, disablement or disablism, all interchangeably used, is taken to refer to the exclusion and oppression of people with impairments. They are however not separable as it is the combination of the impact of both disability and impairment upon the individual in which disablement manifests; or has been asserted elsewhere ‘is the raw material upon which disability works’ (Thomas 2004, p41).

However, Oliver (1996a) and Finkelstein (2002) both have commented that the social model is not equivalent to a fully fledged theory of disability but rather its adoption should be seen as a political rallying call and an aid to
understanding the exclusion of disabled people as social oppression, rather than as personal tragedy. A mainstream critique of conventional representations concerning disability can then occur and be mobilised effectively and accessibly within a non-academic, or indeed overtly political context. Indeed, it is as a practical tool that the social model has perhaps been most effective as is evident in its adoption by organisations and social movements seeking to affect change.

Of further concern is the individual/society dichotomy from which the social model derives meaning and where it is ideologically located. The social model positions oppression solely within the material and structural dimensions of society. These are influenced by materialist and Marxist approaches that assert that it is modern society through its economic foundations and demand for a competitive market and labour intensive workforce that visualises and oppresses disabled people (see Finkelstein 2001). Although useful as a framework for understanding oppression, Marxism has been criticised for being overtly reliant on perceiving individuals in terms of their relationship with the means of production. Abberly (1999) has gone as far to suggest that the Marxist utopia is fundamentally an able bodied construction. Furthermore, how some disabled people who given the chance, may be competent in the workplace but are excluded on the basis of physical appearance or other characteristic that might relate more to social repulsiveness than generic capitalistic exclusionary standards is not well accounted for by Marxism (Armer 2004). A Marxist counter argument to this position might state that it is capitalism in its pursuit of normality and
standardisation in the labour intensive market that generates a perceived risk to production and thus exclusion when considering the disabled body within everyday workplace practices.

Disability is a complex issue, and any analysis that is essentially reductionist in economic and material terms denies the contribution and consequence of psycho-social and cultural phenomena that can be also oppressive and make the experience of life so diverse and multi-faceted (Shakespeare 1994; 2006). In this way, it is Marxism’s failure to acknowledge the importance of cultural, social and psychological life that prevents its appropriate incorporation of disability. With that said, although there are justifiable criticisms to solely interpret disability as a form of social oppression from a Marxist materialist approach, it does provide and indeed has provided a tremendously effective starting point from which the concept of disability in an economic dependent society can be challenged. It has been suggested by Donna Reeve (2004) that the ‘political economy of disability’ is well worthy of further development but should be acknowledged as only one part of the puzzle and considered in terms of how it relates to the issue of impairment and psycho-social oppressive phenomena as experienced by disabled people.

**Shakespeare’s wrongs and rights**

Tom Shakespeare (2006) recently raised some academic and research concerns regarding the social model. This work, aptly titled ‘disability rights and wrongs’ questions some of the underpinnings of the disability rights
movement, suggesting that social model orthodoxies be critically re-evaluated and that their rhetoric be handled with caution. While accepting that the removal of environmental barriers is a policy priority and that medicalisation perpetuates the cultural oppression of disabled people, Shakespeare’s critique of the social model is vehement. Promoting that disability groups should be more balanced in their propositions and seek alliances with other groups, he asserts that a rights only approach is flawed and recognises the value of community and charity in achieving sustainable social justice. Shakespeare calls for a practical research agenda that seeks knowledge regarding how disabled people experience barriers, rather than how society erects them. This is necessary for research to develop, it is suggested so as to be robust, pluralist and engage with other disciplines, and not confined to social model analyses which he rejects.

In support of Shakespeare, Vehmas (2007) asserts that the controversies in disability studies are as a result of the complicated relationship between science and politics, and furthermore that the discipline should regain its autonomy and scrutinise properly its ontological premise. This however problematises political action and positions academia and science as the more appropriate source of objective understanding, truth and knowing. What both Shakespeare and Vehmas dangerously overlook is that in many ways the social model has only ever been concerned with the political emancipation of disabled people. Furthermore, were it not for political action of the social model, disability would not be a significant topic for current social policy and anti discrimination legislation. As Sheldon (2007) notes, while there are
many critical issues with the social model, what may be more useful is further development and interpretation, for the purpose of achieving greater disability equality. Furthermore, Oliver (2007) is critical of Shakespeare’s work and suggests it mystifies the oppressive social relations of disability rather than building on its recent politicisation (Oliver 1990).

While Shakespeare’s (2006) work attends to disability equality, it calls for this through a robust, objective and sound research agenda rather than the further politicisation of disability. Also, Shakespeare’s work is eclectic and draws upon a range of theoretical positions switching between relativism and critical realism for the purpose of highlighting inconsistencies in the representation of disability. While intellectually valid, Shakespeare’s work appears primarily as theoretical and thus avoids direct political critique. His work is less concerned with disability as a socio-political relation, more as a misrepresentation of knowledge concerning the body, autonomy, independence and being in the world.

While recognising that disability is a value laden concept, Shakespeare is not overtly critical of the political and medical technologies that continue to colonise and challenge the disabled body. Even though he does acknowledge that information giving at the time of prenatal testing is extremely problematic and that it favours a medical culture of normality (see ibid 2006; p 85-106), he asserts that that pre-natal screening and diagnosis is not necessarily eugenic or discriminatory. In this way Shakespeare’s work is less politically focused and less linked to a rights agenda, and is more of a
critique of culture and knowledge concerned with asserting a new research approach. There is strength in his call for a revival of research to further reveal disabled peoples’ experiences, but limitations in his distancing of such research from the disability rights agenda, to which it is arguably intrinsically linked. This can be taken as not only depoliticising disability, but also overlooking the initial articulation of the social model as a radical historical moment that enabled a social relational trajectory for UK disability policy, related to which the discipline of disability studies emerged.

**Critical disability discourses**

Part of the critical concern with the social model relates to the production of the disabled identity and the impairment/disability distinction. Disabled people are not produced by the status of their bodies, but rather through the social inequalities they experience. Illness or impairment however is marked upon the body. The impaired body is rejected for its diversity and invokes measurement and control in relation to the normative body. Therefore while the social model introduces disability as oppression and presents impairment as a neutral value, it is criticised for its failure to acknowledge the power and fluidity of discursive practices in doing so (Corker & French 1999).

The social model, through its disability/impairment distinction has produced a theoretical rigidity that has politicised disabled peoples’ lives but continues to medicalise their bodies (Hughes & Patterson 1997). This is of relevance to disability studies in that the social model has enabled the move from personal
tragedy to that of social oppression, and yet social policy responses to
disablism will be impairment specific and thus often draw on ‘normalising’
techniques.

Moreover, the social model does not offer a detailed interpretation of
impairment, nor does it appropriately incorporate social divisions such as age,
sex, race as well as other aspects of lifestyle and circumstances. Indeed, as
the social model caused a questioning of the difference of disabled people in
a similar way that had occurred with other minority groups, the identity politics
that emerged as a result were also problematic. Thus in many ways the
identity of disabled people is a difficulty as there is no true disabled ‘self’,
other than that which is determined and constructed in and through social
relations. As Thomas (2007) suggests, the disability identity is a chimera.
There can be no homogenous grouping across the wide range of impairment
categories. A disability identity will always produce disabled people as other-
ed and extraordinary. In this way while the disability identity is a necessity for
political action and response, its construction legitimises its extra normative
status and thus exclusionary position. In this way disability is always linked to
a political identity and status.

Feminism and its exploration of embodiment have been successful in
identifying patriarchal power systems that historically oppressed women and
femaleness, in a similar way to that experienced by disabled people.
Theorising disablement in the way that feminism has approached gender
identity and politics, Garland-Thomson (1997) asserts the value and
importance of adopting a constructionist stance to denaturalise the assumption that disability is a product of body imperfection rather than one of an unaccommodating environment and culture. In addition, although feminist theory has been able to liberate and give rise to positive identity politics concerning diverse embodiment to a degree, critical analyses of the disabled body have the potential to further these understandings (Fawcett 2000).

In addition, the approach to separate disability from impairment made in the social model and disability studies is compared to the distinction made by feminism between sex and gender. However, there has been debate and questioning of the stability of the binary ‘sex/gender’ distinction as expressed by Butler (1999) that is useful to consider for analyses of disability. Indeed, the unquestionable acceptance of ‘sex’ and ‘gender’ as distinguishable categories may disguise the influence of culture, discourse and power systems in their construction. Sex or gender, in a discursive sense, are neither natural nor cultural products but rather representational sites upon which political and social power influences and desires are expressed; which ultimately are favourable of those ‘genders’ or ‘sexes’ that share greatest conformity with the most regulated norms (Butler 1999). In a similar way the disability/impairment distinction can be seen as flawed but one that was utilised by the UPIAS and the disability movement to achieve the position where disabled people can be argued as oppressed by society (Tremain 2002).
Corker & French (1999) reject the suggestion that disability is a sole consequence of material relations between body and culture, asserting it also to be one representative of dominant ‘norm’ favouring power structures as constructed and maintained through discursive practices. The disabled body as Corker and French suggest, is a site of both ‘discursive production and consumption’ (1999, p2). Disabled bodies are read, not made. The turn to critical discourse research concerning disability illuminates the disabled body as both a rhetorical performance and a social knowledge relation. This is indicative of a move in disability studies towards the exploration of discourse and discursive practices that relate to disability and its many expressions.

For example and in terms of the construction of the deaf body through discourse, Rosen (2002) details the origins of jargon that relate to deaf people and deafness. By considering three social institutions engaged with deaf people, ‘healing’, ‘helping’ and the ‘agency’ professions, the study explores the construction of these jargons which reflect each profession’s purposes, practices and underlying framework of viewing deafness and deaf issues. The ‘healing’ jargon is utilised by medical and audiological institutions and refer to the physical attributes of hearing, i.e congenitally deaf and types of hearing loss. Jargons associated with ‘helping’ professions are developed through education and law and define deafness as lack of or difficulty in using hearing for social functions. Those associated with ‘agencies’ refer to a personal identity choice that is grounded and related to social communities, cultures and activities. The constructed jargons define deaf people, incorporating them in research, assessments and other observational
practices, as well as transforming the corporeal beings of deaf people into deaf social bodies from which deaf solutions are created and authored (Rosen 2002). This work provides a good example of how social power and dominant knowledge, as expressed through discursive practices can be observed as constructive of the disabled and dysfunctional body.

The importance of considering disability in light of issues of power and culture as well as the representational sites upon which they operate is asserted within a range of disability studies literature. Interpretative and critical approaches have been drawn upon to research disability issues and bring with them criticisms of the traditional Marxist-materialist accounts. There appears to be a delay in turning to approaches such as postmodernism, poststructuralism and the work of Foucault, Derrida, Deleuze & Guattari, in contrast to research on race, gender and sexuality. These approaches can be advantageous in theorisation of disability as they bring to bear the acknowledgement of the historical framing of conditions such as medicine and industry and how they impact upon the organisation of modern power relations.

Shildrick and Price (1996) apply Foucauldian discourse analyses to the subject of Disability Living Allowance (DLA). Their work demonstrates how in the rhetoric of this piece of UK welfare policy, ‘impairment’ is naturalised, materialised and formulated as an unquestionable component of personal identity. By discursive examination of the intensive questionnaire DLA claimants are asked to complete, Shildrick & Price (1996) identify the
production of impairment as a regulatory category that projects homogenous ideals about functionality and independence. By process of self administration of the 28 page DLA application form claimants have to self disclose and confess all manner of aspects about their abilities to carry out day to day tasks and further comment on the minute detail of each. Although this process seems to promote a flexibility in reporting the characteristics of ‘disability’, claimants can only do so in relation to the parameters of DLA award criteria (as presented in chapter two). This is asserted as indicative of the maintenance by the welfare state of ‘disability’, as a negative reality, pre-discursive and fixed in established knowledge. In this way, disabled people become ‘docile’, having been subjected to disciplinary knowledge/power practises that serve to naturalise and normalise the social body (Tremain 2002). The research of Shildrick & Price (1996) highlights the usefulness of Foucault’s work in application to this area and is notable in its presentation of disability as a discursive construction. Elsewhere, Foucault’s work has been usefully applied to other areas of interest to disability studies such as the problematisation of people with learning disabilities (McIntosh 2002) and in work concerning the construction of chronic illness (Wellard 1998).

Foucauldian discourse analyses can reveal the flaws in the disability/impairment distinction as it suggests it is the modern relations of power that produce the subjects that they then represent. In this way, people are subject to an identity of ‘impairment’ or ‘disability’ if they meet the conditions preordained by the contemporary power structures as expressed and sustained through political configuration. The social identity of disabled
people therefore did not exist before medical and scientific discourse formulated classification devices that through textual representation established knowledge structures focusing on constructions of ‘normality’ and ‘ability’ (Tremain 2002). To further the analysis in Foucauldian terms, the distinction of ‘disability’ as social oppression made by the disability movement can be seen as a process of resistance or rejection of existing power systems for the purpose of social change. This phenomena then becomes worthy of investigation in its own right, suggesting that a theoretical understanding of disablement should not only include how disabled people are oppressed but also how they resist it too.

Critical approaches to disability research can reveal not only how disabled people are identified as such, but also how they are subjected to oppressive social relations and how as a collective (i.e. the disability movement) resistance is mobilised. However, such approaches, often focusing on text or discourse, require alternative or developing research methods to apply critical theory to aspects of everyday life and thus experience difficulty in pursuit of research objectives (see Oakley 1998 for example). In addition, considering the backlash of exclusionary ‘professional’ research practices, there is an increased recognition from disability studies of the need for research to be sensitive and politically orientated to disabled peoples’ lives, despite difficulties relating to identity. Much is written about the misappropriation of research into disability issues and the failure of authors to politicise their findings, or indeed a tendency to submit to dominant frameworks as a result of funding constraints or other oppressive conditions (e.g. Moore, Beazley &
Maelzer, 1998). An adoption of an emancipatory approach to research, that pays particular attention to the benefits for disabled people, as participants and wider beneficiaries, can be a starting point from which to appropriately ground the work (Barton, 1996). From this perspective, involving disabled people as active participants rather than passive subjects is crucial in the production of meaningful research (Oliver, 1996b). Disability research is a complex area as it often emanates from critical perspectives that use new or developing methodologies that through attempts to also attend to political agendas can go unheard or indeed be rejected on the basis of critiques of their validity. In this way, it is not only the everyday interests of disabled people that researchers investigate and seek routes of social change for, but also those structures that dominate and determine the political, academic and other knowledge producing contexts.

Summary

This chapter has explored the recent politicisation of disabled people and some of the debates and concerns regarding the social model of disability. Having outlined some of the recent political events concerning disability, the social model was presented along with a critical reading of its implications for both structural barriers and impaired bodies. In particular the materialist foundations of the social model were discussed as useful for political mobilisation but limiting for accommodation of poststructuralist and postmodernist reflections on both the identity of disabled people and understandings of disablism. From here, alternative and critical perspectives
were introduced to demonstrate the value of research that considers discourse and discursive practises as holding potential to reveal power and knowledge structures that determine ways of seeing the world in oppressively specific ways. A final comment is given to some of the difficulties cited in the literature regarding methodologies in disability studies and the assertion that emancipatory approaches should be applied to ensure the appropriate politicalisation of research findings, so as to inform social policy in a way that is meaningful to the lives of people disability associates with. Although disability studies and associated political activism have contributed great wealth to the inclusion of disabled people, there is much still oppressive and exclusionary about the construction of this category. In this way, future studies of disability have much to contribute to the understanding of existing research dilemmas, such as those found within social identity and embodiment theory, as well as assisting the development and application of critical theory to social policy solutions for the world in which we live.

Viewing disability as a social-political phenomenon and its representation as a barrier to participation or an impaired body reveals it as inextricably linked to and produced through prevailing structures and discourses that sustain and regulate the human subject. While the social model may present challenges for the theorisation of disability and impairment, its political impact is widespread and notorious. Even though it is risky in its orthodox status and thus dominance of perspective, the social model should be more overtly recognised as representing a political perspective than a theoretical one. Much of the critique of the social model is only persuasive if it is held as a
fixed and static aspect of knowledge and understanding. The articulation of the social model should be understood as a resistive strategy, mobilised by self selected representatives of an oppressed community, seeking to redress the inequalities imposed by the dominant norm and, emerging at a particular time. Furthermore at this time political activity was increasingly being diluted and positioned centre stage by free market discourses. Recognising that disability equality is affected by such political activity, be it of reforming body identity politics or of challenging the structural barriers of provision, research concerning the disabled body should ensure it focuses on and exposes the intrinsic aspects of oppression and resistance. By doing so perhaps social policy may develop responses not to disabled bodies, but rather to the processes that produce them as invalid and deny their everyday significance.

The current and previous two chapters have considered histories, prevalence and politics of disability and disabled people. The purpose has been to explore both the oppression of disabled bodies and dilemmas of representation. Beginning with a discursive history, chapter one presented a variety of sources and citations that can be considered as significant in the variable constitution and construction of disability throughout recent and distant historical moments. Building on this, chapter two considered current UK sociolegal definitions and prevalence issues. This explored estimations, some demographic information, welfare benefits and anti discrimination legislation, and revealed problems with both current social policy definitions and the identification of disabled people. Finally, this chapter explored the recent politicisation of disabled people, the social model and the turn to critical
disability discourse. Taken together, it has been the intention of part one to provide a critical commentary relating to histories, the current sociolegal context and the recent politicisation of both disabled people and disability research alike. Part two maps out the theoretical orientations and methodological considerations of the thesis. Chapter four provides an account of discursive psychology and its potential as critical research application for disability studies. Chapter five then details the theories, methods, reflexivity, data and overall approach utilised within the thesis. This then leads into part three that contains the three analytical chapters that constitute the primary research and the critical disability discourse analytical component of this thesis.
Part Two: Theories, Methods and Data.
Chapter 4

‘An object in and for interaction’: Discursive Psychology and Disability

Introduction

This chapter provides an overview of discursive psychology theory, research methodology and its potential for application to the study of disability. Following a description of the theoretical orientation and position of discursive psychology in relation to social constructionism, examples of recent work undertaken within this emerging perspective are presented. The consideration of a discursive psychology approach to disability studies is then explored and draws upon research related to the broad range of topics and issues the area of ‘disability’ encapsulates and is concerned with. Contentious issues and areas of potential critique are then discussed in relation to the ‘extra-discursive’ as well as the challenge to constructionism more generally to engage meaningfully with emancipatory research concerns and the rights agenda widely articulated within disability studies. From here the position of discursive psychology is reiterated as a ‘consistent constructionist perspective that recognises the contingency of descriptions and their involvement with practices’ (Potter 2005 p742) so as to attend to concerns arising from the realism/relativism debate. Potential for future research considering a ‘living account’ of disability is then discussed with the intention of attending to the ‘extra-discursive’ dilemmas associated with constructionism and the distinct position of discursive psychology within it.
This also attends to the emancipatory research concerns and the rights agenda asserted by disability studies.

**Discursive Psychology**

To begin to describe and detail discursive psychology is, in a way, to justify or at least demonstrate part of the theoretical claim and position it purports. That is, only through language do psychological and related objects such as attitudes, beliefs, identities, the self, society and other entities deemed as social and experiential come to be. Discursive psychology is viewed as a critical approach in relation to the traditional discipline of psychology. Although it may appear as rooted within the philosophical web of social constructionism, it differs in the way it treats and values language and discourse use in the negotiation of psychological phenomena in the everyday practices of agents. In this way it is perhaps better to be understood as a form of discursive constructionism because of its claim that language use in interaction is constructive in the production of versions and accounts of everyday realities. Discursive psychology shifts focus from mainstream psychology’s consideration of an inner psychic realm upon which cognitive theories can be mapped like the technical specification manual of a desktop computer.

The intention is not to develop an alternative social cognitive psychology model of the human, rather discursive psychology emerges as a critique of its individualistic theorisation through the development of a different perspective
on language and ‘its role in the machineries of psychological research and assessment’ (Potter 2003 p 791). In this way it is a critical approach to the traditional way of doing psychology that questions the assumptions of the existence of an inner/outer dualism by producing research that asserts how psychological business is achieved by people in talk and interaction. Psychological matters, such as stress, emotion, beliefs and attitudes, become relocated through the discursive psychology lens from the inner cognitive world to that of a situated everyday practice (Hepburn & Wiggins 2005). For example, verbal categories of emotion can be seen to facilitate explanations of human conduct in talk for the accomplishment of social practice, rather than as an expression of psychological phenomena (Edwards 1999).

Discursive psychology also focuses on how accounts or versions of reality are achieved as facts as a topic in its own right rather than the actual detail of such reported realities. This can be extremely productive in critiques of attitudes and prejudice such as have been undertaken in work concerning racism (Wetherell & Potter 1992). Through this, cognitive notions of the individual as a static, limited and determined actor are questioned through the assumptions inferred. Discursive psychology is a counter position to cognitive perspectives and articulates actions and practices as embedded in and relational to situated discursive constructions of social, ideological and political arrangements.

In an edition of the journal Discourse and Society (Vol. 16 No. 5. 2005) Potter unpacks some of the features of discursive psychology. Discursive
psychology considers psychology as an object in and for interaction and is analytically focused in five ways as Potter suggests. Firstly, it is practical, bound to people’s practice and observable through the strategic deployment and invocation of descriptions during activities. Secondly, accountable, concerned with the agency and accountability of individual entities as responsible agents. Thirdly, situated, and in three ways i) by categories and orientations embedded in interaction, ii) rhetorically oriented and weighted to arguments and versions & iii) institutionally embedded and subject to the orientations and contextual practices and cultures of particular setting. Fourthly, embodied, discursive psychology focuses on discourse and how the body is produced through analysis of situated constructions in talk and text. Finally, displayed in talk and interaction, and not the reflection of a private psychological realm (Potter 2005).

The development of discursive psychology is not only influenced by its critical position within mainstream psychology but is referential to the broader arena of discourse and critical theory. This includes the work of Wittgenstein (1953) and Austin (1962) considering the relationship between knowledge and language use in linguistic philosophy; the sociology of scientific knowledge (Gilbert & Mulkay 1984, Ashmore 1989); functional approaches to language in speech act theory (Grice 1975); ethnomethodological applications to conversational analysis (Garfinkel 1967, Heritage 1984); semiotics and post structuralist work (i.e. Foucault 1963: 1967, Barthes 1974, Derrida 1977, Sharipo 1988); as well as approaches to discourse analysis and critical

**Disability & Discursive Psychology**

Although discursive psychology offers a reconceptualisation of theories and methods that have produced and maintain the psy-complex, there has been little research from its perspective applied to the study of disability (Goodley & Lawthom 2006). This perhaps relates to the issue of how the discipline of disability studies has been less concerned with theorisation *per se*, than with developing an agenda of disability rights and equality through research that seeks to reveal discrimination and make active challenge to social policy. There is also the issue that discursive psychology is still establishing itself as a discipline as well as the complexity of definition and meaning concerning disability and the broad spectrum of potential research issues it encompasses. This means that much work that can be considered relating to disability may be framed in terms of health, illness, or other condition-specific language.

The work of Radley and Billig (1996) argues that people’s views of health and illness are better understood not as fixed inner attitudes or as shared social representations but as accounts that they give to others. It is suggested that such accounts of health and illness are ideological and dilemmatic because any attempts to define these categories involve judgements of the naturalised world. Billig et al (1988) illuminate the problematic aspects of thinking and how common sense consistently reveals contrary themes, i.e. prejudice and
tolerance, egalitarian and authoritarian, health and illness. This work draws a
distinction between ‘intellectual ideologies’, represented by classical Marxist
understandings of societal organisation, and ‘lived ideologies’, constituted by
beliefs, values and practices of a culture or society. Billig et al (1988) assert
that the latter ‘lived ideologies’ are not coherent and integrated, but rather
inconsistent, fragmented and contradictory. While these ‘ideological dilemmas’
represent the dilemmatic make up of talk and meaning making practices and
may appear unreliable, they are also revealing of language use as a flexible
interactive resource.

In this way it is suggested that talk about attitudes and health beliefs involves
making situated claims and justifications that are embedded in the conduct of
everyday practices. For example, and drawing on work undertaken with
families of disabled children, Billig (et al 1996) cite Voysey (1975) who noted
how parents worked up their accounts of their situation to be in line with
‘ordinary’ families so as to avoid intrusions and interference from ‘public’
experts. This is argued as illustrating the co-occurrence of public and private
accounts drawn upon in talk to achieve variable versions of circumstance; i.e.
to ward off potential prejudicial inferences or embrace incapacity or support
need reports, in order to justify benefit awards.

Such work is potentially exposed for critique when adopting a realist stance.
This is a point that shall be returned to later in this chapter but is mentioned
here to highlight what is done by research work which considers talk and thus
the important perspective and potential of discursive psychology. Billig et al
(1996) illustrate how accounts of health and illness are ideological and
dilemmatic, drawn upon in talk to achieve particular versions which are also of
concern to non health issues. Any attempts to talk about health will often be
referential to medicalised pathologies and notions of normality. This highlights
how accounts of health and illness relate to situational inferences embedded
in versions that can be used to justify and infer positions. This is not to deny
(or indeed attend explicitly to) the materiality of health, illness or disability but
rather to demonstrate how they are performed in talk and discourse, for what
purpose and how pre existing linguistic structures or forms are used to
construct and justify accounts.

Elsewhere discursive psychology is considered relevant in studies of
contested illness. Myalgic Encephalomyelitis (ME) is a particularly interesting
issue as it recently caused a great deal of controversy within patient and
doctors reports alike. Horton-Salway (2001) provided critical analyses using a
discursive psychology approach, revealing not only how medical discourse is
grounded in assumptions of mind and body dualisms but also the implications
this has for those subjected to its claims. Through analysis of interview
transcripts of a ME group discussion, a television talk show, academic
literature and official reports, the research focused on how identity, mind and
self become constructed in talk about ME. The research highlights the
contentious issues concerning the ME debate that questioned the legitimacy
of the illness within a dominant medical discourse, typically considering health
as dichotomous, either physical or psychological in origin. Indeed as is
illuminated by the analyses, this mind/body distinction is drawn upon in
accounts of the illness identity. While sufferers of ME favour versions that distance themselves from purely psychological diagnoses, practitioners’ accounts show variability in constructions of the mind as dislocated from the body within talk about it. An analysis of the variability in meaning concerning the status of ME as an illness pathology shows how the psychological concept of the mind can be reworked as a discursive product rather than a distinctly cognitive process. What is also worthy of consideration in the ME controversy are the broader implications of knowledge authorship of such accounts and the implications these have for allocation of resources within social policy arrangements (Horton-Salway 2001).

The pathology and diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) is also controversial and its subsequent treatment with amphetamines is of particular interest to discursive psychology research. A diagnosis of ADHD can invoke the prescription of class A psychotropic drugs as therapeutic treatment, and has reportedly increased in prevalence in recent years. The diagnostic criteria (American Psychiatric Association 1994) are grounded in both the psychological constructs of attention and mental ability as well as the educational institution of the school. Recent work highlights the dilemmas involved in ADHD diagnostic procedures when considering the routine and mundane features of consultation room talk as well as the generic language of the ADHD criteria that determines positive diagnoses by medical professionals. This is despite parents displaying scepticism and asserting ambivalence about the relevance and identification of ADHD (McHoul & Rapley 2005). Such research raises questions about increased reporting of
ADHD as sustained by scientific and medical knowledge-producing authorities, and about the construction of defiance in school based conduct. McHoul & Rapley (2005) assert that without the institution of the school ADHD is not sustainable as a medical condition and raise questions about the regulation of compliance in school based conduct.

The production of ‘learning difficulties’ as a naturalised pathology representing inner mental deficits of individuals is elsewhere questioned by work drawing on discursive psychology. Goodley & Rapley (2002) critique studies of acquiescence bias (cf Sigelman et al 1981), reworking it from traditional considerations as a dispositional attribute of people labelled as intellectually disabled to one situationally embedded in the requirements of the interview and assessment schedule. Deficits, such as incompetence taken as indicative of the learning disabled identity, become inscribed upon interviewees through the talk of psy-complex practitioners, as demonstrated through discourse analysis of transcriptions of talk between psychologists and people described as intellectually disabled (Goodley & Rapley 2002). The value of considering a constructionist approach to learning disability is elsewhere considered relevant and necessary for psychology to be able to address a wider range of social exclusionary issues facing this grouping (Clegg 1993). In addition, other work from broader discourse theory drawing on Foucault considers how learning disability services themselves facilitate and maintain the problematisation of people labelled with learning disabilities (Mcintosh 2002).
The identity of the disabled person is considered by discursive psychology as produced in and for interaction. It is not, as traditional models of identity determine it, essential and fixed to notions of the self but rather is produced at the moment of disclosure and bound to an agenda and functional retort (Goodley 2000). Furthermore discursive psychology recognises the disabled identity as situationally embedded in pre-existing linguistic forms relational to institutional discourses that inform everyday practice. It is not that discursive psychology treats disability as non-existent, but rather without language it is rendered unknown (Corker & French 1999). Outside of discourse, the disabled identity cannot be made meaningful and referential to that which dominates it, or to the subversive and oppositional meaning it invokes. Although recent meaning concerning disability has been reworked from medicalised personal tragedy to social oppression (UPIAS 1976), its talk about disability is often deemed as negatively weighted and as such disclosure of a disabled identity often avoided (cf Watson 2002: Hodgkins 2006). Indeed in work considering online identity disclosures, disabled people are reported as valuing the ability to leave out impairment descriptions during social interaction (Bowker & Tuffin 2002). Such consideration of identity disclosure in the online medium is critiqued for its alignment with able bodied conventions, in that it involves the reconstitution of personhood in an apolitical way (Cromby & Standon 1999a). However, a discursive psychology interpretation asserts a functional consequence to such disclosures that will be situationally embedded in the purpose of any given interaction. In this way a disabled identity becomes relevant if the interaction requires it so. For example, in online discussion and newsgroups concerning disability research
and activism the disability identity is to be found very much present and actively disclosed for the purpose of achieving positions and factuality concerning it.

**Contested issues and positions.**

Allies of discursive psychology and broader discourse theory recognise that constructionism has maintained a distance from issues typically considered beyond text, such as the extra-discursive, materiality and embodiment. This is encapsulated within the realism/relativism debate wherein there are significant disagreements with regard to the location of the limits of social constructionism and accounts of the contribution of extra-discursive influences (Nightingale & Cromby 1999). In addition there is also consideration that discourse analytical research should not be merely about participants, but rather approach and value them as co-researchers, thus attending to their emancipation too (Willig 1999). A critique of constructionism, often including discursive psychology, relates to its consideration of and focus on language as the principal technology for constructing and representing knowledge and meaning about the world. By moving from the focus of the ‘real world’ to an alternative of the ‘world as it appears’, discourse becomes a substitution where language is seen to mark the limits of our world (Pujol & Montenegro 1999).

The reality behind language (i.e. cognition, identity) becomes then either philosophical debate or topic for discursive research. The problem with
constructionist approaches to disability research is the concern that through theoretical rigidity in trying to study the world with language as its only metaphor, the lived experience of disabled people as excluded and oppressed citizens becomes invisible or rendered incoherent. There is also the dilemma when considering assertions that many people are without language which, from the point of view of constructionism, may imply that they are somehow less than human (Cromby & Standen 1999b). Such concern resonates throughout the realism/relativism debate which is beyond the scope of this review and often draws upon extreme analogies and metaphors to depict philosophical positions (cf Edward, Ashmore & Potter 1995; Searle 1995 and Cromby & Nightingale 1999). The problem also extends to the naturalisation of discourse and attempts to define the extra discursive and materiality. The need to ground positions of the extra discursive influences have led to the development of a critical realism as a realist ontology of social constructionism (Parker 1992). Critical realism recognises that ‘real’ processes underpin and generate observable phenomena and experience, but that knowledge about the ‘real’ can be never be an objective or qualified reflection. Questions further arise concerning agency and the origins of language. Indeed accounts of embodiment, such as Merleau-Ponty’s (1964) phenomenology, assert that ‘the body is the vehicle of being in the world and having a body is, for a living creature, to be interolved in a definite environment, to identify oneself with certain projects and be committed to them’ (p94 ibid). This positions the body as central and transcendent of both the discursive and extra-discursive, suggesting that it is only through the body that the world is understood or
becomes knowable. In this way disabled people can be seen as interwoven and committed to a project sustained and regulated by body norm discourses.

Considering that dichotomies such as material/linguistic or real/relative are part of Western philosophical history produced rhetorically through discourse (Potter & Wetherell 1987), neither ‘real’ nor ‘relative’ can be maintained as exclusive positions without discursive practises. The challenge for discursive psychology is not then to accommodate the ‘real’ but rather maintain a ‘consistent constructionist perspective that recognises the contingency of descriptions and their involvement with practises’ (Potter 2005 p742). As a critical theory it is also necessary for discursive psychology to enable discourse analytical research to mobilise its findings and assume positions that address oppressive social-political arrangements. The key to achieving this in discursive psychology research may lie in the encouragement of researchers to include social-political commentary in the presentation of research. This is of relevance to disability studies not only for its political agenda but increasingly the call for the adoption of an emancipatory approach to research, that pays particular attention to the benefits to disabled people undertaking co-researcher roles where traditionally they would have been considered as passive participants (Barton, 1996).

**Living Accounts**

For discursive psychology, disability is embodied through language. Its pathology and naturalisation is apparent only by way of its rhetorical practise.
Discursive psychology is focused on how disability becomes produced in discourse and is analytically concerned with the illumination of dilemmas and ideologies active in its factual construction as a naturalised topic for action in
the everyday. Its potential is apparent in the critique of positions that sustain its problematisation as well as those that support its reformulation and resistance as exclusively negative. This may be in stigmatising qualities of terminologies of social policy initiated assessments for resources or the persuasiveness of disability activists’ statements of oppression and discrimination. Discursive psychology’s limitation, as with constructionism is often asserted in terms of its deconstruction of the person to merely a form of textuality thus rendering the status of personal experience as questionable (Burr 1999). However, constructionist research does not necessarily need to be exclusively embedded in a relativist approach that denies the possibility of human emancipation through critique of reality construction. Rather it can be engaged with social, cultural and historical materialistic analyses of institutions, personal narratives and language use as a tool for producing interventionist work (Willig 1999).

The challenge for a discursive psychology approach to disability then is how research incorporates the lived experienced of disabled people into the frame of an emancipatory agenda rather than appearing to retain an ever-critical discursive stance. As was mentioned in Chapter 3, in disability studies there is an increasing turn to narrative identity research to uncover and illustrate lived experiences (Thomas 1999). This includes the work of Foucault that considers how disabled people become ‘docile’ through disciplinary power practises that serve to naturalise and normalise the limits of the body (Shildrick & Price 1996; Tremain 2001; 2006). Such work furthers disability studies in its articulation of the disabled body as excluded and displaced.
within socio-political institutional arrangements. For discursive psychology to attend to the emancipatory and rights agenda inherent within disability studies, as well as retaining its critical discursive constructionist position, it could undertake analysis and research that would articulate a ‘living account’ of disability. Such a discursive psychology ‘living account’ need not be recognised as a realist ontology nor as exclusively relativist but rather be viewed as an evaluative position of, and for, rhetorical practice and action.

In line with Potter’s (2005) assertion that discursive psychology considers psychology as an object in and for interaction, research considering a living account of disability could be analytically focused in the five ways as mentioned before (i.e. practical, accountable, situated, embodied and displayed). It should however be distinctly orientated to the naturalisation and pathology of disability discourse. An example of research concerning a ‘living account’ of disability would consider how its meaning is displayed in talk and interaction and becomes bound to practice, e.g. in the consideration of the medical retirement of an employee whose embodiment is subject to the situated construction of the workplace institution in relation to versions of compliance, capability and liability. Such research could focus not only on how traditional workplace discourse positions the individual as able or fit to work through a dominant medicalisation, but also how opposition to this may be achieved, and how the occupational sites of prejudice and exclusion reworked. This may in turn reveal practical implications for social policy to consider alternatives for the retention and inclusion of non-normative bodies to the workplace. This is one of many areas for discursive psychology
research to consider disability as a living account through a simultaneous orientation to the constructive aspects of institutional discourse and the production and agency of the embodied person in everyday practises. Discursive psychology and disability studies are critical allies in the challenge to dominant discourses that produce and maintain knowledge concerning the individualist values of psychology, science and political arrangements.

**Summary**

This chapter has considered discursive psychology and disability. Links to disability studies and some of the limited research undertaken from a discursive psychology perspective applied to disability were discussed in terms of the potential this has for future analytic work. Some contentious issues and critiques of constructionism and discursive psychology have also been explored in terms of the concerns relating to the consideration of the ‘extra-discursive’, ‘materiality’ and ‘embodiment’. These concerns are particularly relevant for discursive psychology to appropriately undertake disability studies research, for reasons relating to the emancipatory and rights agenda. In light of these concerns the discursive psychology position of discursive constructionism has been reiterated in terms of its critical approach and the ‘consistent constructionist perspective that recognises the contingency of descriptions and their involvement with practices’ (Potter 2005 p742). From here the suggestion of research focused on producing a ‘living account’ of disability has been articulated in order to meet the challenges of both discursive psychology and disability studies research so as to attend to
theoretical and philosophical concerns regarding constructionism and the disability rights agenda.
Chapter 5

‘Question number three, is it easier to control’: Theories, Reflexivity, Text Data and Methods

Introduction

This chapter outlines the analytical approach undertaken within the current research thesis. This outline includes the theoretical orientations, reflexivity, text data and methodological considerations. Beginning with theoretical orientations, the strengths and weaknesses of a critical interdisciplinary discursive psychology and disability studies approach in which the research is positioned are outlined. An account of personal, community and participant, and epistemological reflexivity is then presented to explore influences that have contributed to the construction and objectification of disability within the thesis which acknowledges the difficulties of research and biases inherent within critical empirical work. Following this, the source and collection processes of the text data is detailed as well as the manner in which engagement with participants was achieved. Methodological considerations are then presented, in particular the organisation and conduct of the discussion groups are detailed in terms of ethics and the processes of data transformation from participant talk to an analytical commodity of text and discourse. The discourse analytical approach adopted is then explained in terms of the framework articulated by Potter and Wetherell (1987), focusing attention around discursive function, construction and variation. The approach also draws upon Parker’s (1997) critical discourse analytical
approach that highlights the importance of Foucault’s (1972) work and also
the consideration of the discursive socio-political and historical context.

**Theoretical Orientations**

As discussed previously the current thesis considers the discursive construction of ‘disability’. Positioned across the disciplines of discursive psychology and disability studies, the aim of the research is to critically explore the discursive representation and construction of ‘disability’ as produced within interview and discussion group transcripts with disabled people and in the policies, procedures, and practices of organisations that represent, and/or provide services to them. More specifically the research is focused to consider the discursive function, variation and construction of disability and disabled people in terms of personal disclosure and identity, barriers in the social model of disability and independent living in current parliamentary legislative reform of social care provision. This articulates ‘disability’ as a discursive interactional phenomenon, plural in value and invoked in and across situated and institutional discourses for the purpose of practice and action.

In order to sustain the relevance of this position it is necessary to present the theoretical orientations that are drawn upon and influence the research. To do this it is appropriate to articulate, but not stringently define, the meaning of both language and discourse inferred by the critical discursive psychology and discourse analytical approaches utilised herein. The theoretical orientation
that has contributed to the development of discourse theory and analysis considers language quite differently from the traditional scientific perspective. Rather than considering language to be a neutral mode of communication between the individual and their social world, discourse analysis views talk and writing as being oriented to the accomplishment of social action, and constructive of that which it purports to represent (Potter & Wetherell 1987). Language is, in this sense, then both constructive and constructed in nature, and is managed by social acts and actors in a way to report actions, events and situations in ways that serve particular interests and attend to the accountability of such reports. More broadly though, discourse analysis does not reveal to us truths about the social world but rather alert us to the intimate connection between meaning, power and knowledge and how language and discourse use creates versions of reality, highlighting how dominant meanings (that form part of cultural myths or ideology) arise from these discursive practices. It is then possible from this viewpoint to attempt to recover subordinate meanings and highlight the processes of resistance (Parker 1999: p6).

The concept of ‘discourse’ is not inferred in its traditional linguistic meaning, i.e. serious speech or writing, but rather is taken to relate to language use as a social practice. It is important to note that there are various meanings of discourse and thus stances to be found within the array of critical work that draw upon discourse theory. A discourse can be understood in a similar way to that of a representation, notion or concept, but is different by implication in that it does not assert an existence within the minds of people, rather it
operates as a social relational, interactive and contextual commodity that facilitates and sustains meaning and knowledge between people and groups. As previously mentioned, discourses are considered as legitimised and constituted in and for interaction. More specifically, this orientation is focused on action; that is, what it is that language use does, what versions of reality are performed through talk and text, what ideologies and positions arise, as well as what dilemmas and implications are invoked as a result (Potter & Wetherell 1987). Carla Willig (2001) unpacks some differences and tensions that have arisen in discourse analytical approaches in psychology that concern developmental variants in theoretical grounding. Ian Parker (1997) and Jonathan Potter (1997) have argued these differences and suggested distinct versions of discourse analysis that relate to works emerging from literary theory, philosophy and post-structuralism, including the work of Foucault, versus those that draw upon conversational analysis, sociology of scientific knowledge, and ethnomethodology. While both share common ground in terms of viewing traditional psychology as misleading and inappropriate in its consideration of mental and psychological phenomena as existing within minds rather than between people in interaction, a noticeable distinction in philosophical underpinnings has emerged between these works concerning critical realism on the one hand and relativism on the other.

Ian Parker (1997) suggests a critical discourse analytical approach that draws on Foucault’s work and attends to socio-historical, political and ideological interests and is articulated as a critical realist stance. This is seen as different to a discourse analysis that is concerned with various forms of language that
are taken as independent of the material world. Jonathan Potter’s (1997) discursive psychology and discourse analytical position is relativist and asserted as relevant because the perspective on language is taken that it is only through talk and text that reality, and thus meaning making processes can be understood and interpreted. Margaret Wetherell (1998) has however criticised these distinctions and articulated that it is possible to utilise both perspectives and produce discourse analysis that attends to an action-orientated discursive constructionism focusing on language use, while also considering broader social, historical, political and other institutional arrangements and frames of reference. While there are valid points in each position it is their commonality and critical focus that I draw upon rather than attempting to align either way as this is not the primary intent of the current research.

For the purpose of the current research thesis I wish to articulate and position the arguments made within a discursive psychology and discourse analytical approach. This is to accommodate the traditions of conversational analysis and post structuralism as well as attending to the twin focus of discursive practises and resources as detailed by Wetherell (1998). In this way I refer to Jonathon Potter’s (2005) presentation of discursive psychology, and its approach to psychology, as was detailed in Chapter Five, as an object in and for interaction and analytically focused on phenomena in five ways; practical, accountable, situated, embodied and displayed in talk and interaction and not the reflection of an inner dualism (ibid, p86). However, even though this stakes a situated and institutionally embedded orientation of discursive
psychology I wish also to mark a theoretical alignment to Parker’s (1997; 2005; 2007) critical approach to research work that highlights the importance of drawing on feminism, Marxism and Foucault, as well as others, such as post modernism and postcolonialism (see Teo 2005) in analyses in terms of materialism, oppression, power and resistance. Indeed for any consideration of disability the work of feminism, Marx and Foucault is extremely important for interpreting and understanding oppressive regimes as well as imagining and articulating liberatory and resistive agendas. While the relativist position is useful for deconstruction and re-interpretation of disability knowledge, so too is the critical realist stance necessary to be able to locate and understand such knowledge within oppressive structures and social institutions. From here it may be then possible to indicate passages of resistance.

The theoretical difficulties concerning extreme relativist/realist positions can be related to similar concerns and current debates occurring with regard to embodiment theory. Ian Tucker (2006) has provided a review of Shilling’s (2005), Crossley’s (2001) and Coupland and Gwyn’s (2003) approach to embodiment theorisation. While Shilling (2005) asserts the body as a multi-dimensional medium for the constitution of society, Crossley’s (2001) approach tackles a body/society dualism, suggesting how we exist simultaneously ‘as’ and ‘for’ our bodies. Coupland and Gwyn’s (2001) work explores the interrelatedness of the body, discourse and identity, and how current academic expressions of embodiment have to date reflected theoretical, rather than empirical concerns. Tucker (2006) asserts that these works do not attend to the ‘multiplex materially grounded concept of bodies as
part of knowledge producing relations’ (ibid p433) but rather focus to producing them as distinct entities. Tucker (2006) draws attention to Mol’s (2002) work that considers not how practices such as medicine come to know the body but rather, how the body is done. This position suggests that bodies exist in multiple ways and are contingent on the practices that produce them. This is useful and supportive for a consideration of disability as a discursive interactional phenomena that is adopted in the current thesis. This is focused on, and recognises the production of, the multiple identities of disabled people in personal disclosures, policy texts and parliamentary debates.

Having presented the orientation of the current research thesis to discursive psychology I shall now outline an alignment to a critical disability studies agenda. This is concerned with the discursive production and representation of disability as a negative and oppressive construct as well as the recognition of disabled people as part of a marginalised, discriminated and excluded grouping, and thus an important priority topic for social policy. This alignment is related to the range of work emerging from disability studies research that is concerned with the ambiguous construction of disability and disabling processes in representations of meaning and knowing, and the difficulties posed for theorisation of impairment, disability and related matters (e.g. Corker & French 1999; Corker & Shakespeare 2002; Gabel & Peters 2004). The thesis draws on Foucaldian inspired postmodernist and poststructuralist approaches concerned with unravelling the processes that invalidate, other and produce disability as an anxiety of the normative (see Hughes 1999, 2000, 2002; Shildrick & Price 1996; Shildrick 2005; Tremain 2001).
Furthermore, the thesis is also inspired by a radical disability studies agenda that recognises and challenges the ongoing exclusion and oppression that people with impairments face within their lives and the consequences that arise as a result of being positioned as other and extra to a normative body construct (see Morris 1992: 2004; Swain, Finkelstein, French and Oliver 1993; Oliver 1990; Barnes & Mercer 2004; Goodley & Lawthom 2006). Disability studies grew out of calls for an emancipatory disability research agenda led by disabled people and researchers that work within a framework that is committed to advocating the political and human rights of disabled people (see Oliver 1992; Thomas 1999). Although the following section concerning reflexivity shall explore the current thesis and research work in terms of this emancipatory disability research agenda, the critical work of community psychology and that of an ethical-political psychology are important to also consider herein.

Habermas (1968/72) takes the position that any knowledge that lacks ethical political foundations, that is not concerned with challenging social injustices, does not make sense. An ethical political psychology recognises the established power held and wielded by the status quo and questions the belief that because things are a certain way they should remain so. Truth is considered a cultural expression, contextual and changeable. There is recognition of the transformative power of an ethical political psychology to challenge the dominance of science and mainstream psychology that has undermined human liberation and promulgated scientific racism, sexism and other oppressive regimes (Teo 2005). In a similar way community psychology
(Goodley & Lawthom 2005; Kagan & Burton 2002) is inherently political and is concerned with mobilising a liberatory space and forwarding positive social change. Like the emancipatory research agenda of disability studies, community psychology draws upon participatory action research approaches that empower communities to turn, what mainstream psychology would deem, the pathological into collective identities and shared subjectivities. Embracing a community psychology approach enables an interpretation of disability that is politicised and unravels community selves as potentially empowered and meaningful to those involved.

In line with the critical approach adopted herein it is not possible to assert a definition other than to produce a constructed version that could be oppressive, liberatory or symbolic in another way. The starting point for disability considered in this thesis views its representation as a discursive product revealed in talk and textwork as a means for the achievement of action. Using the discursive psychology consideration of language and discourse articulated above, this research thesis is orientated to consider that it is through talk and textwork that ‘disability’, ‘disabled people’ and other phenomena are revealed, and thus become discursive objects, in and for interaction. From this position, they are considered not as exclusively ‘realistic’ representations, but rather interpretative commodities situated and displayed in the discourses that require expressions of meaning in the negotiation and accomplishment of everyday action and practice. This position is of a situated discursive constructionism that recognises and reflects on meaning making processes within their socio-political-legal and historical
influences. This enables a consideration of the body, disabled or otherwise, as an artefact of knowledge interaction that over time absorbs language and truth games, serving the interests and actions of authoritative and regulatory collectives. Partially, this relates to a social relational consideration of disability (Thomas 2004; 2007), that notes the transformation and fluidity of disability representation across sites of interaction, but the discourse analytical focus is specific to working with discourses so as to reveal the constructive and performative characteristics of relational phenomena.

Reflexivity

This section attends to issues of reflexivity and present critical statements relating to the production of the research from personal, community and participant, and epistemological positions. The purpose of including this reflexive account is so as to attempt to be open and integrative in a self evaluation of the work I have undertaken to produce a piece of research concerning the discursive construction of disability to challenge oppressive knowledge. Reflexivity is an increasingly recognised and important part of qualitative research work for acknowledging and working with issues of subjectivity. Reflexivity is a way of ‘attending to the institutional location of historical and personal aspects of the research relationship’ (Parker 2005 p25). Attention to reflexivity can vary in intensity, being adopted as a whole methodology that informs conduct and presentation, or, in the case of this thesis, being more specifically focused to consider the research context, the role of the researcher within it, and other matters of subjectivity.
**Personal Reflexivity**

This section will explore my personal involvement with the thesis in terms of how my experiences, subjectivities, identities, values, interests, political commitments and other wider life aims have impacted and influenced my conduct and presentation of the current research.

One of the earliest memories of disability I have relates to mobility adaptations and the orange badge, now known as the blue badge parking permit. A family friend whose 'mobility adapted' car I regularly travelled in had one full length artificial leg. His cars were always new and I remember being interested in the different way the brake, clutch and accelerator controls were arranged to that of other cars. Also, there was the ability to park in specialised parking bays on day trips and the orange badge disc that would be set to the time that the car had parked in the bay. I saw this person once without his artificial leg and recall sensing this as something different, but overall it was not an issue because it was never a significant topic of discussion within the family and this person was just another adult that I regularly interacted with.

At school during the early eighties I discovered by accident that a close friend had haemophilia. I found this out because we had the same coat, which I took home once, and came across an 'in case of emergency' haemophilia card indicating this. This became a secret between us until we got into trouble once and our geography teacher pinned my friend down in an arm lock in
retaliation to our mischief and caused my friend significant bruising. The teacher was later dismissed. Another of my school friends had a brother who had severe learning disabilities which I recall invoked feelings within myself and others of difference and trauma. On one occasion, during a classroom argument with this person I remember inappropriately ridiculing them about this. At that moment I recognised that there was something very wrong about this and subsequently apologised, although I am aware that at that moment my actions were oppressive and caused upset. Many years later whilst on a night out in a pub I bumped into this person and after small talk I again apologised for my inappropriate comment and we reflected on it as part of children growing up and the inherent negativity that exists concerning disabled people.

I recall that both these persons were subjected to some taunting on the basis of their association with a disability or difference, but that they also were not free from doing so themselves. This was something not uncommon to my school and adolescence. In particular I remember the terms ‘window licker’ (relating to the special bus provision of segregated schooling), ‘spastic’ and ‘Joey’ or ‘Joey deacon’ and a grunt with the facial expression involving ones tongue being pushed against the inside of the bottom lip often used as insults and derogatory terms for stupidity or difference. Indeed I am aware that these gestures are common place in some settings, and I have witnessed them on TV children shows, as part of some stand up comic routines as well as on occasion in encounters with people I meet that perhaps do not understand the origins and implications of this gesture. It is a symbolic commodity that infers
stupidity and thus communicates a negativity of a particular expression of
disability.

Another significant experience involving disability was that of a condition
called narcolepsy that my grandfather had. I remember experiencing from an
early age the fact that he had ‘something wrong with him’ which would be
explained to me as ‘he keeps falling to sleep’ although it was not until I went to
live with him and my grandmother at age 20 that I experienced narcolepsy in
terms of what it meant to him. He did not associate with the term disability,
but did receive disability benefits, was medically retired and had a lot of
tablets and input from the Maudsley Hospital. With my grandfather I became
involved with UKAN (the UK national association of people with narcolepsy).
From here I learnt about medical and social understandings of narcolepsy and
remember discussing the implications with my grandfather. Also, there is the
symptom of cataplexy which is a form of physical paralysis associated with the
prevention of body movement when dreaming. He would say that his body
would shut down whilst he was still mentally conscious and recalled often
being annoyed at the patronising conversations and emergency calls that
would occur when he was in this state that would pass in a few minutes.
Perhaps the most significant experience for me was his frustration and the
conflict caused within the family as a result of living with this condition.
Narcolepsy for my grandfather was an inconvenience. He resented his driving
licence being taken away and losing his job because it was not appropriate for
him to sleep at work. Yet later we met employees with narcolepsy that had
negotiated flexible working arrangements.
This experience was so significant for me that my undergraduate Psychology degree dissertation concerned the subject of narcolepsy considering self reported coping strategies. For my MSc Health Psychology dissertation I considered coping again but within a population of caregivers. For both I noted that ‘psychological’ coping styles seemed to make very little difference to reports of stress and health. On reflection, I understand that coping styles and related trait theories are highly individualistic and acknowledge very little about relational circumstances of health issues. However, what I did gain from this experience was exposure to community activism through the support groups that allowed me access to their members. This presented in a very significant way inequality and identity issues of concern to minority groups emanating from the mainstream. It was at this point that I developed a heightened interest and political awareness of disability more generally.

My early employment had begun in catering but through a developing interest in disability had moved to social care. This started as a care assistant for older people and then as a supporter in a residential home for people with learning disabilities. This was around the time of the Community Care Act (1995) and when many residents of institutions were being offered community living options. My role was as supporter to a number of people who had recently moved into their own homes. From here I took on a variety of similar jobs in both residential and community settings, with a variety of impairment groups and cultures. Within these working environments I recall the heated debates and conflicts occurring between staff members as a result of the way
disabled people were supported or managed. Indeed within all the residential homes I worked in, conflict and cynicism were to be found. The sources of this included disputes over styles of working, limited resources, risk, allegations of abuse, independence and other issues. My experience was that disabled people in residential homes were often passive and very little changed for them, whereas the staff teams were always locked in debate. All of the residential homes I worked in are now closed. I think back and feel shocked about the way many disabled people were treated, uncomfortable about the arguments I had with staff over inappropriate behaviour and embarrassed that I did not agitate at that time for more of a change to these living arrangements.

Outside of work and with people that knew very little about disability and social care, my role within social work was met with great praise and marvel. People would often say things like ‘I admire you’, ‘I couldn’t do it’, ‘you’re such a good person’ and so on. At first I welcomed and enjoyed this, but gradually learnt how unwarranted this was and came to find it irritating. In 1998 I made a decision to move out of residential work and statutory services because of this and the fact that the industry was poorly resourced, dysfunctional, oppressive to disabled people and highly stressful for me.

Shortly after this I began work at the Disability Advocacy Network. My role was as an advocate involved with disabled people who had contacted the organisation for information and support, including benefits, housing, community care, employment, learning and other matters. The people varied
in what support they were asking for as well as the support required by their impairments. For me this meant that I met and listened to the situations and circumstances of many people with a broad range of impairments. In fact, the characteristics of the impairment were not relevant, rather the dire and unsupported situations they found themselves in. Although I found the work rewarding I also acknowledged my limited ability to be able to influence disability equality as well as recognising that my efforts may also be oppressive. This became so interesting to me that it was in fact the most important motivating factor that guided me to apply and undertake the current research degree.

My association with disability through the work context has forced me though to consider aspects of my personal identity. Often within disabled persons organisations you find as part of the constitution the preference or guidance to only employ people who have a direct personal experience of disability. This was explained to me as not necessarily meaning that one should have been diagnosed as having a disability or impairment but rather that one identifies with the disability movement or community as a result of experiencing exclusion or difference in relation to physical or psychological difference from the mainstream concept of ability. For me having used mental health services, being assessed in further education and occupational psychology contexts as having specific learning difficulties, that I am told include dyslexia, dyspraxia and attention deficit disorder, means I can in some way identify with the label of disability. I can notice these things on a daily basis in terms of having to be constantly aware of my mood and the impact that situations and
substances can have on the way I feel. Also, I have a bad sense of direction, cannot tell my left from right, have problems reading, writing, processing large chunks of information, have short term memory problems, am fidgety, often find it difficult to concentrate and am extremely sensitive to, and am distracted by, light and sound. However, these things also make me unique in that they often enable me to see things in different ways and so can be advantageous to me in certain situations. Even though I can on one hand say I am a disabled person it often seems personally unimportant or irrelevant for me to do so.

I have not always been able to or indeed have wanted to associate myself as a disabled person. It was not until I began studying for my undergraduate and post graduate qualifications in higher education that I was noticed as having specific learning difficulties. It took a while for me to acknowledge this, and even longer to pursue the assessment process. In retrospect, now having gone through an assessment I can reflect upon why it was that in primary and secondary school my challenging behaviour, very poor handwriting and inappropriate teaching methods caused me to receive numerous punishments and meant I left school without any recognised qualifications. I reflect upon this now and understand it was because my learning style was slightly different to the mainstream that this occurred. In this way I possibly feel disabled by my compulsory education experience and yet when I became older and made the decision to go back to education as a mature student I do not necessarily feel so. This is largely because I had much greater control over my learning and could employ strategies such as locking myself away in
a quiet and undisruptive environment to read, write essays and complete assignments. It is these strategies and the use of IT, in particular spell checkers and screen readers that has enabled me to compete equally with my peers, in an educational sense at least. Therefore, I personally have an estranged relationship with disability. I am not embarrassed to say I am a disabled person or that I have learning difficulties, rather it often seems meaningless or inappropriate to mention it. However, if I do state it as a fact about my life, I am conscious that I cannot claim to know or understand all or even some of the issues affecting this wider group; not being a wheelchair or a British Sign Language user for example.

The overall point of this personal reflexive account is to declare some part of my personal experiences, identities, values, interests, political commitments and other wider life aims that have shaped and influenced the study. My association to disability has been life long. Starting at an early age, I learnt that disability was something some people had. It meant difference, and that could be good, bad or neutral. At school I began to notice it as a difference that could be negative and learnt that people would want to hide or keep it secret. From my experiences of my grandfather and narcolepsy I began to see how disabilities can be hidden and at the same time denied or avoided. In addition, and because of the very unique circumstances that associate with narcolepsy, I have become aware that the human body is an extremely complex site with multiple events, occurrences and happenings. No matter how much you prepare to accept situations, there will always be anomalies that conflict and confuse perception and understanding. This is something my
work and personal experiences of impairment have made me aware of. All of these things have shaped my understanding of disability. In this way I see disability as an aspect of being in the world. It is an interpretative version of the body informed by a dominant normative that no one is able to avoid and that invokes strong reactions. These form versions of the world, attitudes, legislation and ramps beside stairs. It also is to be found in the way economics and the workplace influence the organisation of society. Where there is work, there is also a reaction to those that don’t or can’t work. Indeed there is a long history for those who can’t or have not been able to work. This has been the reaction of society and, in the current context, has shown itself in the guise of social services with which I have been associated as both an employee and user. In this way I find myself with multiple identities and subjectivities in terms of disability. I have characteristics that can label me a disabled person, as well as, through my work having those that involve me in the professional reaction towards disability. Therefore, I can feel oppressed by the structures that enable ‘normal’ ability as well as being oppressive through the way I am involved in those structures, such as my involvement within a specialist disability community project that in some way, albeit subtle, sustains disability as extraordinary. In this way I recognise myself as being both the oppressed and the oppressor but committed to and engaged in challenging oppressive disability knowledge and practises.

Community & participant reflexivity

This section will explore my relationships with those taking part in the research as well as that with the community project Disability Information
Training Opportunity (DITO) which I was involved in setting up, where I have been employed, and which has had a significant influence in shaping and producing the research thesis. By doing so my intention is to draw attention to interconnectedness between the research and the context in which it emerges and is situated in terms of producing disability.

Firstly, I feel it is important to comment a little on the physical and administrative environment that the project DITO has developed. This is because at the present time DITO is of significant interest to me. Not only did it employ me part-time but also has been the space in which I have been able to develop and undertake the current research. DITO is based within a building called the Resource Centre in Mile End, Tower Hamlets, East London. This is also home to the Disability Advocacy Network (DAN) as mentioned before, several social services departments including care management teams, two day centres and other community groups also meet in the building. At the beginning of 2004, a residential unit based within the building finally closed after almost thirty years as a temporary and permanent home for disabled people. At one time the Resource Centre was only a home and day centre but over the past ten years the Residential Unit has downsized and the space changed from living quarters to offices and other areas used by statutory services and community groups. Indeed many of the offices are based within what were once bedrooms, and the space DITO currently occupies was the large dining area where residents would be served meals. Having researched the historical use of the building I find that it is no coincidence that disabled people and projects such as DITO find themselves
here today. The Resource Centre as it stands today was opened around 1975 and a newspaper article from the East London Advertiser on 15th December 1967 reported that Tower Hamlets Council were to demolish ‘Southern Grove Lodge’, then called an old people’s home, which used to stand on the Resource Centre site, and replace it with a ‘revolutionary welfare complex’. The building later called Southern Grove Lodge was constructed in 1870 and used as a Victorian workhouse that in 1930 became a poor law institution. Indeed parts of the one time workhouse remain standing today and are used as council administrative offices. Next to the site is a disused graveyard, not uncommon to other UK workhouse sites. Until the mid 1950s it was a male only home and at one time accommodated nearly 600 men. This would have included ex service men and minority groups such as Jewish people that had migrated to the UK and found themselves in East London. Today, Tower Hamlets Council are planning to demolish the Resource Centre and current services shall be moved to a new purpose built independent living centre. When I first arrived at the Resource Centre in 1998 I had no idea of its history or indeed that I would undertake research from here and develop a community disability project. This has had a significant affect upon me as I realise that the involvement of myself and colleagues is part of a continuum of a 130+ year history of the Resource Centre and disability in this area.

During my work at the Disability Advocacy Network (DAN) I heard many questions and desires of disabled people who remarked that they would like to do my job or undertake a similar role within such a project. I also noted that often information was the most single important issue to disabled people using
the service. It seemed that people found it very difficult to obtain accessible information about entitlements, rights and other resources available to them. It was from hearing these comments that I spent some time with a user of the project who I knew previously as a resident in the residential home within the Resource Centre that I had also worked. Together we wrote a rough project brief for what later became the Disability Information Training Opportunity (DITO). The idea was that the project would facilitate local disabled people to take part in and run a disability information project. The motivation was that disabled people would be well placed to offer information to other disabled people as they would have a sense of exclusion through personal experience themselves. Elsewhere this is known as peer advocacy and is focused on the facilitation of disabled people to support and counsel other disabled people. Having personally little experience of community project development, the brief was originally written to be run within the Disability Advocacy Network (DAN). However, issues of logistics resulted in the DITO project being adopted by the local social services department where I was offered employment to develop the idea and went on to undertake some community leadership training from the Kings Fund to support me to do so. This began in December 2000 with an empty office and now in 2007 the project has formed as a disabled persons’ organisation with a board of directors made up of local disabled people. After initial regeneration funding the project has secured a Service Level Agreement with the local authority social services department, currently established until 2010. DITO offers accessible information, adaptive technology and IT training and employment support for disabled people. Open four days a week, it employs three staff and has four volunteers that run
significant parts of the project. The experience has for me been both challenging and rewarding. It has caused me stress in terms of my frustrations about the lack of awareness and exclusionary practises that exist for anything of concern to disability. It also has been a valuable experience in that it has enabled some local disabled people to be involved in running and managing the project. I think now that any disability service cannot effectively operate without disabled people involved throughout its organisation and particularly managed by them. With that said I also recognise that this is a problematic issue as the identity of disabled people is complex and very often of little importance to many people engaged in the work of community disability projects such as DITO. While people may have experience of living with an impairment or disability they may not share a collective identity as disabled people per se, but rather share a similarity of interest in terms of being positioned as extra to an idea of normative ability. In addition it is also a matter of people coming together for the purpose of engaging with struggle, taking part and contributing to work that is supportive and empowering to people positioned as different.

Equally important to consider alongside issues of the local community setting is the representation of those people who participated in, and contributed to the research. As shall be detailed further on in this chapter, the primary source of data utilised in the current thesis is text that represents disability from a variety of sources, including discussion group transcriptions, policies, other related documents and Hansard records. Those that took part in the discussion groups are considered participants because of their production of
talk that was subsequently transcribed, but so too can be the author(s) of the policies and other documents as well as the speakers in the Hansard records. While other research work may consider those taking part who produce text, data and material as co-researchers or research partners, such as can be found in studies that adopt action research approaches, herein they shall be considered as research participants. The term of participants is used rather than co-researchers as the design of the research thesis has not engaged with them in an ongoing way in terms of shaping and directing the organisation, presentation, analysis and arguments made other than through the referencing and consideration of the extracts taken from the transcriptions. A co-researcher label is perhaps only appropriate to those that have an active and contributory role in the research design and presentation. Though this is not the case, the current research thesis does not consider the participants as passive but rather as active contributors. Indeed without them, the whole research thesis and the arguments asserted are not possible. In this way the participants are valued and through this the researcher is recognised as engaged in a relationship with them. This does not imply that the researcher, that is myself, is an independent and isolated entity, nor that I have greater authority or capacity to posit the arguments asserted throughout the thesis. It is this relationship that is important to consider as a collective one, although it is recognised that it is the researcher’s intention to draw upon participants’ discourse that becomes data, to produce a research thesis. This recognition is extended to the inherent power relations that exist within the context of research. However, the discourse analytical approach adopted herein is not focused in a traditional way to extrapolate knowledge in a permanent way,
that is ‘participants say this, so this means x’. Rather attention is given through the discourse analytical approach to a particular way of reading text, albeit originating from a participant, in a way that considers the action orientation that is ‘what is this text doing?’.

I wish to make a final comment about the inter-relatedness between the participants, researcher, the project DITO, the local community and environment in which the research thesis is situated and emerges. While it is possible to describe the different aspects that have been influential in the production of the current research thesis, it is also necessary to articulate them as connected and related. They are part of, and constitute an interactional process. It is only through this interaction that the research thesis is produced and articulated. If one aspect of this interaction was absent or indeed different in some way then the research would have been conducted and produced differently. This is mentioned not to render the current work as an isolated expression but rather to recognise it as situated within particular historical, political, organisational and personal institutions, encountered throughout the conduct of the current work, that regulate ideals about disability and are productive of a discourse concerning them.

**Epistemological Reflexivity**

This final section concerning reflexivity will critically consider the questions and positions arising as part of the research and the extent to which these are limiting as well as liberating and what alternatives are possible. An epistemological reflexivity is focused to consider and reflect upon assumptions
and knowledge that have been made through the production of the research as well as the implications of arguments asserted (see Willig 2001).

A primary concern of the current thesis is to explore the representation of disability through a discourse analytic lens. Through doing so it is my intention to reveal and articulate disability as a discursive interactional resource. This is rather than viewing the disabled body as naturalised and extra to a normative idea of ability. In this way disability is taken as not an individual pathology but more as an issue of power expressed through particular frames of knowledgeable reference, such as achievement and normality. Furthermore these are dependent upon context and any given action or practice being orientated to during interaction.

Indeed by undertaking the current research thesis, disabled people have been produced throughout. Regardless whether this has been to critique the normative body and ability or to highlight the exclusion and oppression faced by disabled people, by doing so versions of disability are produced and positioned. However, it is necessary to assert that while disability may be typically and traditionally considered as a representational concern of the body, primarily it is much more than that considering the range of institutions, services and expressions present in the everyday world. These each in turn provide a frame of reference and lens of interpretation that produce knowledge and meaning concerning disability and include, medicine, social care, legality, academia, politics, arts, culture and other aspects. In this way, it is the position of the current thesis that disability can not be reduced to a
singular explanation. Rather it is of multiple value, but expressed and known only through discursive interactions, to which the current research thesis is focused.

Taken together the above sections relating to personal, community and participant and epistemological reflections can be seen as a disengaged reflexivity. That is, the majority of this thesis has been written in a somewhat typical social scientific and academic style that positions and assumes myself as some sort of original author. Furthermore, it can be critically considered that this section within this chapter provides a disclaimer and request for my subsuming to academic culture to be validated as appropriate within the other chapters. The question arises as to whether I should be challenging the style in which I am constructing my arguments and be radically resisting the manner in which I am able to present my thesis. Perhaps so, although to do so may risk its completion and indeed would require significant re-writing and moreover starting the whole project again, which might be productive of another sort of thesis and maybe a different sort of argument. However, in order that I complete the current thesis, I have to make certain decisions and commit to a style and format. In this way I am aware that what I present herein is not the only possible way of producing the positions and arguments I am making but is, after considered deliberation, a choice I make that attends to both academia and the interdisciplinary characteristic of the research I previously eluded too. This is with the intention to draw upon and present critical issues and concerns that arise in production of this thesis and a wider research context.
Having explored and reflected upon personal, community & participant and epistemological issues that have shaped and have implications for the current research thesis I shall now present the sourcing, collection and collation of the text data utilised within the current thesis.

**Text Data**

This section will describe the corpus of data collected for the purpose of analysis within the research thesis. This begins with transcriptions generated during the three discussion group interviews and then moves to describe a range of documents that includes policies, reports, Hansard records of the House of Lords second readings of the private members bill, the Disabled Persons (Independent Living) Bill and other material. Although varying in content, each share a commonality in that they discursively represent and are concerned with disability, disabled people and related issues. Furthermore, this includes texts produced for and from several disability related contexts in Tower Hamlets, East London as well as a UK parliamentary record. The consideration of a variety of texts generated from differing localities or contexts is made in recognition of the ‘interdiscursivity’ (Fairclough 1993) of disability representation in language. While each of the subsequent analytical chapters tackle specific issues of disclosure and identity, barriers in the social model of disability and independent living, presenting them alongside each other within this research thesis allows for a discussion in the final chapter of
their commonality in terms of the argument asserted that disability is a discursive interactional phenomena.

**Data Collection**

The corpus of data drawn upon for the study was collected from 2002 onwards at the ‘Disability Information Training Opportunity’ (DITO) project, Tower Hamlets, East London, where at that time the researcher was employed as project coordinator. Permission to undertake the research from the project was sought and obtained from the management group responsible for DITO. The management group were supportive and welcoming for the research to be undertaken as it was potentially a beneficial activity occurring in addition to the project objectives; and at no additional cost other than the use of the space and some minimal office resources. In addition to this permission the research proposal followed ethical guidelines during its design and conduct as stipulated by the British Psychological Society and was overseen by a supervisory team at the University of Northampton and approved by the relevant ethics committee.

**Data Description**

All of the data relates to the issue of disability and spans a variety of contexts. Due to the large quantity of the data I shall present these in two categories, these are ‘Discussion Groups’ and ‘Documents’.
Discussion Groups

The first category includes the text transcription of three one hour discussion groups carried out during 2003. These were organised into three broad groupings, i) disabled people using services, ii) front line workers in disability services and iii) senior workers in services concerned with disability. A description of the discussion groups’ recruitment, conduct and transcription is given below.

Recruitment

Three discussion groups were conducted during May, June and July of 2003. Participants were contacted through the ‘Disability Information Training Opportunity’ community project in Tower Hamlets. Publicity information was circulated and displayed in the project office and surrounding ‘resource centre’ building. Once prospective participants expressed an interest in the study the researcher gave further details including ethics and confidentiality, consent procedures, dates and timescale, audio recording processes and feedback. The researcher discussed the reasoning for allocation to the three groups with individual participants and sought consent from them for this.

Participants

A total of nineteen people expressed interest in participation in the discussion groups and of those fifteen actually took part. There was relatively even number of women and men and a diverse range of cultural backgrounds possibly reflective of the local community composition. This reduction from nineteen to fifteen largely related to busy schedules of those participants who
sent apologies (two people) and cited this as the reason for being unable to
attend. Also, two people did not attend and did not inform the researcher prior
to conducting the discussion groups. It had been the intention of the study to
interview between four and eight people per discussion group and although
this was achieved in the first two groups, the third group was only made up of
two participants; which was a group that received apologies from two
intending participants. The first group expected seven participants but only
five attended and no apologies were received and the second group was
attended by all eight intended participants. The allocation of participants to
different groups was intended to try and capture and facilitate a range of
discussion topics and discourse. It is not presumed by the current research
that the identities of those participants taking part can be reduced to the
allocation of the groups they took part in, but this approach was employed as
a way of encouraging recruitment within the community project where the
research was primarily conducted.

Discussion group 1 ‘Disabled people as users of services’

A total of five participants (three female, two male) attended this group which
lasted approximately one hour. Inclusion to this group was based on
participants’ current or recent use (within the last three months) of community
disability services. This is defined as any organisation offering services or
resources to disabled people in a community setting. Examples of
participants’ use of community disability services includes, support from social
or health services, such as rehabilitation, home care or occupational therapy,
information and/or advocacy services from voluntary organisations as well as learning support services from educational establishments via the Disabled Student Allowance.

Discussion group 2 ‘Workers in front line disability services’.

A total of eight participants (four male, four female) attended this group which lasted just over one hour. Inclusion to this group was based on participants’ employment within a ‘front line disability community service’. This is defined as any employed position within an organisation that provides disability community services where the employee has regular direct contact with disabled people. Examples of the participants’ employment within a community disability service includes social workers, rehabilitation officers and reception/administration workers from a sensory disability social service team, advocates from a local disabled persons’ organisation, other charity workers and support workers from a social service residential home.

Discussion group 3 ‘Senior workers in services concerned with disability’.

A total of two participants (both female) attended this group which lasted just over an hour. Inclusion to this group was based on participants’ employment within a senior position within an organisation that had either direct or indirect concern with disability and disabled people. Both of the participants were employed by the London Borough of Tower Hamlets Council. One worked as
the Access Officer within the Corporate Equalities Team whose role is concerned with ensuring the council implements policies and procedures to meet the legislative requirements under the Disability Discrimination Act. The other participant worked as the head of community employment team whose role is to manage and develop employment and training schemes to provide access to the local employment market for excluded groups such as local unemployed people, single parents, people from minority ethnic communities, and more recently disabled people.

It is perhaps worth noting that although Discussion group one was made up of ‘Disabled people as users of services’, several participants in the other two groups reveal that in addition to their roles, identified as disabled people or discussed personal impairment issues during the interviews. This is a situation you would expect to find elsewhere and especially so in community disability projects and other areas. The involvement of disabled people across the interview groups was neither intended or avoided but perhaps reflects their increased visibility not only as users but also as workers and senior managers in disability and related services. Indeed as can be noted throughout the recordings and transcriptions there are numerous similarities in discussion.

**Discussion group conduct**

Each of the discussion groups were held in the same meeting room in the Resource Centre, Mile End, East London as many of the participants were familiar with the environment. Participants were told the location and time of
the discussion group in advance. On arrival participants were asked to complete a consent form. Once this had been completed and returned to the researcher, participants were informed that the discussion group would begin and the recording device switched on. The audio recording was made using a mini disc recorder with a uni-directional boundary microphone placed in the centre of the room.

The discussion group began with the researcher informing participants that the purpose of the study is to consider the way ‘disability’ and related words are used in language. Participants were informed that although there were four questions, the intention was that would be a discussion rather than an interview. In this way even though the 4 questions below were presented and discussed in each of the discussion groups they do not always follow a similar order but rather follow the direction of the group and the discretion of the researcher facilitating the discussion. This draws on the format of a semi-structured interview that facilitates and encourages active and engaged discussions and talk between participants and researchers.

The questions presented to the groups were, ‘What is / or what do you understand by the term ‘disability’?’, ‘What is it like/What do you think it is like to be disabled?’, ‘Does it matter what words we use to describe disability or disabled people?’ & ‘What impact do you think the Disability Discrimination Act has had upon disabled people?’. The discussions were ended after approximately one hour of recording at an appropriate end of discussion point and following the researcher offering participants the chance to add final
comments. At the end of each of the groups participants were thanked for their attendance and contribution and were reminded that they would hear from the research post data analysis for feedback to be made.

As described above, during the discussion group interviews several questions were initiated concerning disability by the researcher. This is mentioned because it raises the concern about the constructive implications of the whole research project. By asking questions such as ‘what is disability?’ were the participants swayed into furthering the discursive production of disability? This raises the issue whether there were other questions that could have been asked or discussions initiated. Are there points during the discussion group that the researcher could have followed up upon? Indeed yes. An example of this is presented below.

1  T: Question number three, is it easier to control [laughs] no
2  R: That’d be a better question, no question number 3 ok, so question number 3 to move on to is, does it matter what words we use to describe disability [together X:, T: & H: ↑yes, yes definitely †] or disabled people.
3  [Hodgkins 2003. DG1 P13, 15 – 18]

This extract followed a pause after a previous discussion initiated by question two ‘what’s it like or what do you think it’s like to be a disabled person? The point is not necessarily whether this failure to pursue T’s utterance at this stage invalidates the interview format and process but rather highlights the subjective and dilemmatic nature of the research context. Considering that people are at the same time both products and the producers of discourse,
questioning and engaging them into a discussion of any given topic will be subject to the constraints and limitations of the discursive resources available. From this stance, what perhaps is seen here is a dominance inherent within the interview format for both the participant, who articulates ‘question number three’ in such a way as to break the pause and to prompt the continuation with the discussion as well as the researcher who takes meaning from this and presents the third question, rather than following up on that statement.

**Transcription**

The discussion groups were transcribed from audio to text using the transcription system as developed by Gail Jefferson (1985). Extracts from the three discussion groups are used in Chapter Seven and Chapter Eight and will be described further in the subsequent chapters. A list of the annotation symbols employed and transcription conventions used is present in the appendicies. From the discussion group transcriptions three documents were produced upon which a coding and reference system is applied so that during analysis an extract can be easily identified and located at its source. Discussion group 1 has been abbreviated to ‘DG1’, Discussion group 2 to ‘DG2’ and Discussion group 3 to ‘DG3’. Within each of the documents page and line numbers have been added to enable reference to any given ‘extract’. An example of this is given below using the researcher’s opening statement about the purpose of the study.
R: Right OK so ehm, as I’ve said, this is ehm this is part of my research that I’m
doing ehm with the University College Northampton and what I’m interested in doing is
asking people just about disability and ehm just trying to get people to talk about
disability cos I’m interested in just how people use disability in language. The word
disability. Ehm now one of things, I’ve got 4 questions here: _bu:t we don’t have to go
through all of them ehm and its just really to get people to kinda just say anything, I very
much hope that it’ll be like us talking really as eh as eh as ever. (Hodgkins 03:DG1, P1
line 28 – P2 line 4).

The extract reference ‘(Hodgkins 03:DG1, P1 line 28 – P2 line 4)’ begins with
the authorship and year date reference ‘Hodgkins 03’, followed by ‘DG1’ the
discussion group number, then the page and line number of the extract
opening/starting point ‘P1 line 28’ (i.e. page 1 line 28) and then the extract
closing/finishing point ‘P2 line 4’ (i.e. page 2 line 4). The line numbers
presented with each extract always begin with ‘1’ and ascend accordingly.
The purpose for doing so is to offer a clear and consistent reference system
upon which the analytical commentary can cite and highlight particular
features of talk. Rather than using the transcription document line numbers,
an individual extract line numbering system is used and addresses issues
such as when an extract is spread out over two pages and could contain the
same numbers. This extract system will be applied wherever extracts are
presented within the subsequent analytical chapters. In order to attend to
some issues of anonymity the initials of participants used to denote speakers’
identities in the transcripts have been recoded as this intention was explicitly
indicated on the consent form.
There is also the issue of sorting and presenting text from the transcripts in extracts and what this does. Indeed from the moment the utterances are recorded in audio then transcribed, there is a divergence from the original form. The articulations and utterances become text in a transcription. From here the researcher engages in further discursive work that reforms them into relevant extracts. There is concern that this process of text divergence loses some of the original qualities. However, what is to be argued for the purpose of the current research is that the decisions to include and exclude some material is made in consideration of its relevance to portraying a range of discursive resources used to articulate meaning and ideology concerning disability. These are then providing a resource to which research can focus and explore the discursive construction of disability.

**Documents**

The second category ‘documents’, includes a wide range of formal and informal documents concerned with disability. This included a broad range of information such as local authority policies, reports, community group material, campaigns, publicity, media articles, census surveys, conference and lecture transcripts, legislation, Hansard records and other documents where disabled people are explicitly discussed. Not all of the documents collected have been used in the research thesis but the corpus was useful in providing a rich source from which those that have been selected could be identified. A description of those taken from this category is detailed and justified below.
The process of selection of data for inclusion within the study was based on its relevance to disability. The intention was to gather a data resource that primarily considered disability at a personal and local context, and also in wider arenas where consideration of disabled people is made. The text data was collected at DITO. All the data had been collected by, sent or directed to the researcher in his role as coordinator. From the broader corpus the following documents were identified and selected for analysis within the research thesis.

In Chapter Seven, several extracts are utilised from three documents produced by the London Borough of Tower Hamlets local authority. These were the i) ‘Disability Discrimination Act 1995: Our Responsibilities, Advice and Guidance Handbook for London Borough of Tower Hamlets Managers, produced by the LBTH Corporate Equalities Service (2000); ii) London Borough of Tower Hamlets Disability Employment Strategy (2003), produced by the LBTH Human Resources Department; and iii) Access to Council Services for Disabled People (2005), produced by the LBTH Scrutiny Working Group. In addition, two images are also included. The first is the logo of Disability Advocacy Network (DAN), a disabled persons’ organisation in Tower Hamlets, East London and used on stationary and publicity information since 2000. The second is the cover image from the Disability Discrimination Act 1995: Our Responsibilities Advice and Guidance Handbook for London Borough of Tower Hamlets Managers (2000), mentioned above.
In Chapter Eight Hansard record transcripts of the House of Lords 2\textsuperscript{nd} readings of the private members bill, the ‘Disabled Persons (Independent Living)’ Bill were used. The bill was presented by Lord Ashley of Stoke during 2006 and debated at two 2\textsuperscript{nd} readings on 14/07/06 and 15/12/06. The bill received two separate 2\textsuperscript{nd} readings due to the ending of the 2006 parliamentary session.

Permission to make use of the documents mentioned above was not necessary as they all are available in the public domain. Those originating from the London Borough of Tower Hamlets are available from the council’s website (www.towerhamlets.gov.uk). The logo image of the Disability Advocacy Network is available on publicity information distributed throughout community centres and other localities in Tower Hamlets. The Hansard record of the House of Lords second readings of the private members bill, ‘Disabled Persons (independent Living)’ Bill are available from the UK parliament website (www.publications.parliament.uk).

**Methodological Considerations**

Although there are variants of discursive psychology and thus analytical approaches this thesis draws upon discourse analysis (Wetherell & Potter 1987; Edwards & Potter 1992) as a qualitative methodological approach and incorporates conversational analysis techniques (Schegloff & Sacks 1973) to consider discursive constructions in text and transcriptions. The discourse analytical approach of Potter and Wetherell (1987) is analytically focused to
consider discursive function, through a consideration of variation in the construction of objects in and for interaction. More specifically analytical attention is given to language i) function, to emphasise orientation towards action and consequence; ii) variation, to illuminate systematic differences in descriptive accounts that attend to their function; and iii) construction, in that it is formed from a variety of interchangeable linguistic resources that are actively and contextually chosen or rejected as accounts are made. Because of this, the perspective is adopted that talk and text mobilises discursive constructions and versions that facilitate access to the world and everyday events. Versions of meaning and knowing the world are thus only established through talk and textual constructions (Potter, Wetherell, Gill & Edwards 1990). From this perspective the whole of the text data mentioned above was read repeatedly until a familiarity of various themes and formulations of disability and related concepts were established. Once a significant number of extracts had been identified these were organised under critical thematic questions that were reflective of the topics and issues being considered within each of the three discourse analytical chapters.

For the sake of clarity and to avoid repetition in presentation the critical thematic headings used to organise the extracts will not be repeated here but rather explained in further detail in each of the subsequent analytical chapters. This is appropriate to do, as it enables clarity in presentation of the analytical commentary made in relation to the extracts drawn upon. The organisation of three analytical chapters was made following the reading of the text data to explore issues of disclosure and identity (Chapter Six), barriers in the social
model (Chapter Seven) and independent living (Chapter Eight). The decision to organise the analyses in such a way is in line with the original intentions of the research thesis so as to explore the discursive construction of disability and disabled people across a variety of representational sites.

This triad of analyses is also intended to align with a broader critical discourse analytical approach that the research thesis is positioned within. This draws upon Parker’s (1997), Fairclough’s (2001) and other critical discourse analytical approaches that highlight the importance and necessity of considering the influence of discursive socio-political and historical contexts upon representation. By presenting the three following analytical chapters alongside one and other it is intended to reveal consistent dilemmas. Moreover, by including extracts concerning personal disclosures, local public policy as well as political legislative debate it is hoped that the ‘interdiscursivity’ (Fairclough 1993) of representation of disability, can be usefully considered in terms of an ethical-political and positive social justice agenda of concern to people positioned as existing within disabled bodies.

**Summary**

This chapter has presented information and positions concerning the theoretical orientations and methodological considerations of the current research thesis. Having outlined some difference in philosophical foundations that seemingly produce alternative versions of discursive psychology, Wetherell’s (1998) position is articulated as relevant to the current research
thesis. This asserts the potential of discourse analytical work to be able to attend to an action orientated discursive constructionism in language use while also considering the broader social, historical, political and other institutional arrangements and frames of reference. Relating to this, issues of embodiment theorisation were also considered as relevant such as the work of Mol (2002) that considers the multiple ways in which bodies can exist through, and are contingent upon, the discursive practises that produce them. Following this an alignment to the array of critical disability studies work that is concerned with challenging both the ongoing marginalisation of disabled people and also the ambiguous production of their bodies as othered and invalidated was outlined. In addition, a community psychology approach that is emancipatory, ethical political and is committed to reproducing disability knowledge in empowering and meaningful ways was also explored in terms of the current research thesis.

The section concerning reflexivity then explored some of the personal, community and participant and epistemological issues that have been influential in the conduct and production of the research thesis. Following this the sourcing, collection and presentation of the text data utilised within the research thesis was detailed. Finally, methodological considerations were made that detailed the discourse analytical processes and approaches drawn upon to identify and select extracts as well as those that produced the analyses and subsequent commentary. By doing so the organisation of three analytical chapters and the justification for doing so is addressed in terms of the intention to explore the variability in discursive constructions of disability
and disabled people across representational sites considering implications arising from them.
Part Three: Critical Disability Discourse Analysis.
Chapter 6

‘I use my disability, I try and make the most of it, if that makes much sense’ and ‘I know that I can’t walk but I can still see, if you took me eyes away I’d kill myself’: Positioning and Ideology in Disability Disclosure

Introduction

This qualitative inquiry critically explores issues concerning personal disclosure and the discursive construction of disability and impairment. Using the text transcriptions of audio recordings of discussion groups, as detailed in the previous chapter, the research highlights dilemmas faced by speakers when claiming or rejecting a ‘disabled’ identity. As the extracts and analyses show this is mainly from people who may be elsewhere labelled or positioned as ‘disabled people’. What is revealed by the extensive and variable discursive practices present within the transcripts is the dilemmatic nature of this subject positioning, which is often rejected and discredited as meaningful to the speakers. Indeed as the data shows, speakers will employ complex discursive techniques to achieve positive representations and disclosures of a disabled status. This is also evident within articulations concerning hidden impairments and discrimination. Reflexive considerations are made in terms of how the research context initiates the discursive production and construction of disability. How the extracts relate to notions of ‘identity’, to sense-making and the material or non-discursive representation is also
considered. The dilemmas of positioning and ideology are further explored in relation to implications for social policy and the inclusion of people living with impairments/disabled people.

The identification and definition of both disability and disabled people is a critical and contested issue for research, theory, activism and politics. Although recent developments, such as the articulation of the social model, in which the distinction between impairment (the functional limitation of the body) and disability (the socially imposed restrictions encountered), has represented a significant shift in versions of meaning and knowledge concerning disability, those people identified by its terminology, whether claiming it or not, remain excluded, marginalised and oppressed in multiple ways throughout the global community. Disability is a significant inequality issue of the new millennium. There are also controversial dilemmas and concerns about the value of human life exposed by the recently debated assisted dying bill and the current expansion of prenatal genetic screening programmes (Edwards 2006). These all, in variable ways, contribute to the understanding that disability is equal to inferiority.

Because of the negativity that the disability identity poses, challenges arise for the disabled peoples movement to collectively mobilise its potential activists, as many people with impairments do not define themselves as disabled (Grewal et al 2002). This can be related to the issue of stigma (Goffman 1963), which may explain why disability identity might be rejected despite the potential advantages of disclosure (e.g. to be awarded services/resources,
personal acceptance of one’s circumstances, acceptance within a community movement etc). Stigma, it is suggested, manifests in social discrimination through a collective reading of ‘abominations’ of the body or character as different and existing beyond what is believed to be an established or acceptable norm. Discrimination is manifested through the construction of impairment as inferior and categorisation of it as defective and incapable of ever making a meaningful contribution to society. Also, issues relating to the construction of a ‘hierarchy of impairments’ (Davis & Watson 2001; Deal 2003; Reeve 2004) contribute further to the social ostracising of disabled people on the basis of impairment type, severity and inferred capacity. Indeed, the ideology of ability, autonomy and achievement is far more oppressive than any impairment effect could possibly ever be. In this way disability identity is highly political and holds much capital and economy in this respect as collective action, legislation and resources are determined through discursive practises that construct meaning and knowledge about disabled people and their impairments.

While there are obvious advantages for social and political movements to maintain a shared common identity, there can be problems with rigid minority grouping politics. Particularly with regard to a disability identity, fixed and inflexible characteristics risk the exclusion of those who do not present homogenously and they also sustain difference through reinforcing a normal/abnormal dichotomy. Indeed traditional identity theorisation of minority groups have focused upon it as a fixed and permanent state which in many ways perpetuates their ostracised status (e.g. social identity theory, Tajfel
Such approaches are troublesome for not only do they assume issues such as ‘self’ and ‘social’ as unproblematic identifiable entities, they are implied as deterministic and thus work to naturalise otherness. Through this they fail to acknowledge power, ideology and language use as variable, situated, contextual and active in processes that construct meaning concerning minority identity.

Recent interest in discourse theory within disability studies has encouraged a view of identity as pluralised, of multiple value, and ascribed in and for discursive interaction (Corker & French 1999). Identity, becomes a performative feature of talk and discourse and not something pre-existent of it. The everyday identities or positions of speakers are accomplished in interaction, and this is subject to local, situated and contextual aspects of the discursive practises and resources. In this way positioning subsumes identity and is attentive and action oriented to the interactional goals and influences. Through this discursive positions, and thus identities, transcend the tradition and rigor of established regimes and become accountable and reflexive to speakers’ orientations.

While this offers potential for research to observe and interpret how the disabled identity makes challenges and reworks its production as extraordinary, the dominance of technologies and authorities that produced disability in the first place can be difficult to resist. Even though the recent articulation of ‘disablism’ (Abberley 1987) furthers the liberatory struggle and emancipation of disabled people through the call for an inclusive society, it
does so against an ideology of excessive individualism. During the discursive event, at the moment when a disabled identity is located within a body it is determined as owned, possessed and of responsibility by an individual, normative and medical imperialism exerts its dominant position. Even though they may appear well intentioned, the dominant ideologies of medicine and politics render disability and impairment to sole jurisdiction of the individual. They imply social organisations do not fail disabled people, rather their bodies do, and thus the responsibility for change is individualised. While there are challenges to this, such as the social model of disability and anti-discriminatory legislation, these are submissive in talk and textwork to historically established knowledge that sustains and regulates the human as compliant to economic and social norms of citizen engagement. In this way any talk concerning disability is subject to a plethora of assumptions and attitudes that perpetuate the incarceration of the disabled body.

This qualitative inquiry considers then how talk in interaction produces meaning concerning the disabled body and how variable positions are managed within it. The disabled identity is taken as a discursive construction rather than as a fixed and locatable commodity. Although its meaning is variable across settings and institutions, the identification of disability is a well established and yet also establishing construction that makes visible subject positions for order, location and representation of meaning in the everyday world. It is only through language use that disability has become naturalised and pathologised as an unquestionable factual entity. This might be to account for a claim from the Disability Living Allowance (Shildrick & Price
1996), or to persuade an expectant mother to considering a particular version of the world, following the results from her Nuchal Translucency screening test for Down’s syndrome (Pilnick 2004). Although such practises naturalise the constitution of a fixed disabled identity, herein they are not taken as such. Rather they are viewed as determined by discourse, constituted and embedded in the everyday. The purpose of the current chapter is to explore the way in which speakers use language to perform accounts and present interpretative versions of disability.

Disability, therefore is considered herein as a discursive product revealed in talk and textwork as a means for the achievement of action. In line with discursive psychology’s consideration of psychology (Potter 2005), the present study is orientated to consider that it is through talk and textwork ‘disability’, and ‘disabled people’ are revealed, and thus become discursive objects, in and for interaction. Through this lens, they are considered not as ‘realistic’ representations, but rather interpretative commodities situated and displayed in the discourses that require expressions of meaning in the negotiation and accomplishment of everyday action and practise. This is similar to a social relational consideration of disability (Thomas 2004), but the discourse analytical focus is specific to the consideration of text and discourse as constructive and performative of relational phenomena.

The present chapter focuses specifically upon disability disclosure. It is concerned with the disclosure of identity in talk and not the consideration of it as pre-existent of language use. The disabled identity is considered as a
discursive object and therefore made visible in accounts at the moment of disclosure. This relates to the consideration of ‘subject positioning’ as articulated by Wetherell (1998) and is concerned with the way language and discourse maintains and produces versions and accounts of the world and its actors in talk and interaction. This considers what discursive strategies are employed and for what purposes when meaning about disability is articulated, and in what way this relates to a disabled identity. As the extracts and analyses show this is mainly from people who may be elsewhere labelled or positioned as disabled people. What is revealed by the extensive and variable discursive practises is the very problematic character of this subject positioning.

**Methodological Considerations**

As was mentioned previously, the text data comes from three semi structured discussion groups with disabled and non disabled people, service users, volunteers, front line workers and senior workers from disability & associated services involved with the DITO project, as outlined in detail in chapter five. The eight extracts included below were selected because they included references to speakers’ personal disclosure of disability and related identity issues. This is with the exception of extract 2(i) which was included because of its reference to a definition of a ‘disabled person’ and links to an understanding of this within the context of service provision.
For the sake of clarity it is also useful to make a comment about the relationship between the researcher and the participants in the discussion group interviews. As has been also mentioned in the previous chapter, the material collected for this research project came from the community disability project ‘DITO’, where I was employed as the coordinator. As is noticeable within the transcriptions the researcher was known to the participants as an employee of that organisation who was also carrying out the current research. In this way there are numerous references made by participants to the researcher’s other role as an employee as well as to events and occurrences at the DITO project. Although this is complex in places to accurately depict, it is possible to glean a usefulness from this to the material collected. Though this may appear messy and unconventional within the traditional research model it can be asserted that this served as an advantage not only for the recruitment of participants but also to the generation and production of talk during the discussion group interviews concerning disability.

**Analytical approach, inquiry & commentary**

The following analyses consider how constructs of disability and impairment are drawn upon in talk in interaction to achieve versions and accounts of meaning. This draws on identified aspects of the discourse analytic approach asserted by Wetherell and Potter (1987) and its focus to illuminate the discursive ‘function’ through a consideration of its ‘variation’ in ‘construction’.
While variable in conversational topic, each of the eight extracts presented below share a similarity in terms of their construction of disability and inference to issues such as identity, definition and general meaning concerning it. These include personal narratives, life stories and living accounts, the analytical commentary explores the dilemmas and complexities faced by speakers when claiming or rejecting a disabled identity during conversational interaction. This is with the exception of extract 2(i) which is included because of its reference to a definition of a ‘disabled person’ and its links to an understanding of this within local authority services but also because it allows for reflexive comment of the researcher’s role during this interaction. In addition, as the majority of the extracts include living accounts by speakers that may be elsewhere positioned or labelled as disabled people the extracts also present accounts and versions that define and identify disability as situated and embodied in the everyday. Drawing on this the analytical commentary explores both personal and socio-political dilemmas of ideology and positioning that arise for speakers during interactions that discursively construct disability.

The extracts were selected and arranged under four critical thematic headings for the purpose of attending to these intentions and are analytically focused to the following areas of inquiry. Each is prefixed with a quotation from the extracts and followed by the analytical question being considered:

1. ‘I’ve never found it hard to say that I’m a disabled person’: How are living accounts of disability disclosed and action orientated?
2. ‘It’s not somebody who has a problem’; What dilemmas are revealed in versions that define ‘disability’?

3. ‘That’s why I said I’m not disabled’; How do accounts contest the ‘disabled identity’ and how are these warranted?

4. ‘It would be nice if people could be educated’; How are discriminatory interactions accomplished and challenged in accounts of hidden impairments?

The following sub sections present each of the extracts and analytical commentary. Each is referenced in terms of its origin and source, which includes the details of the transcription of the audio recording of the discussion groups from which the extracts are taken from.

1. ‘I’ve never found it hard to say that I’m a disabled person’: How are living accounts of disability disclosed and action orientated?

The disclosure of disability as possessing positive attributes is incongruent to dominant meaning purported about it. 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 from a negative is linguistically problematic and has potential to be discredited as nonsensical or at least be acknowledged as 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 (cf
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. While
this can be orientated to accomplishing discursive functions and actions, the
dominant invalidation of a disabled subject position poses critical difficulties
through its implied inadequacies as autonomous and competent. Extract 1
and the following commentary explore some of the tensions and contestations
of disability disclosure as well as complexities associated with living accounts
that attempt a reconfiguration of the disabled subjectivity as exclusively
invalid.

**Extract 1**

1. 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 ((R: Oh right)) 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, when I used
   to be really bad in and out of hospital, in and out of hospital and all this and that, so that’s
   sort of, so I said to her what you trying to say? If I can do it you can do it sort of thing (h)
   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?*
   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 ehm the sheet of
paper we had when we were doing that training and she saw that thing, ‘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 get 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’re 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:
Laugh)
*(X refers to monitoring questions asked as part of the voluntary advice work X: does at the
community project DITO) ** (X refers to a disability awareness training course exercise that
used resources from the DRC’s 2003 poster campaign "Is a disabled person only half a person?").

[Hodgkins 2003. DG1 P10 line 15 - P11 line 26].

Extract 1 shows a version where personal disclosure and acknowledgement of a disabled identity positions a positive difference, and through this 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, 5, & 21). By doing so however, another position becomes apparent. That is, 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 9-10).

The account works to denounce shame and counteract the rejection of a disabled identity: it is an alternative positioning. This is referenced to the ‘client’ (line 11) who is reported as persuaded to make change to her disclosure through example. What is revealed is a stake of interest that works to persuade the positives of disclosing or affiliating to a disabled identity, in contrast to its avoidance and thus negative accounts of it. This is further utilised to contest its denial and infers ‘shame’ as the justification for non-disclosure, or for it being troublesome or ‘hard to say’ (line 23-24). X acknowledges T’s position in that there can be people ‘worse off’ (line 23) but the account of a positive embraced disclosure ultimately deflects possible negatives of a disabled position.
Not being disabled is warranted by reference to others being ‘a lot worse’ (line 27) but is indicative of an ideological dilemma concerning disability where impairments are constructed as existing along a continuum of undesirability. This implies a version where the hierarchical ordering of capability and functionality is marked on the ‘able body’. Elsewhere, a ‘hierarchy of disability’ is discussed as an interactive resource utilised to promulgate disablism amongst 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 purports stigma and inability as characteristics of disability and attributes them to that which signifies it. It is drawn upon to achieve an account of personal positive portrayal in relation to the negative associations of a disabled identity. This is not a hierarchy in a typical sense but rather the ‘dierarchy’ is a discursive interactive resource, or interpretative repertoire (Potter & Wetherell 1987), that orders competence of that which is not normative and compliant in a bleak and condemning way. This is extremely dilemmatic and furthermore nihilistic, as whilst achieving distance from a disabled status it also maintains its discursive production as extra ordinary, and thus by recognition of that which is worse so too becomes signified and apparent that which is to be deemed better also.

Relating to this interactive resource of the dierachy, several discourse analytical features noted elsewhere can be observed in the extract. An ‘extreme case formulation’ (Pomerantz 1986) of ‘if you took me eyes away I’d kill myself’ (lines 28-29) and the final articulation (line 38) that utilises humour
to deflect potential negative inferences by way of ‘prompt overlap’ and ‘interruption’ (Nofsinger 1991 and Schegloff 1987) and a finalising ‘disclaimer’ (Hewitt & Stokes 1975). Disclaimers are typically cited as devices deployed in advance of statements that may invoke obnoxious attributions so as to enable the speaker distance from their negative connotations. The final utterance (line 38) effectively brings to an end this exchange with a semi-humorous retort, a version that explicates disability, albeit a visual impairment, as stigmatising and undesirable. Indeed the articulation of ‘I’d kill myself’ (line 28-29) resonates the dierarchy theme and can be seen to draw upon a dominant eugenic discourse that has focus upon positive health, therapy, curing, healing, rehabilitation and normative discourses. This lends to the embracing of a hopeless construct of disability as a difference, ohered and representative of a life not worth living. Although uttered and thus invalidating, this is contested by X whose position is orientated to actively refuting this version of disability and thus offering of a reconfigured subjectivity, wherein diverse bodies not only live, but thrive.

While this extract is revealing of discursive variation in construction of competing accounts of disability disclosure, in terms of accounting for its potential benefits and that of opting for non disclosure by way of the ‘dierarchy’ theme, both imply a dominant normative body. Even though the latter is explicit in making visible and qualifying disability as undesirable, the former, despite producing a version that offers a reconfiguration of this dominant disabled subjectivity, does do so cautiously against established versions of knowledge and the embedded materiality of modernity. It could be
argued that this is because the production of the alternative body challenges social order and implicates structures of governance as oppressive and requiring change.

2. ‘It’s not somebody who has a problem’; What dilemmas are revealed in versions that define ‘disability’?

A discursive constructionist approach recognises the multiple forms of expression disability signifies and denotes. Furthermore, these are seen as charged with power by institutions for the purpose of order and positioning of those it requires to be compliant and docile (cf Foucault 1961 & 1963). Traditionally, medical and philanthropic institutions have sustained a position whereby disability is produced as a realism of body dysfunction. This has been for the purpose of regulating the provision and distribution of resources as well as maintaining economic competence. This understanding or definition is broadly cited in disability studies and activist circles as a medical model of disability. However, as Foucault asserts that which exerts power can also be resisted too and so as versions of the world are constructed so too become apparent those that are oppositional. The UPIAS (1976) assertion of a social model whereby disability is relocated from the body to that of a socially imposed restriction is representative of such resistance. Definitions, while useful for collectives to organise activities and promote agendas, can also be restrictive and problematic in their often un-reflexive attempts at regulation. The following extracts and commentary explore some of the dilemmas that are revealed in versions that attempt to define disability.


Extract 2(i)

R: Erm Ok so the first the first question IS very simply erh what IS disability ? erm so nothing kinda and what so kinda what it, what you kind of understand by the word disability and what that means to you erm

HS: Want me to start – ((laughter)). Erm ooh it's quite a difficult question isn't it erm to me you’re you’re asking it sort of personally as a personal [question [R:Anything anything yeah]

erm I mean as a personal thing I suppose it's somebody who has erm (sigh),° it's not somebody who has a problem° it's, it's somebody who is different in a way they might need to be dealt with in a different way in terms of for for me because I deal with employment in employment terms [R: OK] So has er a disability, I mean a lot of us have disabilities but maybe erm requires additional assistance in certain areas. Well I, I would class the same as when we’re looking at job seekers, we have job seekers who have basic skills needs erm so they need additional support in getting into employment and maybe somebody who has a hearing disability would need additional support so somebody who has you know, an area that there is a need for additional support to help them get whatever they want to get erm to get where ever they want to go.

[Hodgkins  2003. DG3 P1 line 17 – P2 line 5].

Purposely the researcher’s utterance initiating the question, ‘what is disability’? (line 1) has been included in the above extract to allow reflexive comment. Elsewhere the value of developing reflexive attention to the role of the interviewer and research context more generally is considered a necessary part of discursive psychology research to appreciate how it is instrumental in producing discursive constructions (Tileaga 2005). Although the main analyses focus upon the participants’ utterances, it should be considered that they do so in response to the particular design of the
research. Although the current study seeks to consider meaning and constructions of disability it recognises that it too produces them through its interaction.

Note then the additional discursive work undertaken when initiating the question including the terms, ‘very simply’, ‘understand’ and ‘means’ (lines 1, 2 & 3). This adds to the original question and is perhaps deployed so as to interact sensitively and facilitate talk within the discussion. It may also however reveal a orientation towards the question as a ‘delicate object’ (Silverman 1997) or ‘trouble spot’, a linguistic repair device indicated by repetition, pauses and false starts (Ochs 1979), whereby the speaker is cautious and hesitant in seeking and selecting the most suitable discursive address. The handling of the question as delicate is also revealed in HS’s response along with the initial framing of the subject as a ‘difficult question’ (line 4). To consider reflexivity at this juncture would be to question to what extent the researcher’s utterance inferred the delicacy of the question and how much HS’s response reflected upon this.

The variability and switching between inferential positions within HS’s response does however lend to the consideration of the analysis that a delicacy is orientated towards. Not only is there the articulation of ‘difficult question’ (line 4) but the pausing, restarting and switching between constructed perspectives ‘as a personal thing’ (line 7) to ‘in employment terms’ (line 10). This variability or footing (Goffman 1981) observable within the response is performative and serves to develop the account in a way that
limits damage in relation to these potential delicacies. In addition the switching from a personal to an occupational reference point attends to the response that constructs disability as an individualised concern, as somebody who ‘might need to be dealt with in a different way’ (line 9) and possibly offers qualified authoring of this from a position reported as known to the speaker.

The question ‘what is disability?’ is interpreted as located within the constitutive boundaries of a person. Although the term ‘problem’ (line 8) is denounced as not applicable for the talk, ‘different’ (line 8), ‘additional assistance’ (line 13) and then finally ‘additional support’ (line 15) are all offered from within a broader dysfunctional body/person construct; indeed the parallel of ‘job seekers with basic skills needs’ (line 12) also aligns to this. Although the account is attentive to this ideology through much discursive management and re-evaluation, several points in the extract can be noted as achievements of the speaker’s efforts to deflect and disclaim potential negative attributions. This is not only observable at the assertion ‘lots of us have disabilities’ (line 10) but also within the agency implied by ‘additional support’ (line 14) provision. The ideology that prevails is one that positions disability as extra normative, different and one that requires additional assistance. This produces disability as a deviant value and locates the problem, and thus any solution with the individual and at the inferior end of the normal/abnormal and able/disabled dichotomies.

Extract 2(ii)
NX: WELL I suppose for me disability is, it’s, I think obviously it’s just a word I mean I think that's the thing I think I don’t, you know, I think overall as a disabled woman I don’t really give it much more than calling you another word [HS: No No] I think in the sense that, so it doesn’t hold that kinda power to me which it does to other people. I think, I think the word disability to me is a way of identifying and labelling the lack of access, that people have to the services that they want or to the life that they want or the choices that they want, so for instance an example for me would be erm and it's something I use in training sometimes, is that if I went and worked and lived in San Francisco and all of my physical needs were met I wouldn't identify myself there at all as a disabled woman, I would just identify myself as a woman= [HS: Yes] but it’s actually in England it’s a fact that the choices I want to make and the access I want to make, I’m disabled by the fact that I can’t achieve those. SO I mean disability to me identifies the different kinds of access needs I require due to a lack in society so I would say within in employment terms. (.) Disability for me wouldn’t be fulfilling those in the sense of putting in extra services it would be that the service should be like completely inclusive and my needs might be slightly different to somebody else but then so is my childcare or language requirement. So for me it's just it's just a generic label in the sense of doing nothing obviously I feel quite strongly from the social model point of view...

[Hodgkins 2003. DG3 P2 line 10 – P3 line1).]

Extract 2(ii) draws both upon a social model of disability version and is typified by the use of ‘access’ (lines 5, 11 & 12). Access and barriers are central features of the social model of disability. The account adds a further characteristic of this, namely inclusion. It is possible to view this in terms of a general script device elsewhere asserted as an if-then structure (Sneijder & te Molder 2005), i.e. in this particular version If access then inclusion. Inclusion is specified as not a requirement for extra or additional services but one that should be apparent and is paralleled to childcare or language requirements
within the account, which works to discredit or play down notions of difference concerning disability. Disability becomes then a construct for ‘identifying and labelling the lack of access’ (line 5) and as the account infers this has implications of agency to have ‘services’, ‘life’ and ‘choices’ (line 6). This utterance is formed in three parts and each is framed as a ‘want’ (line 6) implying them as desired and absent and that this reality is unjust.

The disabled identity is portrayed as dependent on environment as in the theme of the social model in the example of San Francisco, which it is claimed would render this identity as unknowable, but in England makes it pertinent. Although implied geographically the account draws upon this more as a political entity by attribution of blame to society for lacking in access. Analytic attention is also focused upon the implicit use of the term ‘needs’ and how they are not attended to as additional or referential to a difference (as was inferred in extract 2(i) but work in alignment with a social model construct, locating disabling agency outside of the person. The account constructs disability as a socially imposed restriction and legitimises this through its utilisation of the script device, if access then inclusion. Furthermore, the implication is that if inclusion is achieved then disability is unknowable. This is in contrast to extract 2(i) which implies if the extraordinary body is accommodated then inclusion will occur.

There is however another feature in the talk that is relevant to this and should be commented on. Early on in the extract NX asserts disability ‘is just a word’ (line 1) and articulates that through this rationale does not hold the ‘kinda
power’ (line 4) it does for others. This implies an alternative version is available and although this may be contrary or subversive it is nevertheless present within linguistic resources to be drawn upon when making meaning and articulating positions about disability. It also implies an othering of those that do not hold this position and implies their subjection to the power disability can hold, although this is not explicit. This depiction of speaker/other perspective resonates a broader discourse whereby the social model of disability is accounted as subversive version in talk/text in which disability is produced as inferior in terms of the normal/abnormal and able/disabled dichotomies.

While the social model is more rhetorically effective in constructing a version of the inherent disablism found within social design and structure it is dependent upon making a strict distinction between the definitions of disability and impairment. Even though this distinction has de-medicalised disability, impairment remains naturalised as an individual’s personal failing and has rendered it solely under the jurisdiction of medical surveillance (Hughes & Patterson 1997). A postmodern critique urges a consideration of the historical, political and biomedical discursive practises that enable, and sustain the possibility of impairment to be taken as a naturalised inferiority in the present time and locality (Tremain 2001). Defining disability, whether by a medical or social inspired model will present dilemmas not only because its identity will always be produced as othered, but also because the fallacy of a disability/impairment dualism will retain, if not mask, the processes that invalidate and construct the extraordinary body (cf Thomas 2007).
Identity and identity politics have received a great deal of attention within disability studies. While a social model inspired disabled persons’ movement offers the possibility of collective social organisation where individuals affiliate on the basis of shared experiences of ‘disablism’, self-identification as a disabled person is problematic and contested (Watson 2002; Shakespeare 2006; Hughes 2007). Differences amongst disabled people associated with sexuality, ethnicity, age as well as impairment problematise a collective identity, and question whether disability identity politics is a chimera, as Carol Thomas (2007) considers. Furthermore, a constructionist position dismisses the ‘self’ as fixed and static, rather recognising its apparition in and for discursive interactions. The following extracts and commentaries explore how accounts warrant the contesting of a disabled identity.

**Extract 3(i)**

1. R: Do you..., So what's it like coming to, erh, erh [...] like to this, to ‘DITO’ for example where there's a lot of disabled people coming in and out ? (1.0) do you see, is it, do you see people there as eh disabled people or.. what, when you come into DITO who, what do you see people as?

2. T: >I see them as disabled< (0.8), that’s why I can’t, that’s why I said I’m not disabled because they are, ehm I know there's all different types of disablement but I mean like the ‘map squad’ ((name of local project)) that are there now eh they've got learning difficulties and everything, but you know what's wrong with them, like (1.0) SC((name of DITO user))
you know he's got, he's blind but he's still sort of like laughing, joking doing what he wants, writing poems and everything else [...] so he's worse off than me cos I can see (2) so that's why.. I class the other people as disabled and I'm just me, I don't know if that's the right way to think or the wrong way to think or the weird way to think.

[Hodgkins 2003. DG1 P5 line 28 - P6 line 9].

Extract 3(i) shows an account wherein the disabled identity is contested as relevant for speaker T. As was previously referred to in extract 1, a stake of interest is attended to here that rejects the disabled identity on the basis that it is relevant for others, who can be read as possessing disabling characteristics; i.e. ‘but you know what’s wrong with them’ (line 8). Similarly, as was previously mentioned, this can be framed as drawing on the ‘dierarchy’ theme in discursively constructing and positioning both a point of undesirable reference to be distanced from, and a reconfiguration of personal subjectivity. While this is not completely apparent, as the others referred to in the account may also not associate with a disabled identity, the implication that they are, ‘I see them as disabled’ (line 5) is revealing of the construction of disability as an inferiority. Furthermore, this version affirms the identification of disability as lacking or ‘wrong’ (line 8) in relation to capacity and competence.

Note again the discursive work of the researcher that produces the version of people as disabled by example of attendance at the community project DITO. Reflexive attention should be noted to how the researcher, who is known to the participants as an employee of DITO infers and draws seemingly unproblematically on this. Indeed, as the version works to achieve, DITO is a project whose business is to offer services, and thus is funded specifically for
disabled people, and so the discursive production is situated and embedded from a consideration of it as an institution. As discursive psychology would highlight, the researcher is inherently subjective and thus draws upon linguistic resources deemed most appropriate for the talk and claims orientated to; i.e. as the researcher for one purpose and the employee of DITO in another.

This point is not made to discredit the interview technique but rather to emphasise how the situational context is ever active in discursive productions and accounts of disability. Indeed, legislation and services intended for disabled people produce them as such in complex ways regardless of personal accounts and narratives. This may be worthy for consideration for the subsequent discursive work offered by T that corroborates this and further moves to construct and qualify perceivable characteristics of the disabled identity. This account determines disability as multifaceted, differential and makes the claim that an aspect of this, namely ‘learning difficulties’ (line 7) are visible and infers negative weighted constructions of this as an indication of possessing something wrong; i.e. ‘but you know what’s wrong with them’ (line 8).

The constitution of learning difficulties are not however explicitly detailed as a group possessing precise deficits but rather located in an individual agent reported as using the ‘DITO’ and ‘map squad’ projects in a way that works to achieve a version of what people with learning difficulties do, (‘laughing, joking, writing poems, doing what he wants’ line 9-10). The characteristics of
learning difficulties are produced as child like, extra human and extradited from rationality and adult self-control. This depiction is utilised however to distance a personal portrayal and produces justification for creation of disabled people as factual others and thus implied as different from the speaker. The final lines (10, 11 & 12) reveal a delicacy to this however, and offer a questioning of this position, orientating to it as dilemmatic. Nevertheless, what this account warrants is that disability is negative and thus personally associating with it appears troublesome, if not inappropriate.

**Extract 3(ii)**

1. T: people mainly see the disablement rather than see the person.
2. HZ: yeh I agree yeh.
3. T: until they get to know yer, once they get to know, or know that you’ve got a big gob or something, like me, (heh heh) but it’s weird. [3] Even in here, like DITO it feels noticeable, like I, I don’t, I told you before I don’t class myself as disabled now I class myself as not well, I class myself as not well, cos there’s a lot more people worse off than me, but you still get it, like they come in and they, like someone come in and they want help and they go straight to ‘X’((participant & project volunteer))* or you ‘R’((researcher and project worker))* cos you you’re standing up….
4. X: I’ve noticed that and I’ve said ‘ like ‘T:’((participant & project worker))* my colleague’ yeh I’ve noticed that…
5. T: right, and they go pass my like I’m not there, I wanna shout and scream but I don’t ((laughs))
6. R: why do you think people do th-, why do they do that?=
7. X: =[ ignorance, people-]
8. T: =[ I can’t put that on the tape]
9. R: Yeh you can
10. T: they’re arseholes
Relative to disability meaning is the portrayal of a state of restricted agency and autonomy. In extract 3(ii) an account is produced that both acknowledges this, attributing blame and condemnation to those that use disability as a primary marker of identity, and distances the speaker’s association with it as a subject position. The account also portrays blame and condemnation attributed to the agency of others whom read a state of disablement prior to that of the ‘person’ (lie 1). The implications are further worked into an example within the community project DITO and a dilemma is apparent at the utterances of ‘even in here, like DITO it feels noticeable’ (line 4-5) and ‘but you still get it’ (line 7). These imply that although the disabled status can be rejected through self-definition, others may still attribute it to you. The account furthers this version too with a reported occurrence within the DITO project where potential advice seekers ‘go straight’ to X or R (line 8) as they are ‘standing up’ (line 9). What is of interest and relevant to also mention is the utterances that reference X & R as beyond the research / interview context for the purpose of T’s account. Although the issues concerning subjectivity and reflexivity that this raises have been discussed in chapter five, its interest here is how T utilises it in such a way as to achieve and warrant this account. It is this corroboration of both independent witness and situated context that is utilised and drawn upon for justification of the account serving to construct its ultimate believability as factual occurrence.
The account demonstrates variability and dilemmatic features concerning the classification as disabled. Speaker T presents preference to define as ‘not well’ (line 6) and by reference to her repetition of this, ‘I told you before’ (line 5) works to strengthen this as her position. This is justified because others are ‘worse off’ (line 6) orientating an account whereby the category membership for a positioning as disabled is marked as ‘direarchical’.

Choosing to disclose as ‘not well’ (line 5) rather than ‘disabled’ (line 6) may draw upon an ideology whereby the former possesses less permanence and implies a future transformation from an undesirable position.

Finally, note that the disclosure of ‘not well’ (line 6) is made during the account concerning the agency of others viewing ‘disablement’ (line 1) over the person. This appears as within ‘discourse brackets’, noted elsewhere as insertions of topicalised talk within talk sequential to larger discourse work being attended to (Schiffrin 1980; Auburn 2005). Although in itself this articulation is worthy of isolated consideration it perhaps is deployed to work up the claim that ‘people mainly see the disablement rather than see the person’ (line 1) but by doing so demonstrates a contrary theme of disabled status within the account. Disability is not only a position achieved by personal disclosed definition but one also that can be imposed by social actors featured in accounts producing meaning about it. Considering the negative and oppressive socio-political relations that have incarcerated and institutionalised disability in recent histories, contesting a negative disabled identity may be a useful accomplishment to orientate toward. If unaware of the potential to produce disability as a political oppressive phenomena,
distancing oneself from its definition and identification matrices may hold greater value and meaning in the construction of one’s living account.

4. ‘It would be nice if people could be educated’; How are discriminatory interactions accomplished in accounts of hidden impairments?

The terminologies of ‘hidden impairment’ or ‘hidden disability’ are of interest to discourse analytical work for they are revealing of a dominant signification that invalidates the extraordinary body in the visual landscape. They also sustain an embodied normative of both competent physicality and rational agency. At the moment of embodied disclosure, that is when a hidden impairment is revealed through episode or exposure, the what was normative, is transformed into the other, and reveals a challenge to the dominant social order. This switch in subject positioning can invoke disability discrimination, but one that may not be read as relating to a hidden impairment, rather through its disruption of the rational world. The following extracts and commentary explore how discriminatory interactions are accomplished in accounts of hidden impairments.

Extract 4(i)

1 Q: Disability to me, to me it erm, it just means that maybe a person can't do certain things for their selves they can't do erm things like normal people would do=
2 R: OK=
3 Q: You know maybe there's something they can't do so=
4 HH: Well sometimes it's not necessarily that they can't do it it's just that it might take
Extract 4(i) shows an exchange in which the extra normative positioning and typical visualisation of disability is challenged and problematised. Interest is noted as Q’s utterance is discredited by HH as the implication of disability as an abnormality is invoked. Disability as complete inability is refuted and an alternative explanation is offered about different ways of doing and being, ‘Well sometimes it’s not necessarily that they can’t do it it’s just that it might take them longer’ (line 5). A stake of interest is revealed by speaker HH that challenges the construction of disability as possessing an abnormal status exclusively. This reconfiguration, while acknowledging complexities of capacity, through ‘sometimes things do get in the way’ (line 8), is constructive.
of a version of difference, but is action orientated to produce it as ordinary and not othered. This is extended to offer further complications of assuming disability is exclusive to the jurisdiction of the visual landscape. That is, ‘most people see them as visible things’ (line 10) and ‘you also get hidden disabilities’ (line 12). The personal disclosure by HH ‘Now I’ve got epilepsy’ (line 14), and the claim that this would not be knowable unless revealed through a ‘major epileptic seizure’ (line 17) accomplishes a version wherein disability can not always be seen, and thus known in typical and orderly ways. Through doing so, the discrimination of the other invoked by the normative body construct is disrupted. Further on in the discussion group HH discloses the detailed version of epilepsy shown in extract 4(ii).

**Extract 4 (ii)**

1 HH: Yeah but it it is very frustrating and also sometimes, if I have an epileptic fit
2 coming on, because I've got three different types of epilepsy, one which most people have
3 is just grand mal where you just shake around on the floor, you also get these complex
4 partial seizures where you do things but unknowingly that you're doing them, I had one
5 here more or less walking up and down the corridors didn't I, R: was with me so, I didn't
6 have to, but I don't remember it at all myself I remember vaguely sort of coming round
7 from it but wasn't aware of what I was doing or why I was doing it and the other one the
8 petit mal also is a bit more unpleasant (...) you know you think oh shit I've lost my bloody
9 wallet or you think your handbag's gone, your stomach turns over you know, together, all
10 the things like you get stronger and stronger and stronger to it reaches a certain point and
11 then it stays like that and then slowly dies off again. But if I try and concentrate whilst I'm
12 having one of those it makes it feel even stronger still and then I end up going into one of
13 these bigger ones, you know. The number of times I've been, erm I know I'm having a fit
and somebody says oii you (clicks) like this and starts snapping their fingers in front of your face. The next thing you know you'll come to on the underground if you’re having one there because they're trying to tell you to move your legs and cos you don’t move your legs cos you’re having a fit, and you think they’re gonna kick your legs out the way or something or snap their fingers in your face (Q: Ooh ) you know, but then you'll have a strong fit and you come to 15 stops down the line and you wanted to get off at the next station you know, it's just so frustrating, you know it would be nice if people could be educated you know.

[Hodgkins 2003. DG2 P12 line 10 – P12 line 33].

Extract 4(ii) presents a disclosure not only of the medical technical names and the reported experiential details of three types of epilepsy but also infers frustration as a consequence of the unwarranted actions of others in public places towards the speaker during a ‘fit’. Epilepsy itself is not warranted as frustrating per se, but frustration is attributed to aggressive reactions portrayed as extreme in an account that works to propose the education of people as being able to address this. The account of epilepsy is formed in three parts. It is interesting that ‘grand mal’ (line 3), ‘complex partial seizures’ (line 4) and ‘petit mal’ (line 7) are named and then detailed in terms of the consequences they have respectively for the speaker’s reported behaviour as well as a depiction of them as varying altered states. Not only does this further the initial disclosure thus adding quality to it, but it also attends to the account of the discriminatory aspects of other’s misplaced and aggressive actions.

Throughout the extract frustration is inferred as a consequence of the actions of others and not about epilepsy per se. Although the ‘petit mal’ (line 7) is
uttered as ‘a bit more unpleasant’ (line 8) this is not depicted with the same
degree of vehemence as that which attributes the frustrating actions of others
responses to HH’s reports of the fit. Indeed immediately following the
description of the three types of epilepsy examples of aggressive behaviours
are offered up, pre-empted by ‘the number of times..’ (line 13) adding plurality
to these experience and thus weighting to this account. The education of
people is orientated to as possessing potential to overcome or address such
frustration. Although the use of ‘would be nice’ (line 20) in the final line rather
than ‘should be’ or ‘must’ may resonate a cynicism, it may also be an active
discursive choice functioning to strengthen claims about the misappropriations
of others the speaker does discursive work to account for.

This disclosed account is of interest through its combined deployment of
established medical terminology and the lived account of altered states and
discriminatory reactions. The dominance of medicalised frames of reference
to mark experience is well established and has a long history (cf Foucault
1961; 1963). Indeed within the account above the epileptic terms are taken
as given and naturalised. While the speaker details a lived account this is
marked by a technical medical discourse. They provide and determine the
descriptive boundaries of the epileptic account which the lived version must
succumb to. Medical sociological as well as mainstream psychological
research has traditionally produced epilepsy as personal tragedy, without
questioning the historical and political processes that oppress people with
epilepsy and position them as imperfect (Thomas 2007). Moving beyond this
modernist oversight, Scambler (2004) questions what cultural norms and
economic imperatives created the social relations that incarcerated the epileptic in medical colonies. As well as working to re-frame stigma from deviance to oppression, Scambler considers the historical constitution of social order that sought rationality and workplace compliance as representing a ‘colonisation of the lifeworld’ (ibid p 37). Here, stigma is viewed not as an abomination of body and competence, but rather the expression of institutional power seeking social order and control. In this way, while perhaps critically speculative, living accounts that construct epileptic experiences do not do so in descriptive isolation but rather draw upon a multiplicity of socio-political historical influences, landscapes and technologies.

Extract 4(iii)

1 X: …I also find that a lot of people don’t realise I’m disabled and that gets on my nerves when they, they might say a joke or say something nasty about someone and then I’m on my soap box, and I do get on my soap box and then they (1.0) “what” ↑ you’re disabled↑ so I do the hand thing, I show them my hand, for the tape they’re quite bent ((laughs)) and then they’re like “o.h Go.d oh you’re disabled”↑ some people even move away from me ↑and I’m like Errrr [R: do they?] like pretend I’m gonna give them a disease and then they go ↓“oh oh I didn’t know you was disabled”↑ and people treat me different, […] and people suddenly treat me different (1.0) you know people, neighbours what I’ve seen for years they might have seen me limping one day and they go ↑‘oh is your leg better now, you’re not limping today’↑ and I say ↑‘oh I’ve got.. Rheumatoid arthritis’↓ it’s like ‘oh God, you poor thing’ but I say I don’t want no sympathy (.) you know I don’t, I’m quite strong with it… a fighter

[Hodgkins 2003. DG1 Page 7 line 25 – P 8 line 6].
Extract 4(iii) shows an account of prejudicial and negative attitudes concerning disability presented by others. Recounting a version of such disclosure X offers an account that infers this prejudicial behaviour as irritating, unwarranted and unwanted. Not being realised as ‘disabled’ is warranted as a source of irritation through negative acts of people who ‘say a joke or … something nasty’ (line 2). The account accomplishes these as inappropriate by reference to retaliation, ‘on my soap box’ (line 3). This is an interesting linguistic resource, and one that resonates outspokenness and activism through its historical and cultural reference to the soap boxes used at speakers corner in Hyde Park, London. This works to both accomplish a position that such prejudicial behaviour forms part of an ongoing struggle and that such behaviour is to be, and will be, challenged. With ‘active voicing’, that is a performative device paraphrasing the social actors deployed within the version (Wooffit 1992), X moves to further the account of this prejudicial position and marks out that this includes the belief of contagion and fear of disease; ‘some people even move away from me’ (line 5) and ‘I pretend I’m gonna give them a disease’ (line 6). This posits a version wherein having a hidden impairment is problematic because at the point of disclosure or exposure the negative position is revealed, where others may make oppressive judgements.

The account seeks also to transcend the version beyond the talk and its past time frame of the account, switching it to the present for purpose of qualification of both example of action and display of disability, i.e. ‘so I do the
hand thing, for the tape they’re quite bent’ (line 4). This real time disclosure appears as something done routinely and works to counter to the negative responses of others being alluded to. The whole account is formulated in terms of depicting a regularly occurring experience, routinely experienced and is similar to extract 4(i). Its depiction of, ‘neighbours what I’ve seen for years’ (line 8-9), as agents of this prejudice embeds it not just in others but in the everyday too.

Being treated differently from the moment that the disability identity is disclosed is a theme of the whole account and inferred as unwarranted. This is noted when at the moment of post disclosure, condescending attributions of agents are rejected and retaliated by reference to strength and status as a ‘fighter’ (line 12). Note finally the utterance ‘you know’ prior to this that elsewhere is cited as a discursive device operating as informal address that inference, or elaboration is requested, inviting addressees to infer something about what was just said (Fox Tree & Schrock 2002). This emphasises both that the negative reaction is prejudicial and unwanted and also that the normative body is dominant and is repulsed by impairment. Also, similarly to extract 4(ii), medicalised terms are again utilised as credentials to confess, ‘I’ve got .. Rheumatoid arthritis’ (line 11) and done as part of the account. That is, that it appears to enable acceptance and tolerance of the extra ordinary, but only does so at the expense of positioning it as invalidated and sustained as such, through the legitimacy of medical power and knowledge.

**Discussion**
Having explored eight text extracts concerning disability across four analytical questions, a useful way to pull the extracts and their analyses together for discussion is to consider the disability identity as an interpretative repertoire. Interpretative repertoires are defined as ‘recurrently used systems of terms for characterising and evaluating actions, events and other phenomena’ (Potter & Wetherell, 1987: p149). As has been referred to within the analyses, accounts concerned or inferring a disability identity are entwined with versions of ability. The disability identity interpretative repertoire is utilised for identifying and categorising a problematic phenomenon of functionality. Regardless of whether this is by medicalised metaphors detailed upon the body or by imposed societal structures as oppressive, when a disability is drawn upon it is done so to represent a dysfunctional excluded difference. During disclosure, disability is identified, categorised and authorised by reference to institutions and knowledge collectives as naturalised. The causation and agency of disability is dominant in stigmatised terms and highly situated in social relationships but can also achieve status as a marker of diversity that is proud of difference and transcends adversity through resilience. Although disability provides a strong case for the understanding of the interdependency of social actors as essential, it does so with discontent and purports the importance of independence in constructs of self sufficiency, individualism and the autonomous good life.

Although the disability identity interpretative repertoire is embedded in the antithesis of desired and valued life, it should be considered as a system of terms utilised in talk and interaction for the accomplishment of action. In this
case, like any aspect of disability it is also to be considered as ideological and fraught with dilemmas. As mentioned in chapter 4, Radley and Billig (1996) reported accounts of health and illness as ideological and dilemmatic because any attempts to define them involve judgements of the naturalised world and crucial in constituting inequality statements. In a similar way disability can be constructed as ideological and perhaps an extremity of illness situated in a historical and socio-political context of work that, at the moment of articulation, purport speculative claims and calamities about the healthy, able and normal life. Juxtaposed and pre-emptive to ability, disability operates discursively upon a dichotomy of able/disable that is blurred and murky amongst other polarisations of compliant/disruptive, independent/dependent and normal/abnormal (Corker & French 99).

As the extracts and commentaries have explored at the moment of disclosure, disability becomes an object in and for interaction, action orientated to the portrayal of particular versions, justification of particular positions and construction of particular meaning. In this way a disability identity is problematised as a district trait and revealed as something more fluid, transient and malleable. In extract 1, and 3(i) a discursive interactive theme, the ‘dierarchy’, was noted as a dilemmatic resource drawn upon to achieve distance from a disabled subjectivity. This reversed hierarchy, however, maintains disability as extra ordinary by positioning of a point of undesirable reference from which one is to be distanced. Thus by recognition of that which is worse, that which is to be deemed better also becomes signified and apparent. Research elsewhere cites how the disabled identity is often
rejected because of its stigmatising consequences (Shakespeare & Watson 2001). Even though the stigma associated with a disabled identity can be reproduced by a social model, as was explored in extract 2(ii), this requires a disability/impairment distinction that retains the latter as naturalised, and therefore masks the processes that invalidate and construct the extraordinary body. In this way, there can be value in contesting a disabled identity, for its default expression is none other than demeaning and despite the articulation of discursive positions, such as in extract 1 and 4(i) that work to challenge this, these require confidence and conviction to resist established oppressive meaning as well as the uncritical acceptance of diversity. This can be particularly problematic in accounts of hidden impairments that draw upon medical terminologies to achieve meaning, as was commented on in extracts 4(ii) and 4(iii). While advocating the tolerance of extra-ordinariness, these can be seen to do so only at the expense of positioning them as invalidated in relation to the power and legitimacy of medical authority and knowledge.

In line with discursive psychology’s reconfiguration of the psy-complex and identity theory, the disabled identity is only apparent at the moment of disclosure and its depiction in interaction is dependent upon what kind of thing it is for speakers. Accounts of disability are determined and constituted in talk not as an aspect of personal identity but rather resonate with the process of identification or positioning. As is present within the extracts, speakers’ orientations in conversational interaction become apparent as they disclose versions of association to disability. A straight take up of identity or position never appears concerning disability but rather elaborate discursive work is
employed during interaction that accepts, rejects and accounts for the disabled subject position as meaningful. This is in line with Wetherell’s (1998) critique of Mouffe (1992) theorisation of subject positions as being constructed purely by discourses and thus already constituted by them. The implication in question is that speakers’ interaction during conversation hold no reflexive power or agency to rework positions as has been shown in the extracts herein, where during interaction at the moment of disclosure, disability is available for reconfiguration.

Conclusion

Disability has been invalidated through discursive practises that naturalise it as secondary to the normative, independence, ability and autonomy. Though relative, these discursive practises sustain oppressive everyday consequences of disability discrimination and are documented in the research literature. However, research that reveals the dilemmatic, discursively constructed aspects of the disabled subject position makes subtle risk of discrediting it as a real lived experience or as is referred to herein, a living account.

The claim that accounts construct reality therefore needs careful attention to ensure the political arrangement that creates oppression for disabled people. This goes way beyond whether a person, such as T in extracts 1, 3(i) and 3(ii) claims Disability Living Allowance, uses Social Services and is part of a disabled persons organisation advocating for the rights of disabled people,
chooses to discursively wriggle and resist being positioned as possessing a
disabled identity. This is not only about how the extra discursive or materiality
is attended but also how research, such as the current thesis can mobilise its
findings and analyses to benefit and be meaningful to the living accounts and
everyday practises of those positioned in and through discursive interaction as
constituting the disabled subject position. Before concluding therefore it is
necessary to attend to this concern.

The current inquiry purports that accounts of disability identity are ideological,
dilemmatic, and at the moment of disclosure, disability identity is constructed
in terms of an interpretative repertoire that identifies and categorises it as a
problematic phenomenon of individualised stigma and oppressed body
diversity. Its meaning is variable and situated in institutions that arrange it for
reactionary purposes. The disabled identity is displaced, explicitly inferred as
naturalised within the individual body but implicitly maintained and
pathologised by the hedonistic values of science, medicine and politics.
Although resistance is possible, in the thirty years since the original
articulation of the social model that has brought about an interpretative shift
and forced much legislative change in the UK, disability remains a critical
commodity. Inhabiting an uncertain place in knowledge and language, the
disability identity interpretative repertoire currently enables speakers to
discredit it as meaningful and reject it as an identifiable aspect of living
accounts, employers to discontinue their relationship with their workers and
expectant mothers to consider termination of foetuses following screening and
diagnosis of genetic traits considered disability causing; and all of this is brought to bear through and by language and discursive practices.

The challenge for discursive psychology is to ensure the critical voice that displays the dilemmas is drawn upon when social policy allocates resources to disabled people who will reject, disassociate and render meaningless its label and identity. One example of this is to be found in through the Disability Equality Duty (2006). This legal duty requires the 45,000 UK public bodies to actively engage in ensuring that disabled people are treated equally across the life course. It requires them to produce and regularly update a disability equality scheme detailing how they will tackle discrimination and inequality for disabled people. Such practice will require much discursive work not only to identify disabled people but take steps to tackle inequality that will also require definition in and through discourse.

This will pose great dilemmas when considering the current inquiry and its consideration of the disability identity interpretative repertoire and its weighting as a negative pathology of the individualistic values of science, medicine and politics. Public bodies and services may do well to abandon strict versions of the disabled identity and adopt a discourse of disablism or ableism where prejudice is deemed discriminatory when normative ability is favoured and inability or disability perceived. This however remains problematic, and as has been presented herein disability is situated in oppressive, discriminatory, medical, eugenic and individualistic discourses. These operate in multiple ways often embracing a hopeless and invalidating view of disability, sustained
as a difference and aspect of an othered being in the world. It is ideologically problematic in that discrimination discourses acknowledge and attempt to address differences but often do so by isolating them as extra to the mainstream. While social policy re-produce meaning and understanding about disability and impairment in a way that seeks to counteract discrimination and challenge disablism, medicine and individualism do so too but with an alternative stake of interest. A rhetorical race is on, but the former is ironically handicapped by the dominant discourses of the latter that define and visualise it as a problematic and undesirable community. However, this is perhaps to adopt uncritically a nihilist approach. While disability is invalidated by the dominance of the normative, a discursive constructionist position recognises the potential for reconfiguration and articulation of alternative and new ways of being in the world. This is captured in the following extract.

NX: ‘I mean obviously what you say as an individual, like it’s ok for me to say I’m a crip if I feel that way, cos that’s me hijacking the language because it’s about self empowerment. But clearly if one of my colleagues said that to me in work I would find that extremely offensive. Because it’s about the volume and where you use it’.

[Hodgkins 2003 DG3 P8 line 30 - P9 line 2].

Like ‘nigger’ and ‘queer’ recently rehabilitated exclusively by the black and gay communities respectively, ‘crip’ referring to cripple has been reclaimed by some within the disabled people’s movement (Clark & March 2002). This extract draws upon this emancipatory approach and sets out the performative boundaries of this construct. Its function here, with belligerent tone of
reconfiguration, is to go beyond personal identification as a disabled person so as to achieve a version of self empowerment. Furthermore, what this achieves are membership terms that define both its acceptable and unacceptable usage. The term ‘crip’ therefore, that was once submissive and unfavourable is now reclaimed and its paraphrase ‘crip’ utilised here as part of an enhanced and empowered definition, that actively challenges the invalidation of not disabled people per se, but moreover disability. The ‘crip’, of once derogatory commonplace usage, but then condemnation, has discursively traversed the extra normative and is reconfigured in such a way that it serves as active recognition of both oppressive practices and technologies. The power of discourse and language use to name not the identity of our disabled bodies but rather that by which they are oppressed, offers potential to recognise and reclaim them in liberating ways. This may be done so that the body becomes known as neither normative nor diverse, but rather illuminated and validated as a fluid and multiple site of knowledge that is actively engaged, in and for interaction.

The following chapter moves then to build on this by exploring an expression of disability inequality, that is the social model of disability, and focuses specifically on the discursive construction of barriers that are taken to signify the oppression disabled people face.
Chapter 7

‘You know the barriers are the things that make the difference’: Constructing ‘Barriers’ in Social Model of Disability Talk and Textwork

Introduction

This qualitative inquiry critically examines the discursive construction of ‘barriers’ in talk and textual accounts that draw upon a social model of disability. Text extracts from the discussion group transcripts and official documentation from Tower Hamlets Council are analysed. Dilemmas of accountability with regard to the location and justification of disabling agency are explored in relation to the disability rights agenda and the definition of disability within current equality initiatives and legislation. The discursive use of ‘barriers’ to signify disability as a ‘socially imposed restriction’ is discussed in terms of its rhetorical strengths and limitations for the disability movement’s ongoing challenge of discrimination against disabled people within civic and social arrangements.

In 1976 the UK saw the Union of Physically Impaired Against Segregation (UPIAS) assert a ‘social model of disability’. The claim was that ‘contemporary social organisation’ causes and perpetuates the exclusion of people with impairments or disabled people from participation in mainstream social activities (UPIAS 1976). An important distinction was made that split
impairment from disability, the former relating to physical and mental functionality and the latter to social disadvantage. In the 30 years since its formal articulation the social model has reached iconic status and has forced a massive shift in representation and meaning relating to disability. Indeed, as was mentioned in Chapter Three, it has become known as the ‘big idea’ of the disability movement (Hasler 1993) and is embedded in current equality agendas seeking to promote equality and accessibility for disabled people. Central to the social model is the assertion that disability is a form of social oppression, inequality and exclusion or as a capability apartheid of the 21st century (see Goodley & Lawthom 2006). The social model rejects interpretations of disability and the social disadvantage associated with it, as being a consequence of impairment, rather naming the oppression faced by diverse bodies.

A key outcome for the social model was the drive by the UPIAS to establish a collective movement so as to politicise disability and further a social reform agenda to address inequality issues of concern to disabled people. To aid this understanding the metaphor of ‘barriers’ was drawn upon to represent and indicate disabling aspects of contemporary social arrangements that prevented and restricted disabled people from inclusion and participation in society and social life. An early example of barriers as articulated for the purpose of developing the social model argument and position is recorded in a 1972 presentation to medical doctors titled ‘The psychology of disability’ by Vic Finklestein.
"What I, as a disabled person, want to see is that there are ramps, that the kerbs in the streets etc, are designed in a way that I can anticipate that wherever I go, move in society, I will not be faced with 'disabling' barriers". (Finkelstein 1972: p10).

Prior to the formal articulation of the social model by UPIAS (1976), the use of barriers as restricting is articulated in such a way that the phenomena or agency that disables people, referring in this example to those with mobility impairments, is refocused from within the boundaries of the individual body to the relational arrangements of interaction, in terms of both social and environmental phenomena. Also, in 1968 the U.S. Congress passed the Architectural Barriers Act which utilised the term ‘barriers’ to refer to the exclusion of disabled people from participation in society. This Act, although not directly related, can be seen as being influenced by the growing consensus at that time amongst activists, and others, that disability should be considered not as a matter of flawed bodies, but rather as the socially imposed restrictions that prevent disabled people from gaining equal access to civic and commercial activities.

The persuasiveness of the social model to depict disabling features of the social world by representation of them as ‘barriers’ has in the time since its inception been extended to relate to a much broader range of impairments. This includes physical, psychological and sensory impairments, learning disabilities, head injuries, HIV & AIDS; as well as chronic and long term conditions and many other illnesses and impairments. In a recent
consultation exercise concerning the definition of disability in line with amendments to legislation and the (UK) Commission for Equalities and Human Rights (CEHR), the Disability Rights Commission (DRC) epitomized the discursive development of the social model description in a 2005 document. It stated,

‘The social model of disability identifies ‘disabling barriers’ rather than ‘impairment’ as the problem to be tackled. Disabling barriers are the attitudinal, economic, and/or environmental factors preventing certain people from experiencing equality of opportunity because of an impairment or perceived impairment.’ (DRC 2005).

While this embraces a social model perspective, current UK legal definitions of a disabled person remain medicalised and relative to notions of typical functioning and capacity. As was referenced in Chapter Two, the Disability Discrimination Act 1995 defines a disabled person as someone who has an impairment which has an adverse effect on their ability to carry out normal activities. In this way, while the social model attempts to redefine disability, the normal body remains dogmatic in legal frameworks. However, disabling barriers can be found in much literature and social policy work and taken to imply restriction, not just of environmental design but also that of attitudinal and economic origin too, similar to the DRC (2005) reference mentioned above. Within disability studies research also, ‘barriers’ approaches to monitoring inequality issues have been used to consider disabled peoples’ employment issues as an alternative to traditional impairment focused
definitions (Roulstone & Warren 2006). Such work is useful in relocating agency and thus the responsibility for methods of adaptation in employment practises and is reflective of the prominence of the social model interpretation in disability discourse.

As a practical tool the social model is upheld as extremely effective in mobilising an agenda for social change. It is however, regularly mistaken as a theoretical model. Indeed its initial authorship have since reiterated its intended position in response to critical claims that it is inadequate as a theory for disability (see Corker & French 1999; Shakespeare 2006), asserting that the social model is not that, but rather an organising tool and activist call for the disability movement to formulate and resist the collective experience of disablement (Oliver 2004). This distances impairment as part of an individual, from disability as part of social and civic arrangements and features. Much debate within disability studies and medical sociology is concerned with criticisms based on the assertions that the social model ignores ‘realities’ of impairment and pain, sustains the othering of disabled people and as such does not enable a theoretical understanding of disability and impairment. This is because of the difficulties associated with interpretation and when attempting to reduce disability to a singular interpretative perspective (Shakespeare & Watson 2001). Any attempt to reveal meaning about disability is troublesome, as it spans an assortment of representative positions; society, biology, independence, capacity and civic legality. With that said, recent work articulates the need for research to revive a social relational understanding of disability that pre-empted the social model of
disability in the 1970s (Thomas 2004). Elsewhere, resistance theory is articulated as useful for drawing together and accommodating the broad range of paradigms and perspectives of postmodernism, materialism and interpretivism that are in line with the social model but respond and build upon critiques of it too (Gabel & Peters 2004).

The interest for the present study is specifically in terms of the discursive construction and representation of disability, as an interactive resource. That is, how ‘disability’ and ‘disabling barriers’ are managed in talk and textwork to produce versions of meaning. This does not claim that disability can be appropriately represented in theoretical totality as either one thing or another, but rather is analytically focused to consider its production as factual through discursive practises and the implications and inferred perspectives this produces. In doing this, the present study is considerate of potential critiques by realist positions and does not question the disability community’s identification of oppression or the existence of disabling barriers, but recognises that the meaning of such phenomena appears through discourse and so its rhetorical effect can be strengthened by consideration of that which resists oppressive representation of meaning most effectively. For this reason a discourse analytical approach is directed to the representation of ‘barriers’ in disability discourse and language referring to it for the purpose of illuminating the function and variation in its construction in terms of its rhetorical strengths and limitations.
The linguistic structure and deployment of ‘barriers’ as a metaphor and
metonym for discrimination, are of particular interest because they emerge
from activism that articulated a social model of disability and have been
significant in reformulating meaning and representation concerning disability
and thus problematising the normative body.

Methodological considerations

The ten extracts considered as data within this study’s analyses were taken
from two of the three discussion group transcripts, as well as three official
documents obtained from the London Borough of Tower Hamlets local
authority. One transcript was not included in the current analyses as it did not
reveal the term ‘barrier’ when an electronic search was performed. Of the two
discussion groups ‘DG2’ was made up of front line workers in disability
services and ‘DG3’ senior workers in council services concerned with
disability; all of which were employed and worked in the Tower Hamlets area
and included community, council and social service workers alike. A total of
10 participants took part in the two groups.

The official council documents come from the corpus of text based data
described in Chapter 5. The three official council documents were selected
from the corpus of text because of the reference to the terms ‘barrier’ and
‘social model of disability’. The decision to include the council documents was
also made because their textual representation emerges primarily in response
to the legal duty imposed upon local authorities by the Disability
Discrimination Act 1995 and its subsequent clauses. In this way, the inclusion of the ‘social model’ and ‘barriers’ within these official documents is of discourse analytical interest as it illuminates how discourses emerging from the disability activist movement, UPIAS (1976), have become adopted and reproduced within civic settings.

The selection of ten extracts included within the analytical section was based on a reference to the social model of disability through an inclusion of the term ‘barrier’. An electronic search of the word ‘barrier’ was initially performed on the transcripts and the official council documents. The number of occurrences of the word ‘barrier’ (including ‘barriers’) is as follows. 8, in the group with front line workers ‘DG2’, 4 in the group with senior workers in council services, 5 in the ‘London Borough of Tower Hamlets Disability Employment Strategy 2003’, 20 in the ‘Access to Council Services for Disabled People, May 2005’ and ‘13’ in the Disability Discrimination Act 1995: Our Responsibilities (2000)’. From here analytic focus was directed to illuminate the discursive work undertaken by speakers and writers to represent ‘barrier(s)’. This then enabled identification and organisation of the extracts under thematic headings as described in further detail in the following section. The inclusion of extracts was based upon both the reference to ‘barrier(s)’ as well as the extent to which they highlighted and provided clarity of example for considering the discursive construction, function and variation of ‘barrier(s)’ in this respect. In addition to the 10 extracts, 2 images taken from the corpus of text data are also presented as an example of the construction of the ‘barrier’
metaphor beyond typical textual representation focused on within discourse analytic work.

There is one noticeable difference worth mentioning here that concerns the social model of disability and the expression of ‘barriers’. Even though as part of the discussion group questions the social model was not referred to, it arose in both discussion groups 2 and 3. This was not the case in discussion group 1, categorised as ‘disabled people as users of services’. While there can be a host of interpretations for this it is worth drawing attention to it in terms of broader concerns relating to the social model of disability. The social model is criticised for its inability to account for issues of pain, for sustaining the othering of a disabled identity and also for being often unknown to disabled people. The conceptualisation of barriers as signifying the ongoing exclusion of disabled people is no doubt a powerful expression. However, it can be as an institutional discourse of greater concern to collectives of disabled people and other interested parties in order to articulate this exclusion. In this way, and this is of interest here, the fact that those participants in discussion groups 2 and 3 make reference to it is insightful when considering the institutional influences of the contexts, namely work that these participants were also engaged in. Although this point is tenuous and that it is not possible to draw broader theoretical meaning, it has been commented upon in terms of the intentions of the research thesis to reveal disability as a discursive interactional phenomena that is variable and attentive to practises and action being orientated to in, and for, interaction. The point I wish to raise does not question why it was that discussion group 1
did not refer to the social model but rather what broader, (and I would posit they are organisational), discursive influences were present within the other groups that enabled its production within them. In this way the text data collected from the discussion groups as part of this research thesis are not considered as general expressions of disability but rather situated and specific to the interactional context.

In the vein of critical qualitative inquiry it is recognised that the inclusion of extracts and analytical commentary is partial. Critical discourse inquiry, such as the present study, aligns with the recognition of the subjectivity of discursive constructions in rhetorical depiction of phenomena by authors of academic and other texts. However, the present study justifies its methodological and analytical approach for undertaking critical inquiry of the discursive construction of ‘barriers’ in social model of disability discourses so as to offer an inter-disciplinary contribution to discursive psychology and disability studies research alike.

**Analytical approach, inquiry & commentary**

This section is analytically focused to consider the discursive construction of ‘barriers’ in accounts concerned with disability and the social model. The following two images and ten extracts consider the discursive function, construction and variation of ‘barriers’ drawn upon in talk and textual interaction to achieve versions and accounts that relate to disability. The
primary intention of the analyses is to explore the dilemmas and critical implications that arise in discursive constructions of ‘disabling barriers’ in relation to accounts and versions of the social model of disability. Through this the inquiry is thus also concerned with ‘disabling agency’, which considers how and where the cause of inability or restriction is located; i.e. influenced either by social structure or individual autonomy. This draws upon the work that critiques an agency/structure dualism through the claim that the individual and society are the same thing, merely constructed from two different positions (Cromby & Standen 1999).

The images and extracts have been arranged under four critical thematic headings for the purpose of attending to these intentions and are analytically focused to the following areas of inquiry.

1. **Raising or breaking barriers;** What action orientations are accomplished through the ‘barrier’ metaphor?

2. ‘**Social barriers are actually restricting**’; What dilemmas are revealed in accounts of disabling barriers?

3. ‘**You know the barriers are the things that make the difference**’; How do constructions of barriers locate and attend to disabling agency?
4. ‘Disabilities are about barriers as well as [...] people’; How does the normative body problematise accounts that attend to the removal of disabling barriers?

The following sub sections present each of the images and extracts along with an analytical commentary.

1. Raising or breaking barriers; What action orientations are accomplished through the ‘barrier’ metaphor?

As was mentioned in Chapter 3, 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, of 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. While this remains relative to the conceptualisation of a normative or typically able body, the action orientated to by the social model relocates disability away from the individual to that of social structure. Disability is viewed then 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. While this position is persuasive in the relocation of disabling agency (that which causes disability), it is contentious and problematic in articulation. This is because of the dominance of individualism and qualities deemed as intrinsically human in constructions of
disability that have been historically conceptualised as relative to the normative body.

Discursive constructions of the social model of disability utilise ‘barriers’ as a signifier of exclusion and furthermore do so to attribute the responsibility for this to be changed by reorganisation of civic society. However, these will vary in relation to the discursive function being attended too. To demonstrate this, and how the method of discourse analysis may be drawn upon to consider the accompanying imagery of texts, two images are presented that come from the corpus of text-based data. 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 orientated to.
Both images depict the barrier metaphor. Figure 1(i), 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 with the text ‘discrimination’ on it in the process of being raised. Figure 1(ii), the logo of the Disability Advocacy Network, a local disabled persons’ organisation 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’.
Considering the principle tenet of discourse analysis, that is to elucidate function through a consideration of variation in construction, the two images can be taken as differing in terms of the institutional practises they are orientated too. Although both draw upon the social model of disability in utilisation of the barrier construct they do so to achieve different versions.

Both imply the location of disability as societal or structural in reference to a social model interpretation and infer change is achievable through the removal of barriers. The first however is shown and named as ‘discrimination’ through being raised but the second implies a position whereby barriers are to be broken through. The blurred trail lines of the moving barrier in the first image also imply an action orientated to for this accomplishment. Note too the presentation of ‘our responsibilities’ on the council handbook in a handwritten script font, that perhaps constructs a sense of engagement as well as seeking to inform its intended readership, namely Local Authority service managers of the DDA’s implications for them as part of the council as institutional. 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 orientated to depict the project’s engagement with disability community activism and more belligerently aligned with a social model interpretation of disability.

Although elsewhere the relationship between texts and images is considered in terms of semiotic approaches that draw them together as visual statements involved in the production of meaning (cf Kress & Van Leeuwan 1996),
discourse analysis has not typically engaged analytically with the ‘image-text relation’ as has been considered in other work (i.e. Barthes 1957). This is largely because of the focus of such work on textual accounts as research material and the consequent interpretive difficulties of considering imagery as discursive. Nevertheless, a discourse analytical approach towards image-text representations is useful to any work considering the construction of phenomena arising from the corpus of text based references collected as part of discursive research. These images have been included so as to demonstrate variation in constructions of the ‘barrier’ metaphor so as to be orientated to a particular constructive functionality that is attentive to its action, i.e. DDA legislation or community activism as presented here.

In a similar way, the production of policy statements by institutions seeking to affect workforce procedure and practice can be seen as involving several kinds of discursive functionality. Not only do they attend to legal and management accountability processes but they also act as points of reference for which standards of conduct and practices can be marked in relation to organisational and governance demands. In addition they reveal the positions and directional ethos of an organisation’s focus. The duty of the Disability Discrimination Act 1995 has required public bodies to reconsider much of its practices in terms of disabled people. A discursive psychology approach is not necessarily analytically focused to the consequential realism of such statements and policy work, but rather to the interests and stakes being orientated towards for the purpose of displaying versions of intended action. The following extract comes from the London Borough of Tower Hamlets
Disability Employment Strategy (2003) and is used to show how the action orientation of a policy document can draw upon a social model of disability discourse to display a commitment to disability equality.

**Extract 1(i)**

1. Tower Hamlets Council recognises that disabled people throughout the UK are increasingly naming and confronting the prejudice and discrimination which they experience daily. The Council is committed to ensuring that disabled people, as with all the people of Tower Hamlets, are provided the fullest access to services and employment opportunities.

2. In 1997, the Council adopted the ‘social model’ of disability, which takes the view that society disables people by not being aware of the barriers which exist and how to remove these barriers therefore reducing access to the physical environment, information, employment, services generally and by the imposition of negative and patronising attitudes. The Council, through its equal opportunities programme has sought to strengthen service provision and employment opportunities for disabled people.

3. […]

4. The Disability and Employment Strategy concentrates on Recruitment, Retention, Awareness and Access and requires HR to play a key role in changing management and staff’s attitudes in order to reduce the barriers disabled people face.


Extract 1(i) depicts an example of Tower Hamlets Council’s version of disability for a particular purpose. That is, to attend to a position whereby disabled people are a target of discrimination. In the first paragraph, the ‘prejudice and discrimination’ (line 1-2) disabled people experience is presented prior to an account that the council is ‘committed’ (line 3) to
addressing this. Note that this is extended to include 'all the people' of Tower Hamlets in a way that might be seen as equalising them as community members. The analytical concern is not whether this is achievable through this perspective but rather is revealing of the action being orientated to in the account, whereby inequality can be resolved through the provision of ‘fullest access’ (line 4).

In the second paragraph a social model perspective is explicitly drawn upon. This can be viewed as a discursive functional move that attends to a wider equality agenda, and is an important statement for the Council to make. The use of ‘adopted’ (line 7) functions to embed and display a credible and current understanding of disability, and portrays an alignment to the disability movement. Whilst the barrier metaphor is utilised to depict a reduced level of accessibility, ‘physical environment, information, employment and services’ (line 9-10) this is different to the presentation of negative attitudes as possessing barrier or restrictive qualities. In the third paragraph ‘barriers’ are related to attitudes of staff and management that require change. Locating such a requirement within human agents is functional not only for its focus to an observable point in which change can be activated but also is orientated to a positive presentation of the Council as a non-discriminatory agent. This appears as an overall strategy within this policy document, and can be seen as typical of accounts that attend to positive representations of bodies seeking to legitimatise negative othered sources as agents of discrimination or injustices, and thus avoid blame and responsibility (cf Van Dijk 2006). In this way, while ‘barriers’ can be constructed as metonym of disability
discrimination, this can be rhetorically managed in accounts in relation to the action being orientated too. Thus, even though ‘barriers’ can be adopted as markers of discrimination, the responsibility to remove or change them can be discursively positioned accordingly.

2) ‘Social barriers are actually restricting’; What dilemmas are revealed in accounts of disabling barriers?

A critical analysis of the social model of disability is concerned not only with how versions of ‘barriers’ are produced, but also how the body is constructed as an agent of ability in relation to assumptions concerning typical human functionality. Despite a growing interest within discursive and critical psychology, there appears to be little work concerning the body and embodiment within mainstream psychological research. This is largely attributable to the way in which the discipline treats notions of mind and body as separate, unrelated entities (Stam 1998). In discursive psychology the human body becomes embodied through the way speakers and writers produce constructions and orientations to particular versions of the body during situated interactions. Elsewhere, constructions of the body have considered how body size is managed in talk and related to institutional practise and knowledge deployed during NSPCC helpline calls (Hepburn & Wiggins 2005). The analyses show how embodiment can be seen as part of, rather than separate from, discursive practises. Extract 2(ii) provides an example of how disabling barriers present dilemmas for the disabled body and are embedded within, and subject to a dominant discourse of ability.
Extract 2(i)

HP: Yeah I think the social barriers are actually restricting, eh, people in achieving 
things so for disabled people in our definition of it ↑we are really you know, erecting the 
barrier so they know that that that we’re actually are not maximizing the potential they 
have the ability intellectual, physical, maybe, not physically but intellectually, emotionally, 
they’re competent enough to achieve things like any able bodied person but society or 
artificial barriers are really errr stopping them from, from, from doing or achieving things.
RD: °sometimes° it’s about looking beyond what we see isn’t it…

HP: Yes that’s right

[Hodgkins 2003, DG2 P5 lines 6-12]

Whilst producing a version of restricted achievement through the erection of barriers the conversational repair work (line 4) reveals an orientation towards physical aspects of the body as a marker of capacity. Repair work undertaken in talk is an analytical feature noted elsewhere as a process for fixing conversational problems that may have implications for the intended meaning and inference oriented by speakers (Schegloff et al 1977). The observation of conversational repair in discourse analytical work is important to consider as it holds opportunity to reveal trouble spots or delicacies for speakers’ orientations within talk. Although the text can be read as an account of barriers as restricting of disabled peoples’ achievements the orientation towards this dilemma notes functioning and ability as integral to the construction of the person as an independent agent. This is further apparent with the construction of them (disabled people – ‘they’ line 3 & ‘they’re’ line 4) and us (able bodied people – ‘we’ line 2 & line 7) that although is seeking to
equalise differences in relation to achievement potentially marks disability and its reference grouping as extra to the ordinary.

It is worth noting that the account also leans towards a representation of disability as merely a physical attribute. This is mismatched to current DDA and other formal definitions but is a common move and can be related to historical meaning wherein disability has been produced and stereotyped as relating to mobility impairments. Indeed the dilemma of representing ability in relation to disability is also orientated towards with speaker RD’s interjection ‘it’s about looking beyond what we see’ (line 7) that implies a version of perception and assumptions as troublesome qualities concerning meaning making practises of concern to disability. Furthermore this utterance acknowledges responsibility for the imposition of barriers but also implies power relations between them (disabled people) and us (able bodied people). Through this version disabled people are produced both othered and helpless. Even if barriers are removed, people with impairments still present dilemmas and discrepancies in terms of the normative body construct, as can be read in the above extract (line 4).

Critical analyses of the social model assert difficulties in the way in which impairment is dealt with, and it is claimed in some work that it has masked ‘disability’ all along (Tremain 2001). Nevertheless, it should again be noted that authors of the social model have insisted that the UPIAS social model and its interpretation of disability was not intended to be equivalent to a theory of disability, but rather a heuristic device to demonstrate the exclusion and
oppression that disabled people are subject to by an unaccommodating society (Oliver 1996: Finklestein 2001). Indeed recent work calls for a revival of a social relational understanding of disability (Thomas 2004) that preempted the development of the social model of disability in the 1970s. A theoretical understanding of disability is asserted as relevant to focus upon, and consider body diversity in relation to the social and power relations that produce bodies as undesirable. These concerns can be related to wider concerns about western ideas of excessive individualism and issues of representation regarding the construct of normative ability and the capacity of human agents (cf Abercrombie et al 1980).

Extract 2(ii) comes from a DDA guidance handbook written for service managers in Tower Hamlets council from which Figure 1(i) also came. This further shows how constructions of disabling barriers present dilemmas in representation of the disabled body in the institutional practises relating to civic arrangements for everyday service delivery.

**Extract 2(ii)**

1. ‘The basic design of services should be as free of barriers as possible. This approach is cost-effective as it will greatly reduce the need to consider ‘special’ facilities or reasonable adjustments.’ (P36).

2. ‘Of course it will not be possible to anticipate all needs or remove all barriers in advance. Service managers will need to establish systems for identifying, prioritising and responding to needs. Let customers know that you are willing to help overcome barriers. Let staff know where to turn if a request is made for an adjustment.’ (P36-37)
In this extract a standardisation of service design is constructed that is orientated towards the removal of barriers, but in its deployment of ‘basic design’ (line 1) and ‘free of barriers as possible’ (line 1) demonstrates a hesitancy and discursive variability in terms of the broader equality agenda and social model adoption attended to within the whole document. Although this maybe argued as attending to the practical application of such an agenda work, the institutional practices of economy become apparent as a competing demand that is attentive to ‘cost-effective’(ness) (line 1-2).

This can be further inferred from the second statement, which operates somewhat as a disclaimer, as is referenced in other conversational and discourse analytical work. This is shown in ‘of course it will not be possible to anticipate all needs or remove all barriers’ (line 5) which is revealing of a dilemma concerning the disabled body and the barriers it faces. As noted earlier, disclaimers are linguistic devices typically prefixed to statements where the potential for negative attributions is present within the talk or text that follows (Hewitt & Stokes 1975). Focusing upon the meaning being discursively constructed around disclaimers can be revealing of competing demands and dilemmatic concerns attended to in the interaction for functional purposes. By presenting a version of barriers as beyond anticipation or accommodation within service delivery, this disclaimer legitimises restriction and locates disability upon the individual’s body. In this way, the text ‘let customers know that you are willing to help overcome barriers’ (line 7)
produces the barrier as the customer’s problem and thus blame, potential or otherwise is attributed elsewhere.

This discursive variability is perhaps only apparent and relevant through the current analysis when considering the present text extract as embedded within a situated institutional interaction and legal DDA discourse that the local authority has become obliged to produce discursive work for, so as to construct a plausible and accountable version of its intended response. In this way the text can be seen as functional to this response to both economic and legislative discourses that demand and influence institutional action. In doing so, variable and dilemmatic versions of reality are performed through the discursive construction of events and phenomena depicting everyday practices relating to disability, i.e. disabling barriers.

The next extract details an account of a violent barrier encountered while the speaker was having an epileptic fit. This considers the unwarranted actions of others in public places that are not viewed as an aspect of impairment but may be a consequence of them. This enables analytical commentary to be made with regard to how hidden impairments provoke discrimination and the dilemmas this poses for articulating them as disabling barriers.

**Extract 2(iii)**

1. HH: It is frustrating, I say myself with my epilepsy erm the number of barriers I've come across, up there, I got beaten up once on a bus, I had a fit, the driver got out and put the boot in on me and broke my nose in three places, he assumed I was drunk, I was shaking around on the bloody floor and he came along with his boot and broke me nose in three
places, (Q: Oh my God) you know, couldn’t believe it=

Z: That’s mad because he must have known when you got on the bus that you were fine=

HH: Oh yeah, but you know it’s a bit difficult to try and tell somebody=

Y: No he wasn’t because he wasn’t aware at that point because he was normal ((laughter))

[Hodgkins 2003. DG2 P11 line 33 – P12 line 9].

This extract presents a reported experience of epilepsy and violence. Note the ‘assumed I was drunk’ (line 3) ‘he came along with his boot and broke me nose in three places’ (line 3-4). These work to depict extremities of encountered barriers by reference to violence and aggression within public locations. This discursive feature of the account may be utilised to corroborate and qualify its realism by stylisation as a straightforward description of the ‘world as it is’ or ‘as it happened to me’ rather than through a direct attribution (Abell & Stokoe 1999).

Note too the laughter initiated by Y’s response (line 9) to Z’s astonishment (line 6-7) at the bus driver’s violent act that offers a prompt account of such behaviour and attributes it to the problems of others, in this case a bus driver, interpreting and responding to someone having a fit. Although further and alternative analysis of Y’s (line 9) utterance is possible in terms of the laughter it invokes, it is noted here because it builds upon the declaration of HH having his nose broken as a reaction defying belief.

While the social model is not explicitly mentioned within the extract, barriers are, but in a generalised way, ‘the number of barrier’s I’ve come across’ (line
There are issues about how hidden or non-observable impairments may invoke discrimination and how this is problematic in accounts that attempt presentation of them as disabling barriers. Indeed, the articulations of ‘he must have known when you got on the bus that you were fine’ (line 6-7) and ‘he wasn’t aware at that point because he was normal’ (line 9), allude to this issue. The latter (line 9) does so by firstly mocking the bus driver’s inability to view him as ‘normal’ and thus obviously ‘drunk’ not disabled, and secondly perhaps by much broader social commentary that is orientated to a version of the world that can only understand disability as a visible entity. Even though disabling barriers can be of multiple form, their construction is most dominant and persuasive when physically and visibly constituted. The work of Hughes (1999) suggests that ‘ocularcentrism’, that is to see is to know, is a condition of modernity, which perpetuates the invalidation and disfigurement of the disabled body through ongoing construction of impairment as othered rather than its discovery as a intrinsic aspect of being in the world. The similarity here that can be related to the dilemmas that arise in relation to the articulation of non-visible/physical disabling barriers is with Hughes’ (1999) concern with the non-disabled gaze that works to oppress and ostracise that which does not conform, is irregular and peculiar in terms of the normative body. In this way, while the disabled body is excluded, it can be more easily tolerated and understood with reference to observable constructs of barriers and access than the non-visual disabled body that challenges and defies the ‘ocularcentric’ norms that sustain an able/disable dichotomy. Similarly, non-visible disabling barriers, like attitudes are also linked to this dilemma and weakened because of the strength of rhetorical argument the normative body
maintains in its construction as a desired way of being human in an able bodied world.

3) ‘You know the barriers are the things that make the difference’; How do constructions of barriers locate and attend to disabling agency?

The metaphor of barriers can be utilised in interactive talk and textwork to construct everyday accounts of disability which imply that the restriction and exclusion from equalised participation in society that disabled people face is structural. Although the dominant articulation of the social model positions barriers as markers of discrimination, their construction as such can attend to many functional purpose and thus is variable accordingly to that which any given discourse is interactively orientated to perform versions of meaning about.

As had been previously mentioned this inquiry is also concerned with ‘disabling agency’. This considers the means by which restriction is accomplished, emerges from and operates; i.e. society or the individual body. In doing so a critique of the agency/structure dualism is recognised, that the individual and society can not be separated but are rather one of the same thing, just constructed from two different positions (Cromby & Standen 1999). In extract 3(i) a version is presented that draws upon the metaphor of ‘barriers’ to locate disabling agency in everyday practices. This contests the disabled identity and presents it as located in both the actions of others and in structural design.
Extract 3(i)

NX: [...] and I always think that it really demonstrates that you don’t get up every day thinking you’re disabled, you get up thinking you’re late for work or your late to get the kids to school, >you get up thinking just like everybody else does<, And it’s very hard because when you see this people think that all you spend your whole day, is thinking about your impairment know what I mean. The reality and the assumptions that people make, but then I think it’s the assumption behaviour that’s attached to language which is, is the negative for me because people pre-empt what they think, you’re gonna do, do you know what I mean[=

HS: =Because] really you want to spend the day not thinking about it, but thinking about moving on, but you need that, the, the, you need to be comfortable, that everything is there in place so you don’t have to think about it=

NX: =Yeah, ↑AND IT’S ONLY, YOU ONLY THINK ABOUT IT WHEN YOU FACE A BARRIER↑, you know. Unless you’re somebody who’s doing something like this, and actually thinking about that, you don’t actually actually think about it all day, you’re just thinking about it when the lift breaks,> or you get stuck in< you know whatever. hhh. You know the barriers are the things that make the difference. What I would say is like if you ever go round shopping or whatever and >you’re a disabled like woman on your own pushing yourself<, you’ll look up and you think oh tampax no, beans, >you know like you do, no I don’t […]<, you just, you know adding up your shopping cupboard in your head right, but people will think that you’re, just worried and you can’t reach it, so you get to the counter sometimes with 8 things you don’t want=

[Hodgkins 2003 DG3 P33 lines 9 – 27]

Extract 3(i) lines 1-5 reveals a destablising of the disabled identity and orientates to an account of ordinary routine practises of the everyday, i.e. ‘you get up thinking like everybody else’, ‘late for work’ and ‘get the kids to school’. This is performative to the meaning offered for inference, as not everybody
goes to work, has children or indeed gets up but is utilised as a contrast structure so as to reveal disabled people as engaged, like everybody in normal routines, thus diminishing myths that they are extraordinary. It also further qualifies and critiques the 'assumptions of people' who are inferred as holding beliefs about impairment as a consistent, ongoing and preoccupation of thought processes of disabled people. Through this it asserts that disability is not a central and defining aspect of disabled peoples identity and experience.

Note that at the end of line 7, this is offered for inference by 'do you know what I mean'. Articulations of 'you know' offered during conversational exchange are elsewhere cited as observable linguistic devices deployed so as to confirm meaning is to be inferred from what has been said (Fox Tree & Schrock 2002). HS’s utterance although may appear as orientated to ‘disabled people as equals’, marks disability as different and infers an extra-normative and rehabilitative orientated discourse, noticeable with the articulations ‘moving on’, ‘need to be comfortable’ and ‘that everything is in place’ (lines 9-10). The following articulation by NX, is interesting for consideration too, wherein the original position is further reworked and embedded in an everyday account ‘you only think about it when you face a barrier’ (line 12). This provides a version where disabling agency and the disabled identity are socially located and only apparent, and thus impairment relevant or considered at the moment barriers are immediately present.
Constructing of disability as an extra-person attribute brought into being by the presentation of barriers is accomplished by utilisation of ‘world as it is’ examples that infer both, structural barriers ‘when the lift breaks’ and others as wielding disabling agency. These others are depicted as taking inappropriate action when perceiving incapacity in an everyday setting; the supermarket in this example. The ‘world as it is’ accounting is relevant for speakers wanting to warrant and enhance plausibility of statements by offering real examples, that style them as factual and part of routine experiences and events. The articulation of this example depicted in an everyday setting, the supermarket, is of further analytical interest in the way the speaker delivers it in the second person and switches between pronouns of ‘you’ and ‘I’.

Goffman (1981) terms such switching as ‘footing’, referring to how speakers change positions and alignments during and across utterances. Herein, it is possible to observe the utilisation of this second person feature as providing a warrant of the meaning being offered. This works to legitimise the inappropriateness the disabled person identity as othered by specific presentation of example of the unwanted help offered by fellow shoppers. Although the use of ‘I’ in this account is self referential it is drawn upon as a continuation of the description that deploys ‘you’ primarily to achieve an ordinariness of identity by producing a common, everyday version. An overall stake of interest is attended to that denounces disability as different through this second person stylisation utilising ‘barriers’ as the socially imposed markers of this difference, holding them to account for incapacity rather than
the limitations of the body. This is functional to a discursive achievement of
the disabled identity as ordinary and not othered, but who is subject to barriers
that restrict, and is warranted as factual and real by reference to activities of
the everyday.

The discursive construction of barriers in everyday settings is useful for
speakers to reproduce meaning concerning disabling agency as a socially
imposed attribute. However, dilemmas occur for speakers when orientating
towards a normative account and can infer rehabilitative versions that play
down the discriminatory representations of the strong social model account of
barriers. Even though a barrier construct relocates disabling agency from the
person to the social it does so by invoking an otherness of those inferred by it
as extra to an ordinary identity.

The following extract is taken from a scrutiny panel report concerning access
to the whole range of Tower Hamlets council services both specifically and
un-specifically available to disabled people. In this way it provides an account
that is attentive to both equality agendas and legislative frameworks (i.e. DDA
1995). Through this attention is given to locating disabling agency in
structural features of society.
Extract 3(ii)

1. ‘The Social Model of Disability

2. The social model of disability acknowledges that disability is created by the physical, attitudinal and organisational barriers that people with impairments face in a society which fails to respond appropriately to their everyday needs. The problems which disabled people face are therefore not a direct consequence of impairment, but lie in the social disadvantage, discrimination and social exclusion which they have to overcome.

3. The social model is now widely accepted and is replacing the medical model of disability that encouraged explanations in terms of the features of an individual’s body. Under the medical model, disabled people’s inability to participate in society is seen as a direct result of having an impairment and not as the result of features of our society which can be changed.

4. The Council formally adopted the social model of disability in 1997 and one of the aims of the review was to consider how far this theoretical model was reflected in the Council’s policies and practice.’

[Access to Council Services for Disabled People, May 2005, P9.]

In extract 3(ii) the use of terminologies of the medical model and reference to the social model as a theoretical model can be seen as working to legitimise and orientate towards a qualified and knowledgeable authorship relevant to an official document concerning disability. The categorisation of ‘barriers’ as ‘physical’, ‘attitudinal’ and ‘organisational’ and the reference of ‘people with impairments’ (lines 3-4) enhances this by working to encapsulate a broad range of discriminatory conditions. By doing so, specific and unknown
disabling agency and barriers can be encompassed through its generality, which while useful can be also be read as unspecific and rhetorical.

Note also the assertion of the social model as ‘widely accepted’ (line 9) which legitimises its plausibility as relevant for the text as well as to reflect the council’s position on disability. Analytical attention is also drawn to ‘features of our society which can be changed’ (line 9) that is deployed to produce a counter-view to impairment as disabling. The possessive pronoun ‘our’ and noun ‘society’ (line 10), orientates to a version of collective ownership and thus infers responsibility. Although society is articulated as creating disability through its various forms of barriers, change is implied through ownership of them that perhaps is appropriate for this document considering the requirements of the local authority to respond to both equality agendas and anti discrimination legislation of relevance to disabled people.

Whilst the reference to the date in which the council adopted the social model is made, the preceding adjective ‘formally’ to it in this example is of interest. This is because it can be analytically considered as orientated to the institutional setting the report is embedded within and attentive too. For the council to ‘formally’ adopt the social model and thus use ‘barriers’ to define and assume a position on disability that historically emerged as an organising measure or ‘rallying cry’ (Oliver 2004) it can perhaps be read as an achievement of this struggle. However, and this is a key issue about the way in which disability can be discursively constructed according to the action orientated to, this formal adoption can be also read as no more than a
rhetorical alignment working to legitimatise the council’s credibility in terms of disability equality. Indeed across the range of provision and legislative framework the council operates a host of benefits, services and rights that are measured, distributed and judged on the basis of medicalised and individualistic definitions of normalised capacity. Examples of which can be observed in the operational policies of community care, mobility parking permits, housing, local equality initiatives and other aspects of provision. Barriers are not then always produced as markers of oppressive exclusion but rather constructed as functional to versions and variable accordingly to the orientations and actions of the speakers and authors.

The next extract provides an example of how accounts of ignorance can be produced as being simultaneously a disabling source and consequence.
Extract 3(iii)

1 HH: I think one, eh interesting point you raised there, I think one disability that a lot of
2 people have is ignorance=
3 Q: [=yeah mmm yeah]
4 RD: [=yeah]
5 HH: =if, if you can get rid of ignorance then a lot of the barriers toward people with
6 disabilities and other conditions, or not necessarily conditions but it could be towards
7 somebody's sex their race their sexual orientation their religion etc if you can get rid of
8 ignorance from this world, then a lot of the other barriers will disappear with it.
9 Q: Mmm
10 Y: I don’t think you can actually get rid of ignorance unfortunately ((group laughter))
11 HM: °you have to learn to cope with it° =
12 Y: =brilliant idea but err
13 HH: it would be
14 Y: yeah yeah I think that you can educate people a bit more and
15 HH: Yeah that’s it that the important thing
16 Y: It's like the old saying you can take a horse to water but you can't make it drink so
17 yeah, the education is the thing that needs to be upgraded

[Hodgkins 2003 DG2 P4 line 11-24]

Following on from the researcher asking the question ‘what is disability?’, the talk in extract 3(iii) presents ignorance as both a disability and also as complicit in producing disabling barriers. Referring to ‘ignorance’ as a cause of disabling barriers and its eradication as being able to make barriers disappear can be seen as an interesting rhetorical move. Its function not only critically questions meaning about disability but reworks it as a negative attribute causing it too. This implies disabling agency is located within the manifestation of ignorance, the consequences of which are constructed as
disabling barriers. While this may be read as creative word play, it also is revealing of the ambiguity of disabling barriers and agency that is invoked through a social model of disability discourse. This is as a result of the dominance of the individualistic normative body in sustaining its disabled counterpart.

Also in this extract, ignorance is worked up as an intrinsic aspect of the everyday through its rejection as being able to be removed, and critically questioned by the ‘laughter’ (line 8), assertion of learning to ‘cope with it’ (line 9) and ironic comment of it as being a ‘brilliant idea’ (line 10). Each of these can be seen as working to challenge HH’s generalised account but also illuminate a dilemma wherein ignorance is maintained as an unquestionable aspect of human conduct. Ignorance is then constructed as a permanent feature of people and thus is perhaps revealing of a dilemma of lived ideology (Billig et al 1988). Lived ideology refers to moments when common sense meaning is utilised to perform accounts, in this example, of ignorance as something commonplace and static. They are however often unstable in their generalisation but can pass as factual as they appear to possess a high level of everyday communicative value. The challenge initiated by Y offers ‘education’ to address speaker HH’s account of ignorance as a disabling barrier but its eradication is presented as an unachievable goal. This implies a further cynicism through articulation of the ‘old saying’ (line 16) that also functions as warrant for the position. Yet, this also seems ambiguous and inappropriate in that Y’s challenge is to soften the call for a ‘bit more’ (line 14) education rather than eradication of the disabling agency and barriers that
ignorance invokes. The final articulation in the extract not only questions HH’s account but prescribes an alternative weighted with reference to a statement of popular wisdom, thus orientating to further authority and plausibility of the account. Ignorance is upheld as an important aspect of creating barriers but its suggested removal is contested as this appears totalising and utopian.

4) ‘Disabilities are about barriers as well as [...] people’; How does the normative body problematise accounts that attend to the removal of disabling barriers?

Claiming that social structure is causal in the production of disability is a social model position drawn upon to dislocate and question assumptions about the normative body and its standardised interface with the social world. While acknowledging the structural construction of the space in which people inhabit (i.e. society), as presenting exclusion for those deviant from the normative, disabling barriers are functional in their depiction of the everyday experience of disabled people as potentially engaged with an ongoing abnormal and troublesome negotiation. This is argued to be caused by social relational arrangements and not the embodiment of the individual. The utilisation of the metaphor of ‘barriers’ as interpretative of this aids description for accounts that require generalising meaning about a particular homogenised category affected by a causal agent; i.e. disabled people as discriminated. This enhances its functionality for meaning to be inferred from discursive work purporting a disability rights agenda.
Although abstracted from a material reference point in generalising accounts, the signification of barriers as socially imposed restrictions can be considered as embedded and observable in everyday civic arrangements that are depicted as discriminatory. This is not just in relation to disability but can be effectively drawn up to rhetorically present broader inferences of social exclusionary practises as Oliver (2004) observes in New Labour speeches given by Tony Blair that discuss social exclusion. The rhetorical use of ‘barriers’, in disability talk and text, can therefore switch between that of, and that not of, social model meaning and in doing so the body remains disabled by itself and not society. The following extract explores dilemmas that the normative body poses for accounts that attend to the removal of disabling barriers.

**Extract 4(i)**

1. Y: Disabilities are about barriers as well as as, as people, int they, disabilities are
2. caused through, the society that we’ve erm live in today [=anyway]
3. HH: [Yeah=].
4. Y: It’s not really about people, it is about people but it’s also about the way we’ve
5. built the world to start with, and if if we change the way we look at it, then, that would help
6. to eh get rid of some of the barriers that causes the disabilities in the first place.
7. HP: It seems a superficial barrier barrier imposed by society err society actually err
8. treats it quite negatively which it really, mainly harms and damages the people with
9. impairment.

[Hodgkins 2003. DG2 P3 line 26 – 34]

Note within extract 4(i) the repair work undertaken and hesitant articulation of ‘people’ not ‘about people’ (line 4) that suggests not only structures as
possessing disabling agency but also that the eradication of barriers is possible through a collective, ‘we’, (line 5) perspective. As previously mentioned focusing on conversational repair can be revealing of trouble spots and delicacies for speakers’ orientations within talk. Considering this, it is noted that the eradication of barriers is only partially orientated to (line 4) illuminating an ideological dilemma concerning the broad range of disabling phenomena the barrier construct has the potential to encapsulate.

The hesitation at line 1, ‘disabilities are about barriers as well as as, as people’, and line 4, ‘people’ not ‘about people’, is revealing of a problem of the normative body and the power it holds in terms of the location of disabling agency. While a social model account works to relocate disability, the normative body draws it back. Ideologically, whether lived or intellectual (Billig 1989) the normative body exerts such a dominance over the construction and representation of disability as individually located that it is difficult for it to be considered as completely structural in form.

At lines 7-9, barriers are presented as ‘negative’, causing ‘harm’ and ‘damage’. These work to construct their imposition as an oversight or inconsideration of the othered group, ‘people with impairments’ (lines 8-9) in this instance by use of the phrase ‘superficial’ (line 7). This is discursively functional in its location of disabling agency within societal structures but poses potential dilemmas for versions when attempting to encapsulate a totality of exclusionary experience that could accommodate disability as a catch-all conceptual category. This is further problematic in accounts when
orientations to mobilising the barrier construct are implied concerning the person and society as separable, distinct and unrelated entities. Society and notions of the world maybe problematic to justify in accounts that imply an extra normative and oppressed body grouping, such as disabled people. This is because of the possible inference of potential membership of speakers in the oppressive grouping, as well as depicting society as a liberating agent with people removed from its operation (cf Berger & Luckman 1966; Henriques et al 1984).

Variation in talk and text concerning disabling barriers can be taken as constructed for functional purposes but can be indicative of dilemmas inherent in meaning too. Of particular interest to critical analyses of disability texts and talk is the reference and construction of a definition of disability. A strong social model perspective asserts a distinction between impairment and disability (UPIAS 1976). Disability is articulated as imposed by society and not a characteristic of the individual. Whilst this attends to a social equality agenda, impairment remains biologically and psychologically pathologised, and thus referential to a normative body construct. The following extract refers to the definition of disability found in the DDA as part of a guidance handbook for Tower Hamlets Council Managers.

**Extract 4(ii)**

1. “Service providers may not be in a position to determine whether or not a service user has a disability that falls within the definition. Staff should be instructed in good practice as regards disabled people. Rather than trying to work out whether or not a service user..."
qualifies as a disabled person under the Act, they will find it more useful to concentrate on the requirements of the DDA to ensure that users are not treated unfairly for a reason related to their disability, and to remove barriers which make it unreasonably difficult to use the service.’ (P10).

‘The appropriate approach will be to identify where barriers exist which make it difficult for a disabled person to use a service’ (P11).


Although the reproduction of ideas and concepts will understandably add to a dilution and distortion in relation to the version of meaning that any given account is oriented too, focusing on the variability in accounts can be useful in illuminating dominant influences and expressions. An aspect of such variability is observable in extract 4(ii). Again, earlier within the document from which the extract is taken the council’s 1997 ‘adoption’ of the social model is referred to. Furthermore, and as this particular text is explicitly related to the DDA, a definition of disability is also presented where a disabled person is defined as having ‘a physical or mental impairment, which has a substantial and long term adverse effect on their ability to carry out normal day to day activities’. Of analytical interest is then the reference in the first paragraph to both ‘service user has a disability’ (end line 1-2) and ‘their disability’ (line 5). Although this may be an active choice by the authors to ensure clarity and enhance readability it nevertheless presents a distortion of the strong social model position by way of its embodiment of disability within, and possessed by, the individual’s body and thus infers a normative body construct of ability.
Even though the paragraph attends to the need to remove barriers as part of an anti-discrimination agenda, these are not portrayed as disabling per se, but rather the variability implies them as preventative in an equalised service provision. Lines 9-10 presented in this extract reiterate the intended focus within the paragraph preceding it to the removal of barriers that make service use difficult for disabled people. Note that ‘unreasonably difficult’ (line 6 & line 9) is used rather than discrimination and is appropriate given the institutional practise the whole text is orientated to, namely an anti-discrimination agenda emerging from a civic organisation engaged in responses to the legislation of central government. Furthermore, the use of ‘unreasonable’ grades the potential difficulty and legitimises a reasonable level of discrimination for the disabled body to endure. In this way, and through the use of ‘their disability’ (line 6) the normative body is maintained and thus the responsibility to address disabling barriers is negated, because the disabling agency is located individually.

The final extract explores further problems that the normative body creates for accounts that attend to disabling barriers, and considers also how versions of adaptation and rehabilitation relate to this.
Extract 4(iii)

RD: I think there's a good point that you made there about you know client, you know identifying that the wheelchair is a leg, I was saying to a client of mine who's got a visual impairment and you know he was talking about how people approach him, how when he's walking he notices veering towards, you know, whoever's walking next to him and is hitting them, you know. .hhh I said to him see it this way, you know, like I said before we all have some kind of disability and we have ways of adapting, you know, so that we fit in as a normal and the same person ok say for instance, you know, R you wear glasses ok and you need those glasses to see, if I take those glasses away from you, you can't see and you are disabled instantly, you know, so it's like that wheelchair to your client is bringing that client to the level that everybody's at,

HM: [=that's right]

RD: LIKE GLASSES TO YOU it's bringing your sight, you understand, you know, there's no, so we all have it you know, so I tried to explain to this client that, you know, that your condition is not correctable by glasses or by surgery or by laser treatment,

HM: [=no ]

RD: you know what I mean you know, because you have a way, say for instance, if I teach you how to use a long cane to go from point a to point b you've already overcome that barrier, you know, so the person who uses the glasses is exactly the same person is the same as you using the long cane, it's just different methods, you're just understanding and people being aware of the fact that, you know we all have some sort of, we use things to adapt and to help ourselves to overcome that barrier=

[Hodgkins 2003 DG2 P8 lines 5 - 26]

This account offers rehabilitation and adaptation to address and overcome barriers. This is achieved through reference to aids as adaptive additions to the body but is worked so as to normalise and play down connotations relating to disability as a negative difference. This is perhaps most apparent within the
talk by the utterances ‘fit in as normal’ Line (6-7) and ‘we all have some kind of disability’ (line 5-6). Again, the ‘world as it is’ reference is drawn upon so as to clarify the construction of rehabilitation and adaptation as practical and positive approaches to overcoming disabling barriers. In this way however, disabling barriers are constituted and located within the individual body.

A professional identity is noticeably mobilised as an interactive resource at ‘client of mine’ (line 2) which not only warrants the orientation that follows but is weighted by an example that is framed within ‘discourse brackets’ (Schiffrin 1980). This references the researcher’s spectacles in the ‘real time’ of the interactive context in a way to further justify both the equalising inference as well as mobilising the appropriateness of adaptation to address and overcome barriers. This constructs barriers as non-fatalistic and implies the relevance and necessity for adaptation. However, this is achieved and made possible through the uptake of an alternative perspective that speaker RD orientates the talk to be concerned with. These are versions that reveal value judgements about disability, i.e. ‘doesn’t mean that the person with the glasses is any better’ (line 15), and the need to adopt this viewpoint is reiterated throughout, i.e. ‘see it this way’, (line 5) ‘people being aware of that fact’ (line 21). While superficially positive, this orientation is individualistic and constructs a version where both personal belief and participation in rehabilitative activities are a requirement to overcome barriers.

The reference to ‘client of mine’, (line 2) is perhaps also revealing of this construction as emanating and embedded within the institutional setting of
professional, expert driven rehabilitative services of the local authority. Attending to versions of adaptation to address disabling barriers can be seen as dependent on and thus related to the discourses of institutions that are engaged in and required to offer such services. The notion of rehabilitation is potentially antithetical to a strong social model orientation to barriers as oppressive as its requires individual agents to undertake change and adaptation to their impairments. Barriers in this example are drawn upon to be functional to the construction of a rehabilitative and adaptation discourse which may not necessarily determine them as structural. This however is demonstrative of how language use is constructive in accounts and versions of reality orientated by speakers during the interactional setting so as to achieve and attend to particular positions and persuasions. The disabled body and the barriers it encounters can be discursively constructed in multiple ways. While some of these maybe emancipatory, others may sustain normative body constructs of barriers as located within the individual and thus problematise liberating ways of making meaning about them. Therefore, depending on the actions being orientated to, attending to versions that seek to overcome disabling barriers will not necessarily be the same as making a commitment to their eradication.

Discussion

Having explored the discursive construction of ‘disabling barriers’ in the previous ten extracts and two images, this discussion section shall consider the analyses in terms of the implications and positions that have emerged
from them. Prior to the analysis section it was asserted in line with a
discursive psychology position and some critical disability studies work that
herein, disability was considered a discursive object in and for interaction and
the accomplishment of action. In this way analytical attention has been
focused towards how the metaphor of ‘barriers’ makes particular versions of
disability meaningful in talk and textwork, for what purpose and for what
reasons there appears often multiple differences in representation.

As expected, this presents a potential criticism because such a position
appears challenging to critical realism (Williams 1999) and a realist
acknowledgement of the everyday reality of disability. To clarify however, this
study does not deny the barriers and hardship experienced by disabled
people, such as the existence of segregated education, long stay hospitals
and the abject poverty statistics report (Palmer, Carr & Kenway 2005). Rather
the focus has been with regard to the construction of meaning regarding
‘disabling barriers’ through discourse and how variation in construction can
reveal something about the function of versions.

A strong social model account, as observable in extract 3(i), portrays disabling
barriers as features of the social world, and everyday arrangements as
disabling and restrictive, and not then the limitations of individual agency. The
function is so as to make this persuasive and appropriate for versions to be
inferred as factual. The variability of this discursive expression is dependent
upon the discursive styling and position oriented to, actively and by way of
interactive inference. Disabling barriers, like disabling agency, are not distinct
realities, but rather representations of it produced and sustained by the power and truth games of social collectives. Even though this position is appropriate for the current work, so too is the assertion of Oliver (2004) that the experience of disabled people should be ratified and exposed by themselves to identify and challenge disablement. In this way the current work is aligned to and obliged to recognise the very expression of disabling barriers as a form of resistance, not just to oppression, but also to current meanings of independence, individualism and personhood. Through this consideration, it is also apparent that society is represented as unsatisfactory and favours an ideology of ability and the normative body construct.

To recap and bring together then the observations made in the section above it is appropriate to summarise the analytical commentary. In disability discourse the primary function ‘barriers’ can serve is to relocate negatively valued attributions concerning disability from the normative body of an individual agent to civic society and community. This can refer variably to physical structure, organisational, including economy and/or attitudes and prejudice. By doing so however, the barrier metaphor and metonym of disability discrimination encounters dilemmas concerning a society/individual dualism. Such a consideration of society and the person as distinct objects is well critiqued within some social science literature (Teo 2005). This distinction is attributed to excessive theorisation of the able human body as solely reducible to biological explanations. These are based on normative body constructs and notions of ideal health status, as well as the production by behaviourism and cognitive psychology of the mind of the individual agent as
a standardised information processing machine (cf Henriques et al 1998).

This dilemma is apparent, and noted in the commentary of extract 4(i), when accounts attempt to encapsulate a totality of exclusionary experience that attributes blame to society as disabling but distinct in its agency as influenced by individual subjects of it.

‘Barrier’ metaphors are variable to the purpose of orientations attended to within versions. Although a strong social model position asserts the cause of disability as located within societal arrangements, such versions can be distorted in line with the action orientated to by a given institutional practice. As the commentary of extract 4(ii) asserted, the discursive expression of barriers can be drawn upon to legitimise and warrant displays of commitment to an anti-discrimination agenda required of local authorities by central government. In this way the liberatory politics from which the social model emerged becomes subservient to the institutional practises of civic organisations that demand legislative regulation and are embedded in economic constraints. Furthermore and relating to the analysis of extract 2(i), discursive variation is also revealed as dilemmatic for speakers when ability is referred to the independent body as an agent and signifier of a capable, normative and compliant personhood.

The construction of barriers in disability discourse facilitates the depiction of disablism and exclusion as social, not individual in accounts that work to legitimise features of the everyday as causal and agentic of such discrimination. The strong social model is vulnerable to a distortion when
rehabilitation and adaptation orientations are aligned to, as was referred to in the commentary of extract 4(iii). In addition, the barriers of the social model may also be utilised to authorise and warrant knowledge, and thus appear as an appropriate qualification for an institution seeking to address and attend to equal opportunity legislation and initiatives. The social model becomes then not an agent of liberation but rather a disclaimer for formal institutions to display the most relevant orientations within accounts of disability. The adoption of the social model of disability by Tower Hamlets council achieves a version where disability discrimination is anticipated and acknowledged but is also distanced from its initial liberatory intention by way of rhetorical purport. Although an alignment to the social model can reveal a discursive commitment, this can be dislocated and meaningless in terms of that which concerns everyday practice.

The representation of disability is dilemmatic for equality initiatives and legislation as it assumes a difficulty of negotiation in everyday practices for individuals who are marked by impairments and is relative to normative meaning regarding human capacity. While disability rights and related equality initiatives are a legislative requirement of central government to include disabled people, their representation as subject to and excluded by barriers maintains them as othered from the ordinary. The social model as an essentially historical-materialistic perspective sets a goal of political equity and the barrier metaphor offers rhetorical strength for representations of exclusion from a modern society, and thus remains primarily weighted for critiques of structural organisation. The social model argument is then less suited for
arguments and challenges of discrimination with regard to social relations as it is embedded in society/individual dualism and as such attributes blame to humans as promoters of disablism through prejudice and negative attitudes. In this way the normative, which for disability infers an ideal level of capacity and functionality, is maintained.

A postmodern critique (Corker & Shakespeare 2002) argues that the social model overlooks biological, psychological and sociological interpretations as simultaneously engaged in the display and creation of meaning about disability. In this way the barrier metaphor is weakened when discursive accounts refer to the normative body as the sole way of sustaining independence and personal autonomy. The social model negates the importance of impairment that although represented through discourse remains socially and culturally determined (Shakespeare and Watson 2001). The critique is that it does not challenge disciplines such as medical sociology which promote perspectives on impairment as an ultimate pathology of biological concern (Bury 2000). In this way everyday discourses retain tendencies for disabled people to be produced as incapable and dysfunctional (Tremain 2001), despite attempts to enable them in part by access and structural alteration.

The appropriation of the discursive expression of ‘barriers’ as signification of disability as a ‘socially imposed restriction’ possesses rhetorical strengths for challenges of structural and organisational arrangements of service provision that are governed by anti-disability discrimination legislation and attend to
versions of equal opportunity. These are however weakened and limited when discourses refer to the capacity of an individual’s agency as the primary marker of personhood in relation to a generic depiction of self-regulating independence. Disabling agency, whether marked as social restriction or individual limitation, remains a tragedy in discourses that sustain it as othered and extra to the ordinary. In disability discourse, the representation of ability as a normalising aspect of human identity, albeit subtle or indeed explicit poses the greatest impairment for disabled people.

Conclusion

Located within a broader representation of meaning that emerged from the liberatory politics of the 1970s the social model of disability has since its inception achieved iconic status. Through its popularity it has been reproduced and extended in its boundaries of encapsulation to become the broad blanket of meaning concerning disability as an imposed restriction and a matter for equality initiatives to address through an ideological drive for accessible structures and provision. Indeed as the original articulators assert the misappropriation of the social model has mistakenly produced it as a dominant definition, theory and explanation of disability and thus has been limiting in its consideration of the embodied subject (Finkelstein 2001: Oliver 2004). This misappropriation has distorted the social model to purport barriers as features of exclusion faced by individuals that are to be changed by accessible provisions, rather than involving the identification and
interpretation by the collective disability movement of such social restrictions as crimes, as Finklestein (2001) asserts.

This qualitative inquiry has explored the discursive construction of barriers in talk and texts representing disability. The analyses have intended to demonstrate the interpretative commodity of disability and its representation through the ‘barrier’ metaphor and metonym of discrimination as an object in and for interaction and thus dependent on the action being orientated to. Through a discourse analytical perspective this study argues that meaning concerning disability and its social model is achieved through discursive expression and construction. In this way it is asserted that there are both rhetorical strengths and limitations for the disability movement when utilising ‘barriers’ as a means of activism when the passing of recent disability discrimination legislation indeed makes, albeit partially, the imposition of restriction as such a crime. Now that the social model is to be found embedded and taken as commonplace in the texts of government and civic organisations, disability activism may do well to recognise the construction of meaning through discourse and truly criminalise the barriers in order to achieve equality and ensure the human rights of disabled people are not violated. As the representation of disabling barriers has been distorted and diluted and thus lost its transformative and resistive power, it may be better to draw upon discourses that identify the social injustices faced by people with diverse bodies, such as a version of ‘disablism’ which has the potential to vehemently articulate (see Abberley 1987; Reeve 2004). This may not only benefit the impoverished lives of disabled people but enable a more
appropriate interactional or social relational understanding of disability highlighting impairment effects as intrinsic aspects of being in the world, as has been called for elsewhere (Thomas 2004).

Similar in notoriety to the social model within disability research and policy, is the terminology and discourse of independent living. Building on the critical positions explored regarding disability identity in Chapter Six and the social model herein, the following chapter explores the discursive construction of independent living in UK parliamentary discourse. This considers dilemmas relating to excessive individualism and disability and draws together Part Three of this thesis by providing critical commentary regarding the personal and political positioning of disabled people.
Chapter 8

‘Disabled people have as strong a claim to a normal life as anyone else’: The Discursive Construction of Independent Living in UK Parliamentary Discourse

Introduction

In recent years the disability rights agenda and independent living movement have together influenced a shift in emphasis in debates about support provision, from one of accommodating dependence through care to one of facilitating individual living and autonomy. This qualitative inquiry presents an analysis of the discursive construction of ‘independent living’ in transcripts of briefings and other parliamentary discourse regarding the Disabled Persons (Independent Living) Bill [HL] (2006). A discourse analytic approach (Wetherell & Potter, 1987) is used to critically analyse the discursive function, variation and construction of representations of ‘independent living’ and ‘disabled people’ present in the data. The analysis shows the ways in which the bill’s portrayal of current service delivery in terms of the management of ‘risk’, and proposed provision in terms of supporting ‘choice’ and ‘control’, can be related to discourses emerging from the independent living movement. Analytical commentary further explores the implications and dilemmas that arise regarding individual agency, autonomy and the disabled body in relation to the Bill’s dominant discourse of individualism and the challenges posed for representation and practical application of an ‘independent living’ reform strategy.
The discursive expression of ‘independent living’ has recently achieved a heightened prominence with regard to 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 to recent and distant histories that have incarcerated and positioned disability as an ultimately negative and undesirable way of being. In this vein, the foundations of independent living are based on three fundamental ideas, i) the human & civil rights of disabled people are denied; ii) mainstream reaction to impairment is inherently negative and fails to account for and accommodate impairment which in turn undermines these rights; and iii) 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). Furthermore, independent living 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, counselling and peer support) and economy (Ibid).

Historically, the expression, or as it is more recently known, the philosophy, of independent living is grounded in the emancipatory actions of disability
campaigns during 1970-80s that emphasised and radicalised the ‘self empowerment’ of disabled people. In 1972 at the University of California, Berkeley, USA, the first Centre for Independent Living (CIL) was established initially as a self help group run by disabled people to increase participation and access to the academic experience. From this the development of local CIL’s were seen as relevant for improving the lives of disabled people.

Significant also was the Congressional amendment of the Rehabilitation Act 1978 to establish ‘comprehensive services for independent living’ (Barnes, Mercer & Shakespeare 1999, p148). By the 1980s British Disabled Persons’ Organisations, the Derbyshire Coalition of Disabled People and the Hampshire Coalition of Disabled People had each developed Centres for Independent Living, the latter forming largely out of ‘Project 81’. This ‘consumer-directed housing and care’ initiative, managed by disabled people, successfully convinced the local authorities that the financing of residential care could be re-appropriated and used to resource community support options (Barnes et al 1999, p149). In this way, the independent living movement and the disability movement are to be seen as co-existent, and indeed one of the same, emerging from the same struggle and emancipation.

Independent living is perhaps only distinguishable in that it is specific to the pragmatics of an appropriate disability support provision and policy. The impact of ‘independent living’ across strategy, policy and equality initiatives is huge, and yet current provision continues to fail disabled people (DRC 2007) and wider civic participation has little meaning for citizens with impairments as they remain excluded and ostracised from social being. Partly responsible for this is that despite the activism that has reshaped the delivery of provision for
many, impairment remains naturalised as a flawed characteristic of the body in mainstream thinking and representation, as Tremain (2001) has asserted.

Nevertheless, independent living can be seen as asserting a massive discursive influence and reformulation of the construction of disability as both personal and social issue, undermining negative assumptions and reactions and charging the issue of impairment with much political capital (Barnes 2002). Also, within numerous government documents and policies, concerning disability issues (e.g. ‘Valuing People’, DoH 2001, ‘Improving the Life Chances of Disabled People’ 2005, and most recently the ‘Independent Living Strategy’ 2008), are to be found the 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 made vehement challenge of dependency. The influence of the discourse of independent living has achieved a great deal and as the UK Office for Disability Issues considers reform of social care provision along the lines of its ideologies, future support provision for disabled people is prophesised as one that will facilitate independence and thus citizenship. It has become very much the new order in terms of disability support provision and although reform cannot be challenged as unnecessary, the associated ideologies remain potentially unchecked and of liability in terms of the oppressive relations concerning disabled people in the manner in which the rhetoric of new reform retains elements of the old oppression, albeit reframed.
For this reason, the present study considers the discursive construction of ‘independent living’ in UK parliamentary discourse. The intention is to explore, through a discourse analytical lens, how independent living is presented and made significant within the context of a potential parliamentary bill and what other discursive influences and ideologies are apparent. The approach is not to question the need, but rather explores how it is, through the performance of discourse and language, warranted as a necessary guidance for reform.

**Methodological considerations**

The present study considers the discursive function, construction and variation of ‘disabled people’, ‘independent living’ and related expressions within UK parliamentary discourse obtained from the House of Lords transcription of speeches and debates. Hansard transcripts are useful for qualitative research programmes, especially discursive approaches, as they provide a readily accessible source of ‘naturalistic material’ (Potter 2003). Furthermore, the Hansard source is of particular interest as it allows access to texts concerning research topics primarily situated within UK political settings that have implications for social policy and other areas. Other examples of ‘naturally occurring talk and text’ include recordings of calls made to help-lines and emergency services, prenatal screening interviews*, and internet message boards, forums and chat-rooms (see Hepburn & Wiggins 2005; Pilnick 2004*). Such materials are considered favourably in comparison to the
potential for abstraction of research topic, and imposition of ‘psychological’
expectations and categories the standard interview format may attract.
Indeed naturalistic materials, because they are untainted by interview or other
research structures, can provide greater actuality, clarity and action
orientation of consideration to the research (Potter 2003). The Hansard
archive does not however, include Jeffersonian transcription standards
(Jefferson 1985), such as intonation, pauses or emphases and therefore may
not be suitable for detailed conversational analysis, other than those that infer
structural or rhetorical features of talk. Elsewhere, Hansard transcripts have
been used in other examples of critical discourse analyses, for example Blair’s
2003 House of Common speech defending participation in the US led war in
Iraq (Van Dijk 2006).

The discursive construction of ‘independent living’ within UK parliamentary
discourse is of particular interest as it can be considered as emerging from
recent activism concerning disability that strove to achieve greater provision
and support for disabled people. Much literature and research notes the
emergence of the independent living movement in the attempts of disabled
people to resist the ‘benevolent paternalism’ of residential care institutions set
up in the 1950s and reclaim control of their lives (Morris 1992). In this way,
the discourse & terminologies of ‘independent living’ can be seen as
appearing within current parliamentary texts in relation to this earlier
reformative and emancipatory agenda and action, and very much embedded
in the recent revisualisation of disability (Oliver 1990; Hughes 1999).
The text extracts considered as data for this study come from the Hansard transcripts of House of Lords second readings of the private members bill, the Disabled Persons (Independent Living) Bill [HL] (2006). The bill was presented by Lord Ashley of Stoke during 2006 and debated at two second readings on 14th July 2006 and 15th December 2006. The bill received two separate second readings due to the ending of the 2006 parliamentary session.

The bill has been passed to the House of Commons and awaits its 2nd reading, as of May 2008. However, it can be difficult for private members bills to make it into the statute books due to the lengthy process involved. Particularly, if there are significant implications for social policy and public expenditure. Indeed the Office for Disability Issues (UK) recently produced the Independent Living Strategy (2008) and currently argues that legislation is not required, as it believes the strategy can achieve the outcomes. However, there is significant support from both politicians and campaigning groups, including a coalition led by the UK’s National Centre for Independent Living (NCIL) and so it may indeed achieve further support.

Although the bill proposes much needed reform for social and community care provision, the concern herein is not whether the bill is successful, but rather the manner in which ‘independent living’ and ‘disabled people’ are produced during descriptions and talk in the debates, what they achieve, and how these relate to general and specific issues of representation and knowledge.
Analytical approach, inquiry & commentary

As previously mentioned, discursive psychology considers psychological phenomena and concomitant categories, thus including herein ‘independent living’, and ‘disabled people’ as objects in and for interaction (Potter 2005). In this way the following analysis considers what it is that ‘independent living’ and ‘disabled people’ orientates to accomplishing when drawn upon in talk and textual interaction, what versions and accounts are produced and how these vary in relation to each other.

The following fourteen extracts explore in greater detail the discursive function, construction and variation of representations of ‘independent living’, ‘disabled people’ and related expressions. The selection of extracts is of course partial, but made in consideration of the analytical intention and inquiry and each identified and included in relation to its relevance to this. As has been mentioned, the primary intention of the analysis is to illuminate the dilemmas and implications that arise in representations and ideologies of ‘independent living’ and ‘disabled people’ that infer, and are concerned with, individual autonomy, agency and the disabled body.

The extracts have been arranged under four thematic headings for the purpose of attending to this intention and are analytically focused to the following areas of inquiry.
1. *From ‘frustration to…fulfilment’; How is ‘independent living’ accomplished as relevant for ‘disabled people’?*

2. *‘People first, disabled second’; What versions of ‘disabled people’ are achieved and warranted?*

3. *‘Investing in independent living’; How are the economic benefits of ‘independent living’ constructed & performed?*

4. *‘The long slow march of disabled people to freedom and independence’; What orientations to change arise from the ‘independent living movement’?*

The following sub sections headed as above present each of the extracts along with an analytical commentary.

1) *From ‘frustration to…fulfilment’; How is ‘independent living’ accomplished as relevant for ‘disabled people’?*

The need for radical reform of Britain’s social care system is well-documented in disability studies research (Morris 1993; 2004) and social policy initiatives (Disability Rights Commission 2007). This call is based on poor provision and performance of services, the consequences of which are detailed as causal in the exclusion and marginalisation of disabled people. ‘Independent living’ is asserted as the necessary aspiration and lifestyle facilitator for the emancipation of disabled people, and thus hailed as the appropriate flagship of this reform. Commentary of the following extracts explores how the debate
concerning the bill achieves this persuasion and positions ‘independent living’ as a solution.

Extract 1(i)

1 My Lords, I beg to move that this Bill be now read a second time. Its purpose is literally to
2 transform the lives of Britain’s 11 million disabled people from those of frustration to those of
3 fulfilment.

[Lord Ashley of Stoke, Hansard, 14 July 2006: Column 955]

The need for such reform, and the potential for the bill to deliver an improved alternative, is typified succinctly by the contrasting ‘frustration’ of the current time to a future one of ‘fulfilment’ (line 3). This distinction orientates to both the need for change through emphasis of the current situation as negative, and the future potential of positive improvement. This can be seen as characteristic of a general script device, named elsewhere as an ‘if-then’ structure (Sneijder & te Molder 2005). If ‘independent living’, through reform of human care and support provision, then ‘fulfilment’. Utilising this with the term ‘transform’ (line 2) implies further the action and emphasises a need for reform and thus, discursively, the factuality of this construction. This is specific to the representation of lives as having a potentially positive or ideal outcome in some way. The dilemma does not concern whether this is the case, but rather the implication, that ‘independent living’ can facilitate a good life. This is an ideal of enlightened motivation. In this way ‘independent living’ becomes the standard by which to measure the fulfilment and appropriate treatment of disabled people. Also, stating the figure of 11 million, presents
this as a significant proportion of the population and thus asserts urgency and importance for this issue to be considered.

**Extract 1(ii)**

1. Disabled people have as strong a claim to a normal life as anyone else, and this Bill seeks to provide basic rights which have long eluded them. It seeks a change in attitude, in culture, in practice and in the law. The key objective is that disabled people of all ages should have the same freedoms, choice, dignity and control as all other citizens at home, at work and in the community. This means that they must be provided with practical assistance and support to participate in society and to live an ordinary life. That is not a lot to ask, but it is absolutely crucial.  

   [Lord Ashley of Stoke, Hansard 14 July 2006: Column 956]

While there is a firm assertion made herein of the need for civil rights and challenge made against the marginalisation/exclusion of disabled people, its performance simultaneously produces an identity of them as extra-ordinary and othered (Hunt 1966; Shakespeare 1997). The ‘other-ing’ of identity is dilemmatic as whilst it achieves collectivity for resisting struggle and asserting demand, it does so by the marking of referential points as deficient against a model of ordinariness and productive of an ideology of extra-normality (Michell & Rose 1982; Henriques et al 1984; Hall 2001). A person can not be disabled on their own, but rather requires reference from which to draw inference and meaning, such as is noticeable in the case of education and the construction of learning disability (Dudley-Marling 2004). Elsewhere this is considered as the process of ‘alternity’ and refers, in the case of disability, not just to processes of economic or material exclusion but also the processes that reject and are repulsed by impairment (Hughes 2002). Critical, and perhaps
unanswerable questions arise as to why it is that the disabled body is represented as one of difference and what values are revealed when disability is expressed. The representation and discourses of disability invoke a value pluralism that spans biological, psychological and social registers and matrices. The stake however is asserted in extract 1ii, for the purpose of achieving disabled peoples passage to citizenship; ‘claim to normal life’ (line 1), ‘live an ordinary life’ (line 6).

The constitution of this ordinary life is expressed with the essence of independence and autonomy constructs of ‘freedom, choice, control and dignity’ (line 4). These are key concepts of the bill and noticeable in numerous other UK government policies, i.e. ‘Valuing People’ (DoH 2001), ‘Improving the Life Chances of Disabled People’ (2005) and most recently the ‘Independent Living Strategy’ (2008). They can be traced to the neo-liberal approach to reform emerging from the 1970s and are immersed in an ideology of individualism (Burton & Kagan 2006) and Western notions of independence. Discourses of individualism present dilemmas not only for its denial of human interdependency, and thus favouring of standardised individual ability, but also in how they work to produce an homogenous version of the human agent that participates in and thus contributes to a economic market orientated society (cf Alaszewski et al 1997).

The constructs of freedom, choice, control, dignity and also rights are well documented in texts of ‘independent living’ which espouse these as critical for the improvement and equality of disabled people lives (Morris 1992). These
link to the expression of activism with regard to the struggles and predicaments that arise from impairments and autonomous lifestyle. While the critique of individualism stands, independence, as utilised discursively for the cause of disability activism, can be seen as a response to the traditional model of care, which serviced disabled people minimally and perpetuated their dependency and patronisation. The independence of the independent living movement is not merely a call for more choice but the demand and resistance to incarceration, or as elsewhere articulated as ablest apartheid (Goodley & Lawthom 2006). Independence in disability activism discourse is dichotomised against the negative values ascribed to dependency. Analytical attention is also directed at the presentation of ‘practical assistance’ and ‘support’ (lines 5-6). These terms are reflective of the ‘independent living’ theme and are variable in their implication of other possibilities, e.g. care, rehabilitation, which imply dependency. The linguistic styling of ‘personal assistant’ is less medicalised, neutrally valued and resonates more with a formal arrangement distanced from the implications of ‘goodness’ traditionally associated with the caregiving role.

**Extract 1(iii)**

1 The existing statutory rights and entitlements in relation to social services are not delivering
2 the means for independent living. In some cases, they act in complete contradiction and are
3 subject to financial restrictions and draconian means testing. The assumptions that underpin
4 their design and delivery focus on managing vulnerability, risk and dependency, rather than
5 supporting choice, control and participation.

[Baroness Masham of Ilton, Hansard 14 July 2006: Column 962]
More explicitly the current failings of the service provision are articulated as inappropriate in extract 1(iii). The failings are performed as being distinct from the ethos and constitution of independent living. Managing ‘vulnerability, risk and dependency’ (line 4-5), denotes a sense of confinement, surveillance, and restriction. In many ways the portrayal of independence is as an ideal and defines impairment status as problematic. More interestingly perhaps is the implication of ‘choice’ that elsewhere it should be noted is observed in measurement and conceptualisation of ‘quality of life’. While campaigns of the independent living movement have justifiably initiated reform in light of the dire situation, there is a sense that this discourse has been assimilated into a consumer ideology (Burton & Kagan 2006). Choice legitimates independence as a moral rights issue and is portrayed as a key objective for it. Yet this choice is one for consumption of social care and support policy, in relation to which the consumer model poses dilemmas, including how choice is limited and defined by availability and control of resources. Independence becomes a naturalised commodity through expression of choice. Budgets set yearly may determine expressions of choice as they are expended. This is the case with community care legislation and its eligibility criteria policies that determine provision on the basis of hierarchical categories of risk to one’s independence and often only deliver at the levels of ‘substantial’ and ‘critical’ (Bigby & Ozane 2001; Morris 2004).

Questions arise about the benefits of consumer and privatisation models of support for disabled people. These produce a dependency on choice for freedom. This new version of rights, articulated through choice, is dilemmatic
for supporting choice as consumers, as it is a secondary arrangement in the
delivery structure. In many ways, the ‘choice’ in disability activism discourse
emerges from the independent living movement campaigns and demands that
are opposed to dependency. Independent living is to be outside of the
confinement of the dependency facilitating institution and such discourse
potentially is styled with the struggles to be free from them. However,
institutions do not always have easily observable boundaries, as historical
considerations illuminate with the explosion of community based
professionalized groups, operationalised for the management of risky and
vulnerable individuals in societies following the abandonment of asylum,
orphanages and workhouse approaches (Foucault 1963; 1967; Alaszewski et
al 1997). Is it perhaps that independence becomes an ideological institution
defined by parameters of choice, control, freedom and autonomy, which
define and measure the success and effectiveness of policy and governance?

Another function of ‘choice’ is the implication it makes concerning autonomy.
To express choice is to be self-directing or autonomous, thus displaying
independence and absolving dependence. The representation of disabled
people as being dependent is a primary challenge of disability activism. An
‘independent living’ approach to support asserts the distinction between
‘physical’ dependency and ‘social’ dependency. The former is linked to
impairment and the latter to not having control over one’s life due to reliance
on others for support (Morris 1992). The discourse of independent living
challenges the ideology of disabled people as dependent and repositions the
boundaries of autonomy and human agency.
A basic element of the Bill is the provision of rights for disabled people and the imposition of duties on local authorities and the NHS. It is a twin-track attack. As a starting point for assessing needs, I want to emphasise the need for contributions from disabled people themselves. In the simple but profound words of Plato: “Only the wearer knows where the shoe pinches”. Disabled people are the best qualified to define their own requirements. This is one hundred times better than a local authority assuming what they are and simply handing out what it thinks is best.

[Lord Ashley of Stoke, Hansard 15 Dec 2006: Column 1792]

The inclusion of the Plato quotation (line 5) not only provides rhetorical warrant through authoring of a literary reference but is of direct relevance to, and in line with, ideology espoused by the independent living movement. That is, for disabled people themselves to be agentic and leaders of their autonomy and thus not dissimilar to other areas of liberatory identity politics. Furthermore this construction of disabled people as autonomous individuals in control and able to assert choice is in line with the broader emancipatory challenge to research, policy and design (Carmichael 2004). Elsewhere this is articulated as user involvement and/or participation. Its accomplishment herein, is of emancipation via self-determination. In many ways, this poses a new era of discourse for disabled people, independent but nevertheless ready to consume and define that consumption. With that said, problems become apparent for knowledge, monitoring, management and the distribution of resources that require surveillance and control. Analytical interest is also directed to line7-8 with reference to ‘handing out’. This warrants the user-driven, emancipatory stylisation of services of the independent living model.
and works to both denounce the current provision and traditional model of
care. Historically, benevolence and charity have been superseded by a
discourse of rights and citizenship. Receiving handouts depicts a version of
dependency and may thus prolong incarceration for its inability to facilitate the
equal participation of citizens.

Although pragmatically, reform is much needed in current social care
provision and any intervention may be beneficial, the ideologies of new
initiatives must be critically evaluated for their relevance and authenticity.
Critical reading observed here notes that while the case for independent living
is persuasive in its challenge of the version of disabled people as dependent,
its orientation to a consumer led alternative provision maintains this discourse
and produces them as othered, or indeed as extra-ordinary citizens or citizen
plus support.

2) ‘People first, disabled second’; What versions of ‘disabled people’ are
achieved and warranted?

Disability and impairment are never produced as meaningful exclusively
through any one particular lens of interpretation. They are always defined
with a value pluralism. Against the backdrop of negative representation
concerning disability and impairment exist resisting discourses of equality,
humanity and liberation. Although ‘disabled people’ are assumed as broken
or faulty with the partnership of ‘modernity and medicalisation’ (Hughes 2000),
the neo-liberal and romanticised discourses of disability and impairment
observe and orientate to them as an unnecessary identifying quality. This retaliates against and rejects representations of people as negative based on illness or impairment.

**Extract 2(i)**

1. What I do, and always have done, is base my consideration of any issue regarding disabled people on a very simple concept upon which no one anywhere has ever contradicted me: that disabled people are people first, disabled second. It follows from that that I believe that disabled people should have the same rights as able-bodied people. I believe that, on the whole, they have those rights but are unable to access them because of discrimination.
2. So, as the noble Lord, Lord Ashley, has highlighted this afternoon, disabled people still have quite a long way to go to catch up with able-bodied people.

[Lord Skelmersdale, Hansard 15 Dec 2006: Column 1806].

The orientation of disabled people as ‘people first’ (line 3) not only promotes the importance of humanity but also negates disability as a primary human quality. This accomplishes disability as unimportant or largely irrelevant in the ideal constitution of personhood and citizenship. This ‘people first’ version is of equality initiatives and inclusive vision, but by doing so disability is maintained as undesirable, through it being denounced as a primary feature. Lines 4-6 attend to a contrary version of inclusion, one that is exclusionary also. It asserts disabled people have the right to be included but can’t be because of discrimination. There is an intention to include but this is subject to prevention. The problem is not one of being disabled but rather of being discriminated against. However these are inseparable and a strong social model account argues that disability is discrimination. The discursive function being orientated to in this extract however is concerned with the
representation of disabled people as included in society as people, with less negativity being associated with having a disabling feature. Disability is denied because the able ideology is dominant.

*Extract 2(ii)*

1. *We have to remember that people are individuals first and foremost.*
   
   [Lord Addington, Hansard 14 July 2006: Column 972]

The orientation to disability as secondary is further noted in the variability of representation in extract 2(ii). Again acknowledgement of stigma of disability is attended by recognition of the value of the individual, and thus individualism, over a notion of ‘people’. The individual is by default, desired and valued as autonomous. The analytical attention drawn to ‘remember’ implies this is an ongoing active necessity of something absent from an equality driven moral and ethical conduct. A version of disabled people is warranted as isolated, contained, capable, singular and individual, not to be oppressed by a collective but rather a self-determining sole entity and in charge, and control, of its agency.

*Extract 2(iii)*

1. *I should emphasise here that as disabled people are a part of our wider society, so any policy that evolves should include them as part and parcel of that policy, not an embarrassing add-on. Disability is not a separate and distinct issue; it should be integral to government thinking. It certainly is as my party develops its policies. People with disabilities have much to contribute to society-as, indeed, we all do-and should be valued for that reason.*
   
   [Lord Skelmersdale, Hansard 14 July 2006: Column 976]
The representation of disabled people as located within ‘wider society’ (line 1), while orientating to an ideal of inclusivity is largely ostracising of it. Although lines 3 and 5 work to warrant disability as an ‘integral’ issue its function is rhetorical as it produces a version of disability as both extra and included. The dilemmas of representation of the ‘other’ span the necessity for inclusion by identification of the process of exclusion, which simultaneously identifies and maintains them as different. The variation in articulation and representation of the subject ‘disabled people’ (line 1) and ‘people with disabilities’ (line 5) is of interest as it implies the sources of restriction and limitation. A social model of disability perspective names people as disabled people because it is society that excludes them. People with disabilities are called so, in an attempt to value their personhood, but are negatively implicated through an invalidating aesthetic and medicalised gaze (Hughes 2000). By normalising or collapsing the disabled identity the campaign for disability equality and inclusion risks being de-politicised. This denial of disability, whilst perhaps attending to issues of dignity in self-representation of the individual, risks downplaying the need for new approaches that recognise and incorporate different bodies and challenge how it is disability is legitimised and regulated as a negative.

**Extract 2(iv)**

1. *The Bill aims to change the whole ethos of the debate on disability from a discussion on how we take care of helpless people to a discussion of equal citizens who happen to have a disability. So how can we best help them cope and exercise the same choice, freedom,*
Again the dilemmas of inclusion and difference are illuminated here. There are tensions in constructions of disabled people as ‘citizens’, and ‘equal citizens’ (line 2-3) who happen to have an additional feature that is a disability. Disability can be produced as both relevant and not relevant, depending on the discursive work being attended too. The particular reference to ‘helpless people’ (line 2) alludes to a construction of the current inappropriate view of disabled people, functioning discursively to assert the factuality of circumstance and make appropriate the need for change.

Such considerations of disabled people as different but the same are problematic in the manner in which discrimination and exclusion can be absolved as well as how the body becomes invalidated by projections of a publicly standardised ultimate autonomous state of being. Individualism and the characterisation of people as members of distinct or minority groupings may pose significant problems for inclusive approaches, given their tendencies to pathologise the human and their assumptions of its capability against the dilemma of diversity. The constitution of the individual is simultaneously diverse and similar in performance, and variable across relational aspects of being and interacting in and with the world. Elsewhere the tensions of the disabled/non-disabled binary distinction are critiqued for the manner in which it can be constraining and confounding (Shakespeare 2006) and indeed disruptive in the production of disability research (Tregaskis & Goodley 2004).
The reformative agenda of the independent living movement challenges the exclusion and ostracisation of disabled people and while it demands assimilation to the mainstream, it does so through discursive constructions that cordon the perimeter of their exclusion. In the transition from marginalisation to mainstreaming the representation of disabled people as other, or stranger (Hughes 2002), is largely unavoidable, for any attempt to resolve it is dependent on its discursive difference. Any version of disabled people is achieved with strict regard to the action orientation attended to within any given talk. Reformative rhetoric draws upon discourses of righteousness and enlightenment and are charged with the discursive statements and ideologies of the struggles and resistive strategies that first initiated them. Prenatal testing and genetic screening are indeed represented by medical science as the new liberator of human suffering. The representation of disabled people in a reform agenda is problematic because questions arise about a body norm ideology and the denial of disability within it, as beneficiaries of reform are legitimised, repositioned and normalised. Discursively, disability can be constructed in a variety of diverse ways for justification and warranting of any given functionality. For the reform of support provision, disability requires a construction where it is performed as failing or wrong in some way.

3) ‘Investing in independent living’; How are the economic benefits of ‘independent living’ constructed & performed?
The organisation of modern Western society is, in many ways dependent on individualism and the processes that establish and define contractual arrangements with its citizenship (Alazewski et al 1997). Moreover, government and capitalist enterprise promulgate discourses that represent society as self sustaining (Weber 1927). Central to both of these are the discourses and language of economy that assert a regulatory determinism over state governance matters. The rhetorical performance of the economic benefits to investment in independent living can be seen as both crucial for its consideration as a serious bill and as situated within the dominant discourses of economy and individualism.

**Extract 3(i)**

1. I hope that Gordon Brown and other Members of both Houses will recognise 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 15 Dec 2006: Column 1794]

Achieving the economic case for investment in independent living is referenced here in extract 3(i) to the prospect of employment and activity that in turn will benefit tax income and savings to health and social care, and welfare budgets and expenditure. Employment is performed as transformative of both budget and personhood, being a key assumption in the outcome of increased independence. This implies competence enhancement
as a potential outcome and orientates to the persuasion that independence will lead to work.

The representation of an independent status is equated in terms of the take up and transition to work. The independence of disabled people thus is constructed as of benefit to the economy through the 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. Indeed activity is inferred (line 4) as the achievement of independent employment and becomes transformative of personal health, social care arrangements and welfare expenditure, as well as performing rhetorical defence against potential opponents of the bill. Working becomes an indicator of independence of the individual and implies s/he requires competence enhancing rather than the adaptation or redefinition of jobs and the workplace to be more inclusive of disabled people.

**Extract 3(ii)**

1 Recent reports from In Control, a body which comprises Mencap and Valuing People and is developing new systems of self-directed support with local authorities, similar to those proposed in the Bill, supports the case for change. Its initial pilot—I think there were six—demonstrate major improvements over a range of outcomes, increased numbers of disabled people in paid work, and strengthened family cohesion. Everyone who was in residential care at the start of the pilot, including those with learning difficulties, was able to move into the community, in many cases at a greatly reduced cost.

[Baroness Darcy de Knayth, Hansard 15 Dec 2006: Column 1798]
Detailing the work of the governing political party as on track and aligned with the independent living cause through its similarity in approach to reform of community care services is of interest as it acknowledges current political activity as relevant to the proposals of the bill. This is most noticeably achieved (lines 2-3) with the articulation of this similarity. Although the terminology and variants of ‘independence’, are not deployed explicitly it is possible to observe an orientation to these in the labels of the reformative new systems. In particular ‘In Control’ is a New Labour government initiative focused at enabling individuals to receive and manage personal budgets, similar to direct payments (Duffy 2005). The terms of ‘in control’ and ‘self directed support’, are attentive to the representation of initial reform activities as aligned with the ideals of the individual citizen, who is able to operate independently.

Variability is again shown in the production of self directed support (line 2), as opposed to language of the current provision, such as care management arrangements of social services departments, that is out of place in the new discourse of independence. This is reflective of and attentive to both the discourses of the independent living movement and models of the individual as an autonomous agent. It is also implicative of a consumer model of care by reference to ‘self directed support’. This might be problematic as the disabled body will need visible markers to distribute financial resources. A further analytical point can be made regarding the manner in which ‘outcomes’ (line 4) of the new scheme are presented. Outcomes can be seen as discursively representative of systems that attend to surveillance, observation
and measurement. The benefits of such are thus proved through a model that again validates work and community living as an ultimate positive and achievable goal applicable and assimilated to those that experience and operate within a citizen version of independence. The reference to the outcome of ‘strengthened family cohesion’ (line 5). This styles the benefits of such as not only individual but also of the family, thus extending the potential for improvement. Note the reference to reduced costs and savings that assist the persuasion as an efficient use of resources.

The benefits of investment in independent living are constructed and performed in terms of an individualistic discourse that while orientating to potential improvements for disabled people, are nevertheless revealing of the dominance of an economic discourse that provides overall warrant and attention to the uptake or abandonment of the reform agenda progress. Independent living provides an alternative version of rehabilitation that extends beyond the capacity and potential of the individual to those of political and economic concerns too.

4) ‘The long slow march of disabled people to freedom and independence’; What orientations to change arise from the ‘independent living movement’?

Many of the campaigns and calls for action asserted by the disability movement are interchangeable with those of the independent living movement. They can be considered alike in their demand for equality and
seen to emerge from very similar places and reactions to struggle. The independent living movement is perhaps differentiated, albeit slightly, to a critique of the pragmatics of support provision and inclusionary initiatives of concern to daily living support practices. More specifically the discourses of independent living emerging from disability activism can be seen as resistant of approaches that legitimise the disabled subject as dependent. However, even though its radical representation works to denounce notions of disability, as equating in meaning to a totally dependent life state, the agenda is very much subsumed into an ultimate vision of good, immersed within a dominant ethos of utility (Robertson 2001) and ethical individualism (Clegg 1999).

Through this autonomy is implied as the appropriate goal of life, the citizen produced as compliant and prepared for participation in, as well as regulation by, a governing structure (Fredman 2001). Analysis of this final selection of extracts explores what orientations to change are implied by the ‘independent living’ movement as well as the dilemmas that arise in relation to dominant ideologies of individualism and independence.

**Extract 4(i)**

1. As the DRC points out, far from being given dignity, choice and control over their lives, the current entitlement of severely disabled people to social care amounts to little more than being washed and fed. When I first became disabled in the mid-1960s, the only prospects for people who needed help with their personal care were to be looked after by their families, to marry their nurse, or to end up in residential care. Happily, since that time, the Independent Living Movement has been developing and growing in influence. Its driving force is severely disabled peoples’ desire to have choice and control over their lives so that they can live the lives that they want.

   [Baroness Wilkins, Hansard 14 July 2006: Column 965]
There are three points in extract 4(i) at which the positive impact and relevance of the ‘independent living movement’ is warranted through reference to authentic and knowledgeable authorship, similar to the Plato quotation discussed in Extract 1(iv). The first is (line 1) the reference to the Disability Rights Commission (DRC)’s position on the current situation that is utilised to articulate the absence of life choices and control. This is compared to ‘being washed and fed’, in a way that deems the present set of entitlements as insubstantial and accommodating of only a small part of human support need. The second authentication of knowledgeable authorship occurs at the personal disclosure (line 3) of Baroness Wilkins becoming a disabled person in the 1960’s. While depicting and emphasising the previous time as unsupportive this is partial in its self reference. The lines that follow evidence a switching between the first and third person that is drawn upon to further the independent living argument and solidify it as factual. This is referred to elsewhere as ‘footing’ (Goffman 1981) and considers how speakers change positions and alignments during and across utterances for the purpose of persuasion, argument and orientation. Disclosure of disability identity here assists the warranting of orientation attended to, by the deployment of personal and ‘world as it is’ experience (Abell & Stokoe 1999) that is then extended to a broader membership of disabled people of the 1960s (lines 4-5) who were subject to poor provision which Baroness Wilkins alludes to. The reference to the ‘independent living movement’ (line 6) furthers the authentication by articulation of ‘its driving force’ (lines 6-7) as being concerned with choice and control in life. This depicts the absence currently
and thus the relevance of the need for ‘independent living’ as effective foundation for a reform program.

While ‘choice’ and ‘control’ for independent living discourses represent a retaliation against and challenge to the structures that promulgate the dependency of disabled people, they also position them by implication as a central aspect and ideal of the constitution of life, or what it is to live without them. These terminologies elsewhere relate to typical health status and ethical considerations of ‘quality of life’ (Clegg 1999). In this vein, autonomy is performed as a desirable goal and driver of life and lifestyle. Although this may be warranted in ‘independent living’ arguments it can be linked to an ideology of moral individualism. The dilemmas of this are present in the denial of human inter-dependency and connectedness, elsewhere asserted within feminist literature that criticises care and support ethics (Fawcett 2000; Nicki 2002). While the ‘independent living’ agenda challenges disability and its representation as a matter of total dependency and reliance upon others as a moral caregiving obligation, its construction is subject to variability when exchanged for a rights based approach. The disabled body is discursively performed as defunct in its functionality, as the individual is portrayed as autonomous through dominant expressions of obsessive individualism. In this way, disabling attributes of the body remain as alternative, and thus denied, in the dominant constitution of the human self and its relationship within everyday practices.

Extract 4(ii)
The basic premise for action, confirmed by members of the Independent Living Movement, is that disabled people need two vital things: personal assistance and accessibility. The stark alternatives are to be a burden on their families or live in an institution. If we are serious about enabling independent living, we simply have to provide those vital necessities.

[Lord Ashley of Stoke, Hansard 14 July 2006: Column 956]

In this extract again the position of the ‘independent living’ movement is utilised for the authenticity and relevance of argument and thus of the bill for its reform. The construction of ‘independent living’ is not an absolute, or given in the current circumstance, but one that is achievable with the provision of ‘personal assistance and accessibility’ (line 2). These are very much co-terminous with broader disability equality agendas and have replaced traditional articulations of support provision that imply dependency through care, nursing and rehabilitation, and exclusion through inaccessible structures. Job descriptions and titles of personal assistants have replaced ‘carers’, particularly in direct payment and independent living fund support arrangements and are relevant to the revisualisation of disability and independence. In particular the independence of disabled people is reformed by such discursive strategies from an exclusive, physical and psychological functionality to one of environment and community adaptation through legislation.

While the development of personal assistants can be seen as opposing traditional care depictions, it is linked to government policy initiatives that have brought consumerism into the public sector (Burton & Kagan 2006). Through this, traditional care and support provision are transformed into commodities
for consumption that can be regulated through management and quality assurance structures. By doing this disabled people become not facilitated, but rather consumers of their independence, provided by a new wave of human services. This is not independence or dependence but a new version of both, perhaps ‘independency’, where constructions of disability and therefore dependency remain, but are addressed by the rhetoric of human services attempting to regulate and commodify independent living and, thus, provide fulfilment and access to life.

**Extract 4(iii)**

1 The Bill is a blueprint for the future, but the time to embrace it is now. In the long, slow march of disabled people to freedom and independence, they have made limited progress.
2 They desperately need a drastic change in tempo if they are to approach their ultimate objective. This Bill is the key that opens the way for them to equality, independence, freedom and dignity. It is a great vision. Let us make it a reality.

[Lord Ashley of Stoke, Hansard 14 July 2006: Column 957.]

Historically, liberatory struggles that have demanded the passage of civil rights have discursive influences of militancy. The reference to ‘movements’, ‘marches’ and ‘campaigns’ is observable in discourses of activism and imply collective action and cause based resistance. Extract 4(iii) prostrays and positions the bill as functional to achievements of collective resistive strategies relevant to disability equality. This version demands ‘freedom and independence’ (line2) as the ultimate human and citizenship qualities, and are depicted as denied and absent, but which have been called for through activism.
While this works to challenge the incarceration, it is constructive of an able ideal that denotes a potential baseline and homogeneity of provision that maybe problematic for the conceptualisation of disabled people as a broad and diverse grouping. Impairment is expressed across discursive interactions and is many things, in many circumstances. It is a significant aspect of being and yet denied and excluded in an economic and consumer driven society. Against a backdrop of human rights, democratic participation, consumerism and globalisation, the ideologies of freedom and independence have become central in the discursive constructions and persuasions of equality and liberatory agendas. For disability, this is a struggle of massive proportions as even though a society may grant and agree freedom, the independence of disabled people remains secondary to the ideologies that favour ability and capacity. These also translate easily to success and achievement through individualism and pose problems for representation of impairment as a significant way of being.

**Extract 4(iv)**

1. On Clause 3, which contains the definition of "independent living", the Guide Dogs for the Blind Association believes that the definition of "independent living" could be strengthened by a reference to "independent functioning" as a desirable outcome for disabled people. It would welcome the inclusion of a specific reference to rehabilitation in the Bill. It could provide a definition that puts the restoration of independent functioning at the heart of the service. Does the noble Lord, Lord Ashley, agree?

[Baroness Masham of Ilton, 14 July 2006: Column 962]
Analytical attention is focused in this extract on the use of the phrase ‘independent functioning’ (line 3). While the end goal or outcome implied by this orientation towards independence can perhaps be viewed as similar, the discursive constructions and institutional settings they emerge from are differentiated. The further reference to ‘rehabilitation’ is of particular interest too. Indeed within the text of the actual bill it is only mentioned once in relation to the duties of NHS bodies (Disabled Persons (Independent Living) Bill [HL] 2006, p8). This may be attributed to a general shift in discourses of the disability and ‘independent living movements’ that reject terminologies that imply care and the necessity for medically emphasised intervention. In this way rehabilitation, and thus the mention of independent functioning, is problematic as it presents and leans towards a construction of disability as requiring input that is exclusively medicalised. As the bill draws upon the disability rights agenda that has been articulate in opposing dependency, inferences of rehabilitation are perhaps excluded because of their orientation to notions of cure and positive health. While this discursive move may be of subtle rhetoric, it is nevertheless significant from a discursive perspective for it is illuminating of the power and constructive orientations language can produce across settings. In this instance, namely disability activism, discourses that reject dependency in parliamentary texts seek to promote and facilitate the independence and anti-dependence of disabled people. The shifting of terminologies and reframing of ideologies of dependency within social policy and welfare reform have been explored elsewhere in terms of how they serve to legitimise dominant interpretations of citizenship and lifestyle (Fraser 1997).
Interesting also is the reference to the Guide Dogs for the Blind Association as authoring this request for potential amendment of the bill’s terminology. The subtlety of discursive variation between ‘independent living’, ‘rehabilitation’ and ‘independent functioning’ may be significant to the ideals of the independent living movement and yet problematic to homogenise across all impairment categories and groupings. This perhaps relates to the wider dilemmas of a collective disability identity in the way specific interest groups that attend solely to a particular impairment may benefit from rehabilitation or ‘restoration of independent functioning’ (line 5). It may also however be indicative of how such specific interest groups have adapted and assimilated medicalised interventions into their everyday practises.

Indeed such interventions can be argued as beneficial, for example, for persons adapting to the acquisition of impairment. Learning new ways of being through strategies that provide adaptation to both environment and self, such as mobility training with a guide dog and installation of audio alternatives to typical visual displays on home appliances and devices, may well enable a particular lifestyle. However, while it may be practical to claim these as rehabilitative to do so is to draw upon medicalised discourses that, despite pragmatic worth, do so by reference to a standardised ideology of body capability. This is however an unresolved argument in disability studies and relates to debates and concerns of bioethics, raising questions regarding the boundaries and limits of disability equality philosophy that rhetorically appear to contradict public health initiatives in its absolute (Ashcroft 2003) and deny
the embodiment of pain and suffering (Struhkamp 2005). Furthermore, Shakespeare (2006) considers the difficulties associated with the appropriate representation of disabled people as a homogenous totality for the purpose of equality strategies. While there are pressing needs to further politicise disability issues, the extent to which this could ever encapsulate the diversity of impairment effects are dubious, if not dangerous for the manner in which a disabled identity can be constraining and paradoxical in its denial of lived experience (Shakespeare & Erickson 2000).

**Discussion**

The text extracts considered herein, from the discourse analytic perspective of this study, are revealing and illuminating of both critical positions and dilemmas concerning primarily ‘independent living’ but also ‘disabled people’. This is accomplished by viewing ‘independent living’ as a discursive object in, and for interaction. Such a consideration is focused not on the reality implied by the terminology, but rather on the discursive accomplishments and versions orientated towards, and the variability within accounts that attend to the factuality and relevance of ‘independent living’ in texts concerning disability and thus disabled people. This potentially poses ontological difficulties by implication of its critique of ‘independent living’ if taken to imply, literally, the denial of the relevance and needs in this respect for disabled people. However, it is not the intention to deny the need for independent living with regard to disabled people as a reality, but rather a discourse analytical approach is attentive of the discursive production of this (or any)
reality, its performance and warranting of the knowledgeable positions, in relation to it. Without critique, such positions hold potential to achieve orthodox status, as some consider to be the case for the social model of disability (Shakespeare 2006) or worse, become the new, discursive expressions of old and unchanged oppression. This final section will therefore summarise the critical and alternative perspectives this discursive analysis has considered.

As has been explored in the preceding analysis, the need for radical reform of UK social support policy is in many ways beyond dispute. It is referred to as necessary by speakers in the debate of the bill and other citations (i.e. DRC 2007; Morris 2004; Barnes, Mercer & Shakespeare 1999). How ‘independent living’ is achieved as relevant for this relates to the persuasiveness achieved through the articulation of the ongoing dependency of disabled people. This is described through reference to a lack of appropriate support, inefficiencies and a previous time when institutionalised residential care home presented the only form of housing. In this way, arguments for independent living infer an ideology of ‘anti-dependency’, that positions dependency or moreover the lack of the ideology of independence as a denial of civil liberties and freedom. Through this, individualism is implied as desirable, ideal and persuasive and thus easily linked to a consumer model of support orientating to as an achievable solution to current failings. Although this is attentive to an inclusionary consideration of disabled people in the community, it is resonant with the processes seeking to privatise and regulate individual bodies deemed docile. This is an additional dilemma of independent living. In arguing for the
need for independent living, disabled people are discursively othered and produced as alternative. The reason for this relates to the ideal of able-ness inscribed upon a body not defunct, but rational, compliant and orderly predictive (cf Foucault 1963; 1967).

This ‘othered’ version of disabled people, as explored in part 2 of the analysis section, illuminates this further. Recall in extract 2(i) the production of ‘people first, disabled second’. Analytical commentary explored how this attends to a version of disability as a secondary qualifying feature in the discursive representation and identification of disabled people. While disability is attended to as an unimportant aspect of identity, this sustains a fear and revulsion of it too, through the construction and naturalisation of the potential failures of the body. This further leads to descriptions of the individual as an ultimate whole, desirable through its ability to express self autonomy. The dilemma of attempting identification of the difference, for the purpose of articulating need, is that it does so by a discursive binary reference that sustain good/bad positions in extreme. This ‘othered’ version of disabled people is not of tolerance and acceptance but rather of surveillance and observation for knowing. Disability is a discursive practise that simultaneously accepts and rejects body diversity in relation to, and dependent on, other positions and orientations attended to.

Elsewhere, the attentiveness of UK government and social policy documents to competence enhancement is observed as both an ideal of citizenship and inappropriate for some impairment effects (Burton & Kagan 2006;
Shakespeare 2006). However, achieving the economic case for investing in independent living can be seen as crucial for consideration as a government backed bill and thus impact on improvement for disabled people. In this way the benefits of investment are performed and made persuasive on both individual and economic grounds. The dominance of these discourses is subject to concerns not just for disabled people but also political and economic achievement too.

The final part of the analytical section considered the orientations to change espoused by the independent living movement. These are largely positioned against the perpetuation of dependency of disabled people through calls for ‘choice and control’ in life and lifestyle, achieved through the provision of personal assistance and accessibility (Morris 2004). These are highly significant and indeed must be considered as effective strategies that have transformed the positioning of disabled people as passive, accepting subjects of rigid and restrictive provisions of care. The move to a formulation of personal assistance, from one of care, performs a much different version of support, one that makes disability provision a very serious business of rights, not needs. It moves the welfare debate from traditional paternalism and medicalisation to one of political prominence of individual liberty.

Furthermore, through these moves, care and rehabilitation, reformulated as support and assistance, become industrialised commodities beyond just the confines of the public sector. This then also produces disability as no longer a matter of charity and benevolence but rather civil legality, human rights and citizenship equality. In this way the discourses of the independent living
movement can be considered successful and effective in changing the condescending approaches to disability as flawed dependency, to ones of articulation and resistance of a post-modern incarceration that acknowledges but maintains an impaired body as disabled and undesirable.

As an anti-incarceration and dependency strategy affecting disabled people’s lives, independent living is persuasive and commendable for its achievement of discursive expression situated upon the horizon of forthcoming social policy change. The significance of Project 81 and the Centres for Independent Living in Derbyshire (DCIL) and Hampshire (HCIL) as well as other initiatives is immense and represents an historical emancipation of not just disabled people, but also the obsessive representation of the ‘broken’ body. Disability has become, in part, but not exclusively, a significant way of both political and personal being.

In this way it can be considered that disability and independent living are never isolated discursive constructions fixed as accurate positions and versions of the everyday and institutional settings, but ones that operate throughout discursive relations and meaning-making processes in variable ways that attend to functional orientations. Discursively, as an appropriate challenge to the consideration of disabled people as dependent and passive in caregiving arrangements, the expression of ‘independent living’ can be considered successful, indeed to the level of a parliamentary bill and the orientation of change initiated are highly significant to social policy initiatives concerning disability equality. However, its absolute and extreme construction
encounters difficulty, not for its appropriateness of reform of failing support provision, but against the dominance of ideologies that maintain and value the economic potential of the able body, positive health and the ‘tyranny of perfection’ (Glasser 1992). These work to sustain the invalidation of impairments and position disabled people as ‘strangers’ in the ideal social world (Hughes 2000 & 2002). While expressions of ‘independent living’ challenge the ideologies that demean disabled people and impaired bodies and minds, they also risk sustaining them through the obsessive and false adoration of independence as the ultimate life goal and ideal.

**Conclusion**

This qualitative study has explored the discursive construction of ‘independent living’ in fourteen extracts selected from the Hansard transcripts of two second readings of the UK Disabled Persons (Independent Living) Bill presented by Lord Ashley of Stoke in the House of Lords during 2006. Using a discourse analytic approach (Potter & Wetherell 1987) the discursive function, variation and construction of representations of ‘independent living’ has considered critical issues and alternative perspectives arising in terms of the future implications this may have for support provision, equality and the representation of disabled people.

While recognising and commending ‘independent living’ as an effective anti-dependent discursive strategy, the dilemmas of excessive individualism have been considered in terms of the perpetuation of disabled people as othered. Independent living is not then an ideal of liberal freedom, but rather a
retaliation and campaign for anti-dependent living. This ‘independency’, is neither independent living, or dependent incarceration, but rather a relational and interactive way of being in the everyday. This has been referred to through texts that deny disability as a significant aspect of being in the world and thus positioned disabled people as secondary in the portrayal of desired life. In this way, the dilemmas posed by the potential of ‘independent living’ discourse achieving an orthodox status risk the ongoing orientation of disability as exclusively equating to meaning the absence of autonomy. This is likely to become apparent as social policy initiatives attend to the effective measurement and regulation of the ‘independent living’ of ‘disabled people’, which denies the interdependency of people and communities and fails to acknowledge impairment as a significant aspect of being in the world, without regard for these terminologies as fluid discursive objects, mobilised and manipulated in and for interaction. Future research and critical inquiry may do well to consider disability and independent living as aspects of interaction and not fixed positions identifiable in knowledge, but rather products of them. This may then illuminate alternative reformatory strategies that may be likely to emerge in response to ‘independent living’, as it has in retaliation to community care, that was once hailed as appropriate to the emancipation of disabled people.

The following chapter will now conclude the thesis by drawing together these issues, along with those made in chapters 6 and 7 also so as to consider the implications, limitations and future directions emerging from the critical disability discourse analysis presented herein.
Conclusion: ‘I will not be DISABLED’

This final chapter will draw together issues presented throughout the thesis. This includes implications, limitations and directions for further research that arise from the work. The thesis began with part one and considered histories, prevalence and politics. Chapter one focused on a discursive history of disability and drew on a Foucaulidan genealogy to explore etymological citations and references to the social model, discrimination, disability activism, peace time reform, industrialisation, medicine, rehabilitation and the first Oxford English Dictionary citation of ‘disability’ from Lupton’s (1580) ‘Siuqila, too good to be true’. The purpose of chapter one was not to present a traditional historical account but rather allude to texts and discourses reflecting the development and institutionalisation of disability and disabled people.

Chapter two considered UK sociolegal definitions and prevalence issues regarding disability. This examined how disabled people are defined and counted in sociolegal contexts. Definitions found within welfare benefits criteria and the Disability Discrimination Act were discussed in terms of complications they pose for the identification of disabled people, policy responses to them and the collation of statistics. Through this, the chapter asserted disability as a matter of body diversity and representative of a process of resistance that opposes norm regulating practises emerging from sociolegal contexts.
Chapter three then examined the recent politicisation of disabled people and considered limitations and contentious issues relating to the social model. This included recent criticisms that appear to depoliticise disability and devalue the social model as a radical historical moment that enabled a critical and social relational trajectory for UK disability policy. The recent interest in critical disability discourse research and theorisation was discussed and related to its potential to further disability equality and political activity. The chapter finally asserted disability as a social political phenomenon regardless of whether it is represented as a barrier or impaired body. This is because disability is intertwined with and produced through prevailing structures and regulatory discourses that sustain the disabled body as an unacceptable and an invalid way of being in the world.

Part two then explained the theories, methods and data drawn upon in the thesis. Chapter four gave an overview of discursive psychology theory and method, and considered this in relation to disability research and studies. The potential for future work that considered a ‘living account’ of disability was also made with the intention of attending to the ‘extra-discursive’ dilemmas associated with the constructionist stance. Chapter five then detailed the theoretical orientations, reflexivity issues, text data and methodological considerations of the thesis. This asserted a theoretical orientation to a position of situated discursive constructionism which reflects on meaning making processes as intertwined with social, political and historical influences. A section on reflexivity was presented and included personal, community and
participant and epistemological issues so as to critically consider subjectivities and the production of the research. The collection of the text data that included discussion groups and documents was described. The final section explained the discourse analytical method adopted to analyse the data.

Part three then presented a critical disability discourse analysis. This explored the discursive construction of disability and the personal and political positioning of disabled people. This began with chapter six that explored personal disclosure and highlighted dilemmas faced by speakers when claiming or rejecting a disabled identity. Analytical commentary was made regarding the personal positioning of people as disabled, and considered how versions and accounts are action orientated, warranted and contested. This was related to Wetherell’s (1998) critique of Mouffe’s (1992) theorisation of subject positions being solely constructed and constituted by discourses, the concern being that during conversation speakers are not able to rework positions. While the current thesis recognises the power of authoritative and regulatory structures as institutionalising disability, it is also noted that speakers and authors are able to reconfigure the disabled subjectivity through discursive interactional practises, as was shown in the extracts and analytical commentary of chapter six.

From here, chapter seven examined ‘barriers’ in the talk and textwork relating to the social model. This revealed variability in representations of disability as a matter of oppression, and were explored across institutional sites in relation to the discursive function of the text. Examples from policy documents
showed the social model and its barriers being used to serve the interests of a local authority’s legislative obligations, rather than as signifying the oppression of disabled people. This is demonstrative of the colonisation of the social model of disability by organisations who, while adopting the language are actively oppressive to disabled people; such as is the case with the eligibility criteria of community care provision. A final suggestion was made that in light of the distortion and colonisation of the social model, descriptions of the barriers disabled people encounter have lost their resistive power and so should be abandoned, and rather talked of as disablism and crimes (see Abberley 1987; Reeve 2004; Finklestein 2001).

Finally, chapter eight explored the discursive construction of ‘independent living’ in UK parliamentary discourse and considered some of the challenges facing social care reform that are overly individualistic. Analytical commentary showed how dominant ideologies of economics and individualism are interwoven and work to perpetuate the invalidation of the disabled body. UK social policy is currently highly attentive to competence enhancement of the individual (cf Burton & Kagan 2006) and this was observed within the extracts and commentary presented. This is taken as representative of the government’s desire for a heightened economically active citizenship as a result of it working to maximise tax contributions, despite it being inappropriate and exclusionary for some disabled people. The discourse of ‘independent living’ becomes a political and economic imperative not to alleviate the oppression of disabled people but rather because it holds potential to drive down social care expenditure.
Taken together the three analytical chapters have considered the variability in the construction of disability and disabled people and how both personal and political positioning is orientated to discursive function and action. These are dependent and linked to dominant ideologies of the normative. While the diverse body can be embraced this requires active challenge and the recognition that disability is of multiple meaning and interactive across discourses that regulate and sustain the human subject. There are implications concerning the colonisation of the social model and independent living discourses as well. As the recognition of disability inequality is furthered by activists and academics, local and central government will plagiarise the language for themselves. Through doing so, the radical intentions are moderated, distorted and subsumed within dominant norm regulating ideologies.

A discursive constructionist stance very much recognises this distortion and colonisation. Disability language furthers meaning and knowledge, but also disability knowledge and meaning is constructed through language. As Margaret Shildrick (2005) asserts regarding disability, ‘[t]here is no singular explanation, and no certainty, but only the disabled body in all its contingency and undecidability’ (p768). 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 artefact of interaction mobilised and ever reforming in discourse as interpretations and accounts of action, events and disabling power that reject and are repulsed by impairment. A discursive
constructionist approach to research then holds potential to reveal, significantly, the discursive mode of disablism. This approach is focused to consider how the disabled body is oppressed rather than being taken as a matter of human diversity. Drawing on relativism, discourse theory and disability studies, this 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 initiatives.

Mike Oliver asserts ‘the disabled individual is an ideological construct related to the core ideology of individualism and the peripheral ideologies related to medicalisation and normality. And the experience is structured by the discursive practises which stem from these ideologies’ (p58, 1999). Indeed a discursive constructionist stance, that considers knowledge to be not a reflection of the world but rather an artefact of interaction, offers a perspective of the disabled body not as a permanent state but rather a fluidity of representation produced through a multiplicity of histories, structures and discourses.

A discursive mode of disablism becomes apparent when considering the body as an Artefact of knowledge interaction that over time absorbs language and truth games that served the interests and actions of authoritative and regulatory collectives. The power issues that perpetuate the othering and ‘invalidation’ (Hughes 2000) of disabled people concern multiple expressions of dominant versions that relate not just to work, but to medicine, the ‘tyranny of perfection’ (Glassner 1992), as well as 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 (Shildrick 2005). Furthermore it could be argued that the very idea of disability is a reminder of the dead body and as such is thus repressed and repulsed. Its negative representation has been sustained through language in the disturbance and yet also maintenance of the normative body. This disturbance exists not within bodies but in a discursive mode of disablism, multiple, trans-historical, ever absorbing and interactional with mediums of knowledge that allude to the value of compliant bodies.

In recognition of the colonisation of once radical disability language to the mainstream, activism, research and social policy should adopt more vehemently a discourse of disablism. This holds potential to overtly re-politicise the oppression of impairment and expose the abuses of the body. As the ageing population increases, this will become a pertinent issue for social policy and provision. Further work that maps crucial texts and moments of disablism may be useful to illuminate everyday practices and processes that invalidate the diverse spectrum of impairment effects and show how resistive power may be applied. Considering the dilemmas of disabled peoples’ identity and the de-politicisation of disability language, adopting a discourse of disablism may assist further the equality agenda. A discourse of disablism holds potential to both liberate impaired bodies and expose the abuses they are continually subjected to. However, it should be noted that the articulation of disablism is a discursive construction and so will be functional and variable to that which it purports to represent. Its potential is to further
radicalise current disability equality initiatives, although those that claim it should be wary of defining it stringently as this will make it vulnerable to dilution and colonisation.

This thesis has presented a critical disability discourse analysis. Future directions for research could build on this by articulating the discursive mode of disablism and how it is variable and action orientated. This might include the exploration of discrimination cases, ‘back-to-work’ benefit assessments and reporting of hate crime incidents. By examining everyday text records, such as interview transcripts, application forms and policy documents both the implicit and explicit discursive moments of disablism could be identified and revealed. These could form part of a living account of disability, as was mentioned in chapter four. Combining this with personal narratives and life stories could make for a powerful evidential record that would be useful to influence and raise awareness with oppressors and potential oppressors alike. Furthermore, while the discourse analytical approach is useful to develop critique, it is limited by its reliance on text in terms of both the high volume of data and analyses that a relatively small section of transcription can generate. There is also the issue of making applicable the outcomes of qualitative research to social policy contexts. These can be hampered by the implications they have for the broader population as well as the dominance of quantitative approaches to research. However, combining critical disability discourse analyses with quantitative data may be a useful way to build greater understanding of disablism and its impact. Similarly, as has been argued in this thesis, this should consider disablism as a living account situated and
constructed in everyday practices across and through institutional discourses, as well as by the agency of the embodied person.

A way to achieve this is to recognise disablism as a significant issue and foster a mainstream zero tolerance towards it. This requires vigilance and action to make active challenge at each and every moment it appears. That is, during personal acts and comments, as policy is implemented and developed and through the tolerance and sustenance of exclusionary structures. In order that all bodies are valued, their diverse relativity must be embraced, celebrated and when during interactions they are rejected, critical responses must be made. However, this requires effort, commitment and reflexivity, for often the normative is so dominant in its expression that it represses acknowledgement and acceptance of the diverse, thus legitimising its oppression.

This thesis stresses the importance of critical theoretical and analytical perspectives, such as discursive psychology, for disability policy development and furthering understandings regarding the invalidation of the disabled body. While a discursive psychology approach to disability research is one of a range of disciplines and initiatives seeking to promote inclusion and equality for disabled people, it can make a useful contribution to interdisciplinary dialogue, as has been shown herein. Recognising that disablism operates in multiple ways and is expressed through various sites of regulation, a robust interdisciplinary approach to research becomes a necessity. In addition to this, ensuring that the critical research voice has a place in equality and
disability policy development is a priority as it enables alternative readings of discursive practises that disable people and their communities. With this information, resistive strategies that value the diverse body can be promoted and thus assimilated into everyday living regimes.

To end, I wish to refer to the comment ‘I will not be disabled’, that forms part of the title of this concluding chapter. At the Disability Studies Association conference at Lancaster University in September 2006 just as the first speaker was finishing his presentation and moments before I was about to present an early version of Chapter 6 (Hodgkins 2006), a member of the audience stood up and shouted ‘I will not be disabled’, and then walked out of the room. This was because the chairperson had previously shouted at the audience member stating ‘I told you before, be quiet’ in what can be described as an aggressive and abusive manner. Furthermore, the chairperson leant forward and slapped the laptop that the audience member was using to make notes on, pushing it forward into their lap. Previously, this person had interjected several times during the first speaker’s presentation. After the person left the room and a period of uncomfortable silence, members of the audience, spoke up and protested. Concerns were expressed about the actions of the chairperson and their failure to respond appropriately and accommodate neurodiverse access issues, to which the chairperson replied that he had not been aware of them. Following this, the member of the audience, along with another who had also walked out were encouraged to return to the room and the chairperson was replaced. The session then continued with two further presentations.
This final account is included so as to illuminate not only the ongoing complexities of representing and constructing disability and impairment, but also to note their everyday and practical relevance. While there are multiple readings and interpretations, I wish to draw attention to the incident being claimed as disabling by the audience member and the implications of that act. By doing so, the personal and medicalised characteristics of impairment did not inform the interaction, rather, it was the institutionally embedded norms of interaction wherein verbal interjection was not welcome during presentations. Although alternative approaches are possible, and indeed were present in other sessions, the culmination of the institutional norm and the invisibility of impairment to the chairperson, and thus potential to accommodate it, had resulted in the construction of a disablist interaction. This did not require a discourse of impairment nor the identity of a disabled person, rather it was produced through its embodiment of disruption. What it required was to be exposed, as the comment ‘I will not be disabled’ did. From this an alternative could be known and responded to in an engaged and liberating way. This highlights the issue that disablism can be exerted under the cover of dominant discourses, appear permanently situated and form significant parts of everyday practises.

As the human population increases and ages, the ethical inclusion and accommodation of the extra normative body will become an even greater priority for social policy than it has ever been. The challenge for disability research will be to ensure its relationship with policy and activism is not
disjointed but rather contributory to equality and celebration of the diverse body. Future research and initiatives that explore the discursive construction and articulation of disablism may assist the exposure of practises that invalidate impairment, as well as those that also sustain the identity of disabled people. With such information, the disabled body can be liberated from its regulatory incarceration and known as a significant aspect of being in the world. This will also be one with a dominant history of abuse, oppression and invalidation, constructed in and for interaction, to serve the interests of authoritative and regulatory collectives that value and sustain the compliant and normative.
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Appendices

i. Introductory statement given to participants expressing an interest in taking part in the study

‘Discoursing Disability'

As part of my research degree with the University of College Northampton I am currently carrying out a study that will be looking at the how the term ‘disability’ is used. What I am interested in is looking at how language is used to explain and talk about ‘disability’ particularly in settings or places that provide services for disabled people.

The study is based upon the philosophical idea of ‘constructionism’ which considers the way in which we use language to describe and understand the things in our world. What I hope to be able to do is through interviews with groups of people either using or providing services for disabled people is to build up a picture of how ‘disability’ is described and understood.

What I will be doing is carrying out group interviews where ‘disability’ and related issues can be discussed. The interviews will be tape recorded and then transcribed into text that I will then go through and examine how ‘disability’ is talked about.

The interviews will only be carried out with the consent of those involved. Also, information collected will remain anonymous and a numeric system of identity will be given to the participants involved. What this means is that a person's name will be replaced with a number once the recordings are transcribed into text. The original tape recordings will be treated with respect and stored in a secure place. Only myself and the supervisors of the study will have access to the original recordings and these will not be used in for any other purpose other than that for the present study with seeking consent of those involved first.

Once the research has been completed I shall be provide feedback either through an open session or by direct correspondence with those involved. The open session will involve me giving a short presentation of the study and the opportunity for those involved to question me about it. Alternatively I will put together a short summary detailing the study's findings and can send it directly to those who request it.

I very much hope that you will agree to take part in this study and I thank you in advance for your contribution. Should you require further information about the study please contact me.

ii. **Participant’s Consent Form**

‘Discoursing Disability’ - Research being carried out by Stephen Hodgkins and the University College Northampton.

Thank you for agreeing to take part in this study and in particular the interview you will be part of. So as to give your consent to me to use the information you provide please complete and sign the following sections of this page.

As mentioned in the introductory letter of the study the interviews will be tape recorded and then transcribed into text. Once this is done references to your personal identity will be removed and replaced with a number. This is done to ensure your details remain anonymous. Also the information collected will be held securely and held in respect of your interests.

<table>
<thead>
<tr>
<th>Participant’s Consent:</th>
<th>I give consent to Stephen Hodgkins to use the transcription of the audio recording of my interview for the sole purpose of the research being carried out by him through the University College Northampton.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signed:</td>
<td></td>
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<tr>
<td>Name:</td>
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<td>Address:</td>
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<td>Phone:</td>
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<tr>
<td>Date of interview:</td>
<td></td>
</tr>
</tbody>
</table>

I also understand that feedback of the research shall be given and would like to be receive such details either by:

[ ] Direct correspondance with myself  
*(*a summary report of the study will be sent to me)*

[ ] Attendance at a feedback open session  
*(*A presentation and question session will be held on completion of the study, date to be advised)*

[ ] Both.

**Tick box to indicate preferred format of feedback.**

Should you require further information about the study please contact me.  
### iii. Transcription conventions

<table>
<thead>
<tr>
<th>Name</th>
<th>Function</th>
<th>Looks like</th>
</tr>
</thead>
<tbody>
<tr>
<td>underline</td>
<td>Underlining signals vocal emphasis; the extent of underlining within individual words locates emphasis, but also indicates how heavy it is.</td>
<td>underline</td>
</tr>
<tr>
<td>[] Square brackets</td>
<td>[] Square brackets mark the start and end of overlapping speech. Position them in alignment where the overlap occurs, as shown below.</td>
<td>[]</td>
</tr>
<tr>
<td>↑ Vertical arrows</td>
<td>↑ Vertical arrows precede marked pitch movement, over and above normal rhythms of speech. They are for marked, hearably significant shifts — and even then, the other symbols (full stops, commas, question marks) mop up most of that. Like with all these symbols, the aim is to capture interactionally significant features, hearable as such to an ordinary listener—especially deviations from a common sense notion of ‘neutral’ which admittedly has not been well defined.</td>
<td>↑ or ↓</td>
</tr>
<tr>
<td>← → side arrows</td>
<td>← Side arrows are not transcription features, but draw analytic attention to particular lines of text. Usually positioned to the left of the line.</td>
<td>← or →</td>
</tr>
<tr>
<td>CAPITALS</td>
<td>CAPITALS mark speech that is obviously louder than surrounding speech (often occurs when speakers are hearably competing for the floor, raised volume rather than doing contrastive emphasis).</td>
<td>CAPITALS</td>
</tr>
<tr>
<td>Degree signs</td>
<td>° I know it… ° Degree signs enclose obviously quieter speech (i.e., hearably produced-as quieter, not just somewhat distant).</td>
<td>°.speech.°</td>
</tr>
<tr>
<td>Asterisks</td>
<td>that’s rght. Asterisks precede a ‘squeaky’ vocal delivery.</td>
<td>* or *** if very ‘squeaky</td>
</tr>
<tr>
<td>Numbers in round brackets</td>
<td>(0.4) Numbers in round brackets measure pauses in seconds (in this case, 4 tenths of a second). Place on new line if not assigned to a speaker.</td>
<td>(time in tenths of secs) eg (0.9)</td>
</tr>
<tr>
<td>Period in round brackets</td>
<td>.() A micropause, hearable but too short to measure.</td>
<td>.()</td>
</tr>
<tr>
<td>Additional transcribers comments</td>
<td>(((text)) Additional comments from the transcriber, e.g. context or intonation.</td>
<td>(((…text…))</td>
</tr>
<tr>
<td>Colons</td>
<td>she wa:nted Colons show degrees of elongation of the prior sound; the more colons, the more elongation, use one per syllable-length.</td>
<td>she wa::nted</td>
</tr>
<tr>
<td>Inspirations – in breath</td>
<td>.hhh Inspiration (in-breaths); proportionally as for colons.</td>
<td>.hhh</td>
</tr>
<tr>
<td>Comma / continuation marker</td>
<td>Yeh, ‘Continuation’ marker, speaker has not finished; marked by fall-rise or weak rising intonation, as when enunciating lists.</td>
<td>.</td>
</tr>
<tr>
<td>Questioning / Question marks</td>
<td>y’know? Question marks signal stronger, ‘questioning’ intonation, irrespective of grammar.</td>
<td>?</td>
</tr>
<tr>
<td>Full stop / period = intonation stopping</td>
<td>Yeh. Periods (full stops) mark falling, stopping intonation (‘final contour’), irrespective of grammar, and not necessarily followed by a pause.</td>
<td>.</td>
</tr>
<tr>
<td>Hypens / cut off or sound</td>
<td>bu-u- hyphens mark a cut-off of the preceding sound.</td>
<td>-</td>
</tr>
<tr>
<td>Greater than / less than</td>
<td>&gt; he said &lt; ‘greater than’ and ‘lesser than’ signs enclose speeded-up talk. Sometimes used the other way round for slower talk.</td>
<td>&lt; &gt; less than / &gt; &lt; more than</td>
</tr>
<tr>
<td>Equals sign</td>
<td>solid. = = ‘Equals’ signs mark the immediate ‘latching’ of successive talk, whether of one or more speakers, with no interval.</td>
<td>=</td>
</tr>
<tr>
<td>Voiced laughter</td>
<td>heh heh Voiced laughter. Can have other symbols added, such as underlinings, pitch movement, extra aspiration, etc.</td>
<td>Heh or more for more laughing</td>
</tr>
<tr>
<td>Voiced laughter within speech</td>
<td>sto(h)Ip (h)Laughter within speech is signalled by h’s in round brackets.</td>
<td>(h)</td>
</tr>
<tr>
<td>Intonated Non words</td>
<td>Intonation sounds that are Non words are at transcribers discretion but should be consistent throughout document.</td>
<td>Uh / um / er / erm / ah / oh / etc</td>
</tr>
</tbody>
</table>

Developed from Jefferson 1985.
**iv. Transcripts** [to be included on disk due to size]

Discussion Group no. 1 – 23/5/03 – 3pm
Disabled People / Users of Service – 4 Participants & 1 Researcher.
Recorded in the INFOCUS room, Resource Centre, E3 4PX.
Length – 62mins 8 secs Word Count 9451

Discussion Group no. 2 – 20/06/03 – 4pm
Workers in disability services – 8 Participants & 1 researcher.
Recorded in the INFOCUS room, Resource Centre, E3 4PX.
Length – 51min 56secs, Word Count – 9855.

Discussion Group no. 3 – 18/7/03 – 3pm
Senior Managers / Policy makers – 2 Participants & 1 researcher.
Recorded in the INFOCUS room, Resource Centre, E3 4PX.
Length – 1hr 5 mins 56 secs Word Count 14148