

Disability Theory

Exploring dominant discourse.

In this section our aim is to provide you with a very basic understanding of how disability theory locates intellectual disability. We believe that it is important to understand the epistemological forces that shape people when you work alongside of them. There are a range of ideas that shape how people (with ability) understand people with intellectual and developmental disabilities. The way that you understand this difference is the key to how you will respond to a person labeled as disabled. This is a short tour through history to show how the past shapes our understanding of all disability labels including intellectual disability today.

If this kind of information is what you are looking to understand in more depth we are happy to provide it to you at a training session. It is our view that this knowledge which exposes how people with intellectual disabilities have been abused, neglected and victimized throughout much of human history is important in giving you insight into what they do, why, and how this shapes who they are in each day. It also sets the framework within which we (people without this difference) treat them. When we look to history we need to be aware that we can not imply the concepts norms and mores of contemporary society onto the past as a way of revising, demeaning or romancing the past. However it is important to understand where we have come from in setting a path for where we want to go.

When we are referring to discourse here we are talking about what Foucault (1969:121) describes as 'the group of statements that belong to a single system of formations: thus I shall be able to speak of clinical discourse, economic discourse' In this text we are reading disability discourse meaning the language (group of statements) that belong to disability

Pre Enlightenment

History constitutes, therefore, for the human sciences, a favorable environment, which is both privileged and dangerous. To each of the sciences of man it offers a background, which establishes it and provides it with a fixed ground and, as it were, a homeland; it determines the cultural area – the chronological and geographical boundaries – in which that branch of knowledge can be recognized as having validity; but it also surrounds the sciences of man with a frontier that limits them and destroys, from the outset, their claim to validity within the element of universality.

(Foucault, 1970: 405)

There has always been difference and diversity in human ability. Thorough out human history we have always had ways of knowing and understanding this individual difference. The way we make meaning about this individual difference is expressed as 'cultural norms' and become a shared understanding, a currency of language and meaning making about ability difference. It is important to note that there is a long period of silence about how people labeled as intellectual difference have experienced the world. We have no text written from their perspective upon which to make known their lived experience, until the advent of the self advocacy movement in the 1980's claimed their/story. What we know about the history of 'disability' broadly, is that it is written from a position of privilege power and knowledge over – by philosophers, theologians and most recently medical professions. They have been mostly rich white educated men. What is written here is a critique of what is told, if you are interested in exploring beyond this minimalist tour into theory we would encourage you to do so. What is available to examine is the text from these epochs as a way of locating the history of these ideas.

There is no history of thought outside the history of *systems* of thought. There is no speech outside systems of languages. There is no spirituality outside received spiritual frameworks. There is no disability, no disabled, outside precise social and cultural constructions; there is no attitude toward disability outside a series of societal references and constructions.

(Stiker, 2000: 14).

From early in human history the ability difference of human bodies has been understood as Sin or as being Evil.

The first legal killing of children born with ‘deformities’ was legislated in Sparta (Ancient Greeks)– deformed children were drowned in water courses and ‘exposed’ - put on top of Mount Thebes or buried in a hole. It was seen as returning the sin [child] of the parents to the gods rather than infanticide. In some cultures deformed infants were read as signs of famine or flood and it was common that people were removed from their communities when they were seen as inferior (Stiker, 2000: 30).

‘...the offspring of the inferior, or of the better when they chance to be deformed, will be put away in some mysterious, unknown place’

Plato

Soranus wrote ‘How to recognize a child worth raising’ in the first century. At birth the baby

...should be perfect in all parts, limbs and senses, and have passages that are not obstructed, including the ears, nose, throat, urethra and anus. Its natural movements be neither slow or feeble, its limbs bend and stretch, its size and shape should be appropriate, and it should respond to natural stimuli

(Garland Thomson, 1995: 14 in Barnes 1997: 15).

This information set up rules about a way to evaluate a child who is worth raising, immediately after birth. In doing so, the rules also tell us how to measure who is not worth raising – anyone whose body doesn’t comply with these ‘worth raising’ rules. Today this scale is known as the Apgar Scale and still used internationally as the test given to a baby at birth to check their wellness and health status. If you are a parent you will know this scale because when your child was born you will have been told what they scored at birth. With this knowledge it becomes apparent that we have had ways of understanding who is valued as an able bodied child, and who is not, from the 1st century.

In *Politica* Aristotle writes -anyone less than a white educated male is not fully human (Wills, 2000). This work leads to the social action that gives white educated men the status of being fully human and everyone else falls into the category of non

human. This idea continues throughout human history until it is resisted and placed under erasure, by feminist, black and civil rights movements that undertook the work of rejecting and troubling these privileged fallacies.

From the time of the Ancient Greeks onwards there has been an understanding of stigma and how the markings of a body (this could be a birth defect or a tattoo as was used on slaves in Greece during this time) to show to the wider members of a society what that person's social status is. This status also brings with it rules about the treatment people should be accorded in that society. Braddock and Parish (2002, 4) document the physical markings made on the bodies of slaves to show their social class, which then informs the social treatment of these people. The physical marked difference of human bodies has been a sign that signifies differences in 'ability' and is what is seen when first observing a person. This marking then tells the wider community about how to the person's treat them and what their role in any given community is to be. For example, a wheel chair indicates a difference of mobility in our contemporary society and there is a social effect produced accorded to the person – they live in accessible houses, use a lift or a ramp (Garland Thomson. 1997). While this point of material difference has been the place at which there has been a critique of the physically and sensory different body, the same physical markings are not always present for a person with an intellectual difference (Rapley, 2003; Race 2007). Rather the material difference exists in their mind and there is not a strong placement of people so defined, in the historic text, neither is there a current discourse that puts the notions of differences of mind under the erasure applied to physical difference.

Judeo Christian period

During the Judeo Christian period there was a complex understanding of ability difference. Barnes (1997) quotes Leviticus; as the book in the Old Testament, that provides us with the most information on how disability was understood. Barnes (1997) cites 'God himself as being guilty of discrimination when he tells Moses':

...none of your descendants throughout their generations shall draw near, a blind or lame man, or he that hath a mutilated face or a limb too long, or man that has an injured foot or an injured

hand, or a hunchback or dwarf or that hath a blemish in his eye,
or be with scurvy, or scabbed'

Leviticus 21: 16-20

<http://www.cdp.org.uk/documents/timeline/timeline02.htm> 2/12/2009

Stiker (1999) undertakes an analysis which shows that there are two ways of positioning disability in the bible. The Old Testament is coherent with the view at the time that disability was linked to sin and as such was in of itself a measure of being evil and therefore ungodly. This is a view that follows on from previous generations and traditions. The New Testament takes up the position of benevolence that begins the - Pity Charity Model – of disability. In this model there is a practice of 'Christians' who take up active roles in supporting people less fortunate than themselves. This is also the idea behind the involvement of contemporary Christian religions in charity programs – alms houses, hospitals and poor houses have been run by religious orders for many centuries. The positioning of difference of ability into these values and beliefs remains evident in our society amongst religious organisation who provides charity based social justice agencies. The New Testament documents many stories about Christ and his disciples healing the sick as the removal of sin. Here continues the old idea that difference of ability is associated with sin which was in operation in earlier human history. Stiker (1999) indicates that these stories are predominantly in the gospel of Mathew. He gives the examples of Christ healing the blind, cripples, dead, fool, misfits, lepers and epileptics, all are seen as cleansing them of their sins and made pure by their healing – good and godly.

If you interested in art you will find many paintings from about the 1400's which paint representations of the images of Christ and the Apostles healing that are an artist interpretation of a biblical text. Below are two examples



Gemäldegalerie, Dresden **Christ Healing the Blind c. 1567 Oil on panel,**
http://www.wga.hu/frames-e.html?/html/g/greco_el/02/0201grec.html : 7/1/2007



Karel Dujardin St Paul Healing the Cripple at Lystra; 1663 Oil on canvas
http://www.rijksmuseum.nl/aria/aria_assets/SK-A-4922?lang=en&context_space=&context_id=9/1/2007

When you examine these paint with a contemporary lens the image of the girl in blue on the left side of St Paul has the visual markings that would signify the presence of Down Syndrome to us. Many images of the other people in this picture obviously are also scripted with the physical marking of ability differences which held cultural significance in 1663 that continue to today. While the first painting has many images of what would be referred to at the time as the blind, cripples, beggars, mad, evil and sinners, coming to Christ to be healed.

Contained within the notion of healing (or needing to be healed) is the meaning that there is something inherently wrong, sinful or evil about the person who is seen as deformed, crippled, blind etc that requires healing by Christ or his disciples. This healing can also be understood as an act of purification implying that the presence of this ability difference is seen as a person being un-pure, evil or sinful. This seems to be the continuation of the idea the disability is conceptually linked to sin, from the earliest recording of human history.

If you want to understand this in more depth you can find more information about this history you will find a growing body of literature being written in the field. .

Useful authors

David Braddock,

<http://www.colemaninstitute.org/braddock.php>

Dr James W Trent. 1995- *Inventing the Feeble Mind: A History of Mental Retardation in the United States* University of California Press.

Tim Stainton,;

<http://www.socialwork.ubc.ca/about-us/people/stainton-tim.html>

Wolf Wolfensberger, USA;

http://www.socialrolevalorization.com/events/trainers/dr_wolf.html

Rosemarie Garland Thomson

<http://userwww.service.emory.edu/~rgarlan/books.html>

Colin Barnes,

<http://www.sociology.leeds.ac.uk/about/staff/barnes.php>

Middle Ages

During the Middle Ages life was tough for everyone and Stiker (1999) argues that this was the 'everyone in together' society. This was the time in human history that everyone was mixed and mingled in together; rich- poor; abled - disability. There is not much mentioned specifically about intellectual and developmental disabilities. During this time because people faced the challenge of day to day survival in what is recorded as an impoverished and brutal period of human history. Danaher et al (1999: 20) indicate that this was a time where people considered that a divine God ruled them and world. The world is viewed as full of sin, monsters, freaks and evil abounded and people were subjected to God's will. At this time it was seen that the individual did not control their life it was controlled from afar by a harsh punishing God.

...the disabled, the impaired, the chronically ill were spontaneously part of the world and of a society that was accepted as being multifaceted, diverse, disparate... normality was a hodge-podge, and no one was concerned with segregation for it was only natural that there should be malformations.

(Stiker 1999: 65)

If you look at the art work that is produced to represent this period you see many images of monsters and freaks. In the work of artists at the time - Breughel and Bosch you will see society portrayed as a mixed up hodge-podge which Stiker refers to.



Ecce Homo 1490 Oil on Canvas [Hieronymus Bosch](http://www.hieronymus-bosch.org/) (1450 - 1516)

<http://www.hieronymus-bosch.org/>

This image represents the mix of society with all in together the wealthy wise and privileged alongside of the mad poor and sinful. The picture is from a series called the Passion of Jesus; this is called Behold the Man and was painted around 1490. Another painter of the time is Pieter Breughel who also painted images of a foolish and sinful world.

What is represented in these images again seems to show the physical differences of the human body and there is not a representation of people with intellectual difference. One of the important images of the time depicts the 'Ship of Fools' which we will discuss next.



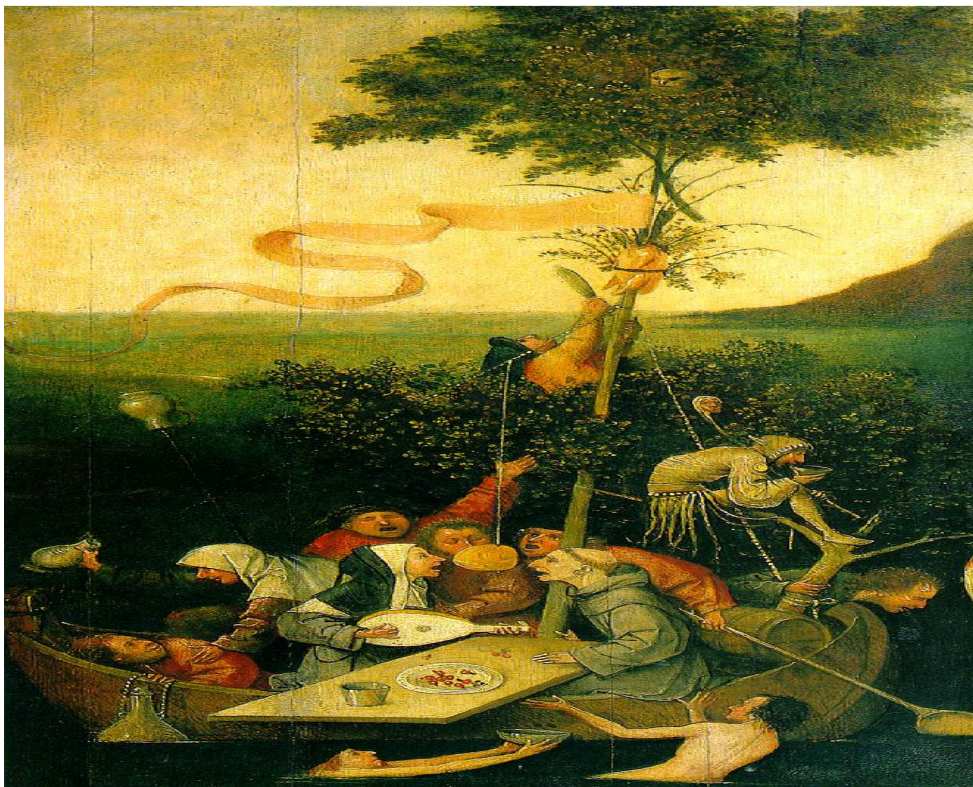
Pieter BRUEGEL the Elder (Breughel, circa 1525-Brussels, 1569), *The beggars* 1568 © Musée du Louvre/A. Dequier - M. Bard



Children's Games. 1560. Oil on panel. Kunsthistorisches Museum, Vienna, Austria.

Foucault (1967, reprinted 2004) provides an insightful examination of the creation of mental illness or madness, beginning during this period. His use of genealogy and archeology shows the way that the production of notions of madness made in legal process produces the treatment of people so named and labeled. **Put in a quote here form the book.**

In this work *Madness and Civilization*; (Foucault, 1967, reprinted 2004) deconstructs the notion of the “Ship of Fools” which is often referred by contemporary writers who look at understanding the treatment of people with intellectual difference and mental health issues when examining this epoch. Bosch (1490) depicted the Ship of Fools in one of his artworks. The picture shows fools and madmen boarding the ship.



Bosch c. 1490-1500 (220 Kb); Oil on wood, 58 x 33 cm (23 x 13"); Musee du Louvre, Paris.

The “Ship of Fools’ refers to the time when people, who were ‘known’ as mad and or evil; were loaded onto boats and sent out to drift at sea as a way of removing them from the local village or community. This was one method used to rid a village of

'madness and evil'. When the boat landed at another place it was opened up and it is argued by Wills (2000) that then the locals boarded the boat and paid to see the 'mad men'. Wills (2000) refers to this as the first recorded user pays service in human history. Foucault records by contrast that many of the 'mad men' left the boats at these points and disappeared to living in the community.

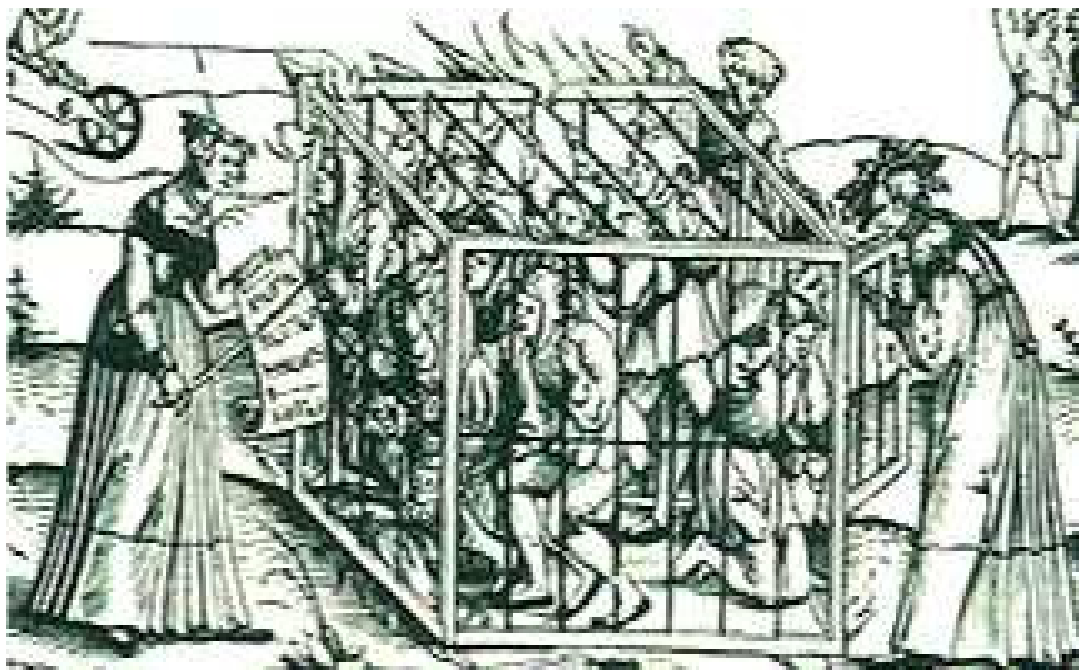
The theme of sin continues into the middle ages from past epochs as a consistent theme linking past and present in the construction of differences of ability. A new word which seems to be the introduction in the Middle Ages is the term monster, which is used to refer to physical material differences in a human body.- Ambroise Paré (1510 – 1590) writes of

... monsters as unnatural births servicing as omens for the community ...[a monster being] a child who is born with one arm, another who will have two heads, and additional members over and above the seed..

(in Carlson, 2001: 110)

In 1489 Kramer and Sprenger wrote the 'Malleus Maleficarum' (<http://www.malleusmaleficarum.org/>) which outlines the moral response from Catholic leaders of the time on how to respond to those people seen as witches. Often these were women in a local area who knew how to use herbs and tinctures to treat illness, and were midwives to other women. At the time being a midwife and using herbs for healing was seen as the practice of witchcraft. Remember this is the time in human history when people believed that they are ruled by a Divine God who controls the world and all beings living on it (Danaher et al, 1999). Any actions to act independently from Gods will were seen as evil. When a person was seen as having knowledge that disrupted notions of God they were greeted with fear and suspicion. It was not unusual for people who were scholars or practiced in healing to be named heretics or witches at this time. This was an important document in its time as it has within it notions that constructing disablement and the penalties applied to disabled bodies and women who gave birth to deformed children. Some of these women had given birth to a deformed child – an evil monster – so were also seen as being guilty of sin. Simply having a child with deformities was an evil act and therefore these mothers were constructed witches doing evil and monstrous things.

Each society had its own unique way of responding to this individual difference. Being constructed as evil or monstrous has historically been one of the ways of naming and positioning people with ability differences. The 'Cage of Idiots' is recorded during the Middle Ages as one of the social responses; people who were seen as evil, mad, sinners or monsters were placed into a cage and put into the middle of a village square in a town. The locals would shout abuse and throw rubbish at them as a way of condemning these people for their difference.. This practice reveals the continued role of stigma that has been part of how societies have treated people constructed as 'other' since the ancient Greeks.



<http://www.mnddc.org/parallels/index.html> 18/8/10

Over the past decade there has been increasing attention in the area of the history of people with a disability. There are many websites where you can examine information about the treatment of people throughout human history <http://www.mnddc.org/parallels/index.html>

While we would imagine that these ideas are behind us it doesn't seem that they have left human consciousness as in 2009 workers in a disability support service were

tried for a similar action. One young person with a disability was locked into an outside cage for many hours, days, months to the extent that he sustained the extremes of hyperthermia and sunburn. The worker in this case received 150 hours of community work for her actions and the judge in his verdict expressed a compassion for workers who had to deal with creatures such as these. See Madonna Kings (2009) at <http://www.news.com.au/couriermail/story/0,23739,26058236-5012465,00.html> 18/8/10.

Another common notion we have of what happened to people in the past is that they were the fool in the king's court however Chambers (1869) wrote extensively about beliefs and practice in antiquity and provides an insightful critique of the 'fool'

One was an imperfect-witted man, or fool, whose follies were deemed to be amusing; he wore a parti-coloured dress, including a cowl, which ended in a cock's head, and was winged with a couple of long ears; he, moreover, carried in his hand a stick called his bauble, terminating either in an inflated bladder, or some other ludicrous object, to be employed in slapping inadvertent neighbours. The other, called a jester, was a ready-witted, able, and perhaps well-educated man, possessed of those gifts of representing character, telling droll stories, and making pointed remarks, which we have seen giving distinction to a Charles Mathews, and occasionally find in a certain degree in private society. The fool was a very humble person, haunting kitchen and scullery, messing almost with the dogs, and liable, when malapert, to a whipping. The jester was comparatively a companion to the sovereign or noble who engaged his services. The importance of Bercluc, 'joculater' to William the Conqueror, is shown by the fact of three towns and five carucates in Gloucestershire having been conferred upon him.

Chambers, 1869 January 28th <http://www.thebookofdays.com/months/jan/28.htm>

Thomson (1997: 58) surmises that

Thus the wondrous monsters of antiquity became the fascinating freaks of the nineteenth century who transformed into the disabled people of the twentieth century. Freak shows were ended during the 1940's as medical professionals came to own, control and dissect the "disabled body".

While there is much more information you can assess on this period before the enlightenment this is where we shall end the tour. To put it in a more theoretical way,

the discursive practices that made up disability are viewed different during this time than they are today. Ability was not fractured into the vast range of labels used to mark differently abled bodies that we see in operation today. Before the enlightenment, people were only known by the physical boundaries of their bodies. What you see *is* what there *is*. We had not yet begun to understand that the human body was made up of individual parts – skin, muscles, blood, bones etc. At that time people were understood by the external boundaries of their bodies. So the social responses are somewhat simpler than what happens today.

Increasingly this period of time is being written about and you may find some of these websites contain information that is of interest in this area.

Useful links and resources

The Museum of disABILITY History is dedicated to the collection, preservation and display of artifacts pertaining to the history of people with disabilities. Located in Buffalo, New York, and on the World Wide Web, the Museum offers educational exhibits and activities that expand community awareness. The Museum of disABILITY History is now open to the public. To schedule a tour please call us at 817-7261 The Museum of disABILITY History is a project of [People Inc](#) <http://www.museumofdisability.org/>

The Disability History Museum's mission is to promote understanding about the historical experience of people with disabilities by recovering, chronicling, and interpreting their stories. Our goal is to help foster a deeper understanding of disability and to dispel lingering myths, assumptions, and stereotypes by examining these cultural legacies. <http://www.disabilitymuseum.org/>

The Council of Disabled People Warwickshire and Coventry:
12/2/2009. http://www.cdp.org.uk/about_us.htm

Kudlici, C J. 2003. Disability History: why we need an 'other', *The American History Review*, Vol 108, No 3.

<http://www.historycooperative.org/journals/ahr/108.3/kudlick.html>

Disability Information and Resource Centre South Australian <http://history.dircsa.org.au/> is recording the changing landscape of disability in South Australia and the experiences of people with a disability in the State.

Post enlightenment

“I think therefore I am” Descartes (1596 – 1650)

Descartes is seen as the father of modern philosophy and is attributed with creating the body mind split also known as dualism (Grosz 1994). The idea led to an understanding that man [sic] (here I mean white rich educated men) had logic and reason and with this reason we (they) are able to think (and act) and as such these men were seen rational, scientific and logical thinkers who would lead to the progress of humanity. When this idea begins to dominate society, it excludes many groups of people who are not constructed as ‘thinking/rational and reasoned’ – women, non white men, non educated men as examples. While there is not a lot of critique of how this phase affected people with intellectual disabilities it can be argued that people who were seen as having no mind (intellectually different) did not do well under this regime of knowledge. Rapley (2004: 30) argues that intellectual disability is seen as being a disability of the mind – and it is the mind that holds the privileged position over the body in Descartes philosophy of thinking. This implies then that the hierarchy¹ of disability stems from these notions – it is worse to have a disability of the mind than to have a physical or sensory disability. Descartes influenced much of the philosophy that developed over the next 300 years into what is today called the enlightenment.

The enlightenment is conceptualized as the time from the 18th century when scientific knowledge is seen as the way to improve or better our human way of life. Science was thought to produce grand truths about the world as we know it and the past was viewed as inherently inferior based on superstition and mystical belief. In the

human sciences (psychology, psychiatric and history) there was a movement to undertaking scientific experiments to understand human behavior.

In Western culture, reason is associated with our ability to make sense of the world and to make the world meaningful. Without such an attribute it is supposedly impossible to be a social being, let alone a 'normal' human person (Damasio 1994; Hampshire 1956; Klotz 2001; Lloyd 1993). People with intellectual disabilities are perceived to be lacking in this capacity because they score badly on intelligence tests that supposedly measure such cognitive skills. Consequently, people with intellectual disabilities are deemed incapable of generating and sustaining a meaningful existence as they are and must be trained to become more socially 'normal'. The tragic dilemma is that of course such people will never succeed, precisely because they supposedly lack what is necessary for meaningful human sociality in the first place. Yet despite this, contemporary practices in the area of intellectual disability continue to enforce this aim through their adherence to normalization practices based on social, vocational and domestic skills training and management (Klotz 2001 cited in Klotz 2004:94).

(in Stojadinovic, Seymour and Norris 2010)

For people with intellectual difference this is the time when intellectual disability is produced and takes up potency as a label. The label has a social effect in that being named in this way sets up a cultural meaning in a society about the individual difference of a person and this leads to a life pathway that they are forced to follow. While the words – idiot, freak, Mongol etc had all existed earlier this was the time when they were used to define intellectual difference based on the work of Goddard and Binet (Black, 2003).

What follows is some of the dominant ideas that construct intellectual disability. These do not happen in a linear or chronological neat order as we would like to think but often occur in synchronicity or as over lapping discourses. There is no unitary notion of disablement sited here and often views sit in opposition or incoherence with each other, the field is contested and complex. Within what is loosely called the disability sector there is a hierarchy that places people with intellectual and developmental disabilities under those with sensory and physical disabilities (Oliver, 1990). It is important to consider who is speaking and who is not in examining this field. Neither is this text a

comprehensive outline of theory only a cursory explanation of some of the complex ideas that create today knowings.

Institutions

For many centuries people who were excluded from 'normal' community life were congregated in institutional care, this is a practice that continues. During the 1600 and 1700's there were large institutions throughout Europe. Bethlam (later known as Bedlam); Salpetriere and Bicetre are the most written about large institutions of the time. The conditions were what we would describe as shocking and inhuman.

Salpetriere by the late seventeenth century ... housed 7000 women, all dressed in burlap sack. Five women slept in a bed; the daily diet consisted of one mug of gruel, one ounce of meat, and three slices of bread; and the stench was overwhelming.... Condition in Bicetre were worseThe patients were herded together in rooms crowded with miserable bed in which they were put without distinction of disease; there were two, four, six, and even twelve people bedded together in various positions; one can easily imagine how sanitary this was! Owing to the conditions of the times, the medical assistance was limited, as was the religious assistance despite the large number of priests and nuns; half of the priests were busy with the church and office work; half of the nuns were so absorbed in their devotions that they overlooked work

(in Scheerenberger, 1983: 43)

The institution accommodated many devalued and socially excluded people – those who were poor, mad, women who were unmarried, children, criminal etc. For those people not in the institution, many people had made a living by begging but the introduction of the Elizabethan Poor Laws of the 1583 (in England) resulted in placing people off of the streets and into state or church run asylums or institutions. This law made it illegal to beg. In *Madness and Civilization* Foucault (1967) provides an archeology observation of this period that provides deeper insight into the production of mental illness at this time. A recently published work on a series of his lectures – *Abnormality*, is also useful in understanding how ability different was viewed at this time and how this knowledge affects the introduction of laws that governed disabled bodies during this time (Foucault, 2005).

Payne and Sacks (2008) have written and photographed many of the asylums that were built in America during the 1800's. In America many communities lobbied for these facilities to be built in their local communities. They provided high levels of employment into the community and the buildings were often designed by architects as part of tender competitions, that meant the structures were vast and opulent. Thousands of people were confined in these buildings and they were self-sustaining organisations, in that there was often a farm, kitchen, laundry and large landscaped grounds attached to the asylum. Before what was happening inside the asylum became common knowledge the gardens were often used by local communities to picnics and days out.

In more recent history in America during 1961 President Kennedy set up the President's Panel on Mental Retardation (as Intellectual Disability was known then) after visiting his sister Rosemary in a large institution and being shocked about the conditions that she was living in. This committee continues to operate as a peak body in America but is now known as the President's Committee on Intellectual Disability. You can link to this committee http://www.acf.hhs.gov/programs/pcpid/pcpid_history.html

Christmas in Purgatory (Blatt and Kaplan 1974) is an important publication <http://www.mnddc.org/parallels2/pdf/Xmas-Purgatory.pdf> 18/8/10) which exposes the treatment of people with intellectual disabilities living in institutional care in America. While there has not been an equivalent publication in Australia the conditions in institutions were coherent with what is pictured in this book. Blatt and Kaplan (1974) documented the atrocities experienced by people contained in institutions and the publication of their work led to the introduction of the IDEA legislation which deals with the rights of people with disabilities. In Australia there has been a range of acts and legislation used to regulate this area but the two documents that have current status are the Commonwealth State and Territory Disability Services Agreement and in 1992 the Disability Discrimination Act was introduced as part of human rights legislation.

Institutional care is still a common way of housing people with disabilities, particularly people with intellectual disabilities, however today they are not typically the large residential facilities of the turn of the century that housed up to 5000 people in some cases. Today we have smaller group homes that house 5-10 people; these are staffed by disability support workers and range from least worst models of housing to

abusive, unsafe and violent. If you want to gain a better understanding of what the practice is in Australia Rob Westcott (2003) *Lives Unrealized* – provides an insightful recording of institutional care in Australia. It is important to note that the first institutions built in Australia were built 2 years after settlement and housed a number of people from that time onwards.

In Queensland you will know many institutions but for people with intellectual disabilities Basil Stafford may be one that you remember from the publicity that came from the Basil Stafford Judicial Inquiry which documented the ongoing abuse mistreatment and some killings of people with intellectual disabilities living there (1994, <http://www.cmc.qld.gov.au/data/portal/00000005/content/30013001200355733952.pdf>). These documents are also now on the public record if you want to access them.

Goodna Mental Hospital was founded around the same time as Queensland was settled and at one stage held 50,000 people. A 3 part documentary called “Up the Line to Goodna” is available at All in the Mind 2008 ABC Radio National www.abc.net.au and includes a gallery of photos of the institution. While this facility was for people with mental illness many of the people who lived in these institutions were people with intellectual disabilities.

(Radio National <http://www.abc.net.au/rn/allinthemind/stories/2008/2297415.htm>)

Eugenics

When most of us think about eugenics we think about what happened under Hitler in Germany in 1939-45. What is not well known is that the eugenics movement began in America and was funded by some of the richest Americans at the time. The leaders of the eugenics movement used the ideas embedded in the enlightenment, about what it means to be human, to create categories of people who were seen as “unfit”. The idea is simple - to create a master race – pure, without the imperfections found in the unfit.

“The line of descent begins with the Enlightenment theory of rational autonomy, which represents the inability to reason as the sign of inbuilt inferiority” (Seibers 2008:12). This research was based on Mendel’s work on the hereditary of peas and an extension of the work done by Galton who is viewed as the father of the eugenic

movement. The ideas called upon the work done by Darwin, Mendel and Spencer in biology and applied it into codifying 'being human.' In essence the research and theory divided people into categories of fit and unfit. To sustain this construct they developed tests and measures that could assist them to classify people into these groups using 'scientific' logic which at the time was viewed as truth and went uncontested for a period of time.

Black (2003: 15) says

Galton suggested that the bountiful breeding of the best people would evolve mankind into a superlative species of grace and quality. He actually hoped to create a regulated marriage process where members of the finest families were only wed to carefully selected spouses.

Black 2003 details the history and rationale that positioned the eugenics movement and influenced the theorists, many of whom had an agricultural background (Davenport, Laughlin and Goddard are some of the prominent scientist). It is for us today important to understand who makes up the categories of people that eugenicist saw as unfit

....the following classes must generally be considered as socially unfit and their supply should, if possible, be eliminated from the human stock if we would maintain or raise the level of quality essential to the progress of the nation and our race

1. Feebleminded
2. Paupers
3. Criminaloids
4. Epileptics
5. The insane
6. The constitutionally weak
7. Those predisposed to specific disease
8. The congenitally deformed and
9. Those having defective sense organs

(Black, 2003)

War Against the Weak (Black 2003) and the Unfit by Carlson (2003) are essential reading if you are interested in this period of time. During this time we see the creation of IQ tests being developed. In America 10% of the population was identified as being Unfit. The leaders of this movement had also developed a 12 point plan on how to

achieve this perfect race 1 – extermination but they thought it may be a little socially unacceptable so they decided on 2 – sterilization, as the most socially acceptable approach to achieving a pure race. This idea led to many hundreds of thousands of people being sterilized, often without any knowledge of what was done to them. This practice only stopped in the 1950's (Black, 2003), but today many women with intellectual disabilities continue to be sterilized, using chemical methods.

People with intellectual disabilities were included in the category of the unfit and marked for extermination and sterilization. The practice of sterilization is still an area that causes heated debates in contemporary societies about people's rights to sexual freedom as opposed to parental rights. For more information on this period of time look at http://www.waragainsttheweakmovie.com/video_1.html this book has been made into a film that was released in 2009 in America.

Intelligence testing

Intelligence testing was an area of growth and has been accepted as the truth based on the norms of scientific enquiry that you could measure people and intelligence in the same way you could measure material things - a pound of four for example. Danforth (2002: 53 in Rapley, 2004: 16) indicates that intelligence tests act

‘as the primary vehicle of the rise of the psychology profession and what “allowed the impression that the discipline had access to a scientific instrument capable of the objective diagnosis of a real, though invisible, interior deficit.”

Gould (1996) in *The Mismeasure of Man* – discloses some of the testing done during these periods to measure intelligence. For example there were a group of scientists who thought that measuring the size of the skull would show you how intelligent a person was, another who thought if you filled a skull full of marbles you could tell who was more intelligent. The trouble was that there was inherent biases in much of this research that ensured the rich white educated men scored highest on these scales.

Intelligence testing is closely tied to the eugenic movement because the leading scientists doing this work were typically members of the eugenics movement and their aim was not just to identify intelligence but have a tool by which intelligence could be

measured and classify into the categories of fit or unfit. To be unfit at this period of time meant you were marked as being on the list of people who were not seen as worthy of living. Your life was at risk.

Most of us don't know that the American eugenicists looked to Hitler as a hero and lobbied the American president that he begin to make the same progress that Hitler was making in Germany by eliminated the less human and unfit (Black 2003). What is often overlooked is also that many thousands of people with disabilities were killed by Hitler and his regime – they were known then as 'useless eaters' (Carlson 2003). It is also not well known that the gas chambers where tested by using people with physical emotional and intellectual disabilities as the first group of people who were exterminated.

Useful Links

<http://www.eugenicsarchive.org/eugenics/> contains detailed information about the ideas behind the eugenics movement.

Men of science

As the enlightenment progressed men [sic] of science came to govern and colonize the bodies (and minds) of people with ability difference. Since the beginning of the 20th Century there has been an ever increasing growth in the professions who govern human minds and bodies. This is a theoretical frame is largely understood as the medical model of disability and discussed below. For people with intellectual disability the focus of study has been intelligence IQ and today it is the function and structure of the human brain. Increasingly in contemporary societies there is a process of isolating genes and cells as we have new ways to explore the body (and mind) in the same we have natural environments. This is how today we argue that we know the truth about people who are labeled as having intellectual difference. In the medical model the person with a disability is seen as 'abnormal' and in need of rehabilitation. This means that there is legitimate work for professionals in the field to find ways of fixing the abnormal body or mind.

Looking at rehabilitation in this way opens space to link the current efforts to cure and rehabilitate difference of ability back to the pre enlightenment ideas that disability

was evidence of sin and therefore needed healing or purification. In both of these models there is no call to accept the individual difference of the person and in so doing make the accommodations they need to be included in society. These ideas have been a tread throughout human history from the Greeks to the modern eugenics and now genetics practices.

Embedded in this medical discourse as with the eugenics movement are values and belief systems about what it means to be fully human which underpin all action. When a scientist is undertaking this research, their beliefs and values inform about how intellectual disability is framed. Today we have entered the time of genetics as the new science that comes from the eugenics movement and for people with a range of disabilities this continues to be a dangerous time to be alive. Again they face the risk of extermination, however most typically this will be undertaken before their birth on the basis of a genetic test, which incidentally have very poor rates of predictability (Tankard, 2006 Defiant Birth). If you are interested in this process you can read more about the Disability Rights protests against genetic technology online.

If you take a Foucaultian examination of this production of knowledge you would unsettle the unsaid and said positions, assumptions and games of power, to argue, that as society has moved away from an agrarian economy towards a service economy, people and particularly professions, have increased in numbers. This has produced more and more professionals. If you are the professional in a field, the thing you most need are clients. The result has been a never ending creation of new 'dis/ability' labels in production (Hacking 2006 Making People Up).

It is not that the diversity of society has changed from what has been consistent throughout human history. Diversity and difference has always been the 'norm in humanity'. It is that the increase in professionals has required an increase in clients to sustain their work and profession, in a way this is making notions of what it means to be normal an every reducing category. Hacking (2006) shows how many professions have gone about creating a new category of difference to open space for a new field of knowledge production and personal economic benefit. Hacking also shows how people will self identify within a category or label and begin to advocate for services and supports based on the legitimizing of a given category. If you look at many

contemporary disability categories using Hackings (2006) optic you will see evidence of how they have been produced. One needs to go no further than looking at the DSM to see how the statistical measures on mental health have increased since the 1952 first edition – that had 5 classifications. You can read a synopsis of this at - http://en.wikipedia.org/wiki/Diagnostic_and_Statistical_Manual_of_Mental_Disorders#History

So it could be argued, as a counterpoint to this view, that the diversity that has always been a part of humanity is being increasingly codified and classified in ways that narrow what it means to be fully human. Once again we have the tools to exterminate people we do not deem as fully human. As with Soranus in the 1st Century how we determining notions of being worthy of living (fully human) dictate how we respond to individual difference and these ideas are typically made in scientific professions, who hold the dominant discourse; which create ways of measuring and constructing disability or what it means to live an unlivable life (Butler, 2004).

Medical model

The medical model of disability continues to be one of the dominant ideas about ability difference held in contemporary western cultures. This model links disability to illness and as such the requirement is to seek a cure. Wills (2000) argues that disability became socially understood as illness around the 1500's when leprosarium's became empty. The social leaders of the time decided that these building were an appropriate place to house people with ability differences (the poor, unemployed, single mothers, mad and feebleminded). This idea has placed people with disabilities to live in, and seek lifelong treatment in many health services over the years. The current example of this is young people in nursing homes – where after an accident or injury the only place that can cater for the perceived needs of people is in the medical model of care. With nursing staff 24/7 available for their care needs. Society has not made the step of what would be required to care for people in their own homes as a social rather than medical response. Even the current changes being advocated contain the model of a purpose built facility housing all 'these kinds' of people together. The difference of their body is constructed within the medical model of rehabilitation.

This way of thinking continues to influence research in the medical field to look for a 'cure' for disabilities rather than taking a position that difference and diversity is 'normative'. The idea is one of rehabilitation – most starkly these debates occur around physical ability and you will be familiar with Christopher Reeds investments to provide research that would enable him to walk after his spinal cord injury.

There have been heated debates in the 'disability sector' about the medicalisation of disablement. Some people take up the medical models, while others reject them. Mairs (1992; <http://www.nancymairs.com/works/>) claims the role of 'crip'; cripple she argues is what my body is (she is a woman living with multiple sclerosis). Many people with physical disabilities write as a counter point to this medicalised view, and seek to reject the role that the medical gaze and surveillance places upon them and their ability difference. This places notions of disability and its construction on shaky ground.

The problem is that doctors are socialized by their own training into believing that they are 'experts' and accorded that role by society. When confronted with the social problems of disability as experts, they cannot admit that they don't know what to do. Consequently they feel threatened and fall back on their medical skills and training, inappropriate as they are, and impose them on disabled people. They, then appear bewildered when disabled people criticize or reject this imposed treatment.

(Oliver, 1990: 4)

The medical model of disability when it is applied to people with intellectual difference is located within the professions most dominantly of psychiatry and psychology. In the medical model the individual ability differences of bodies are governed by the field of medicine which controls the organ that is 'disease or ill'. Within the constructs of the medical model the differences and perceived deficits are contained within the individual and their body. Because this disease or illness rests within the body (or mind) of the individual it is not considered that governments and societies have any role in disablement (Oliver, 1996). There is a different treatment between what happens to difference of body and mind. The difference of mind holds a more highly stigmatized identity (Goffman, 1964)

The role of the expert professional within the medical model is to find a cure for the ability difference and rid the body of its imperfections. When we cannot find a

cure there is a rejection of that kind of being human and science seeks to eliminate that individual difference from our society. This is why many genetic counselors advocate fetal screening – so that an unlivable life is not born or even conceived. For some medical practitioners this leads back into the eugenics debate that occurred at the turn of the 20th century. Today we no longer refer to eugenics but genetics is at the forefront of medicine governance of the human body.

Increasingly there are critiques of the dominance of this model of disability that you can explore within disability discourses. Much of the critique comes from the writers who work from the social model of disability. While there is an active and vibrant discussion on the social model of disablement in England led by Tom Shakespeare and Michael Oliver this notion has not had a potent effect in America and Australia who have been more influenced by Wolfensberger and his theory of Social Role Valorisation

Normalization and Social Role Valorisation

The principles of normalization and social role valorization have had a large impact on disability services in Australia. For a period of time in the 1980's these ideas led the policies and procedures developed by many organizations and continue to influence many advocacy organisations around Australia who practice social advocacy. There was a time during the early 1990's that this theory influenced the production of disability policy in Australia and many workers in disability organisations went to training events to learn how to implement the theory into practice.

Normalization was developed in Scandinavia by Karl Grunewald and Bengt Nirge and in Sweden by Nils Bank-Mikkelsen (in Cocks and Stehlik 1996: 19)

The normalization principle means that you act right when making available to all people with intellectual or other impairments or disabilities patterns of life and conditions of everyday living which are as close as possible to or indeed the same as the regular circumstances and ways of life of their communities

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These ideas were extended by Wolfensberger and Thomas from the 1970's and they went on to develop tools that evaluate human services

(PASSING) which complimented the theory of what they came to term Social Role Valorisation (SRV) is

“The application of empirical knowledge to the shaping of the current or potential social roles of a party (i.e., person, group, or class) -- primarily by means of enhancement of the party’s competencies & image -- so that these are, as much as possible, positively valued in the eyes of the perceivers”

(Wolfensberger & Thomas, 2005 in O’Brien, 2006: 1).

The work of Wolfensberger and Thomas is seen as what has influenced the ‘deinstitutionalization’ of people with intellectual disabilities around Australia. Within disability advocacy organizations there is no coherence about the effectiveness of this theory and there continues to be a divide between organizations who, adhere to social advocacy while others draw on the notion of human rights advocacy.

While it is often expressed that deinstitutionalization followed the principles of SRV, upon deeper understanding of the theory, it is evident that the process of moving people out of large institutions did not follow the principles of providing people with valued social roles. Economics has driven disability policy in the same way that other social policy has been affected by notions of market forces and economic rationalism. Deinstitutionalization failed on most levels to provide people with socially valued roles when they left the institution and have moved into smaller institutions in the community which have gone on to resemble their larger parent institutions in the model of care provided.

If you want to find out more information about SRV John Armstrong, Peter Millier and Jane Sherwin are senior trainers in Australia and they can be contacted via <http://www.socialrolevalorization.com/address/aust.html>. Many people, who took up the ideas embedded in SRV, went on to make up what is loosely called the inclusion movement.

Inclusion

Inclusion by its nature is asking the opposite of exclusion and is a social response that calls for the inclusion of people with disabilities into all aspects of social life. This is done because it is acknowledged that most people with ability difference are

excluded from mainstream social opportunities because of the ways society is constructed. Often people who call for inclusion of people with disabilities are seeking a mainstream education and employment for their sons and daughters. Education is predominantly the area that this practice is applied to research and policy forums. The argument is commonly that children with disabilities attend the local school with their siblings and peers as opposed to the special school offered on the basis that they have a disability. Parents are seeking the 'cultural norm' for a child who is traditionally excluded from regular education. In Queensland it was not until 1986 that the Education Department took up responsibility for the education of children with intellectual disabilities. Up till that time these children were placed in opportunity schools that were often attached to large institutions that housed people with intellectual disabilities.

Large institutional services like Endeavour and the Crippled Children's Association often provided housing, education, recreation and work, if you read the work of Paul Hunt (1960) Victor Finkelstein (1980) and Michael Oliver (1990; 1996) you will gain an understanding of the control that services has over a person's life. For an Australian perspective, look at Rob Westcott (2003).

It is well documented that while we know that children with intellectual difference learn in the same 12 learning styles as ALL children, however, based on the history of their exclusion from education we often fail to see them as learners. This is one of the key factors which lead to low literacy and numeracy for them. Jackson (1994 <http://www.include.com.au/>) has written extensively about the history of inclusive education for children with a disability and has undertaken a Meta analysis of research that shows there has only been one research study that shows that special education benefits children with intellectual disabilities. Darrel Wills (Pledg, <http://www.pledgonline.com/mainsite.htm>) has worked extensively with Bob Jackson in Western Australia and his work is useful to understand this disability standpoint in relation to inclusion of children with disabilities in mainstream education.

One of the foundation documents that informs the inclusive education debate is based on the Education For All and Salamanca Statements produced by the United Nations ([http://www.unesco.org/education/pdf/SALAMA E.PDF](http://www.unesco.org/education/pdf/SALAMA_E.PDF)). This document

argues that difference and diversity are normal and that it is the responsibility of the local school to accommodate the full range of abilities of children that surround it. Wills and Jackson (2001) argued that Australia is some 200 years away from full inclusion of students with a disability based on current rates of inclusion.

You will find many blogs and online articles that debate inclusive education online if you are seeking to explore these ideas further. Inclusion is the counter point to social exclusion as the social model is the counter point that disrupts the medical model of disability. There is more discussion in disability and human rights circles about inclusion in Australia than the social model but in international literature the medical and the social are the two binary positioning that have influenced contemporary debates.

Social model

In the late 1980's and early 1990's many people with ability difference began to reject the life that society offered to them in the same way that women's and civil rights movements had lead to the demand for access to social equality and equity during the 1950's and 1960's for women and people from diverse cultural backgrounds. People with physical disabilities, parents and allies particularly stood at the coal face of this social protest. In England as in other western nations many people with physical differences attended university as a part of the changes made in policy to ensure non discriminatory practice in education. Many people obtained degrees and began to write to claim 'disability'. Tom Shakespeare and Michael Oliver are two British academics who have had a profound effect challenging dominant medical discourses. They have written from a disability standpoint in the same way that academic feminists have written from a women's standpoint. What their work has produced is today know as the social model of disability. This model argues that it is society that disables a person not their individual difference. For example the way we build buildings 'disables' people in wheel chairs. Within this model they refer to impairment as the individual ability difference of bodies. While people are 'disabled' by the way that society is organized (Oliver, 1990, 1996).

The social model strongly influences scholars who today write within disability studies centre's in universities and continues to be one of the theories used to disrupt

and unsettle taken for granted assumptions about 'disability'. The theory is drawn from the work of post structuralism, social construction, feminist and Marxist frameworks to inform the deconstructive work undertaken in examining disability constructs.

Tom Shakespeare,
Scott Danforth,
Jenny Morris,
Rosemarie Garland Thomson,
Dan Goodley,
Christopher Newell,
Mark Rapley and
Simi Linton

are some writers you may wish to investigate if you are interested in following this line of thinking.

While people with physical and sensory differences were active in the disability rights framework using the social model as the point for activism; people with intellectual disabilities were being assisted by families and advocates to take up a political standpoint from their lived experience. This has become known as the self advocacy movement.

Self advocacy

What today is called the self advocacy movement comes out of the Canadian People First movement (http://www.peoplefirstofcanada.ca/start_en.php). This movement is made up of people who have been labeled in the past with mental retardation, intellectual and developmental disabilities. Many of the members of self advocacy organisations have lived in institutional care and now live in the community. The slogan from self advocates is 'Nothing about us without us'. They call into question the authority of others who control and limit their lives and the opportunities which they are exposed to.

Stephen Taylor,
Dan Goodley,
Marie Knox,
Trevor Parmenter
Susie Beart,
Christine Bigby
Patsy Frawley
Heather Forsythe

Are a few academic and advocates that write from a standpoint beside people involved in self advocacy if you wish to explore this further.

The Self Advocacy movement stands for self determination, empowerment and equality for people who are labeled with mental retardation (now known as intellectual disability in Australia). It is acknowledged that the way social systems are structured; particularly systems that control and own disability, means that people who are labeled have no or little say in what happens to them. Their lives are controlled by the services within which they reside, which are often paternalistic and do not treat people as individuals. As a response to watching how women and civil rights advocates had been able to raise the issues that lead to discrimination and unequal treatment, parents and allies supported people to become self advocates. There has been an effort to skill up people to become self advocates in many nations around the world.

Again there is a danger in assuming this position is universally accepted as legitimate. For people who are involved in the SRV movement there is a danger in asking people who are vulnerable and devalued to be able to change their life circumstance by their own means. SRV advocates would argue that someone who has a devalued social status is at risk of not being taken seriously if they undertake this advocacy. People who operate from a human rights discourse would not always deconstruct the role that being extremely vulnerable plays in influencing the capacity of someone to speak for themselves. There has also be a lot of paternalistic and tokenistic effort in supporting self advocates around Australia.

The self advocacy organisations that were funded under the National Disability Program have all recognized this difficulty for very devalued members, and responded by creating services where paid able advocates do the advocacy for a person with an intellectual disability. It has been acknowledge that while many people are able to speak for themselves, often no one listens and responds to their request.

Disability rights

The final way of understanding disability we will touch on here is the notion of 'disability' as a human rights issue. The positioning of this claim is that people with disabilities as human beings are entitled to the same rights as other human beings. The rights claimed are based on the International Convention of Human Rights and the associated conventions for people with a disability. In Australia much of the advocacy that has used this framework has come from legal disability advocacy centre's.

The critique of this model is that while Australia doesn't have a bill of human rights it has a constitution this is an in effective tool in achieving justice. While australia doesn't have a bill of human rights we are signatories to the Convention of Rights for People with a Disability (including the optional protocols) and have a Disability Discrimination Act (1992) these are both important pieces of legislations.

http://www.hreoc.gov.au/disability_rights/dda_guide/dda_guide.htm

<http://www.un.org/disabilities/convention/conventionfull.shtml>

These are important legal changes but we have not seen to a great extent how the convention will lead to better lives for people with intellectual disabilities. On reading the legislation Australian government and non government agencies have much work ahead of them in complying to the convention. People with intellectual disability have over the time frame of the DDA not seen any significant improving in their lives (clear, 2000). Specifically for people with intellectual difference logging a rights case is complex and complicated as it always is often in legal cases. It is not unusual that they are deemed as not having capacity to lodge a case, and so no complaint is made. The limitation of rights based arguments for people with intellectual disabilities are embedded in how they are constructed socially. Firstly you need to be seen as fully human to demand a human right and we have not broken down the stigma and

stereotypes that construct intellectual disabilities. Secondly that a right needs to be broken before you can claim a right. This means for people that they need to be abused mistreated and denied human rights before society will make a move to ensuring their human rights are met. Lastly that you need to have agency and freedom in your life to ask for a right to be met, where you are seen as non human there is no need to afford someone rights. This is difficult for people with intellectual disability for numerous and complex reasons. Some of the barriers are their poverty, communication skills and a concrete understanding of the world. Others are that their lives are controlled by others parents careers and services and therefore they are unable to lead a life of autonomy and agency.

In 2009 the Rudd government funded a public inquiry into establishing a Bill of Rights. You can find this consultation at <http://www.hreoc.gov.au/about/index.html>. To read more about disability and human right look at the United Nations <http://www.un-documents.net/index.htm>.

Emerging theory

Today notions of 'disability' are on shifting sands and there are contested positions constantly emerging between individuals, groups and academics who are writing to claim 'truth'. An emerging theory is the social construction of intellectual disability and post structural analysis of intellectual disability. These theories look at how language makes people up. By this I mean that they examine the way that being given a disability label constructs your experience. The focus on language examines how we make meaning of our lives in language. Language underpins what systems are created and what ideas are shared about how society will respond to individuals. These are complex debates emerging with disability studies and universities and evolving into being taken up by wider social circles.

A final word

The ideas we have skimmed are deep enough to fill a library or more and this has not been an attempt at covering the whole terrain. The attempt is simply to provide an entry point should you wish to delve more deeply into some ideas found here. Other ideas that are important are not here – such as Goffman’s work on Stigma and Labeling Theory or Edgerton’s work on the Cloak of Competence. Not because they are unimportant but because they are not as dominant in the public domain as in academic ones.

This stroll through theory attempts simply to show that diversity has always been present in human history. There have always been ways of naming and responding to this individual difference. For people with intellectual disabilities we still see that they are confined to old notions that limit their lives. For example that they are eternal children or that they are not fully human. These ideas limit them reaching their full human potential not because they have no potential but because we have social systems that obstruct them reaching it.

Our challenge is to understand how history impacts on the present and can shape the future. Many of these ideas have intersected and grown from each other. In providing you this information we are simply suggesting that if you work with or alongside a person who is labeled that you may want to begin to look at them as an individual with ability difference who is a human being first and foremost. That in standing beside, them we need to adjust our practice to ensure that they are welcomed and treated with respect, equity and fairness.

We would also advocate that you understand that their experience is shaped by the ideas we have laid before you.

More than anything else I would encourage you to take the time to listen to them. What they have to say is real relevant and often insightful.

I'm a client at an intake meeting,
You move house
I'm a resident, you reside

I'm aggressive, you're assertive
I have challenging behaviour, you're rude
I'm non compliant, you don't like being told what to do

When I ask someone out for dinner, it's an outing
When you ask someone out it's a date

I don't know how many people have read the progress notes
about me
I don't even know what is in there
You didn't speak to your best friend for a month after they read
your diary

I made mistakes during my money management program and
withdrew \$50 instead of \$15. I had to put the rest back
You forgot some direct debits from your account, transferred \$200
to cover them and took out the same for spending

I wanted to talk with the nice looking person behind us in the
grocery store.
I was told it was inappropriate to talk with strangers
You met your spouse in the produce department; they couldn't
find the bean sprouts

I celebrated my birthday with five other residents and two staff
members
I hope my family sends a card
Your family threw you a surprise party. It sounded wonderful

My case manager sends a report every month to my guardian
It says everything I did wrong and some things I did right

You're still mad with your sister for calling your mum after you had that speeding fine

I am on a special diet because I'm 10 kilos over my ideal body weight
Your doctor gave up telling you

I am learning household skills. You hate house work and pay a cleaner
I am learning leisure skills. Your t-shirt says you're a couch potato

After I do my budget program tonight, I might go to McDonalds, if I have enough money and if I'm allowed
You went to the new French restaurant and paid with your Amex card.

My caseworker, psychologist, occupational therapist, nutritionist, vocational trainer and house staff set goals for me for the next year
You haven't decided what you want to do with your life

Someday I won't be a consumer of a special service – maybe
You will move onward and upward
I'm a client, you're a person

Anonymous

(Westcott, 2003: X)

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