An Autobiographical Critique of the Category of Disability

by

James Roy Overboe
B.S.W., University of Western Ontario, 1991

A Thesis Submitted in Partial Fulfilment of the
Requirements for the Degree of

MASTER OF ARTS

in the Department of Sociology

ACCEPTED
ACULTY OF
[redacted] IES
TE 24 Aug 94
DEAN

We accept this thesis as conforming
to the required standard

[redacted]

Dr. T. Rennie Warburton, Supervisor
(Department of Sociology)

Dr. [redacted] Departmental Member
(Department of Sociology)

[redacted]

Dr. Warren Magnusson, Outside Member
(Department of Political Science)

[redacted]

Dr. Brian Wharf, External Examiner
(Faculty of Human and Social Development)

University of Victoria

Supervisor: Dr. T. Rennie Warburton

Abstract

Throughout my life others have defined me as a disabled person, but I have never considered myself a disabled person. This thesis explores how this definition disregards my lived experience, including my cerebral palsy. Furthermore, I examine how the category of disability marginalises me by restricting me to this social location.

Various sociologists and other scholars have noted two cultural sensibilities - modernism and postmodernism - that coincide with my lifetime. Each of these sensibilities marginalises people with disabilities by restricting us to the category of disability. This position contradicts the belief that postmodernism is an improvement over modernism's oppression of people with disabilities.

My experiences of marginalisation are detailed in eighteen empirical vignettes which examine my experience with having a disabled body, and my experiences with the educational system. This autobiographical approach gives priority to my lived experience over the category of disability. Moreover it moves the debate between modernism and postmodernism from the high-theoretical position to the realm of everyday experience. Although autobiographical in nature, this thesis includes views of other people with a disability on the differing issues I raise.

From the perspective of sociology this thesis employs both a theoretical critique of modernism and postmodernism and empirical evidence in order to specifically question the continued marginalisation of people with a disability. Generally, the thesis is a preliminary examination of how the facile categorisation of people by others continues to maintain the devaluation of others.

[redacted]

Dr. T. Rennie Warburton, Supervisor
(Department of Sociology)

[redacted]

Dr. William K. Carroll, Departmental Member
(Department of Sociology)

[redacted]

Dr. Warren Magnusson, Outside Member
(Department of Political Science)

[redacted]

Dr. Brian Wharf, External Examiner
(Faculty of Human and Social Development)

Table of Contents

List of Vignettes

Vignettes for chapter four:
The disabled body: rehabilitated by modernism or reconstituted by postmodernism?

Vignettes 4.1 The toy throwing incident:

Demonstrates how the abstract category of disability was imposed on me by the rehabilitation model of modernism.

Vignette 4.2 Changing room episode:

Recalls how the implementation of routines took priority over all other aspects of my life. This belief often negated my right to privacy and dignity.

Vignette 4.3 Banking incidents:

Illustrates that within postmodernism society my body comportment of cerebral palsy has been construed by some of the "able-bodied" public as evidence that I am "incompetent" and/or lacking in morals.

Vignette 4.4 Clones:

Demonstrates that no matter the differences between people with the same disability, they remain grouped together.

Vignette 4.5 New-age workshop:

Illustrates that within postmodernism most disabled people do not have the income to buy the symbolic goods that are used to reconstitute themselves.

Vignette 4.6 Mistaken identity:

Because of my cerebral palsy I am mistaken for a client. On the other hand, the client whose bodily comportment adheres to normative expectations is considered the worker.

Vignette 4.7 Workout and Vignette 4.8 Olympics:

Both vignettes illustrate how attempted appropriations of my body by able-bodied persons necessarily placed me within this abstract perception of disability at the expense of my experience of cerebral palsy.

Vignette 4.9 Nightclub:

Relates how two people whom I had called friends attempted to dress me and make my disability disappear so that I could pass as normal.

Vignettes for chapter five: 'has trouble staying within the lines'

Vignette 5.1 Integration:

Illustrates how my initial integration into a public school separated me from other children with a disability.

Vignette 5.2a Feelings and Vignette 5.2b Crystal ball:

Both demonstrate how my experience of cerebral palsy is as the sole reason to exclude me from opportunities in education.

Vignette 5.3 Penmanship:

Makes the point that if my academic standing was low then it was due to some moral or intellectual deficiency.

Vignette 5.4 Cross-examination:

Relates my attempt to counter act my school records portrayed me as a troublemaker.

Vignettes 5.5 University programs: **5.5a Competition; 5.5b Teaching disability; and 5.5c Merit**:

These vignettes illustrate both how people's perceptions concerning my disability caused them to question my merit.

Vignette 5.6 Placement:

My interaction with the social work placement coordinator illustrates how within postmodernism able-bodied people's perception of my disability was invoked in an attempt to limit my involvement in some aspects of my university education.

Vignette 5.7 Privilege:

Makes the point that in this postmodern age of identity politics my experience of cerebral palsy may be invalidated by others. During a class a professor voided my experience of cerebral palsy.

Vignette 5.8 Harassment:

This vignette relates an interaction in residence. It illustrates how the postmodernism politics of identity can be reframed as an abstract identity. This reformulation coupled with the concept of abstract equal rights resulted in the exoneration of bad behaviour.

Acknowledgements

I would like to thank Rennie Warburton, Bill Carroll, and Warren Magnusson, for their teaching, support, and encouragement during the preparation of this thesis. I am very grateful.

Dedication

This thesis is dedicated to my father who taught me that I could have self-respect and dignity only by treating others with dignity and respect.

Chapter one:
introduction

Approximately one year ago I read a quote which echoed my sentiments towards disability. Adrienne Asch wrote:

> "Disability is neither at the centre or the periphery of my life. Its just sort of there. I'm not saying blindness isn't an important fact about me or that it doesn't affect a lot of things, but it's not part of my self-definition. If it's part of the world's definition of me, that's the world's issue. I can't make it my issue...".[1]

Throughout my life I have been categorised as a disabled person. Yet I have never considered myself a disabled person. Unfortunately the label of a disabled person hangs over me like a shroud. From the perspective of sociological theory this thesis explores how the abstract category of disability is imposed on me by a primarily able-bodied society.

I will begin by explaining what I mean by the abstract category (perception, concept or notion) of disability. Anthony Giddens' concept of the 'sequestration of experience' will help illuminate my argument. This sequestration of experience involves the "connected processes of concealment which set apart the routines of ordinary life from the following phenomena: madness; criminality; sickness and death; sexuality; and nature."[2] Accordingly, my experience of cerebral palsy is reconstructed as an abstract notion of disability that sets it apart from the routines of an able-bodied world.

Giddens argues that processes of institutional exclusion appeared in a myriad of domains. "In each case they have the effect of removing basic aspects of life experience, including moral crises, from the regularities of day-to-day life established by the abstract systems of modernity."[3] I argue that my life experience, which includes my sensation of cerebral palsy, is excluded.

From a personal point of view the concept of disability or more specifically my cerebral palsy has always intrigued me. I have also been fascinated by the reaction of able-bodied people to disability. When I was introduced to Erving Goffman's book, "Stigma: Notes on the Management of Spoiled Identity",[4] I found it enlightening and disturbing. Because I could see myself in many of situations he described, I was relieved that my circumstances were not peculiar to me.

Nevertheless, I was disturbed that Goffman felt that our only recourse was to try to overcome, or hide our disabilities. Or through deception we could attempt to pass as able-bodied people.[5] As I read his book I felt my cerebral palsy did not need to be overcome or hidden. It was not something to be accepted or rejected. It was part of me.

From the standpoint of medicine cerebral palsy is defined as a head injury caused by either a non-progressive lesion, or injury to the brain. The location and the degree of the injury determines the characteristics of the condition for each individual.[6] Therefore from the medical view cerebral palsy is considered an abnormality or a pathology within the realm of human existence.

From the perspective of this thesis, there are two important implications of the preceding definition. Rather than seeing my cerebral palsy as an abnormality or an injury, I perceive it as my experience of life. From the time of my first breath cerebral palsy has been part of my existence. Consequently, for me cerebral palsy is normal and an able-bodied existence seems abnormal.

The location and the extent of my cerebral palsy determines how it affects me. Therefore my experience of cerebral palsy cannot be considered parallel to that of other disabilities such as blindness, multiple sclerosis or muscular dystrophy. Each experience of disability manifests itself uniquely and differently from others.

Furthermore my experience of cerebral palsy differs from that of others who experience it. For example, many able-bodied people have expected me to be able to interpret for a friend whose speech is affected by cerebral palsy. They assume because both of us experience cerebral palsy I have an affinity that would enable me to understand him. But this is not possible because I do not share his experience of a differing speech pattern. Like his able-bodied friends the longer I am around him the more attuned I become to his manner of speaking. Thus people's ability to understand him is determined by how well they adjust to his speech pattern, not on their shared physical attributes.

In this thesis my experience of cerebral palsy is divided into two broad areas - the physical and the mental. These categories are not mutually exclusive; they tend to overlap and intertwine with each other. These classifications are invoked as an attempt to simplify conceptualisations that I have difficulty in expressing because a language has not been developed to adequately express the experience of cerebral palsy.

The inner gyrations, inner movements, and inner feelings that derive from my cerebral palsy added (and still do) to my understanding of my location on both the superficial and the profound planes of existence. I continue to have moments when the cerebral-palsy spasms skip along the surface of my skin like a smooth stone skimming over the water. Almost simultaneously these spasms deeply affect me as they permeate the depths of my bodily existence.

Generally speaking my physical experience of cerebral palsy consists of spasms that occur at varying times with various intensities. They are most obvious when I walk or when I attempt to transcribe some of my thoughts whether by long-hand or by keyboard. I walk slowly to allow my spasms to move throughout my body at leisure. If I move too fast the spasms will seem to become agitated and act like a python and wrap themselves around my muscles constricting them and my subsequent actions.

When I attempt to record my thoughts to paper my cerebral palsy affects this process. First my mind moves at a greater speed than my fine-motor abilities. Often I find in my haste to record my thoughts my writing is illegible or my written work does not correspond to my thoughts. Sometimes the physical spasms will redirect my attention to other thoughts that are removed from my original thought.

In an attempt to adapt to the effects of my spasms I tend to read and communicate through my mind's eye as well as with my eyesight. The mind's eye is best described as when I believe what I have written reflects my thoughts. Reading in this manner allows me to maintain a train of thought. Unfortunately, at times the mind's eye overrides my eyesight which can result in thoughts that I believe are complete but remain half-messages.

Similarly, when simultaneous ideas interweave with my spasms my mind's eye will attempt to maintain a coherency that my physical speech cannot maintain. Sometimes I believe I have spoken a complete sentence, but my friends assure me that I have not. In both reading and speaking my thought pattern is quicker than my physical capabilities. Once the pattern of thinking is complete I receive a message that the physical transmission is also complete.

To lessen the length of time between my physical response and the messages from my brain requires great physical exertion and concentration on my part. Periodically, I must ignore all external stimuli and allow the interaction between my body and brain to rejuvenate by regulating themselves. When I do this a friend of mine says, "I literally go away for a while". My "going away" is not a matter of relaxing but it can be best described as a "shutdown" of this interaction.

Daily as I interact within a society that is primarily able-bodied, my physical spasms constantly remind me that this physical and social environment is not conducive to my disability. Often when a spasm vibrates throughout me my attention is brought back to my cerebral palsy and away from negotiating in this world. In a profound sense my physical spasms bring a sense of vitality to my life.

Rarely as a result of my spasms am I faced with problems. Unfortunately, experiencing spasms cannot be isolated and occurs in interaction with an environment and society that devalues such physical reactions. Problems do occur when I face this devaluation and subsequent marginalisation in our society.

At an early age I realised I must deal with this devaluation. I decided that I must consider each individual, situation, and interaction separately - in hopes of finding a common thread that would allow them to see me in a different perspective. From this initial differing perspective, I would hope a relationship would develop that would value me and my cerebral palsy.

The effect of my cerebral palsy on my thinking is analogous to a malfunctioning computer. In my brain certain pathways or routes have been damaged. Often the process of thinking must circumvent this damaged area, if possible. I have found certain areas I cannot bypass and continue certain intellectual procedures. My ability to bypass a damaged area and meander offers me the opportunity to examine issues from various points within the brain.

An unintended consequence of this meandering through various avenues is the possibility of exposing the obscure. Consequences that may have been overlooked by a linear thought-process may be attended to by re-routing thinking. Furthermore, for me the bodily process is more pronounced by this meandering method. At times when I struggle with trying to find an avenue that would allow my self-expression I physically sense ideas moving within my brain.

Another aspect of my cerebral palsy is the prominence of certain words, images or phrases which literally "jump out at me" and overshadow others. This preeminence of some over others is not based on an intellectual hierarchy, but seems to be a shorthand for understanding. Surprisingly, I rarely misinterpret either information or messages, however how I receive them differs from linear thinking.

My experience of cerebral palsy not only affects the process of thinking, but also how I disseminate information by marking me outside the audience that the author intended. When I am reading academic writings in sociology, political science, or philosophy that primarily focus on the able-bodied my physical spasms constantly remind me that I am an outsider examining a world that is foreign to me.

Often when a spasm vibrates throughout me my attention is brought back from this distant academic world to my everyday existence. In any intellectual endeavour whether through conversation, textual analysis or research I consider each inquiry an original exploration of the possibilities of giving credence to my experience of cerebral palsy with its accompanying spasms. Again in hopes of finding a common thread that may facilitate the validation of my cerebral palsy.

During my lifetime sociologists have noted the emergence of two differing understandings of society - modernity and postmodernity. Following Smart I employ the terms modernist and postmodernist to denote the cultural aspects of modernity and postmodernity respectively. By culture I mean the practices and sensibilities that impact on my social location.[7]

Like Featherstone I will compare the actual practices of modernism and postmodernism.[8] Specifically I will examine how each sensibility's practices affirm and emphasize the abstract category of disability which is imposed upon me. In terms of social relations society, whether modernist or postmodernist, devalues my existence as a person who experiences cerebral palsy. Moreover by identifying me solely as a disabled person, the able-bodied public often tend to negate not only my experiences of cerebral palsy but also all other aspects of my life. Thus, my experience of cerebral palsy is displaced by both the modernist and postmodernist abstract category of disability that can be measured in relation to normative expectations.

Zygmunt Bauman compares the classifying or categorising of different people and things to the assorted files within a filing cabinet.[9] This filing cabinet contains and files all items that constitute the world. Each file has its own area separate from others. There are, however, cross-reference files that handle any doubt about the classification. For example I claim that others would primarily classify me as a disabled person. This designation would separate me from others with the exception of other disabled people. I am also cross-referenced under the terms sex, race, age, education, employment, and familial position. Depending on the situation and circumstances one of these categories foreshadows the others. Primarily, the category of disability overshadows all my other characteristics that are indexed.

To illustrate how other people's perception of me as a disabled person marginalises me, I provide autobiographical accounts in the following chapters on the areas of my body and my education. I chose to examine these areas because they have had a great influence on my life. It was always stressed to me that an education was very important. To have the stamina to achieve an education required a healthy body. Furthermore, the body and education are subjects of debate between modernism and postmodernism. Lastly the postmodernist understanding of both the body and education has been invoked as improving conditions for people with disabilities, a position which I seriously question.

A modernist approach through education and physical rehabilitation promised the physically disabled a chance at a productive and better life. But, as Giddens details, these institutions were involved in the sequestration of experience. They were environments in which social organisation and change were reflexively engineered, both as a backdrop to individual life and as a medium for the reconstitution of individual identity."[10] Both these rehabilitation fields provided the process by which I was supposed to attempt to overcome my disability.

My identity was measured by the extent to which I overcame my disability. If I failed to overcome it I would be identified as the unfortunate soul who suffered from his disability. If I succeeded in overcoming my disability I would be identified as an individual who persevered against such a tragedy. My identity hinged on my ability to sequester my own experience.

The rhetoric of postmodernism offers all people including the disabled an opportunity to reconstitute themselves. Coinciding with this promise of a reconstituted self is a new politics, the politics of identity. This movement facilitates the formation of political and cultural identities through struggling against oppression.[11] Thus various marginalised groups, including people with a disability, are struggling for a more inclusive society.

Postmodernism, however, continues to sequester the experience of disability by valuing certain practices and lifestyle choices that exclude people with a disability.[12] For example, I assert that postmodernism with its emphasis on health and symbolic goods excludes me from full participation in society. Within postmodernism the practice of the politics of identity continues to nullify my experience of cerebral palsy, while simultaneously restricting my identity to its perception of disability.

In the empirical chapters of the thesis I relate some of my experiences that illustrate my point. In chapter four I examine my experience with the physical rehabilitation model that I believe epitomises a modernist belief. In the latter part of the chapter, I investigate the emphasis on health and symbolic goods within postmodernism and assess its impact on people with a disability. I then touch on how my disability [at least the able-bodied public's perception of my disability] becomes a commodity.

In chapter five I compare how the practices of modernism and postmodernism have influenced my experience with the education system. At the time of my pre-university schooling the influence of modernism prevailed. I explore how it felt to be integrated into a public school and my struggle to reach normative standards. During my university education, which coincides with postmodernism, people have expected me to meet their expectations of a disabled person. Within the context of the politics of identity I scrutinise the concept of universal abstract rights that is coupled with the abstract notion of identity.

I would like to mention a few caveats before I proceed further. I must admit that both rehabilitation and the politics of identity have had positive influences throughout my life. I recognize that both the phenomena of modernism and postmodernism are at least partially responsible for my being in a position to write this thesis. What I am endeavouring to expose are the unintended marginalising consequences that pervade these practices of modernism and postmodernism. By focusing on the negative aspects of these practices I hope to balance our perception of the promise of modernism and the possibilities offered by postmodernism.

When I first considered writing from the position of my own experiences, a friend of mine who is not involved with academia told me to remember him and the rest of the "folks" when writing this thesis. He told me that whenever he and the others became involved with, or read material by, academics, any exchange of information was obstructed because of the latter's use of jargon.

In this spirit I try to resist engaging in "socspeak," or other sociological jargon.[13] Consequently, while I allude to various discourses and discursive practices I attempt to write about them in common everyday language. Mills offers the following advice to sociologists about using jargon. He suggests we ask ourselves about what we write: "Is it really necessary to your proper work? If it is, there is nothing you can do about it; if it is not, then how can you avoid it?"[14]

From the perspective of my thesis, I believe it is imperative that I avoid jargon that as a practice separates ourselves from our own lived experience and that of others. In short jargon serves to categorise people: those who know the jargon; and those who do not.

As long as these categorisations exist, I doubt if the promise of modernism or the possibilities of postmodernism can be realised. Earlier I mentioned that I attempt to consider each individual, situation, and interaction separately, in hopes of finding a common thread that would allow them to see me in a different perspective. This thesis invites those individuals to see me apart from the abstract category of disability.

Chapter two:
methodology and research design

The methodology that I am employing is autobiographical which allows me to discuss the social construction of disability from the position of experiencing how practices in a pragmatic sense have impinged on me. This will allow me, as a person who was born with cerebral palsy, to illuminate my marginalised position within society. By framing my autobiographical account from my personal perspective it would seem that I am following the advice of Michael Oliver who believes that like "people of colour" and women, people with a disability must write of their own experiences or standpoint.[15]

Before continuing with my discussion of autobiography in this thesis I would like to discuss why I chose it over other sociological methodologies. For example, I decided not to employ quantitative methodologies. The preconceived quantified techniques pigeon-hole the empirical world into the operational definitions defined by the researcher.[16]

By partaking in this pigeon-holing methodology I would be affirming the abstract category of disability. For example, a quantitative method such as a questionnaire places the respondents within the differing responses offered. Thus, respondents' answers are necessarily framed from the researcher's hypothesis. The purpose of this thesis is to make problematic the overlaying of such hypothetical assumptions upon my lived experience.

Qualitative methodology refers to those research strategies which allow researchers to obtain first-hand knowledge about the empirical world. It allows investigators to get close to the data, enabling them to develop the analytical, conceptual and categorical components from the data itself. I decided against employing an ethnographic study because as a subject I found my voice and opinions were reframed into the theoretical or methodological position of the researcher. To employ this method, at least to some extent, I would be imposing the abstract category of disability on the respondents.

Furthermore I have seen and experienced the inherent power dynamics within the interview process that favour the interviewer. Often after interview sessions I and other respondents have felt neglected and ignored. I must stress that the well-meaning researchers could not be faulted for the inherent power relationship that left us feeling vulnerable. I realised that if I employed ethnography I would be reiterating the same power dynamics.

A element of this power dynamic is the intrusive nature of qualitative sociological research methods. Throughout my life I have personally felt and witnessed the uneasiness of respondents which stems from feeling obligated to participate in social research. I find an autobiographical methodology the least intrusive.

Some sociologists may contend that by rejecting both quantitative and other qualitative measures I am negating any general findings in my work. Dianne Pothier contends that her personal experiences are representative of a widespread phenomenon.[17] Furthermore she feels that she has no right to appropriate other people's pain.

Similarly, I decided against interviewing or observing other people's pain. Also, I believe that my personal experiences have significance for the study of the social relations of people with a disability. That being said I am reluctant to state that my experiences are typical for the aggregate, but I believe the aggregate can generalize from my experiences. Thus, my standpoint could be compared to the position of other disabled people.

Generally standpoint epistemology is based on the following premises: that an individual's material life (what one does for a living and related facts such as the quality of one's material surroundings) structures and limits one's understanding of life; that members of more powerful and less powerful groups will potentially have inverted or opposed, understandings of the world; that in order to survive disabled people are attuned to or attentive to the perspective of the dominant group as well as their own.

This subordinate position is potentially more complete because their awareness gives subordinates the potential for a double consciousness - a knowledge, awareness of, and sensitivity to both the dominant world view of the society and their own minority perspective. The dominant group's view remains partial and perverse because so long as the group is dominant, it is in the members' interest to maintain, reinforce, and legitimate their own dominance and particular understanding of the world, regardless of how incomplete it might be.[18]

In my view another justification for an autobiographical approach is offered by Camilla Stivers who asks social scientists to see the subjects in their own right not as people who fit categories. She writes:

> "The social scientist who is prepared to entertain the notion that human beings and social structures mutually shape one another can also see as germane an exploration of the processes by which context constitutes the knowing subject - in other words, to see the subject in their own right (not as "group members") as fit material for social science."[19]

The difference between the first alternative and that of Stivers is that the former constructs categories. In the first alternative any standpoint theory is within the context of group understandings. For example, because the less powerful groups have potentially a more complete understanding of the world than the more powerful their standpoint is potentially more complete. But, placing individuals within a group category often reduces and frames their lived experience within a perceived commonality among group members. Worse, people outside the group ignore individuals' lived experience in favour placing them within their own perception and understanding of a specific group.

For me to write from such a position would necessarily mean that I would be coming from a subordinate grouping - of disabled people. By grouping myself within the context of my disability I would be negating my other life experiences. As mentioned in the introductory chapter, other people may ignore my own experience of cerebral palsy in favour of the generic category of disability. I would be coming precariously close to using the abstract category of disability that this thesis is intended to make problematic.

Stivers implores sociologists to resist the temptation to categorise. Rejecting the categorisation of myself as a disabled person allows me to write from all facets of my life, including my experience of cerebral palsy. By choosing this approach I hope to extend the critique of the marginalisation of disabled people. Selecting this individualistic autobiographical approach over a categorical position does not diminish my ability to critique modernist or postmodernist positions.[20] From an autobiographical perspective on social relations I am able to examine each situation within the context of either modernism and postmodernism and relate it to my own social location.[21]

An autobiographical approach allows me to articulate my understanding of my social location in this society. As Dianne Pothier writes, "If the social construction of disability goes unchallenged and the disabled perspective never gets articulated, there is no reason to expect any changes in offensive behaviour and attitudes."[22] I would agree with Pothier and hope to challenge the social construction of disability. I am extending her project and challenging the social construction of the politics of identity which continues in a postmodernist frame the practice of imposing an abstract category of disability.

Pothier emphasizes the importance of personal experience, as she writes, " By using my reflections on my personal experiences as a means of conveying a message that has more general application, I hope to make at least a small impression in the mortar of the social construction of disability." From my perspective, I remain trapped within able-bodied people's perception of disability. For example, in chapter four, from a personal perspective, I examine how the rehabilitation model attempts to supersede my lived experience of cerebral palsy with the abstract category of disability.

Later in the same chapter I examine how the postmodern pastiche that promises a reconstituted self excludes my lived experience of cerebral palsy. The only reconstituted self I could achieve would remain within this abstract perception of disability. By recounting my own experiences I hope to separate the practices of postmodernism from its rhetoric that promises an alternative to an oppressive modernism.

In chapter five I examine the influences of modernism and postmodernism on education. I begin with my experience of education within modernism . Again the autobiographical approach allows me to juxtapose my lived experience with cerebral palsy with the imposed abstract category of disability. Later I compare my lived experience of cerebral palsy with the abstract form of disability that I believe is invoked in the politics of identity.

Autobiographical research like all research requires a selection process in the information given; there are always omissions and holes.[23] I have selected some experiences over others to illuminate and clarify my theoretical position, just as any social scientist chooses her or his empirical data to illuminate her or his position.

My data like other sociological data cannot be a matter of caprice. They must be grounded in a rigorous methodological process that has a sound knowledge base.[24] Consequently, to ensure that my interpretation is not a matter of whim, I have attempted to find examples of other disabled people who have experienced similar incidents. Throughout this thesis I refer to findings by Asch, Pothier, Wendell, Woronov, Thompson and Peters to validate my findings. Furthermore autobiography like other sociological methodologies must be open to critical attention.[25]

Rarely can autobiographical research be considered as a chronological account. Rather each memory invokes other memories of events that may or may not have taken place in a chronological order. It would be impossible for me to document my life in chronological order of events. For example, the chapter on the body spans a forty-year period, that on education twenty-one years.

I have chosen to frame my experiences within the context of modernism and postmodernism. Each empirical chapter follows this organisational pattern. Thus I use the sequencing of modernism and postmodernism for structural clarity rather than as a means to stringently document the order of events.

My autobiography cannot be regarded as a self-contained disclosure. As Stanley argues each autobiography contains "biographies of other people who figure, in different times and different places, in the subject's life."[26] Throughout this thesis the biographies of differing instructors, rehabilitation staff, and other students interact with my own. Even when I write of being alone I am thinking about my interaction with them.

This discussion on the interplay between biographies brings to light the problem of representation. One can question whether an autobiographical experience is a true representation of life. As Evans asserts, "Much autobiography tells something about a person, although readers expect (and often get) evasion."[27] My interaction with others sheds light on perceptions that I recall from my particular circumstance. The reflections of various instructors, rehabilitation staff, and other students remain hidden. While being involved in the same event each person can construct different and often competing descriptions.[28]

I agree with Susan Bordo who contends that the construction of differing and competing descriptions does not detract from an autobiographical methodology. She asserts, "[while] one does not escape this hermeneutic problem [of representation] by turning to autobiography, one is at least dealing with the social constructions and attitudes that animate the subject's own reality."[29] While my version of these actual events may differ from the interpretation of other actors involved, it does examine the social constructions and attitudes that animate my understanding of my social relations. Bordo's insights directly relate to Gergen's concept of 'relational realities'.[30] Briefly a person is not endowed with an essential individualism but continually throughout life finds her/himself shifting within different contextual surroundings.

On one hand, I agree with Gergen as I am in flux between modernist and postmodernist practices that are attempting to constrain me within an abstract category of disability. Furthermore from my perspective my experience of cerebral palsy is a strong thread that weaves itself throughout all other contextual surroundings. On the other, from the perspective of both modernism and postmodernism my disability is seen as essential and it overshadows all other contextual surroundings.

Some may feel that I am placing my autobiographical approach in a postmodernist context because my autobiography is interwoven with the autobiography of 'others'. Critics might argue that by placing myself within this context I may undo any critique I may have of postmodernism. While the politics of identity helps to legitimise this autobiographical account, I believe that my use of this methodology stems from the interrelatedness I experience as a result of my cerebral palsy.

Most people with a disability experience an interrelatedness because of their dependent relationships. This is important because, as Siegal observes, dependency has been, and continues to be, devalued and attributed to persons perceived as inadequate.[31] My life, including my experience of cerebral palsy, has been interrelated, interdependent, and interwoven with those of others and must be embraced and valued.

Irving Zola, who experiences polio, wrote of his own autobiography,

> "What I have produced might well be called a social-autobiography, a personal and social odyssey that chronicles not only my beginning acknowledgment of the impact of my physical differences on my life but also my growing awareness of the ways in which society invalidates

people with a disability."[32]

Like Zola's book this thesis could be called a social-autobiography in that it makes problematic two sociological phenomena.

First, it questions the imposition of the abstract conception of disability on the lived experience of cerebral palsy. In addition it questions whether postmodernism is a departure from modernism. It also asserts that in practice the politics of identity continues to devalue and marginalise people with disabilities.

By insisting on validating my experience of cerebral palsy, I am endeavouring to unravel the thread of the abstract conception of disability to lessen its straight-jacket effect. I realize that people who read this thesis could accuse me of implementing my own version of a politics of identity. But I contend that if I remain silent then I as a person with a disability am vulnerable to appropriation by others, who speak for me. For them my disability is a commodity, a political pawn, to be manoeuvred or sacrificed at their whim. By speaking of my experience of cerebral palsy I am claiming that their concept of disability has no meaning for me.

Chapter three: theoretical overview

Within my lifetime sociologists (such as Bauman, Smart, Featherstone, and Baudrillard) have noticed two competing sensibilities concerning how people think and have been treated.[33] For the purposes of this thesis I call these competing sensibilities modernism and postmodernism. My use of modernism and postmodernism is qualified and limited.[34] As noted in the introductory chapter, following Smart I employ the terms modernism and postmodernism to designate the cultural sensibilities of the historical periods respectively referred to as modernity and postmodernity.[35]

From the perspective of this thesis, I propose that the concepts of normality, productivity, and progress are characteristic of modernism. Similarly, I contend that the concepts of the reconstituted self, symbolic goods, and the politics of identity are characteristic of postmodernism. I believe that both modernism and postmodernism through their respective characteristics (outlined above) marginalise people with a disability.

I begin my theoretical examination by exploring modernism from the perspective of the aforementioned characteristics which I use to explore the theoretical implications of the social construction of disability. One might question examining the social construction of disability within a theoretical chapter rather than confining this discussion to the empirical chapters. First, there are specific theoretical propositions that underpin the concept of disability and require separate examination apart from the general theories of modernism. Furthermore in the empirical chapter the contradiction between the abstract concept of disability and my lived experience (that includes my cerebral palsy) will be sharper with the reduction of theoretical discussion.

Following my discussion on modernism I examine the theoretical implications of postmodernism for people with disabilities. The concept of the social construction of disability weaves throughout my discussion on postmodernism. I end this chapter with a discussion of the body and its sociological importance.

Before beginning my exploration of modernism I will consider the co-existence of modernism and postmodernism within the social world. I reiterate that these movements exclude and marginalise people with a disability. Therefore from the position of disability I agree with those theorists who contend that there is not a decisive break between modernism and postmodernism.[36]

Featherstone argues that the transition from modernism to postmodernism is in its infancy and to speak of a division between the two would be premature.[37] Bauman holds that modernism and postmodernism impact on the same areas, however, one view necessarily dominates over the other depending on the particular circumstances.[38] Dallmayr claims that postmodernism is actually an irruption within the modernism project and in effect destabilizes it.[39]

Featherstone's contention that at the moment there is not a definite break between modernism and postmodernism relates directly to this thesis. I alleged that the practices of modernism and postmodernism continue to define me within an abstract perspective of disability and ignore my experience of cerebral palsy. Thus I believe it is premature to suggest that postmodernism breaks with how disability is considered in modernism.

Bauman's assertion that either modernism or postmodernism will dominate depending on the situation and circumstances applies to this thesis. For structural purposes I wrote the empirical chapters in chronological order with modernism preceding postmodernism. In reality circumstances or situations dictate whether people will invoke either modernist or postmodernist practices to enclose me within their abstract category of disability.

One might ask, from the perspective of disabled people, whether the postmodernist irruption that Dallmayr suggests is a positive change for them. This disruption did not change the defining of us according to our disability. This disturbance within modernism, however, did change some of the exclusionary practices employed by the able-bodied society.

MODERNISM

I will begin by placing modernity within a time frame and location that details its influence on my life. Modernity originated in Western Europe around the seventeenth century and resulted in various modes of social life or organisations which subsequently became more or less worldwide in their influence.[40] As Giddens asserts, "This associates modernity with a time period and with an initial geographical location, but for the moment leaves its major characteristics safely stowed away in a black box."[41]

I will open the black box that Giddens alludes to and attempt to identify the major characteristics of modernism. I believe that modernism is driven by the belief that mankind [sic] through applied reason has the ability: to shape, to regulate, and to control society, as well as nature; to improve both society and its members in the name of progress; and to make members of society productive (if of course they have the ability to be productive) by training, drilling, or coercing them.[42]

Modernism promised progressive economic rewards and administrative efficiency. These goals and their ensuing practices meant not only a separation from the traditional order but also signified a differentiation of people within modernism.[43] In rather simplistic terms the society was divided in terms of normality, productivity, and the ability to progress.

Normality

The modern state and economy required its members to be categorized in terms of normality because the health and physical well-being of the general population was and is a priority.[44] For modernism the process of normalization promised the fully internalized self-regulation of mind and body.[45] Attempts were made to control populations through measures best suited for their compliance. First, modernism required a system to distinguish between categories of people.

In the introduction I mentioned Bauman's metaphorical filing cabinet. Just as each file required a separate space, modern society was required to develop a separate space for each classification, including both disabled and able-bodied people. Able-bodied people seemed to have unlimited access to space because the society was designed by and for them. Conversely, most disabled people were designated to special and limited areas of the community.

Advocates of modernism held that disability and disease needed to be controlled.[46] For example, Angus McLaren writes of the need for the Canadian government to keep its population healthy and productive. A 1915 Board of Inquiry felt that average citizens must be productive and maintain their economic value, hence remaining a helpful (productive economic) unit, rather than a burden for the community.[47] McLaren writes, " Few active in public life spurned the idea of striving for a perfectly rational world purged of physical and mental medical defect."[48] Consequently the abnormal were segregated from the normal, the physically disabled from the able-bodied.

Productivity

Bauman believes that in the modernist view the healthy were superior to the sick, high productivity to low productivity, the sane to the insane.[49] In a modernist context the body became a tool to be utilized. The body was deconstructed and reassembled into an efficient machine.[50] Consequently the body became demarcated according to its utility.[51]

This development devalued people with a disability because their bodies have been determined to have less utility.[52] Modernism, through the application of professional expertise by teachers, administrators, and social scientists, specialized in converting and cultivating human minds and bodies.[53] This regulation and development of human beings was an attempt by modernism directed towards making them more productive.[54]

In the late nineteenth century people's skills or crafts became autonomised through the technical division of labour. In effect the labourer was reduced to being a mere component in a mechanical production process. Worker compliance to this process was assured by improving safety standards at work, creating social security, and most importantly increasing wages.[55] Yet, in modernism the worker, unlike a machine, had the ability to reason and effect change.[56]

In postmodernism the worker has had even greater autonomy to bring about change. Donzelot points to a shift in management style from the worker being a cog in the industrial machine to an approach that allows the worker greater autonomy. She or he "becomes an agent of change in a world of change".[57] Work now becomes a site where an individual can fulfil his/her potential and capabilities and therefore receive satisfaction. Of course this departure from treating the worker as a "cog" in a machine did not mean its demise as a management style. Rather both styles of regulation coexist presently.

Earlier in this chapter I mentioned how the practices of modernism and postmodernism overlap. Treating the worker as a cog in a machine corresponds to modernity's belief that everyone has a part in a grand design. Regulation that allows a worker to create his or her own productivity within the constraints of the environment is similar to an individual creating their own identity in postmodernism. Later in this chapter I will expand on the theme of creating one's own identity. Nevertheless, both systems of management have had to adhere to the primary capitalist principle: increased profits and productivity.[58]

The principle of productivity and profits carries over to the medical field. A tenet of medical economics is the selection of methods of care which carry the best rate of return on their cost.[59] The modern state entrusts health-care professionals to replenish the pool of workers to be used for production by allocating resources in a cost-efficient manner. These professionals are mandated to maintain a healthy productive population, based on economic decisions derived from their specialized and scientific knowledge base.[60] Thus, from birth through their entire period of employment (or unemployment) people are judged according to their productivity.

Progress

Alexander holds that the possibility of perfection is the essence of modernity and modernism.[61] Regardless of the disaster, the hope and the belief in the modernist capability to progress remained intact, at least until the twentieth century. The faith in the ability of humankind to progress has informed all the progressive social change movements throughout history.[62]

The modernist view held that individuals within society can "improve" themselves and society through the proper application of education, training and discipline.[63] Applied scientific knowledge through technology would shape society and control nature; medicine and education would re-form humanity.[64] Modernism promised that continual application of progressive reasoning would lead humanity to its utopia.

This modernist view of progress has also inadvertently caused daily pain for individuals who are unable to attain their goals.[65] Gergen asserts,

> "Consider the many whose lives are wracked daily by the fear of failing on one hand and the frustration of slow movement forward on the other. The promise of progress thrusts them into a lifetime struggle toward a summit never to be attained, evoking in the end a sense of failure, of being unable to realize 'what could have been,' 'should have been,'or 'wanted to be'." [66]

The concepts of normality, productivity, and progress helped modernity to categorise people as either able-bodied or disabled.

Normality and disability

From their pre-birth to death modern society places disabled people under the welfare and jurisdiction of the rehabilitation model, and in the name of morality attempts to normalize them.[67] The institutions of both physical and educational rehabilitation are designed to lessen the economic and social problems of disability. Society has given them the mandate to help clients reach their potential by becoming self-sufficient and fully-contributing members of society.

Thus, the success of the ideology of rehabilitation is gauged by the extent to which it is able to make these people as 'normal as possible'.[68] Consequently following the modernism directive through rehabilitation techniques, practices and routines, professionals (doctors, educators, social workers and therapists) attempt to correct the minds and bodies of the abnormal population, in hopes of bringing them as close as possible to a set normative range.

The concepts of human perfection and individual effort justified the separation of the disabled from the able-bodied. The disabled were deemed imperfect unless they could overcome their disability. Thus, the disabled who failed to overcome their impairment were considered inferior. The onus remained on the disabled person to reach normative expectations. Rarely was it even postulated that the rehabilitation model's proven scientific routines could be suspect.[69]

For example, practitioners of medicine believe through examination they are able to ascertain that the patient lacks the ability to be rehabilitated, leaving the practitioner's ability to ensure progress intact. Similarly, through examinations educational institutions ascertain that it is not the normative standards of the educational system, but the student's ability or inability to reach normative expectations that determines their success.[70] Thus normative assumptions of modern society also hold that disabled persons need professionals to make decisions for them.[71]

This agenda presumes that the opinions of people with disabilities cannot be trusted. They cannot live worthwhile active lives and their capacities can only be defined from the standpoint of professional expertise.[72] Primarily able-bodied experts (doctors, teachers, and social workers) explain the feelings and aspirations of persons with disabilities in terms of their supposed psychopathology, - 'reactions to personal tragedy' to be understood within a specialized 'psychology of disability'.[73] Professionals' certainty of their societal obligation make it difficult for them to accept that they may be wrong and the disabled person may be right.[74]

Medical science first attempts to cure the disabled person. If the person with a disability does not have the ability to be cured, then social workers, special educators, and rehabilitation specialists are called in to fix him or her.[75] By attempting to help the disabled population meet, or come close to, a socially constructed normative standard professionals within the rehabilitation fields are preserving the social whole.[76]

In spite of their benevolent intent, by setting normative standards and normative expectations rehabilitation services continually remind clients of their abnormality and their devalued position within society. This bitter reminder reinforces their placement within the abstract category of disability.

Productivity and disability

Oliver argues, that for disabled people productivity and non-productivity are measured in terms of ability and disability.[77] Thus, disabled people's productivity is directly correlated to their ability to overcome their disability. In a society dominated by the need to be productive and able-bodied, to be categorised as disabled and thus unproductive is to be considered undesirable. For example, respondents to a poll on integrating disabled children into public school classrooms assumed that because of their disabilities these students would be less intelligent and less productive.[78] Thus like other bodies in modern society the disabled bodies are considered a tool to be transformed and utilised. The disabled bodies, however, must first attain normative expectations before they can be utilised as tools.

Progress and disability

Modernism's incessant drive towards progress has both individual and collective repercussions for people with a disability. Collectively we are faced with the annihilation of people who experience disability. Stephen B. Smith claims that modern science under the guise of progress is concerned with human self-assertion and the desire for power. For example, he argues that the movement for genetic engineering epitomises this desire for perfection through progress. By the late 1970s medical science had the capability to detect some pre-natal birth defects and through genetic counselling doctors could recommend an abortion.[79]

Even groups that have reservations about genetic engineering support the eradication of "birth defects". For instance, the Canadian Advisory Council on the Status of Women submitted a brief to the Royal Commission on Reproductive Technologies that on page 40 states, "Genetic therapy on embryos, fetuses, and adults with serious genetic defects (such as cystic fibrosis or Tay Sachs Disease) would be of great good to humanity and particularly to women in our capacity as primary caregivers on a global level." On page 46, the report adds, "The decision to abort or bear a child with genetic defects should remain exclusively with the woman".

Individually many of us have either been or continue to be pressured into trying to overcome our disability. Earlier in my discussion on progress and modernism I quoted Gergen concerning the modern individual's angst that originates from her or his striving for progress. Similarly, the disabled individual's ability to reach 'what could have been, 'should have been,' or what he/she 'wanted to be' is dependent on his or her ability to progressively overcome his or her disability. Progress is measured by reaching normative standards. These standards take the form of various examinations, regimes and disciplines.

For example, physical rehabilitation has various tests, and examinations that divide the normal from the abnormal. One must progress to normative expectations or he or she is considered abnormal. From a modern perspective it is hoped that the disabled individual progresses to his or her optimum normality.

Within the education system there are normative expectations that a disabled person must achieve. These expectations are presented in the form of examinations, body comportment, adherence to rules and regulations.[80] If one fails to reach these standards, then one is placed with the abnormal.[81]

According to Bauman, "the modern project split the world between wilful subject and will-less object; between the privileged actor whose will counted and the rest of the world whose will did not count - having been denied or discarded. It is against such a disenchanted world that the postmodern re-enchantment is aimed".[82] The question remains: Can postmodernism possibly bring about an enchantment for people with a disability.

POSTMODERNISM

The shape of our society and what we make of it shifts between modernist and postmodernist understandings. Advocates of postmodernism call for a world view that stresses plurality, multiplicity, fluidity, above the values of hierarchy and linearity.[83] Put simply, postmodernism rejects the idea of universal truths, and is positioned in opposition to modernism's monolithic view of the world.

The emergence of postmodernism suggests a break from modernism involving the emergence of a new social totality with its own distinct organizing principles.[84] The postmodernist perspective sees the habitat as the field in which people operate and select their resources. This field is in constant flux, and therefore does not provide boundaries that define the limits of appropriate behaviour nor does it allow people the luxury of finding a fixed identity within a specific boundary. This habitat does, however, provide the agent with a myriad of resources from which people construct themselves.

Throughout one's lifetime one may reconstruct oneself depending on one's situation or one's needs. With an abundance of resources at one's disposal the possibilities for reconstituting oneself seem endless.[85] During the modern phase of capitalism the primary emphasis is on productivity, on defining people in terms of what they produce and their productive capacity within integrated systems; consumerism was a result of productivity. In the postmodern phase of capitalism the primary emphasis is on the consumption of commodities because what one consumes or buys defines one's individuality or identity.[86]

The reconstituted self in postmodern

Tseelon asserts that both the modern and postmodern self are a "fragmented, fractured identity".[87] The former attempts to rescue the self from chaos while the latter makes no attempt to rescue. In the postmodern world there is no individual essence but rather one's identity is continuously emergent, re-formed, or redirected as one moves through the sea of ever-changing relationships.[88] Gergen claims that with postmodern consciousness comes the belief that people are capable of rewriting their identities as they wish. I contend that one's capability to reconstitute oneself is dependent upon one's ability to acquire symbolic goods.[89]

Before addressing the question of symbolic goods in postmodernism I would like to discuss the use of symbolic goods in other societies. For example, Malinowski found in some pre-modern societies symbolic exchange relations were the basic social process that differentiated between ranks while at the same time facilitating cohesion and solidarity.[90] In modernism each individual's commodities symbolised the project of defining the self. For instance, in the nineteen-fifties, the man in the grey suit and briefcase symbolised success.[91]

Earlier in this chapter I pointed out that modernism and postmodernism both adhere to the primary capitalist principle: to increase profit and productivity. Likewise, both cultures maintain to some degree symbolic goods. Postmodernist people are defined primarily by what they consume, whereas modernist people are defined primarily by what they produce.[92]

Symbolic goods

Through imagery and advertising postmodernism stimulates needs and desires.[93] Most desired are the symbolic goods that require considerable investment in time, money, or knowledge. The need to consume the latest symbolic goods often overrides the actual acquisition of them. There is always a "new and improved" symbolic good to strive to obtain. Thus, postmodern consumers are manipulated by symbolic goods; the seduction of the elusive, of the unattainable, whets their appetite.[94] Each postmodern consumer attempts to "convey the appropriate and legitimate signals through his or her consumption activities".[95]

For example, a brand of denim jeans that ten years ago had high symbolic value became devalued when people who were perceived as being on social assistance began wearing them. From a purely economic viewpoint the profit from the sale of these jeans did not fluctuate greatly. From the perspective of a symbolic good these jeans became devalued. Once a product is perceived as being affordable to lower income people it is then considered a necessity and virtually everyone has access to it.[96] The greater the value of a symbolic good, the greater the scarcity.

Within postmodernism the social order is an outcome of the manipulation of symbolic goods. Symbolic goods signify to others and oneself what one's identity is at the time. Thus social ills are interpreted as the failure of the individual to acquire the symbolic goods required to resolve the problem.[97] For example, people with a disability who appear to be unhealthy are considered failures because of their inability to acquire the symbolic goods (for instance the latest health enhancement regime) to make themselves appear healthy.[98]

Such "flawed consumers", including people with a disablity, are caught in a double-bind: they have limited access to necessary resources because they are unemployed or underemployed, and they are unemployed or underemployed because they lack the resources to participate fully in society.[99] This level of imperfect consumers is needed to maintain a social order within postmodern society.[100]

When groups on the lower rungs of the social ladder attain previously prohibitive social goods, those above will supply new, fashionably desirable goods, to maintain the original distance.[101] In this postmodern consumer-orientated society the upper-class is continually setting the trends that the classes below must strive to attain.[102] Whether these trend setters are trying to maintain a separation between themselves and others, or are just trend setting; the fact remains that a distance between them and the others is preserved.

One group of individuals is incessantly trying to distance themselves from others by continually acquiring symbolic goods with the seductive promise of self-assembling an improved identity and life. Others, seduced by the promise of the good life, attempt to re-assemble their identities by attaining the symbolic goods of the trend setter. People with a disability, despite having the symbolic goods or the money to attain them are perceived as second-class citizens because we are categorised as disabled in terms of society's able-bodied norms.

The Postmodern Consumer

According to Bauman this process of re- or self-assembly has only one constant: the human body.[103] In reconstituting the body the consumer has not only seemingly endless resources to choose from through which she or he can acquire other symbolic goods, but also a host of professionals who are willing to help one choose one's resources.[104] The project of the self has become heavily commodified as demonstrated by the packaging of self-actualization in both self-help books and regimes.[105]

The "body improvement" sections in Monday Magazine and Common Ground Magazine demonstrate that there is a myriad of professionals offering expertise in various alternatives for enhancing the body. The contents of the above magazines illustrate that there is an expansion of health alternatives from solely government controlled body-care [the medical and the rehabilitation model] to alternative consumer driven body-enhancement regimes.[106]

This shift stems from the belief that to appear healthy has become a moral obligation within society.[107] Within postmodernism, to have a healthy lifestyle conveys status. The body is an important signifier of one's lifestyle. If one appears to have an unhealthy body she or he loses status and is considered a moral failure. Thus a healthy body in turn becomes a symbolic good and has enormous exchange value from the perspective of postmodernism.[108] Most people with a disability "appear" to be unhealthy. To be disabled is considered unhealthy. If to appear unhealthy necessitates the loss of status, then being in the category of the disabled means that one loses status in the postmodernism world.

The consumer must choose between the expanded possibilities of health enhancement. People continually acquire commodities that momentarily satisfy desires and lead to the need to express succeeding desires. They are caught in this vicious cycle of endless consumption which satisfies cravings and seems to have an infinite capacity to create new ones.[109]

Consumers are faced with feelings of failure at their own inability to obtain the "new and improved" goods, especially when they see other bodies that "appear" to be benefitting from the latest trends. They become frustrated because they never seem to "keep pace " with other consumers or the ever expanding symbolic goods.[110] If there is pressure within postmodernism for able-bodied consumers to improve their bodies by keeping pace with the latest products then the gap between the able-bodied and disabled widens.

In modernism the disabled were expected to overcome their impairments and achieve normative expectations. In postmodernism these standardised normative expectations have been surpassed by the desire of an ever-increasing group of people to strive towards the pinnacle of their physical potential. Hence, within postmodernism the disabled that fail to achieve even the modernist normative expectations cannot possibly keep pace with the striving towards the perfect body.

Within postmodernism the path to the perfect body can take various routes. Featherstone contends postmodernism is "widening the range of contexts and situations in which behaviour is deemed appropriate and acceptable".[111] This continuum runs the gamut from appearing as if one is a controlled person to appearing like a free-flowing person. Rather than a person choosing between these two options he/ she can be both. To illustrate this point Featherstone uses two images, a picture of a model in *Haute Couture* beside a picture of the same model garbed in a desert caftan.[112]

Thus a person can give the illusion that he/she is either controlled or relaxed by wearing the appropriate clothes. If an individual cannot conform in these ways then he or she is marginalised, placed in a category excluded from this area. No matter how hard we try or how many symbolic goods we acquire most disabled people including myself cannot conform to this comportment. I remain a disabled body that is marginalised in postmodernism.

Politics of Identity

Some theorists see the shift from modernism to postmodernism as an opportunity for marginalised groups to break free from the former's oppressive and constrictive propensity.[113] For example, Chambers believes that new sensitivities to the gay movement, feminism, ethnicity, and race resulted in the emergence of new cultural and consuming subjects that have become part of a wider reality.[114] Rosenau believes these pluralistic groups take part in fluid coalitions, temporary issue-orientated alliances that consolidate a plurality of "identity groups".[115]

The politics of identity not only provides spaces for marginalised voices to be heard. It draws attention to the "different centres" of thinking which shape various identity groups' perceptions about society.[116] As a political strategy the politics of identity allows people with a disability to critique a society dominated by the able-bodied.

The politics of identity has brought attention to both the fact that people with a disability are "people first", citizens with all the rights accorded full citizenship and the inherent handicaps that are present within our social and physical environments.[117] In short, accommodating people with disabilities is a social obligation. If this obligation is not met then a disability becomes a handicap.

The strategy of the politics of identity, reversing the stigma, is more difficult for persons with a disability.[118] To utter that a disability is a privileged position may make us vulnerable to the question: why should society fund accessibility projects? Furthermore, unlike other politics-of-identity groups, people with disabilities have no common physical characteristic, culture, language, or tradition.[119] In fact often people with disabilities have different statuses as compared to other members of a family. Also, the experience of people with disabilities varies greatly according to their disability.[120]

As Bickenbach contends, the difficulties in reversing the stigma and the fact that persons with a disability do not have common physical characteristics, culture, language or tradition may be a moot point.[121] The differing characteristics are secondary to the systemic discrimination within society that all persons with a disability face. The politics of identity has been instrumental in improving the lives of people with a disability, especially concerning the physical environment.

Some people with a disability see the disability rights movement working towards equal opportunity for all its members within society.[122] Blackwell-Stratton et. al, conclude, "equal opportunity and full participation can only exist in a society that values the individual as part of the collective whole".[123] Consequently, there is a need for the viewpoint of people with a disability to bring attention to discriminatory practices through the politics of identity. For example:

> "It's not always easy to identify at what point a widespread and irrevocable social change has occurred, but there is always a myriad of signs that it has taken place. In Canadian society today, a myriad of signs signify change in social attitudes to racial differences and the station of women.
>
> Not by coincidence, views on people with disabilities are undergoing a similar transformation. Not by coincidence, people with disabilities are themselves directing the change - and that fact is itself transformative".[124]

Vic Willi, executive director of the Centre for Independent Living in Toronto, Inc., states,

> "'We have nothing to do with the medical model'.... There's a general confusion in the public mind between disability and sickness. We see our issues and difficulties through lack of access to services. It's a question that suffuses every social service and every social area.
>
> That's a big terrain, a far cry from the previous institutional model where people with disabilities had only a hospital or equivalent context in which full access and attention could be expected....Willi says, 'We owe a lot to the women's movement and especially the civil rights movement, which insisted on the idea that black people should define the needs of the black community'".[125]

Vic Willi's testimony demonstrates the positive aspects of the politics of identity and the politics of difference. Best and Kellner differentiate between these two political forms. They propose that the politics of difference explicates important distinctions between groups, and articulates critical issues for a variety of movements and groups resulting in multi-issue political movements. A politics of identity, they argue, helps to facilitate political and cultural identities and solidarity through struggling against oppression within society.[126]

Best and Kellner note that both the politics of difference and the politics of identity can be employed as strategies to maintain oppression. By concentrating on difference and neglecting commonalities the politics of difference leads to fragmentation that helps maintain an oppressive status quo. Similarly, a politics of identity which concentrates on a facile identity without considering the experience or the circumstances of one's lived experience leaves the relations of domination intact.[127] Thus, despite these institutional advances for disabled people that derive from either a politics of difference or politics of identity position, I contend that in some respects these concepts in practice replicate the injustices they attempts to subvert. For the purposes of this thesis when I write of 'the politics of difference' or the 'politics of identity' I am referring to the way these concepts are used to marginalise me. Consequently, I believe when these concepts are employed as measures to maintain the marginalisation of various groups, including the disabled, it is difficult to distinguish between them. For example, my difference and its critical elements can be interpreted as my identity. This abstract identity is invoked to justify my exclusion from participation in some aspects of society. In turn, my abstract identity is informed by my differences [perceived inadequacies] that also are invoked to justify my exclusion from participation in society.

From my position of examining both the politics of identity and the politics of difference as exclusionary tactics, there is a conflation - one supports the other - making a demarcation between the two unnecessary. While both concepts are used as exclusionary tactics, I will primarily use the term politics of identity to encompass both. In practice the politics of identity excludes some individuals who may not meet the group's normative standards. For example, from her experience as a woman of colour, bell hooks indicates that the plurality within identity is ignored because some black individuals devalue the experiences of other black "folk". [128]

On the other hand, within the politics of identity, there is a tendency towards restrictive inclusion. Individuals can become trapped within the context of an identity. bell hooks declares that she gets cited solely in relation to racism, although some of her work cited did not primarily focus on race.[129] Driedger and Aubin charge that an able-bodied society traps them and others within the context of their disability.[130] Thus, other people impose a restrictive identity on an individual under the pretence of supporting the latter's liberation from minority status.

While the politics of identity allow for differing standpoints to be heard, a problem can arise when these positions come together for debate. If each group professes a special knowledge based on its social location then each party could bring closure on conversation by claiming its counterpart is unable to comment on a specific experience because it has not lived that specific experience.[131]

A corollary of the preceding position is the response: "I cannot give your position credence because in my view neither you nor your experience constitute sufficient marginalisation". In both exchanges the opportunity to discuss matters is sabotaged by differing interpretations of what it means to be marginalised.[132] Ironically there is a risk that the politics of identity which set out to find its voice and place will lose both. By professing that no one can understand either their voice or their place its supporters impose on themselves isolation and marginalization.[133]

The strategy of deciding what group has a legitimate voice is double-edged. People or groups who are criticised by marginalised others may respond that their privileged position prohibits them from voicing an opinion. Thus, they bring closure to any dialogue and maintain the status quo.[134]

On the other hand, when we speak for others we construct who they are and who we are. Furthermore, by speaking for the other, the privileged individual maintains her or his power over them. Whoever speaks defines the dyad's social location, at least momentarily.[135] For example, earlier I documented how in the dyad of professionals and people with a disability, professionals define the social location of not only their relationship but also the disabled person.

Abstract rights and abstract identities

In the postmodern world the distinction between the public and the private has been blurred. One receives full public recognition as a member of a minority group.[136] In my case for instance I am bestowed the designation of a person with a disability.[137] Thus in postmodern politics I have this identity imposed on me.

In this politics people are increasingly being defined by their identity not by what they do or say.[138] I agree with Elshtain who argues that one's identity cannot supersede one's behaviour. When a person commits a demeaning act only the behaviour should be considered, not the person's identity.[139]

For example, when I walked with a cane, if I were inclined to swing it at passers-by I would hope the authorities would take appropriate measures to ensure others' safety. I might argue that my rage stemmed from my identity as an oppressed person with a disability which gives me the right to threaten whomever crosses my path. If Elshtain's concerns are credible then my identity would exonerate me from any responsibility for my behaviour and the general public would remain at risk.

Certainly I hope officials would consider the mitigating circumstances that may have caused such a violent outburst. But, these mitigating circumstances can be considered in trying to develop interventions to help deal me with my anger in a more constructive manner, but cannot be seen as an excuse for my behaviour. The safety of others must be the primary consideration.

I earlier referred to the fact that some advocates felt that people with a disability had a right to equal opportunity. Bickenbach doubts that people with disabilities can fully participate in society solely on the basis of equal opportunity. He writes, "it may be profoundly handicapping to treat a person with disabilities *equally*: it does no good to have, with everyone else, the right to climb up a flight of stairs in order to reach a government office if one is confined to a wheelchair."[140] The obtaining of equal rights that maintains the systemic discrimination against people with a disability does not resolve problems for us. It only exacerbates them.

Some postmodernists whom Rosenau labels as sceptics reject the concept of the subject that they argue is an "invention of modern society, a child of the Enlightenment and rationalism".[141] By cancelling the subject sceptical postmodernists nullify all unacceptable modern concepts associated with it. For example, without a subject the categories of position, group, person, or class are meaningless. Furthermore, sceptical postmodernists reject the concept of the subject because it is central to a humanism that implies that human beings are the centre of the universe.[142]

Jean Baudrillard, a proponent of postmodern anti-humanism, speculates that the disabled are the prototype that would enable people to release themselves from the shackles of humanism. He believes that the handicapped may precede the able-bodied on "the path of mutation and dehumanisation".[143] Because the handicapped rely on various technological devices to communicate and partake in every day life, Baudrillard argues, they are mutating to a cybernetic being.

I question Baudrillard's contention. If, as he suggests, the dependency on technology is a prerequisite for mutation, then would not able-bodied people's reliance on telecommunication (telephones and computers) and other technologies necessarily lead to the same mutation? Baudrillard seems to view the existence of the handicapped as being dependent on technology. He overlooks the fact that others rely on or use technology.

The belief that disabled people are confined to certain adaptive devices rather than using them is common in our society. Irving Zola writes of the power of this conviction in the lives of persons with a disability. For example, if her or his community perceives the wheelchair as a sign of stigmatization, then the user will struggle with being in it. On the other hand, if his or her community appreciates that the wheelchair is an aid that helps expand the horizons of a person with a disability, then it is much easier for the user to see the wheelchair in the same manner.[144] Optimistic users of a wheelchair believe that they are "using" it; whereas pessimistic users of a wheelchair believe they are confined "in" it.[145]

I am ambivalent about the above discussion concerning the semantics of 'using' or being 'in' a wheelchair. On one hand I celebrate the optimistic attitude of referring to a wheelchair as an adaptive aid rather than as a restriction. On the other, I am disturbed that the people who use the wheelchairs continue to be categorised in terms of the able-bodied community's perception.

I am also troubled that Baudrillard appropriates the experience of disability without questioning his normative values. By claiming that the handicapped are abnormal and inhuman he is imposing his own normative assumptions concerning people with disabilities. Baudrillard, by differentiating between the handicapped (abnormal/inhuman) and the non-handicapped (normal/human), to some extent implicitly accepts humanism which undermines his ability to critique it.

In addition his homogeneous "handicapped" grouping contradicts postmodernism's celebration of difference. Yet he embraces difference when he critiques the modern monolithic creation called humanism. Baudrillard reduces the experience of disability to a means by which an able-bodied society can relieve itself of humanism. Thus, the handicapped become a trope, a sign, or a symbol, that leads others to a freer existence. Baudrillard's use of disability in this manner is similar to some pre-modern people's belief that the handicapped were a sign from the god[s] of good or evil.[146]

Sociology and the body

Before I present my empirical chapter on the body I will consider the sociological history of the body. Sociology has neglected the body as an area of study.[147] Bryan Turner holds that by placing the emphasis on the socially constituted agent, sociology has submerged the body and made it largely inconsequential.[148] Freund contends that the human body is seen only as a "screen on which social and cultural concerns are projected".[149]

Rather than seeing the body as a passive receiver of social and cultural concerns, Shilling calls for a dialectical approach to the body.[150] There are three major points to this dialectical view. First, the body is open to change through individuals working on their own or other bodies. Second, bodies are not only formed by social relationships; they partake in the formation of these relationships. Third, the preceding two points must work within the cultural, political and economic context of their historical time.[151]

Anthony Synnott agrees that there is no universal meaning of the body. He believes that even within specific historical times there will be complementary, contradictory, or competing paradigms of the body.[152] Synnott suggests that in pre-modern societies there were differing theoretical views on the body which varied from one another.[153] For example in Greece the Cyrenaic School believed in Hedonism whereas Orphism believed the body was a tomb. Between these extreme views were the Epicureans who concluded that while both the body and mind were important; affairs concerning the latter took precedence.

The ancient Romans viewed the body as a tomb, the early Christians regarded the body as a temple or the enemy, the Renaissance considered the body as secular and private. As in ancient Greece, within each of these societies there was not a clear consensus concerning the body. Each society contained sects that perceived the body and subsequent social relations differently.

At this point I will use a wide brush and paint a generalised picture of pre-modern times by noting some similar traits, experiences and traditions. The pre-modern world was fatalistic: humanity's destiny was in the hands of the god[s].[154] Pre-modern people believed that society was pre-ordained by God. No human design could intervene with God's pre-ordained or predetermined "chain of being."

In pre-modern times people noticed that there were differences (such as skin colour, height of body, temperament, customs, political institutions) between themselves and people of other communities.[155] These differences were accepted without question as God's way. Thus, in pre-modern times no matter the diversity in human characteristics and of human populations the world remained an object of human contemplation and study, but beyond the reach of human intervention. In the modern era the power of human reason was believed to give people the right to manipulate and regulate the world and its people.

Giddens distinguishes between expertise within the pre-modern cultures and modern society.[156] In pre-modern cultures experts, such as "magicians" or "healers", jealously guarded their knowledge and tended to depend on procedures and symbolic forms that resisted codification. Specialisation [that in principle can be acquired by anyone who has the intelligence, time, and disposition] is the linchpin of the systems of modernity.

In pre-modern societies marks of stigmatisation and public status were publicly displayed on the surface of the body.[157] In spite of their body markings and because of their fatalistic approach towards destiny, pre-modern people were relatively free to use their body at their convenience.[158] In modern society the body itself became a source of status or stigma.[159]

In spite of the interest of the aforementioned theorists the body remains marginalized as a topic of sociological study. Similarly, Oliver and Jenkins contend that for the most part sociologists, like the rest of society, have chosen to neglect the disabled population.[160] Scheer and Grace claim, that contrary to popular belief, infanticide of disabled babies was not common.[161] They also assert that studies of skeletal remains conclude that persons who today would be considered disabled were integrated into many pre-modern societies. Conversely, some pre-modern societies excluded and exploited disabled people.

Both Bedini and Goffman write of people with a disability who in pre-modern times were "jesters" in the royal courts.[162] Goffman wrote of a woman with a disability who reported that she must play the jester for an able-bodied public.[163] The necessity for disabled people to continue to act as jesters illustrates how the devaluation of our bodies weaves throughout history.

Given the nature of a physical disability, it lends itself to an exploration of the body. Leder asserts that when a person is 'healthy' the body remains unnoticed by virtue of its consistent operation.[164] With an injury the body becomes conspicuous as it is necessary to care for a disrupted corporeality. Similarly, the disabled body is conspicuous because of the pain, spasms or other discontinuities that are manifested in it.

Furthermore, persons with a disability will be more sensitive to their corporeality. Their bodies are not taken for granted and must be considered whenever they interact with their environment. In differing situations for very practical reasons people with disabilities will either love or hate their bodies because they never go unnoticed by them or others.[165]

The empirical chapters that follow emphasise that the disabled body never goes unnoticed. In chapter four how other people perceive my disabled body is the focus of the discussion. To a lesser degree I write about my reactions to their perception. While my disabled body is not the primary focus in chapter five, the influence of my bodily experience underscores my discussion on education.

Chapter four:
the disabled body: rehabilitated by modernism or reconstituted by postmodernism?

Throughout my life I have noticed that people have a definite perception about my disabled body. Often I remain trapped within their perception in spite of my efforts to address their misconceptions concerning my cerebral palsy. In this chapter I will illustrate how the practices of modernism and postmodernism continue to restrict my body within an abstract perception of disability that ignores my life experiences including that of cerebral palsy.

Specifically, I explore the practices of rehabilitation in modernism and reconstitution in postmodernism. I analyze how each process neglects my actual lived experience in favour of some abstract perception of disability. Moreover I explore my efforts to validate my cerebral palsy in my interaction within a society that is influenced by the abstract notion of disability.

As I outlined in the previous chapter, modernism and the rehabilitation model hold that the disabled body can reach normative expectations if it progressively follows the treatment method. This treatment model is designed and administered by professionals who are mandated to increase the productivity of the disabled population. As noted earlier, for disabled people productivity is synonymous with normality.[166]

I will employ Michel Foucault's analysis of disciplining the body to analyze the rehabilitation process and to critique the concepts of normality, progress, and productivity. A Foucauldian perspective allows me to analyze the practices and technologies that sustain positions of dominance and subordination within the rehabilitation field.[167] I will begin with vignettes that relate my experience of rehabilitation.

Vignettes 4.1 The toy throwing incident, the examination

Sweat poured from my brow as the physiotherapist pushed and manipulated my limbs. As the pain seared through my body I reached for a toy. I heard her voice scolding me for resisting her attempts to manipulate my limbs. She reprimanded me by saying something like, "After all I am only trying to help you become better". 'You do want to walk, run, and play like the other children'? Overcome with frustration and anger I grasped the toy and threw it at her. For a moment the manipulations stopped, the pain momentarily stopped, but the scolding continued... I, too, continued because I wanted to walk, I wanted to run, I wanted to play like other children.

About ten years later, during my six month "check up" specialists that were overseeing my case called in some medical students to witness an unusual case. While these specialists prodded, manipulated, and poked at my body, they spoke of the inconsistencies of my condition. I felt like a slab of meat being inspected.

The head surgeon ended this spectacle by lecturing the medical students. He told them, "although this patient in some areas of physical development was superior to many other cerebral palsy patients, he shows marked underdevelopment in other areas. The apparent contradictions in his physical development are rare. This patient has been unresponsive to proven surgical and rehabilitative methods. Therefore there is nothing more that we can do for him." He left, his team followed. I was left with my thoughts and my anxieties.

....

These vignettes embody the workings of my struggles with, and my ambivalence towards, rehabilitation therapy. I believe that rehabilitation therapy through its use of the disciplinary technique, which Michel Foucault labelled bio-power, fosters this sense of struggle, and ambivalence. A precept of biopower is that in order to maximize its utility the body must be docile, able to be subjected, used, transformed and improved.[168] Rather than being concerned primarily with the product of an activity, bio-power emphasizes the supervision of the processes of the activity.

In order for rehabilitation to maximize my potential (which meant my becoming as normal as possible) my docile body was manipulated in hopes of improving it. The rehabilitation team was concerned with the supervision of the processes of the activity - the individual exercises that were part of my rehabilitation. Foucault delineates three interrelated areas that are a necessity for bio-power to be operationalised on the body: normalizing judgement, hierarchical observation, and the examination. I will specifically consider these three interrelated areas within the context of the vignettes.

Normalizing Judgement

Normalising judgement is achieved through five distinct but interrelated operations that are brought into play: (a) It compares one individual's actions with those of an overall population. This act of comparison leads to a differentiation of people according to (b) a minimum standard of normality that each individual must maintain or at least strive towards. (c) People's ability is quantitatively measured and ranked against others and the "minimum normative standard". (d) Within this ranking there is range of acceptability; each person is expected to know this range and conform within its boundary. (e) It categorizes those people beyond the boundaries of conformity and labels them abnormal.[169] I will examine the normalising judgement within the rehabilitation excerpts noting the five operations of disciplining power.

First, physicians decided I was abnormal compared to the rest of society. Second, medical teams had to decide to what extent I deviated from the norm. Next they had to decide if it was possible for me to reach the baseline standard of normality. In essence they applied a cost-benefit analysis in deciding my treatment model. They had to weigh the resources available against the probability of me succeeding.[170]

Third, my potential to succeed at rehabilitation was estimated and each milestone was recorded. The success of the ideology of rehabilitation is calibrated in terms of how close we patients came to the normative standard. To objectively judge our performances there had to be a standard routine and regime.

Thus the emphasis is on executing each exercise properly and not deviating from the "scientifically" proven and medically approved method of rehabilitating persons with cerebral palsy. As I furtively glanced at the other children with cerebral palsy who were exercising I noticed we were following the same routine. We children seemed to be involved in a "ballet to achieve normality" complete with uniform contortions orchestrated by the physiotherapists.

Fourth, within this normative range I learned that I must set realistic goals. My expectations had to fit within a normative range of probabilities. As noted by Anspach I was expected to cope with my disability and adjust to normative structures.[171] The rehabilitation promise of human perfection and inclusive integration was mediated by the constraining realistic goals.

Fifth, my non-compliance with the regime of therapy (as demonstrated by my throwing the toy at the therapist) meant that I risked having a sanction imposed against me. For example, after I threw the toy I was warned that I had better become more compliant because the other more obedient children were progressing at a faster rate than I. The threat of being banished from therapy and not having the possibility of running or playing like other children kept me in line. As long as I was in therapy I had a chance to be normal.[172]

Hierarchical Observation

For hierarchical observation to be effective we patients had to be accessible to monitoring. We were to be acted upon, to be transformed, to have our conduct regulated.[173] By observing the participants therapists ensure that the standards of the regime are maintained. The doctors, the nurses, and the physiotherapists all were able to observe and control my behaviour.[174] These various experts constantly reminded me that the goals attained in the therapeutic session were expected to be generalized to my everyday activities.

I felt like I was on display in a fish bowl for assorted professionals - a most disempowering feeling. To paraphrase Foucault the professional staff could see everything constantly through the single gaze of the rehabilitation model. All aspects of my life (that could be observed) were discussed in team meetings. All information about us patients, our behaviours, and our attitudes were considered only within the context of the rehabilitation model.[175]

The hierarchial observation powers extended beyond the rehabilitation centre. My rehabilitation team would send home a set of scheduled exercises with specific instructions. The disciplinary techniques that had permeated my body had now seeped into my home-life. My mother became my therapist, my brother and my sisters had to adjust their schedules to allow time for my therapy. As for me, it seemed like I could never hide from normalising observation. Even my family, to some extent, came under the scrutiny of the rehabilitation model.

The Examination

By combining the techniques of an observing hierarchy and a normalising judgement the examination efficiently qualifies, classifies, and punishes.[176] I, like other patients considered for therapy, had to qualify. Simply put, medical advisors had to decide if therapy would be beneficial for me. The medical team classified me in order to determine when to begin, the extent of, and the duration of, my therapy. These decisions were based solely on my prognosis for rehabilitation. Consequently I became an object with a particular etiology of disease and disability.

In the vignette the head surgeon classified or ranked me according to other cerebral palsy patients, when he said that "this patient has been unresponsive to proven surgical and rehabilitative methods". Through the examination process he exercised power over me. His stare and his words that dissected my body into efficient and non-efficient parts made me feel like I was an object. I internalised his normalising gaze because my hope of achieving normality remained in his hands.

The head surgeon examined the evidence [my body parts] and pronounced judgement on my case. In his mind the head surgeon justified his objectification of me by reducing me to a "case". Furthermore he could compare me to other case histories, thereby legitimising his verdict. In hospitals during the eighteenth century such documentation became a necessary procedure. For example, hospitals utilised it to chart the progress of illnesses, to study the effectiveness of disease treatment, and to compare cases.[177]

Other people with a disability also are upset with being reduced to cases. For instance, Greta, who experiences polio, asserts "Let's see... there's a case of pop, and a case of measles, and lawyers take cases. But I don't like being one". Matthews who was also referred to as a case by doctors informs them that "she is a human being who won't tolerate being treated otherwise, I'm viewed as nothing more than the sum total of my ills in my file".[178]

Referring to my therapy session, documentation supported and justified therapeutic intervention. The effectiveness of my therapy program was gauged by comparing my actual progress with projected expectations detailed on a time-line chart. This time-line chart consisted of the expected goals I was to attain within a certain time frame.

Therapists used the legitimacy of documentation to attempt to control my behaviour.[179] They told me that they had records that proved the more obedient cerebral palsy patients were doing better than me. The message was clear. The only chance I had to walk, to run, and to play was to become more compliant.

The inner senses of the body

The need to control the body through Foucault's bio-power techniques also meant the exclusion of the senses of the inner body.[180] Barbara Duden asserts that the experience of the body has been subordinated by the normative term "health" that originates from the rationalist approach to medicine.[181] For example, the pain felt by the inner body is ignored unless it interferes with rehabilitation. Susan Wendell who experiences chronic pain writes:

> "I believe our understanding of pain can be greatly enriched by experiences of chronic pain. By chronic pain I mean pain that is not endured for some purpose or goal (unlike the pain of intense athletic training, for instance), pain that promises to go on indefinitely (although sometimes intermittently and sometimes unpredictably), pain that demands no action because as far as we know, no action can get rid of it."[182]

To a "healthy" person pain means something is wrong and must be acted upon. For me and Wendell, like many people who suffer from chronic pain, pain must be accepted as an experience and embraced like an old friend.

Thus my experience of therapy parallels Wendell's comments concerning pain. My inner processes and experiences were ignored in favour of the rehabilitation therapy that centred on manipulating my outer body. An outer body that could be measured, controlled, and observed.

These time-line charts never considered my pain except as an irritant to my recovery. My exercise regime, a scientifically proven method to treat cerebral palsy, was implemented to maximize the possibility of my rehabilitation. This system was imposed on both inner and outer aspects of my body. The effects on the outer body can be measured against a standardized expectation of success, whereas those on the inner body cannot. Consequently, the inner fear I felt, the inner spasms I felt, the inner pulsating of muscles, the breath that flowed under my skin, all were ignored or at least considered insignificant in rehabilitation treatment.

The time required ordered my life and my experience with rehabilitation. These therapy sessions were an hour long. Enough time was allotted between therapy sessions to allow my body to recuperate (as determined by scientific regulation, not my body's time). Each exercise routine was measured by the number of repetitions required. The cycle of therapy sessions, the repetition of exercises, and the length of each session, were regulated by a time-line package that outlined my expected goals for that specific rehabilitation period.

My body, my pain, my self, I felt had to be brought to the forefront. In the above vignette, for a brief moment, I broke the spell of the bio-power disciplines by throwing the toy truck. When I threw the toy I remember feeling a sense that I was letting the therapist know that I was not an "object" to be manipulated but a human being to be respected. My moment of self-validation soured when I faced the realization that my acceptance by society is tethered to the extent that I overcome my physical disability.

I was caught in an ambivalent position. To regain my self-respect I had to jeopardise my chances of being accepted within an able-bodied community. Yet, the amount of respect I received from an able-bodied society was measured by the extent that the rehabilitation staff believed I had overcome the abstract category of disability.

All workers within the rehabilitation system felt that the implementation of routines took priority over all other aspects of my life. This belief often negated my right to privacy and dignity. The following vignette illustrates this point.

Vignette 4.2 Changing Room Episode

During my early adolescence I participated in a mixed gender water-therapy session. We participants required assistance to undress and dress. To my horror these helpers forcibly undressed and dressed us in one large common change room. Our helpers ignored our protests and outcries at this invasion of our privacy, and admonished us for not appreciating the opportunity to swim in a nice pool.

I vividly remember lying nude in a common change room being forced to face a nude adolescent girl. We had both protested to no avail, the helpers reminded us that we were here for therapy and that our nudity should not concern us. They said, "After all most of the children here don't even realize that you or they are nude". Our only recourse was to look into each other's eyes. Her eyes mirrored my shame, my anger, my vulnerability and my anguish. Later when we passed each other in the hall, we would not look at each other. I wondered if she too had internalized the feelings of shame.

....

In the changing room sequence the "helpers" dutifully were only concerned with us getting into and out of our bathing suits. Their intention to help us to progressively overcome our disabilities (the abstract categorisation of disability) served to justify their "stripping" us of our clothes and by extension our dignity. By seizing my body and forcibly stripping me they left me with the impression that either they felt I was incapable of feeling the moral indignation that "normal" people would feel, if they were denied the dignity of choosing when and where to disrobe; or that my feelings did not matter.

My shame derived mostly from my humiliation at having to watch others being stripped of their dignity while simultaneously being deprived of my own. The holding of the gaze between the girl and me exemplifies how the abstract category of disability subsumed our mutual experience of degradation. The shame, anger and humiliation that manifested from my intense spasms were subsumed by the abstract category of disability. My lived experience was ignored and devalued in favour of the routine of rehabilitation.

My experience of degradation should not be considered an isolated experience. Ruby relates her feeling of degradation every time she bathes: "When they're bathing you, they strip you down naked. I insisted I have a screen, but there aren't any. For a person with her mind, with all her mental faculties, this is very degrading. I have *no* dignity left".[183]

I differed from Ruby in that, to some extent, I internalized the blame for the sequence of events. I felt ashamed for being ungrateful and not accepting the conditions of hydrotherapy graciously. After all, the morality of normality permeated me and shaped the world I knew. Consequently, I often felt that I should accept my lot within this able-bodied society.

I would like to frame the rest of the discussion concerning normality, progress, and productivity within the context of the abstract category of disability.

Normality and the abstract category of disability

Prior to the head surgeon's assertion that it was not possible for me to improve, I had the albeit faint promise of normality. I was shattered because not only was I not "normal", according to societal standards, but now I was also judged to be a "freak" among people with cerebral palsy. I also blamed myself. I wondered, if I tried harder would I have responded to the surgery and rehabilitation? I felt that I must be unworthy and "less than human" because these specialists who were supposed to care did not talk to me, or even consider my feelings.

I was devastated as the "normal" world that I lived within not only had shut me out, but had also blamed me. For a long time my body was numb; where could I turn in the "normal" world? As I watched people effortlessly move in a "normal" manner I was disturbingly reminded that my involuntary spasms that I knew so well made me so different.

My numbness and my self-loathing stemmed from the fact that my life and my identity evolved in part from my on-going physical rehabilitation. Furthermore the possibility of normality was taken away from me. I could watch this phenomenon called "normality" and at times touch it, but I could never become part of it. I could mimic some of the rhetoric, some of the physical presentations but I could never immerse myself in it.

My "naturalness" was not normal, I had to control my body in an "able-bodied" world. To participate at any level within society meant that on a daily basis I had to censor the bodily reactions of my cerebral palsy. But any attempt to purge myself of cerebral palsy spasms (or at least give that illusion) took energy, and in effect became a self-defeating discipline. Often, especially when I was tired, I found it difficult to deal with the reactions of some able-bodied people when these inner feelings jumped out of my skin. I felt their sense of revulsion as they looked at me and when I noted their aversion they quickly looked away.

At night in bed I would struggle with my need to become better. Each incremental improvement would be a milestone. I remember the joy that I and others [my family, my friends, and the assorted professionals] felt when I first crawled, walked .... Yet I was overcome by ambivalence because each time I celebrated, I realized that over the horizon loomed the spectre of the next obstacle to be overcome in my quest for 'normality'.

After all, as noted earlier, the categorization of people in terms of normality gave priority to the health and physical well-being of the general population.[184] People internalised this concept of normality which then became the undisputed benchmark to classify people's worth. Thus, when I met people it became "natural" for them to give me the impression that being "useless and bad" is synonymous with being disabled.

I was in a constant state of anxiety because on one hand I feared I would not become able-bodied, while on the other, I was unsure of whether I could, or wanted to, endure continued therapy that may (or may not) help me reach that goal. Furthermore for me to adhere to the modern view of normality meant that I would deny myself the ever-changing experience of cerebral palsy, in favour of the elusive and perhaps unattainable brass ring of normality.

Hindsight allows me to see that what I considered to be my ambivalence towards becoming normal was in reality my questioning of giving priority to an able-bodied conception of normality. Furthermore, I realise it was not my abnormality but it was other people's abstract perception of disability that I was to overcome. I could not overcome it because it was not part of my lived experience. My struggles resulted not from my failure to be successful at rehabilitation, but originated from my struggle with finding acceptance of my lived experience, including my cerebral palsy.

The object of therapy was to rid my everyday experience that included spasms. My body resisted this intrusion, I remember the excruciating pain as the therapist worked against my body. After therapy sessions my body relaxed and my spasms skipped over the surface of my body and plummeted to the depths of my being. My body and I were free from the restrictions of therapy and its imposed abstract categorisation of disability. My everyday experience was restored.

It remained difficult for me to hold firm to my acceptance of my cerebral palsy because I was surrounded by attitudes and practices that explicitly devalued my bodily experience. Years later a friend whose expertise is the body showed me exercises that allowed my body to express itself without any normative expectations. The norm became the ever-changing experience of my body that includes the active experience of cerebral palsy.

Through these exercise classes I became more aware of my body which enhanced my experience of cerebral palsy. I became more focused on the manifestations of my cerebral palsy and its influence on other aspects of both my body and my life. Increasingly, I am able to discard the belief that my cerebral palsy restricts my choices and instead embrace the belief that it enriches my abilities.

According to my friend, my exercise teacher, most individuals in our society tend to view their body as a means to their end goals and thus are unaware of it. Able-bodied classmates who have become more attuned to their body admitted in the past they considered it as a tool. After attending these classes I began to notice how most able-bodied people continue to diminish their experience of their bodies by reducing their capabilities to a means to an end. Ironically, I now see them as having abnormal movement because they fail to acknowledge their own bodies.

By accepting the experience of cerebral palsy I am able to escape from both the abstract category of disability and an imposed concept of normality. Unfortunately such acceptance is restricted to my attitude and my beliefs. Most of society, which continues to follow the edict of the medical and rehabilitation fields, adheres to the abstract category of disability. Thus, in the eyes of others, I remain restricted to this abstract category of disability which constitutes my abnormality.

Progress and the abstract category of disability

While undergoing rehabilitation this lack of acceptance explains my bitter-sweet feelings when I achieved a rehabilitation goal. No matter how many goals I reached I remained an abnormal disabled person to the rest of society. In addition the abstract category of disability that was imposed on me began to permeate my body. After reaching a rehabilitation goal I felt that I was distancing myself from my experience of cerebral palsy in favour of accepting an abstract notion of disability.

Yet, like other modern members of society I had the insatiable urge to progress without realising its consequences. As Gergen suggests, I was wracked daily by "the fear of failing on one hand and the frustration of slow movement forward on the other".[185] I was caught on the treadmill of continually overcoming and progressing in hopes of being the ever elusive 'normal' person.

Each time I struggled at a plateau in my rehabilitation I was paralysed with the fear that I might be stymied and be unable to progress to the level of normality. My fear was supported by others who felt that being "healthy" (non-disabled and normal) was a priority in life. If I could not keep progressing and overcoming would I then be considered useless and bad?

This fear of failure left me at times with an overwhelming sense of vulnerability. My feeling of disempowerment was exacerbated by the continual presence of professionals who, as Oliver states, become the symbolic other for persons with a disability.[186] Nevertheless, professional behaviour requires a certain body comportment that must be controlled.[187] Thus many people with disabilities are constantly reminded of a body comportment that they might never achieve.

Consequently, professional bearing had an adverse effect on my well-being. Wherever I looked, I saw the seemingly controlled, seemingly independent valued bodies of professionals. I internalised this professional comportment and thus felt immense pressure to rid myself of my worthless body.

Paradoxically, professionals are faced with their own 'failure' when they come face-to-face with disabled people whom they cannot cure.[188] Their comportment demands that professionals do not convey any sense of failure. They internalise the belief that their professional manner embodies human development.

In seeing my failure the therapist was faced with her own professional fallibility. Professional decorum meant that the therapist maintain control over her fears, doubts, and emotions. The environment of a professionally-based rehabilitation centre ensured that the therapist kept her emotions in check. The physiotherapist's professional expertise demanded that my body respond to her manipulations in order for me to learn the "proper habit".[189]

Ironically both the therapist and I were constrained by bio-political techniques of the rehabilitation system. Often this relationship between professionals and persons with a disability leaves both parties with a sense of failure. By throwing the toy, at least momentarily and to some degree, I took control over my body and myself.

As a young child I was unsure of why I was subjected to such pain. My only recourse was to throw the truck. I now realise the rehabilitation model measured progress in terms of the abstract category of disability. Professional expertise saw my body within this abstract context.

It does not surprise me that the head surgeon considered me a failure at rehabilitation. He was judging my progression by the ability of my body to conform to techniques that were designed for an abstract notion of a disabled body. On the other hand, I was working within the context of my own experience of cerebral palsy.

As mentioned earlier, often, I was disturbed because I knew that it was part of myself that I had to overcome. At each progressive moment I was faced with a sense of loss, because I had to discard a movement or a way of being that had been of great importance to me. For example, I remember when I crawled I had a freedom of movement that I have not experienced since I began to walk. Yet, I was forced to abandon the freedom of crawling in favour of an unbalanced, constricted gait in order to become a more respected and upright member of society. I had no choice because crawling is seen as a prior and inferior stage to walking on the scale of human development.

The fact that my rehabilitation was at cross-purposes is illustrated by my "progressing" from crawling to walking. From the standpoint of the abstract notion of disability this transition was a major breakthrough in my rehabilitation. My experience of cerebral palsy contradicted the popular consensus concerning this transition. For me there was a sense of loss as I moved from a freedom of movement to an unbalanced restricted gait.

Thus the rehabilitation goals took precedence over my body. My body became an object that must meet standards that are designed to rehabilitate the abstract notion of disability. From my point of view, the idea that progress was dependent on my recovering from my cerebral palsy was preposterous. Even more preposterous was for me to voice my point of view within a society that equated physical normality with being able-bodied.

I was reluctant to voice my belief because in part I felt to argue that my experience of cerebral palsy should be held in the same esteem as normality seemed ridiculous. It was difficult for me to separate myself from the abstract notion of disability and the promise of progressive rehabilitation. After all, from my birth society had not only defined me within the context of the abstract notion of disability, but also promised me the method to overcome it.

When I started the exercise regime that validated my experience of cerebral palsy I began with a goal-directed mentality. I wanted to quickly discover what I needed to do to achieve results. I was informed by my friend that my body would set the pace of any progress. Furthermore external goals were discarded in favour of heightening my understanding of my body.

The pressure was off me (and my body), I did not have to be improved or become something better. Nor did I have to reach pre-determined goals within a certain time-line. I could relax and enjoy the experience of movement without it being devalued. For me movement became a sense of expression and a means to further my understanding of my body rather than a means to measure or gauge my progress.

The rehabilitation treatment model objectified my body by placing it within the context of an abstract notion of disability and subjecting it to progressive goal directed techniques. Presently this alternative exercise routine allows me to experience my body which results in a further understanding of my cerebral palsy. Ironically, while attempting to understand my body I have incidentally achieved and passed many rehabilitation goals.

Productivity and the abstract category of disability

Yet I could not "step out" from society's concept of normality that evolved around me and resonated through me, but restricted me from participating fully. My need to find some acceptance within an able-body centred community was tempered by my desire to validate my cerebral palsy and immerse myself in it. The conflict between the externally received message of normality and my internally felt validation wreaked havoc with my body.

The surgeon had concluded that my body was not salvageable and therefore could not be re-tooled into a body of production. I felt that if my body was unproductive then what could I ever produce? I seemed to be destined to remain outside this productive modernist-world.

My angst continued until I could separate my experience of cerebral palsy from this imposed abstract perception of disability. The productivity of which the surgeon spoke related to my overcoming his professional abstract notion of disability that he could measure and quantify. During his examinations he could not measure my experience of having cerebral-palsy skip along the surface of my skin like a smooth stone skimming over the water or the simultaneous subtle movements that permeate the depths of my bodily existence.

My productivity is the culmination of the subtle interplay of all my lived experience which includes my cerebral palsy. When I was not pressured by others to become able-bodied, I could appreciate that my cerebral palsy offered me a unique perspective on society. For example, often I noticed that productive able-bodied adults and older children seemed to be rushing around desperately. On the other hand, I moved slower and the pace of my world seemed slower.

As a youngster I remember being fascinated by the feel of the differing surfaces that I crawled upon. Because I crawled the world of one foot and a half above the ground held a strong fascination for me. For example, the blades of grass would tickle my arms as I crawled. I would study the ants and their hills that I would literally stumble upon.

The world that I became accustomed to differed greatly from the world I knew when I walked. When I crawled my interaction with the world was of a tactile nature. When I walked I had to concentrate on maintaining my balance and often my environment was a hindrance or an obstruction. My crawling allowed me to stretch my horizons and explore by experiencing my surroundings. While my idea of productivity changed as I got older, my appreciation for my productive difference remained the same.

Later as an adult I was reacquainted with my differing sense of productivity as I became involved with the exercise routine that validated my experience of cerebral palsy. Earlier during my episode with rehabilitation productivity meant that my experience of cerebral palsy would be eradicated or at least lessened. Today any achieved productivity is secondary to experiencing the movement and interplay within the body and mind process. Paradoxically by not focusing my efforts on becoming productive, I achieve productivity. For example, I was only able to acquire the physical capabilities to return to university after beginning these exercises.

The postmodernist marginalisation of the disabled body?

Similarly, postmodernist society ignores the lived experience of my body and sanctions the abstract notion of disability. Thus my disabled body remains my identity and I am entrapped within other people's abstract perception of disability. Given the proliferation of body enhancement regimes within this postmodern age and their use by consumers, body image is even more important; the disabled body becomes further devalued. In postmodern society this standard range of normality is just the fixed point at which one begins in the ever-changing images that one can present, whereas the modernist normative expectations are a standard to achieve.

At first glance, it would seem that reconstitution in postmodernism would allow more possibilities for my disabled body than the monopolistic rehabilitation model of modernity. At face value having a "choice" to accept an exercise routine would seem to be a preferred option. Consequently, the freedom of choice that comes from the expanded postmodernism seems preferable.

Closer scrutiny, however, reveals limited options for me as a person with a disability. If having a good-looking body is one of the signs of privilege, then it follows that the more unattractive the body the greater the devaluation of the bearer.[190] I contend that the greater the disability the greater the marginalisation of a disabled person.

A body that appears "healthy" has status.[191] I may be in perfect health but my body appears to be damaged and unhealthy. In this postmodern society my inability to reach acceptable body comportment has been construed by some of the "able-bodied" public as evidence that I am "incompetent" and/or lacking in morals.[192] The following vignette illustrates this point.

Vignette 4.3 Banking Incidents

Recently,I was in a bank line-up when an employee was explaining a new feature of the bank to the customers in line. She by-passed me once. I thought perhaps she had inadvertently by-passed me, however when she walked by me again I became suspicious. Finally, I asked why she walked by me. She informed me that she did not feel I would be interested. As we talked, her red face, her quick explanation, her amazement at my articulation verified her ableist viewpoint.

At another bank branch, a teller without question processed an out-of-province request from a clean-cut man in a suit. I approached the same teller with the same request. She icily stared at me and abruptly refused my request.

In the above situations I was dismayed because I realized that people's abstract perception of disability still overshadows all aspects of me. It is impossible for my cerebral palsy to cause any incompetence or moral deficiency. However, it is possible for people to project on me their abstract perception of disability and the associated moral deficiency and incompetence. Often on these occasions I must prove to them that I have overcome some moral ineptitude and am trustworthy or competent.

I have placed the bank vignette within postmodernism, but I realise that it could also be characteristic of modernism. I place the vignette within a postmodern view of society because the bank's physical environment (ramps and a station for us) shows a sensitivity towards disabled people that was not apparent earlier. This sensitivity did not extend to my interaction with the tellers.

One might argue that while the tellers work within a postmodern environment they as individuals retain an attitude toward disability that reflects modernism. If that is the case, then within postmodernism improved accessibility to the public domain has not appreciably changed the modernist attitudes of the able-bodied public. We remain marginalised within society.

I also believe that the bank vignette could be read as simply an example of postmodern attitudes. As mentioned, despite the expanded body comportment in postmodernism my failure to achieve acceptable bodily bearing has been construed by some of the "able-bodied" public as evidence that I am "incompetent" and/or lacking in morals.

From a postmodern viewpoint the bank employees would be devaluing my existence because I cannot attain acceptable bodily comportment. Thus while postmodernism has helped society become physically more accessible, more often than not, I am forced to prove moral accountability and competency to its able-bodied citizens. Whether the vignette is categorised as exemplary of modernism or postmodernism is a moot point because from either perspective my bodily existence is devalued.

Often I confront the stereotypical view that people whose body comportment is neither controlled nor relaxed are not moral and competent. For example, at the bank I elevate my vocabulary and in effect demand their attention. Strategically I am inverting our superior-subordinate relationship by questioning their right to impose a devaluation of my bodily existence. In each case they were forced to re-evaluate their belief that my bodily comportment makes my competence or moral-fibre suspect.

People with disabilities are often considered by other people only in the context of their disability. As Christine Malec, who has been mistaken for another blind woman, contends, no matter the differences between people with the same disability, they remain grouped together.[193] The following vignette demonstrates this fact.

Vignette 4.4 Clones

While doing my graduate studies at the University of Victoria I often have been mistaken for another male who has cerebral palsy. Apart from cerebral palsy we have little in common. In fact I am ambulatory, for the most part he is not.

I and my fellow student became encased in other people's abstract categorisation of disability. We both experience cerebral palsy but its manifestations are noticeably different. Furthermore, there is a fifteen year age difference and a five inch height difference. Still, these other obvious differences in physical characteristics are overshadowed by our one perceived commonality.

He and I have no other common interests or experiences other than our cerebral palsy. Yet, mutual acquaintances that to some degree are aware of our interests and experiences still have been known to call me by his name. With respect to other people's perception of disability he and I are clones. I believe if we are grouped together as disabled people then we remain stigmatised together.

Again to combat this stereotyping I have to assert our differing lives that include our unique experience of cerebral palsy. I hope that stressing that our lived experience differs would lead to others question their abstract perception of disability. Unfortunately, many able-bodied people have trouble understanding why I bother in making a distinction between us.

Progress

Postmodernism is not against the concept of progress. The strategy of assembling and reassembling allows the possibility of individuals to "improve" themselves or to progress. However, such progress excludes the possibility of a modern utopia to strive towards. Thus a postmodern sense of improvement or progress is answered by tallying the benefits and the disadvantages of our choices.[194]

In the chapter on theory I outlined one reason why people with a disability lack access to this continuum which runs the gamut from appearing as if one is a controlled person to appearing like a free-flowing person. Our bodies lack the ability to appear either controlled or "free-flowing. Thus I believe that the postmodern concept of progress (the continuing possibility of assembly and re-assembly) is not accessible to people with a disability and therefore entry into the continuum of acceptable appearance is obstructed.

First, our choice of symbolic goods is restricted because of financial limitations. To acquire many of the resources needed to reconstitute the body usually requires the consumer to spend money. Consequently, most people with a disability lack the income required to reconstitute their bodies. For example:

Vignette 4.5 New-age Workshop

I met a friend who had just finished a "new age" self-improvement workshop for the body. His sister, who helped organize the workshop, mentioned that this technique would help me "improve" my body. I asked the registration price. She replied, "two hundred dollars". I told her that I thought the price was too high. She replied that the price had to be that high to make sure that only "true believers attended". I qualified her statement as I responded, "Yes! True believers with a 'healthy' pocket book".

Within this vignette the possibility of greater self-actualization is offered me at a price. My friend's sister tried to stimulate my need and desire for the practices offered by stressing how it would help me. Yet, the help was attached to a price that was prohibitive for me. Her actions and her belief in exclusivity exemplify the need for a separation between those people that have and those that have-not.[195]

The exclusivity of becoming a participant in the "'new age' self-improvement workshop" meant that I must have the ability (money) to consume the product (the workshop). My financial status would not allow me to invest in this new informational knowledge. Thus the original distance between me and those with the ability to acquire such health-enhancing products is not only maintained but expanded. For me this is not an isolated incident. Most people with a disability can neither keep pace with the possibilities offered through the consumptive market nor can we be completely reconstituted into more healthy self-actualised individuals. While people with a disability may want to reach the brass ring of "being healthy" many of the new resources remain beyond their reach.

Ironically, people with a disability play a role in the health-enhancing consumer market. The need to consume health-enhancing methods is helped by the existence of people with a disability. Postmodern consumers are reminded of the fact that the possibility of lesser health exists when they come face-to-face with people with a disability. Consequently the image of a physically disabled body helps spur them on in their desire to obtain the latest commodity that is a "necessity" for maintaining the appearance of a healthy-looking body - a sign of privilege.

One half of this dialectical relationship is the body that appears healthy, the other is the body that is perceived as disabled. The second part of this dialectical relationship is the abstract category of disability. This is a dialectic between perceptions of the body that fails to validate my lived experience of cerebral palsy.

The pervasiveness of the view that less than perfect bodies lose status permeates my everyday existence. When disabled persons are able to acquire symbolic (or what Featherstone calls informational) goods that enhance their social standing, their disability foreshadows and overshadows all other aspects of their life. People with a disability have achieved professional status in spite of not having the appropriate professional comportment.[196] Yet, many able-bodied people instinctively classify us based on their perception of disability. The following two excerpts illuminate this point.

Nancy Kerr who uses a wheelchair entered a hospital as a professional and was mistaken for a patient. Immediately she and her chair were moved without her consent. Kerr writes, "One is reminded of the unwritten rules of the army: "If it moves, salute it; if it's on the ground, pick it up; if it's a lineup join it.... The unwritten rule ... of many rehabilitation personnel [is] "If **it's** in a wheelchair, **it** must be a patient - push **it** somewhere else."[197]

Kerr elucidates the objectification of disabled persons by her poignant reference to them as "it". The staff member recognizes his/her behaviour is inappropriate to professionals but does not recognize that it is unfit behaviour towards patients. Like Kerr, in my capacity as a professional social worker I have been "clientized". The following excerpt relates one such experience.

Vignette 4.6 Mistaken Identity

I worked as a social worker at a facility for head injured adults. I was standing in my office with a client when a group of visiting professionals from a hospital walked in. They said that another associate had informed them that a social worker would conduct a tour. Immediately they turned to "Aaron".[198] Aaron my client winked at me and told me he would show them around, if it was alright with me. I said it was fine with me.

He took them on the tour and he and the group returned to the office. By then my supervisor had arrived. She asked if the group had met her colleague. They said they had and turned to acknowledge Aaron. My supervisor then informed them that I was the social worker. They stood there with their mouths agape. For them, like most members of the public, Aaron looked normal and thus he was assumed to be the worker, whereas I looked disabled and was assumed to be the head injured client.

In spite of the fact that both Kerr and myself had acquired, to coin Featherstone's term, "informational goods" that have symbolic currency - being professional, educated, and competent people - our disabilities override all other factors even within the environment in which we practise our professions. I have found that the stigmatisation exists in all environments. The message is clear; being "able-bodied" may not ensure that an individual be considered normal; however, being or appearing "disabled" ensures that one is considered abnormal.

Both Kerr and I could not escape from other people's abstract perception of disability. No matter what other symbolic goods we acquired we remained disabled people to be stigmatised. Ironically, Aaron had expressed to me that people did not take the characteristics and circumstances of his head injury seriously.

Consequently, he could not break away from the abstract categorisation of health. His dilemma is similar to my attempting to remove the yoke of the abstract category of disability from my person. By allowing Aaron to lead the tour I hoped to facilitate an examination of facile categorisation. I hoped the visiting professionals might question how they categorised patients while disregarding their lived experience of head injury. Moreover, from the perspective of the people with head injuries this incident proved fruitful in examining the concepts of normal/ abnormal, disability/ability, and categorisation in general.

There is a fascination with the abnormal in our ableist society. As Malec writes, "Physical disabilities constitute a difference that seems at once to attract and repel".[199] While riding the bus she finds herself vulnerable to any inquisition. She is "continually and unfailingly subjected to comments and questions about her guide dog". Malec continues, "People feel entitled to objectify persons with a disability. Whatever the intent I am viewed as an oddity".

Similarly, on public transit I have been subjected to questions concerning my disability. People have not only asked about my disability, but "offered" solutions on how I can improve my life. They assume that I feel my disability must be eradicated and therefore I need a "solution". Frank holds that people's illness is appropriated by "normal" society. In the same manner, I believe an able-bodied population that is both fascinated and repelled by my disability appropriates it.[200]

The tendency able-bodied people have to understand me as the "other" or delve into my private life makes me feel as if I exist only for their whims or their tastes. From this perspective, in effect I am only here to be consumed. The intrusion on the privacy of people with a disability, I believe, denotes a blurring of the boundaries between the public self and private "self" in the world of postmodernism.

Public and private are always interpreted and appreciated in terms of each other. Public denotes being open to inspection by members of society. Private is the realm that is not open to public inspection.[201] For many people with a disability the distinction between the public and private has been (and continues to be) blurred in postmodernism. The postmodernist movement called the politics of identity epitomises the overlaying of the private identity over public participation.

The Politics of Identity

As I mentioned in the previous chapter the politics of identity has brought attention to the inherent handicaps that are present within our social and physical environments.[202] Nonetheless, I feel an uneasiness with the politics of identity. Will others imprison me within this categorisation of disability by insisting that I live up to their expectations of a "disabled person" by adhering to the politics of identity as they define it? Do all people with a disability have to open their private lives to public scrutiny? Can an individual draw his\her own boundaries of disclosure concerning her\his own participation in the politics of identity?

If I to some extent adhere to the politics of identity, how do I keep my self from continuing to be enveloped by this one characteristic? Daily, I struggle with myself and others to bring differing aspects of my life to the forefront. Malec has similar experiences, as she explains, "I am a human being, a woman, a student, a friend, a lover, a daughter. I know this in myself, but my self-perception cannot help but be injured by overhearing (as I have done) the emotion-laden voice of a passing stranger say, 'I'd rather die than go blind'."[203]

I believe that the politics of identity refers to the abstract category of disability that other people impose on me. Ironically this categorisation of disability negates my experience of my cerebral palsy and all other aspects of my life. I would like to address the unintended consequences of the politics of identity for persons with a disability. The following two excerpts from my life illustrate how attempts to appropriate my body by the able-bodied necessarily placed me within this abstract perception of disability.

Vignette 4.7 workout

I was walking with a fellow student from the university when I told him that I was heading for the gym for a work-out. He looked shocked! He told me that by working out I was trying to become "normal" and was in essence repudiating my disability. He told me that I should become a role model for all disabled people by becoming sedentary and allowing my disability to take its course.

When I mentioned going for a work-out the other student immediately focused on my overcoming my disability and trying to become normal. He never considered the possibility that my exercising helps me become better attuned to my experience of cerebral palsy. My workout routine is not focused on my re-shaping my body or my attempting to appear more healthy. It is solely based on trying to experience my body.

Some postmodernists, whom Rosenau calls 'affirmative', might argue that I am reconstructing myself or empowering myself through a postmodern expansion of exercises.[204] I argue that I am not reconstructing myself but validating my own lived experiences. Even if I wanted to 'reconstruct' myself the price of such regimes is usually prohibitive [see new age workshop vignette 4.5].

Furthermore, I find that the term empowerment usually is used by non-marginalised individuals who claim that certain practices are liberating for people that are marginalised. Often myself and other marginalised people feel this interpretation of empowerment allows the non-marginalised people an opportunity to absolve themselves from guilt or responsibility for oppressive practices.

Additionally, there is a tendency for privileged people to understand any practice or activity undertaken by the marginalised as being empowering. But like all people the marginalised population does certain practices for other reasons than empowerment. For example, exercise is a social activity that also allows me to relieve stress. By interpreting my exercise routine as empowering, affirmative postmodernists give priority to their explanation over others.

The rhetoric of empowerment, like the modernist rhetoric of overcoming, wraps my life experience within a context that is tied to others' perception of my disability. From a modernist perspective all aspects of my life were considered from the context of me overcoming my disability. From a postmodernist viewpoint any factor concerning my life is couched within terms of its empowering capabilities. In either case interpretations of my life experiences are centred on the abstract category of disability.

Ironically my validation of lived experience remains unrecognised by an able-bodied society which does not empower me. My colleague, for example, only considered me within the context of the abstract category of disability that he imposed on me. In his opinion my options were reduced to either maintaining his perception of disability or striving towards normality.

He strongly suggested that I should be a role model for others that fit into his perception of disability. He felt by not adhering to his perception I was repudiating my disability. In fact I was repudiating his imposition of his perception of disability that ignored my experience of cerebral palsy. The idea of my becoming "normal" shocked him. He wanted me to remain disabled and maintain his perception of a disabled person.

I found his response unsettling. If I refused to work out would that make my experience of disability "richer" in his eyes? By becoming sedentary do I come closer to his ideal "disabled person". Or put conversely, in his eyes by "working out" am I distancing myself from his conception of disability and lessening the vivacity of his experience?

I realized that our relationship was based on my explaining the perspective of a disabled person to him. The same student always seemed to want to know how I as a disabled person felt about an issue. At first I gave him the benefit of my doubt, but I became more uncomfortable.

It seemed he did not want to know me, but rather he seemed to be using his perception of my disability to help define his social location. Later my suspicions were confirmed when he admitted he wanted to throw away his privileges that accompanied his white able-bodied status. Thus, if he could not be oppressed he could at least vicariously "experience" oppression through me. In doing so he had tried to become my voice and my conscience.

My colleague, following Baudrillard, sees the abstract category of disability as an example that the able-bodied could follow to escape from their humanist constraints. Consequently, I could be a role model for both the disabled and the non-disabled. Furthermore like Baudrillard he was imposing his normative expectations on me by continuing to see disability as necessarily a degeneration of the body. I come to that conclusion because he juxtaposed his opposition to my working out and striving for normality with his approval of my becoming sedentary and letting my disability take its course. He failed to realise that my experience of cerebral palsy is an acceptable body comportment.

Also, by censoring my right to exercise, he in fact was evoking the mind/body dichotomy. He recognized that I had the intelligence to be in university. In his mind, my lack of exercise would not be detrimental to my intellectual ability. He had conveniently separated my mind from my body.

Some people with a disability, including Sucheng Chan, would argue that we should accept our disability with its deterioration in physical health. Such acknowledgment would allow us to be liberated from the postmodernist consumption-driven desire to strive for the "perfect body".[205]

As I see it, for me to succumb to the "desire" to have a "perfect body" would mean to devalue the sensations of my cerebral palsy. On the other hand, to accept the deterioration of my body, as Chan advises, continues the health/disease, body/mind, ability/disability dichotomies. In either case my experience of cerebral palsy is degraded as a bodily comportment.

My fellow student's opinion is based on normative judgements that underlie his belief that a disability is negative for the body and must run its course. His categorisation of disability reflects a power relationship which is illuminated in the dynamics of our conversation. Remember, he did not begin our conversation by asking me, in a respectful manner, why I worked out; he abruptly in a condescending fashion informed me that I was trying to become "normal". In one sentence he not only invalidated my experience of cerebral palsy, but in an ironic twist he used his own abstract perception of disability to justify his passing judgement on me.

More disturbing for me was his unawareness of using my disability (as he perceived it) as a means by which he defined his own social location. This absence of insight belies a de-humanisation of people with a disability. Our relationship typifies the power dynamics between the privileged (superior) and marginalised (subordinate).

From his perspective, it only seemed "natural" for him to want to "know disability" (as he defined it). Similarly I was supposed to comply with his need to "know disability". If it were natural for him then there is no reason for him to be sensitive towards his appropriation of my disability. His imposition of his categorisation of disability upon me demonstrates the continued subordination of people with a disability within our society.

A more overt attempt at the appropriation of my disability is illustrated in the following vignette.

Vignette 4.8 Olympics

At another time of my life I was exercising on a mat when a man approached me and offered to train me. Perplexed I asked him why he would want to train me? He replied, "that with his guidance I could win some events in the Olympics for Disabled Athletes. I thanked him for his offer, but declined. He looked at me in disbelief and asked if I had understood what he was offering me. I said I had, and again thanked him.

He then told me how great I would feel with a gold medal around my neck - what a sense of accomplishment! What a message I would give other 'disabled people' if I won a medal! I could be a role model for other 'disabled people'! Then he told me that by following his training method I could improve my appearance (straightening my legs, improving my posture, accentuating my chest and arms by adding muscle to them). I told him I was happy with my exercise routine and that I was not interested in "shaping" my body, nor was I interested in having a gold medal or receiving the status of a role model.

Over the next three weeks he reiterated his argument by interrupting my work-out and making suggestions on how I could 'improve' my work-out and in so doing, myself. I ignored his suggestions and continued to follow my own exercise routine. Finally, I asked him what he expected to gain from training me? First, he replied his intentions were completely altruistic. After I pressed him he admitted that his status as a trainer would rise if I won a gold medal.

> I emphatically declined his offer stating that his goals did not mesh with my interests. Then he told me how many disabled people in my position would jump at the proposition he was offering me. He stated that I should be grateful that he offered me an opportunity to make something of myself. He left muttering how ungrateful I was, and how I did not understand the magnitude of the opportunity he was offering.

My prospective trainer echoed Featherstone's belief that postmodern professionals negotiate rather than command.[206] He had offered me his expertise complete with names of individuals he trained. He originally tried to entice me with an offer - an acknowledged and legitimate currency - the chance that I would win a medal.

When this strategy failed he raised the negotiation ante by adding other seductive symbolic assets (the possibility of being a role model and the promise of a reshaped body). Thus, I had the opportunity to be a consumer of symbolic goods. From the trainer's perspective, I, or more correctly my body, had the potential to be consumed by the organizers of the event, the fans and the trainer.

At the beginning of our interaction he and I were both equal agents negotiating the exchange of commodities. I would be exchanging my self as a "raw material" that he could shape and for which he could take the credit. In exchange he offered me the 'possibility' of 'normality' or at least a chance at some medals and increased stature within the disabled community.

After he realized that I refused his offer, my status fell in his eyes. First, I was devalued because he thought I did not understand the magnitude of the opportunity he offered - a chance to make something of myself. From his perspective I was an ungrateful individual who turned down an opportunity that other disabled people would covet. In his opinion I was put back in my place, another disabled person who did not have the presence or the intelligence to know what was good for him.

Like my fellow student the trainer categorised me within his abstract category of disability. Again an able-bodied person's perception of disability ignored my experience of cerebral palsy. He could not understand how I could reject the opportunity to possibly become a medal winner and role model with a reshaped body. From my perspective I could not accept any proposition that might hinder my chances of becoming better attuned with my cerebral palsy. After all, the trainer's regime was goal directed (the achievement of a medal and body-shaping). Forcing the body to reach a goal opposes my becoming better attuned with my cerebral palsy.

In the "Workout" and "Olympic" vignettes there was an attempt by others to define their social relation in accordance to their perception of my disability. In vignette 4.8 the trainer was more overt. He flatly told me that his social location as a trainer would possibly improve if he became my instructor. I, or more correctly my disabled body, was an asset to be used to possibly further his career as a personal trainer.

In the "Workout" vignette my peer defined his social location in a covert manner. No doubt my peer believed that he had my best interests in mind. Insidiously his intentions veiled his desire to be associated with marginalisation - more specifically his desire to be associated with what he perceived as disability. In attempting to realize this goal he appropriated my voice and spurned the validity of my experience of cerebral palsy.

In both vignettes all other aspects of my life including my experience of cerebral palsy did not matter. All that mattered was the symbolic value of the abstract categorisation of disability. In both cases when I refused to comply with having my body devalued to this abstract category of disability I was denigrated as my character was questioned.

In the "Workout" vignette, by rejecting my colleague's interpretation of disability and continuing with my exercising I left him puzzled and confused. By ignoring his remark I explicitly was denying him the right to pass judgement on me as well as exercising my right to autonomy over my self including my body. Furthermore his confused expression, when I failed to engage him in conversation concerning my motivation in exercising, belied a self-doubt in his argument. Knowing that I did not embrace his analysis and refused to discuss my objections hopefully made him reconsider his notion of disability.

Similarly, after our interaction the trainer continued to watch me from a distance. He admitted to a mutual acquaintance that he was puzzled by my attitude and my reluctance to accept his help. This individual replied that he doubted I needed help. Consequently, I was not only validating my experience of cerebral palsy but also enacting my entitlement to autonomy over my self including my body.

Often it has been difficult for me to maintain autonomy over my body and validate my experience of cerebral palsy. As recounted earlier, appearance is important in a postmodernist society. The following vignette relates how two people who I had called friends attempted to dress me and make my disability disappear and normality appear.

Vignette 4.9 Nightclub

Four of us were planning to attend a nightclub. Two of my friends Tom and Vince tried to talk me into staying home. Ray, my other friend insisted I accompany them. With that Tom and Vince proceeded to try and convince me to wear more concealing clothing. They physically grabbed me and tried to change my clothes. I felt degraded and hurt: I realised they were ashamed to be seen with me. Finally, Ray became angry with them and told them to leave me alone. While they did not succeed in dressing me they walked at a pace that gave the impression they were not with me.

Ironically, in the changing room sequence recounted earlier, I was stripped of my clothes and by extension my dignity; whereas in this case, my respect and dignity were violated by people forcibly trying to clothe me and change my appearance. In this case I remained the abstract category of disability that Tom and Vince feared. Even our friendship could not overcome the repulsion that they felt towards what they perceived as my disability. In both cases I remained the "other" whose respect and dignity were violated in the name of normality.

A recurring theme threads its way through this chapter. Both the modernism and the postmodernism views understand the disabled body within the context of the abstract category of disability. Such a viewpoint negates all other aspects of my life including my bodily experience of cerebral palsy.

The rhetoric of the postmodernist movement offers the promise of inclusion to disabled people by addressing their marginalisation within modernism. But some of the practices of postmodernism continue the marginalisation of disabled people. From a postmodernist perspective I often remain in the category of the abstract disability, to be either appropriated within the context of the politics of identity or shunned as a immoral, unhealthy, damaged, body.

Modernist practices objectified me and rendered my cerebral palsy invisible. I assert that while there has been some improvement in physical accessibility and awareness of disability on the part of a new social movement,[207] postmodern practices and attitudes are not an improvement over the modern. Both practices negate or ignore my experience of cerebral palsy and instead extol their own perception of the disabled body. The social reality is that these practices of modernism and postmodernism are differing sides of the same marginalising coin.

Chapter five:
'Has trouble staying within the lines'

I will begin this chapter on education by explaining its title, "'Has trouble staying within the lines'". Originally this assertion by my teachers appeared on my public school report cards and referred to my printing /writing ability. In this chapter I argue that metaphorically I have had trouble remaining within the lines of both the modernist and the postmodernist perspectives on education. Consequently this chapter will be divided into two main sections, covering my experiences from those two perspectives. I will begin by outlining my discussion on education within modernism.

From the modernist perspective one must achieve a certain standard of normality. Each student must attain and maintain a standard of productivity. There is a hierarchical line of progress that is marked by students being promoted from one grade to the next.

As a member of modern society, that believed in productivity, progress and normality, my success in education was measured by the extent that I overcame my disability. Or put another way, my success was measured by the extent that I was competitive within a primarily able-bodied society. Once I passed the standard of acceptance, then I was supposed to disregard or negate my experience of cerebral palsy.

Nevertheless, throughout my pre-university education I attempted to demonstrate that my cerebral palsy had merit. By crossing over the line of normative standards to experience my cerebral palsy I was questioning the modernist privileging of normality over abnormality. From a modernist perspective I had trouble staying on the appropriate side of the line: achieving normality should have been the most important goal in my life, but it was not.

I utilize Foucault's analysis of bio-power disciplinary techniques to reveal how the modernist perspective that underlies this educational process marginalised me. Initially, I explore how the dichotomy of normality/ abnormality was evoked to justify my separation from other students with disabilities. Next I analyze how the mechanism of hierarchical observation resulted in rationalizing my exclusion from the modernist education system. The hierarchical observation and the normalising judgement combine to form the objective examination that separates the abnormal from the normal. I explore how documentation, a sub-category of the examination process, transformed me into a case study.

The second section of this chapter examines the postmodernist convictions that underlie my university experience. This postmodernist ethos retains some of the standards of the modernist ethos. In the education system it maintains the standard of productivity that one must reach and maintain. There is also a hierarchical line of progress that is noted by the required accumulation of credits.

While there remains a line of normality that one must achieve, there is another phenomenon that has become prevalent within postmodernist society. This phenomenon is called the politics of identity. I focus on how the politics of identity entraps me within an abstract category of disability.

The lines of the politics of identity encircle me and thereby restrict me to a fixed identity. This identity consists of other people's perception of me as initially a disabled person. I begin this section by addressing this issue; how I am solely perceived as a disabled person.

The restrictive nature of being identified as only a disabled person is tightened by some able-bodied professionals who either fail to accept my right to self-determination, or inversely invoke it in order to obstruct my right to accommodation. The next discussion concerns how others pass judgement on whether or not my experience of disability constitutes "enough" oppression. Following this topic, I end the section on postmodernist education with a discussion on the damaging aspects of replacing my lived experiences of cerebral palsy (including its characteristics and circumstances) with an abstract view of both identity and rights.

Like the previous chapter on the body I employ differing vignettes to illustrate theoretical positions. I begin by examining my pre-university education.

My experience with education within modernism

Normalising judgement

Vignette 5.1 Integration

At the school for crippled children I remember my teacher telling me that I had been chosen to be the first child to enter a public school for "normal" children. She explained that because I was the first student it was not enough to be competitive, but I would have to be among the best students. If I were the best it would make it much easier for other crippled students to enter the public school system.

I remember being overwhelmed by excitement and anxiety. I was excited about having the opportunity to attend a public school and yet worried about having to leave friends that understood me and my cerebral palsy. How I was chosen to be the student to integrate into public school illustrates what Foucault calls dividing practices.

Various testing and examining practices determined that I could physically handle the transition from the crippled children's educational system to the mainstream one. A different set of examinations and tests concluded that I had the capability to meet the criteria for entry into the public school. My psychological profile ascertained that I could cope with the stress involved in changing education systems. My acceptance into an able-bodied education system and my removal from a crippled children's school represent the movement to classify and separate the educationally subnormal from the normal. This philosophical movement to separate became a reality for me as I never saw these schoolmates again. As I said good-bye to them I felt I had left part of myself with them. Perhaps I had.

The bio-power techniques that were enacted on my body left me feeling quite literally beside myself. Through these dividing practices that disciplined my body, my one self learned what was expected of me. Yet I felt uneasy because to some extent by submitting to these disciplinary practices I was being distanced from my other self, the one that validated my cerebral palsy. Despite this uneasiness I complied because of its potential to increase my capabilities [or at least my chances to compete and succeed in a predominately able-bodied society]. Thus as Foucault suggests bio-power techniques simultaneously subject the body to these disciplinary practices and enhance its capabilities.

Hierarchical observation

Vignette 5.2a Feelings

I moved to a small town in Ontario and continued my education. I received a spelling test back from the teacher. I looked at the mark. It was less than one hundred percent. I thought I had spelled all the words correctly. I checked for any mistakes. There were none. Bewildered, I looked toward the teacher for an explanation. She leaned over and whispered to me "it might hurt the other children's feelings if they thought you were smarter than them". I thought to myself, "I guess my feelings do not matter. Perhaps she did not think I had feelings?"

Her words devastated me. How was I supposed to be one of the best if I was being penalized for being a "cripple"? I was hurting, but I had to soften my body to lessen the effect of her stinging words. I told myself not to harden, to harden made the pain worse. Just as it did when the "other" blows struck me.[208]

Vignette 5.2b Crystal Ball

At the end of the year, both my grade five and my grade eight teacher speculated on each pupil's future. In spite of my achieving a high average each teacher announced in front of the class that I should take a shoe repair course and forget about academics. Again I was frustrated because my teachers disregarded their own objective grading criteria in favour of their own misconceptions concerning my cerebral palsy.

For these teachers there was a risk involved with admitting that a disabled student may be superior to his able-bodied peers. Such an admission went against the normative standards that the administration expected the teachers to uphold. As Foucault notes, teachers too were being observed by their superiors. Therefore hierarchical observation impinged on my teachers as well as me.[209]

When I achieved one of the highest standards on their universal examination the teacher invoked her normalising judgement. She adjusted my mark and visibly placed me lower than the other students; hence she reaffirmed my status as a disabled-abnormal student. Thus the status quo that ranked normality above abnormality was maintained within the class.[210]

My devaluation in spite of high marks points to a conflict within the modern education system. The universality of the examination process was supposed to ensure that the most capable members of society continued education. But the education system, as well as providing universal standards for intelligence, acts as a gate-keeping mechanism by excluding the abnormal from mainstream society.

The system's two mandates coexisted. As long as the abnormal population could not function within the education system it was assumed that they could not function within a competitive society. In my case, the teachers and administrators within the system had to make a decision between my academic capability and my physical abnormality.

In vignette 5.2b my teachers in grades five and eight recognised my ability as demonstrated by my academic standing in the class. They, however, negated my academic standing and focused on my disability which in their minds justified their devaluation of my future capabilities. From the teachers' view I was guilty of what Foucault would call micro-penalties: the lack of bodily control and tardiness when completing assignments.[211] Their decision that I was unsuitable for continued commerce or academic education was based on my indiscretions against these normative standards.

I felt frustrated because my abilities that were competitive within the class were overshadowed by what my teachers felt was my disability. Yet, I had proven that I was capable. Not only had I excelled in testing but I also had been creative in learning in an environment that was not conducive to my experience of cerebral palsy.

Other people have suggested that I may have excelled to a greater degree if I were normal instead of being disabled.

Their assertion is a moot point because for me my experience of cerebral palsy is normal. Then and now, I enjoy developing practices that allow me to compete in an environment that is created by and for the able-bodied.

The examination

Vignettes 5.2a and 5.2b also illustrate how the examination was employed by the teacher to classify and rank students. By having the students write answers to certain questions the teacher could calculate each student's present ability.[212] Furthermore they could estimate the potential capability of the students.

The conditions within the classes or the examinations did not take into account the circumstances or attributes of my cerebral palsy. If my academic standing was low then it was due to some moral or intellectual deficiency. The following anecdote illustrates my point.

Vignette 5.3 Penmanship

> I remember receiving failing grades in printing/writing and art because there was a standard of achievement that I could not reach. The lack of fine motor control in my hand movement made it impossible for me to write or draw adequately.[213] My teachers felt that if I practised and concentrated, my marks in printing\writing and art classes would improve.
>
> My parents tried to convince the instructors that continued practice only made me tired and exacerbated my lack of control. Similarly, for me to increase my concentration meant trying to restrict my movement which resulted in more spasticity for me. Still the teachers believed I should practice more and concentrate harder. Sometimes I failed and sometimes I barely passed my assignments.

I "internalised" my difficulty with these classes and often felt guilty believing that I had let down my schoolmates from the "crippled children school". I remembered our teacher stressing that I must achieve high marks for them. To compensate for my grades in art and printing class and to keep my class standing, I had to achieve extraordinary marks in my other subjects.

All examinations were given within certain time intervals and often because of my cerebral palsy, I would not complete the examination. Consequently to maintain a high grade point average, I needed to correctly answer all the questions I completed. Rather than being a learning experience, education became a gauntlet of normative expectations that I had to overcome or endure.

The category of disability that was imposed on me constrained me. On the one hand when I should have received a mark of one hundred per cent [see vignette 5.2] my disability was evoked as a justification to tamper with my results. On the other, the objective examinations that were designed to measure ability procedures and normative standards did not take into consideration my cerebral palsy.

When my lack of fine motor skills kept me from excelling in either art or writing class my cerebral palsy seemed to be overlooked. Yet I contend that implicitly the category of disability was foremost in the minds of my teachers. The normative position that a disabled student could not compete was bolstered by the fact that I had failed objective assignments that were the criteria for receiving a respectable grade in art and writing classes.

Foucault asserts that children who failed to conform to disciplinary standards often felt humiliated and confused.[214] Similarly, I often felt humiliated and confused when I failed to meet the requirements of able-bodied students. I felt the teachers' indifference and coldness towards my cerebral palsy. I mimicked their behaviour and became more indifferent and cold towards it. Eventually the attitude of both me and the teachers was reflected in my self-loathing and the denial of my own cerebral palsy.

Thus my humiliation and confusion with the accompanying coldness and indifference towards my cerebral palsy resulted in my internalising normative standards. These teachers also internalised these standards and felt justified in their actions because they used scientifically proven methods - hierarchical observation, normalising judgement, and the examination. Both the teachers and myself were caught in a tautological web. The scientifically proven practices are deemed successful because of the continuation of normative expectations. Normative standards are the baseline measures for these disciplinary practices.

I doubt that my teachers intentionally discriminated against me. I believe they thought they acted in the best interests of the community. But by not accepting my bodily comportment I felt they excluded me from the educational community.

My parents and I repeatedly visited the principal's office insisting that I should not be penalised because of my differing bodily existence. We argued that my lack of fine-motor control was my bodily experience, not a sign of weakness. When my parents or I rebelled at the treatment I received we were often perceived as trouble-makers by school officials.

Becoming a case study

I was unaware of the extent of my reputation as a "troublemaker" until part of my official school records was read to me. These documents, another aspect of the examination process, stressed what was perceived as my inferior morals that stemmed from my supposed abnormality. The following vignette illustrates my point.

Vignette 5.4 Cross-examination

Having moved to London Ontario I applied to complete my credits for a high school diploma. I was surprised when the teachers and principals mentioned that they had misgivings about me attending their school because of my attitude. I managed to persuade them to give me a hearing. They agreed to give me a chance to respond to my "official" school records.

They asked me about being late for class.

I told them about the three flights of stairs I climbed to get to most of my classes. The three flights I descended to get my late slip and the same three flights I ascended to return to the class.

They asked me about my poor attendance in Law class.

I told them my poor attendance was because I attended physiotherapy sessions instead of class. To be exempted from the final Law examination a student required a good attendance record as well as achieving a required mark. Despite having achieved a grade point average that qualified me for this exemption, because of my poor attendance I was forced to I write it.

They asked me to explain why I walked out of an English class.

I told them I tried to explain to a newly-arrived English teacher the complexities of cerebral palsy. She dismissed me with a wave of her hand. I explained that later that year she told me that I faked my disability. I quoted her: she said, "isn't it about time you were over it".

I was happy to have the opportunity to voice my side of the story concerning these episodes. But I felt as if I were being cross-examined. Again, I was forced to prove that I belonged within the modern education system.

Furthermore, I was mortified that these statements could conceivably haunt me throughout my life. My self, my being was pitted against the personified documented case study. As I see it there is a major difference in perception between myself and the personified case-study.

The documented case study focused on the extent that the education system was disrupted, whereas I concentrated on trying to incorporate my cerebral palsy into mainstream education. When I left the meeting I felt despondent because I speculated about other disabled students who may have not had the opportunity to speak their mind.

As Matthews contends, disabled persons "tie themselves in knots aiming for perfection".[215] Patty, a disabled woman recalls her educational experience: "The second year [of high school] I fell apart, and I was in hospital for weeks.

I went to pieces from all those years of trying to be so good, to be the perfect student.....".[216]

I echo Patty's sentiments as I had always felt the need to be the perfect student. The comments of my well-meaning teacher from the crippled children's school that I must be the best student loomed over me like a spectre. I felt I could never live up to those expectations or move out from their shadow. The pressure became overwhelming and for medical reasons I was forced to leave school.

My experience with education within postmodernism

Thirteen years later I went to university. I found that over the years able-bodied people's attitudes towards disability had changed. There seemed to be less emphasis on me overcoming my disability or for me to become "normal". For a short time I relished my new-found acceptance. But percolating within me was a discontentment.

This dissatisfaction stemmed from the realization that no longer was I supposed to overcome my disability, but instead was to comply with an able-bodied perception of disability. According to the educational ethos of postmodernism I was to follow the ascribed behaviour for disabled persons as defined by others. The most disturbing, and yet ironic, aspect of this trend is that my experience of cerebral palsy is negated. In the vernacular of postmodernism, I was entangled within the politics of [an imposed] identity.

Trapped within the politics of identity

Vignettes 5.5 University Programs

5.5a Social Work program

When I applied for the Social Work program at King's College another student told me that I was assured of being accepted because of my disability. He said because of my disability he hoped that he and I were not vying for the last position in the program. I let him know that certainly my disability had to some extent shaped the perspective that I carried into my interview, my life experience and my intellectual outlook. Nevertheless, if I was accepted into the program it would be on my merit.

5.5b Teaching disability

A few weeks after beginning the Social Work program, a woman told me how wonderful it was to see me in the program. After all now she and the other students could learn about disability. I replied I was not in the program to help her or anyone else learn about disability. Any more than she was accepted into the program to teach me what it was like to be a upper-middle class white woman. Like her, I was there to achieve a social work degree.

5.5c Merit

A friend of mine in the Master's program asked me why the sociology department did not recruit a disabled woman rather than me.[217] I replied that she, along with the others, were assuming that the university had accepted me because of my disability. I told her the university had accepted without knowing I had a disability.[218]

I believe that if you become known solely by your group identity you become trapped by that same identity. As noted earlier, bell hooks and other black writers get cited exclusively in relation to racism, even though some of the work cited does not pertain to racism.[219] In the same way, the above illustrations show that although I did not want to be known as a disabled person, I became trapped within that identity. Whatever else I may have achieved did not matter.

Any other facet of my life was overshadowed by my disability.

I informed the woman in the social work program that I did not exist for her to make me a case study. Both the white male applicant for the social work program and some of my peers in the master's program, by assuming that my acceptance hinged on my disability, were implicitly questioning my merit. From my perspective the white male seemed to be arguing that my disability gave me an unfair advantage over him, whereas my fellow graduate students seemed to be arguing that there were others more worthy of affirmative action. In the eyes of these able-bodied students I remained a disabled student, not a student.

My experience of cerebral palsy is part of my bodily existence. I cannot objectively separate myself from it. Yet others are able to dismiss or separate all other achievements from my experience of cerebral palsy.

At times to bring to light the damaging consequences of such an allegation I reverse our position. For example, I ask them what physical characteristic (implicitly considered a disadvantage) do they possess that allows them to garner each respective position? They usually are offended that I question their ability and assert that their success is based on their merit. At this point I assert that I should be afforded the same consideration.

Self-determination: a double-edged sword.

Often when I attempt to bring other aspects or interests in my life to the forefront I meet with resistance from other individuals who may be involved. Like these students some members of the administration labelled me as a disabled student. I recall a meeting with the coordinator for my social work placement.

Vignette 5.6 Placement

She asked in which areas of social work I would be interested in working. With no hesitation I told her I would like to apply at a street out-reach centre. Immediately she tried to dissuade me from applying for this less structured potentially volatile placement.

She said a hospital setting would suit me better. I would benefit from a structured-safer environment. She then intimated that I would make an excellent role model and be an inspiration for the patients. I reiterated my interests. She firmly told me she could not support my decision. Finally, she told me that in her opinion my disability would be a disadvantage in a street out-reach centre, but added she could not stop me from interviewing for the position.

Like my grade five and eight teachers, my placement coordinator, rather than assessing my ability, focused on the perceived disadvantage of my disability. My public school teachers (vignette 5.2) bluntly told me that I should attend a shoe-making course. My placement supervisor couched her perception of my disability in terms of positive affirmations: I had a chance to be an inspiration and role model for others. When I failed to grasp this opportunity to become a role-model my ability to make constructive decisions was questioned.

Frequently, professionals within these educational institutions do not give disabled people the "right to fail". But, it is only through reaching for their goals that they, like all humans learn to test, to temper, or achieve their aspirations.[220] Similarly some professionals through benign neglect discriminate against disabled people.

For example, the University of Victoria Office for Special Needs with its emphasis on reactive interventión rather than a proactive stance exemplifies such neglect. When I initially arrived at the University of Victoria I met with the special needs coordinator and asked about the procedure of acquiring more time for essays and exams given my fatigue and fine motor skills problem. He told me that I must ask the professor for extra time. He then informed me I should ask as nicely as possible and not be assertive as the latter might "put off" the professor. He added it would be beneficial for other disabled students that followed if I demonstrated that I was grateful for the professor's kindness and consideration.

I was shocked by his condescending manner and that this patronising interaction was and remains the policy of the special needs office. I suggested that his office implement a procedure in which the professor realises that a student requires special assistance prior to meeting him or her. When the professor and student meet they would discuss how these arrangements are implemented to the satisfaction of both parties.

I stressed that in this suggested procedure the student and the professor are equals [or at least more equal] negotiating the particulars of an arrangement so that it is agreeable to both parties. I told him that I felt the university's current policy, rather than establishing equal conditions for my education, left me feeling powerless and forced me to demean and degrade myself by begging for special favours from a professor. He ended our discussion by stating that any bureaucratic procedure the special needs office implemented would undermine the right of people with a disability to self-determinate.

Other students may also perceive that if special accommodation is granted then it is because of favouritism. For example, when a peer discovered that I was submitting assignments by tape recorder she replied "That's not fair". My only recourse was to reply, "life isn't fair".

The assertion by able-bodied people that someone with a disability is getting preferential treatment unfortunately is not confined to academia. It troubles Fiona that some of her co-workers think she is faking her disability. Fiona, "recalls a moment of sorrow after a co-worker commented, 'Oh it *must be nice* taking four months off' as though the time off were a vacation rather than recuperation".[221]

People with a disability should not placed in the uncomfortable position of having to defend their right to accommodation. When a student would question my receiving accommodations at the University of Western Ontario I would respond that it was not agreement between me and the professor, but an authorization from the university administration. If the student had a problem with my accommodations I suggested that he or she see the university senate. During my undergraduate years it was a relief not having to justify my accommodations and at the same time assert that my the conditions were legitimised. At the University of Victoria the accommodations that I received seemed tainted because I was always dependent on a professor understanding my need for certain arrangements.

My peer spoke of my unfair advantage because I tape-recorded my assignments. Throughout my university life there has been an assumption that if any accommodation concerning my disability is granted then I have an advantage or equality has been reached. By comparing the processes of taping assignments and writing assignments I hope to dispel this myth.

Our educational process disseminates information through a visually-oriented medium, mainly textbooks.[222] One might argue that the lecturer relies on the oral tradition. I contend that for difficult or important information the professor turns to visual devices like the blackboard or the over-head projector.

Because of the same medium instructors become accustomed to grading written work. Consequently, most instructors had difficulty when they evaluated my tape recorded short essays. The instructors and I both had to adjust to an audio-oriented medium.

My lower marks reflected our adjustments to working with audio-taped essays. In spite of the lower marks, the conservation of my energy was a priority for me. Later in the year, while taking a different course I switched from the audio tapes back to written assignments which meant an increase in my energy consumption.

Frequently, the decision to accept or not an accommodation for my disability remains a choice between inconveniences. Still it is better to have a choice than to not have one. Throughout my life accommodations for my disability have not given me an advantage: often they just lessen the magnitude of the barriers I have to overcome.

The fact remains I am often stigmatised because an accommodation I receive may be perceived as invalid by other people. Similarly, in this postmodern age of identity politics my experience of cerebral palsy may be invalidated by others. The following vignette will illustrate how my experience of cerebral palsy has been voided by others.

Hierarchy of disability?

Vignette 5.7 Privilege

During a class I tried to speak of the marginalisation of people with a disability. Whenever I speak of disability in class I always endeavour to place the discussion within a theoretical context. The professor interjected and told me I was speaking from a white-male privileged position. He moved on to what he considered as more suitable illustrations of oppression.

I was stunned as I had been many years earlier. My only recourse was to soften my body to lessen the effect of his stinging words. Perhaps I could have objected to his blatant disregard of my oppression but that day I did not have the energy to fight back. I was overwhelmed with sadness as again it became obvious that little had changed in thirty years. I remained a "cripple" to be objectified not heard.

My experience in the preceding vignette illuminates another problem with the politics of identity. First, my experience of disability is not considered oppressive enough. By being perceived as a privileged disabled person, any opinion I have on the subject becomes tainted or suspect.

The allusion to the professor raising the issue of privilege does have merit in spite of the blatant denial of my disability. His harsh remark does not in any way lessen my appreciation of my privileged position within society. As mentioned earlier, I must be aware of my social location as a university student and my physical condition as an ambulatory person with cerebral palsy.

The lure of achieving a changed status through education is very powerful. I must be very careful not to let my status as a student at university allow me to forget that I am a person with a cerebral palsy. In a society that values an able-bodied person I, as a disabled person, am tempted to devalue both my bodily and intellectual experience of cerebral palsy. This negation would result in my intellectual ability being seen as a means by which I overcame my disability. On a daily basis I examine myself to see to what extent I have internalised values and beliefs that continue to marginalise persons with a disability.[223]

Moreover, there is a strong temptation for me to believe that I may be one of the few gifted disabled persons because of my education. But to believe that I am "exceptional" distances me from others with a disability.[224] I agree with Anspach who contends that for a person with intelligence the greatest temptation is to use it to escape from his or her disability.

People with a disability cannot condone any scale that puts attributes or possessions before the person.[225] In my life able-bodied people have invoked a scale of disablement. Often people told me (and still do) that I was lucky that I was not born with what they consider a more devastating disability. Even at a young age I realised that most people were expressing their own fears about a certain disability.

But underlying their fears is a continuum of human existence that devalues all persons with a disability to differing degrees. How can anyone assume that someone's physical condition explains all facets of their existence? For example, I have no concept of being blind. Even if I did it would be ludicrous to suggest that my quality of life is superior to another individual who has to deal with the circumstances and condition of their own blindness.[226]

I refuse to believe that there is a continuum of "quality of life" that is dependent on disability. For me to give any credence to such a notion at either an emotional or an intellectual level would mean that I am willing to classify myself according to my disability. By the same token I cannot privilege my quality of life because I may be better educated than some other people with a disability.

Whether someone's experience of disability is either positive or negative depends on the interaction between the experience of disability and the situation or circumstances in which each individual's experience happens. For example, when I miss a bus because of my mobility my experience of cerebral palsy has a negative impact on the situation. On the other hand, when my slower mobility allows me to appreciate many of the subtleties of my environment it has a positive effect on the situation.[227] In both instances my cerebral palsy remains relatively constant, only my situation and circumstances change.

The question of classifying or rating disability brings me back to the "Privilege" vignette. Earlier I had mentioned that I was too exhausted to respond to the professor's blatant dismissal of my experience of disability. I could have countered the professor's contention and provided proof that I hardly had a privileged background. To resort to such a defence would mean that I would be trying to prove that my disability was worthy of rank. Furthermore I would have disclosed intimate details of my life. I chose not to reply because of the issues of power and privacy.

By choosing not to respond to a very demeaning comment I am affirming my right to privacy. According to Bauman power and the right to privacy go hand-in-hand.[228] To attain privacy one must have the power to refuse intrusion. As the above section on rehabilitation argues, often the privacy of people with a disability has not been respected by their able-bodied contemporaries.

Like many people with a disability, I have often felt that I needed to justify my opinions to able-bodied members of society. Within a modernist context I often had to prove to teachers that I could compete in spite of my disability. Within a postmodernist context I was not about to prove to a professor that my experience of disability is sufficiently oppressive. Thus, I felt my self-disclosure would have signified that I submitted to his position of power.

In the same manner by disclosing private matters I felt I would have given some credence to his contention about my disability. I may have left people with the impression that he had the right to pass judgement about my status as a disabled person. Nonetheless, I would have welcomed a discussion concerning our differing views of oppression and disability.

Earlier in the theoretical chapter I explained how the concepts of abstract rights and abstract identities continue the marginalisation of people with a disability. In the following pages I will explain how these concepts helped to marginalise me during my 1992-1993 academic year at the University of Victoria. Before I discuss the specific incident I will provide important necessary background information. Because I am easily fatigued and have mobility restrictions I found it necessary to ask the University of Victoria to provide me with housing that accommodates these variables within my life. The university's housing office has provided me with the required accommodation (I provided the supporting medical documentation).

Vignette 5.8 Harassment

During the 1992-1993 winter session at the University of Victoria, I walked into my dormitory and overheard another resident [who I will call Jon][229] remark, "if I were in a wheelchair and half a man, I might kill myself". When I confronted Jon and told him that I found his statement, "if I were in a wheelchair and half a man, I might kill myself" offensive. He looked at me and screamed I was not talking about you. He told me that he respected me because I had been accepted into a Master's program".

I told Jon that whether or not I was in a Master's program did not matter. I informed him that implicitly he was speaking of me when he referred to people with disabilities as half-human. I also mentioned that people with a disability were complete human beings regardless of his opinion concerning their achievements.

Two other people who overheard his comment agreed with me and attempted to reason with him. His agitation became worse with their intervention. He screamed louder that I did not understand his position and that I had now offended him. While screaming he moved aggressively towards me.[230]

As I attempted to remove myself from the situation he swiftly closed ground and effectively blocked my retreat. His screaming permeated my body as he leaned into me and cornered me at the door of my room. His arms flailed wildly, I wondered when the blow would come. It never did come. But I received his message loud and clear. There could be serious repercussions if I openly criticised his attitude or his behaviour.[231]

In his eyes [with their normalising gaze] my acceptance into the master's program meant that I really was not disabled. His perception of my identity overshadowed and dismissed my feelings, my concerns, or my attempts to discuss the basis for his belief that he knew what it was like to be disabled. Thus he believed if he were not speaking of me then why should I be upset?

Dianne Pothier has faced similar negations of her disability. After one such incident, she writes about the assumption of an able-bodied friend. "[His] explicit assumption was that people with a disability are not expected to achieve anything of significance. If you have achieved anything of note you cannot really be disabled."[232]

In effect Jon had placed me (or more correctly my identity) into a category that he was comfortable with, even if his comfort was at my expense - the negation of my cerebral palsy. As Irving Zola asserts,

> "[People with a disability] are socialized into the world of the 'normal' with all its values, prejudices, and vocabulary". For persons with a disability for the most part the negation of disability is total. Proof of successful integration is embodied in such statements as "'I *never* think of myself as handicapped' or the supreme compliment, 'I *never* think of you as handicapped'".[233]

Thus Jon's rating of people with a disability is not uncommon among able-bodied people but his manner of demonstrating his beliefs was unsettling.

I was alarmed at his physical aggressiveness towards me when I took exception to his statement. As this was not the first time I had either witnessed or been the recipient of his temperamental outbursts, I realised that I must be careful in my interaction with him. My uneasiness was compounded by my lack of physical strength and mobility problems which make it difficult for me to remove myself from a situation. His presence and my limitations, coupled with his inability to control his temper, put me in a potentially dangerous position.

I along with other members of the floor [five of eight people] complained to the resident advisor [R.A.] about Jon's behaviour towards us. After the R. A. repeatedly promised and failed to rectify the situation, I made a second trip to the housing office to see the manager. From November 1992 until September 19, 1993 I went to five administrative offices attempting to resolve this matter.

Whether they were sympathetic with my case or not, university officials (including the manager of housing) continually told me it was out of their jurisdiction and referred me to the harassment office. Ironically, at least three officials dissuaded me from filing a harassment complaint because they felt the investigation process itself would be debilitating for me. It is interesting to note that the harassment office's representative felt these unfortunate circumstances should be resolved by the housing office.

Finally, nine months later I resorted to desperate measures. I allowed my convulsing body to become visible to various university officials. They saw the excruciating pain and the turmoil I was undergoing. They moved Jon off my floor for my medical well-being. Jon is now living on campus in a self-contained apartment and being charged a rate equivalent to a single room occupancy.

I believe this situation remained unresolved because there was a switch in focus from the original complaint concerning Jon's behaviour to discussions about the mitigating circumstances that might account for his behaviour. I was told that Jon's mitigating circumstances for his behaviour were: He was from a small town; He admitted to having trouble controlling his temper; He admitted being immature; He said he had a troubled childhood.

These mitigating circumstances became his identity. In this light he became an unfortunate soul who required understanding and compassion. Jon characterised himself as a victim as he complained that when people on the floor confronted his racist, sexist, homophobic, and ableist behaviour we were "picking on him" because he was not "politically correct".[234] He alleged that he was victimized: because I and others would not speak to him we were harassing him. We were actually following the advice of various officials who suggested that we cease speaking with Jon.

I believe that the university administration's reaction to Jon's behaviour and my subsequent complaint illustrates how the perception of a victimised identity subsumes any discussion about a particular individual's behaviour. The focus of the investigation was reframed into a discussion about the identity of the parties involved.[235] Jon's identity as a immature, hot-tempered, small-town thinking, individual who as survivor of some childhood mistreatment needed understanding was juxtaposed with my identity as a person with a disability who threatened to extend the boundaries of the pervasive notion of "political correctness".

The rights of his identity were weighed against the rights of my identity. We both had the right to co-exist on the same floor. The university officials felt that Jon had a right to express his opinion. Similarly, I was within my rights to express my displeasure with Jon's opinion. If Jon became verbally abusive or did not respect my personal space I had the right to remove myself from the site of the confrontation. Both Jon and I had a right to request other accommodation if our living space was unsuitable. If students feel they are being harassed then they have the right to file a complaint with the harassment office.

From an abstract understanding of rights the university administration's position seems fair, as I am treated equally. If you consider the circumstances and attributes of my disability then their position does not respect my rights. First of all as a person with a disability I believe that Jon's remark about people in wheelchairs degraded and demeaned me.

For the moment let us consider that Jon was well within his rights to state his belief. I had the right to express my belief that Jon's statement was offensive. The problem with the university's abstract use of rights arose when I attempted to disengage myself from the conversation.

I had the right to remove myself from the confrontation, but I lacked the physical ability to enact this right. Just as the people in wheelchairs lacked the ability to walk up three flights of stairs in Bickenbach's example [see page 53]. Or more correctly I did not have the physical ability to remove the obstruction (Jon) that prevented me from removing myself from the situation.

As you recall Jon had the physical ability to block me from entering my room. Furthermore he leaned into me as he screamed at me. I stood there at his mercy; his violent outburst and his physical ability made me feel I was in potential danger.

According to the university I had the right to ask for a different room assignment. But to move to another room would necessarily cause me greater problems with my stamina and my mobility. The room in lower Carroll was assigned to decrease the effects of my cerebral palsy that might be detrimental to my education. For me either to move or to share the same living area with Jon was ludicrous. Thus, the university gave me the right to choose between two situations that were detrimental to my education.

Like all University of Victoria students, I have the right to file a formal complaint with the harassment office.[236] Yet three university officials including one from the harassment office discouraged me from exercising this right because they felt the process of the investigation would probably debilitate me. In a bitter irony the harassment policy theoretically gave me the right to stop Jon's abusive treatment, but in practice its process obstructed me from attempting to stop it.

Throughout this ordeal I was expending energy that given my problem with fatigue could have been put to better use. Finally, out of frustration I resorted to exposing my inner turmoil to various university officials. Ironically I began this episode by asserting that people with a disability like all human beings are to be treated with dignity and respect. In the end, to rid myself of Jon's abusive behaviour I was forced to expose myself which left me with little respect and dignity.

In a very insidious manner identity politics and the abstract notion of rights were employed as tools to negate the characteristics and circumstances of my cerebral palsy. By concentrating on my identity as a disabled person and

Jon's identity as a "confused" thirty-year-old male in need of society's compassion and understanding, university officials brought closure to any further discussion of his behaviour or the circumstances of my disability.

Once our identities became anchored and established the administration could focus on the abstract question of rights. With his behaviour and the circumstances of my disability not an issue, we became two students with equal rights. As one university official explained, regardless of his behaviour, Jon [because of his age] had every right to remain in lower Carroll. The same official told me that only my age mattered not the circumstances of my disability.

As Best and Kellner warn, the politics of identity can be utilised to marginalise people by redefining it as a "harmless politics of style and personal identity that leaves relations of domination intact and unchallenged."[237] By not acting on my complaint and instead concentrating on our abstract identities the university administration did precisely that.

Moreover this vignette illuminates Elshtain's warning that the politics of identity can be used as a tool to exonerate bad behaviour. Secondly, it is not enough to ask for equal rights. If the conditions and context of these rights result in the denial of a disability then these entitlements become tools that continue the discrimination against persons with a disability.

Conclusion

I began this chapter by explaining how the lines or boundaries of the modernist and postmodernist movements marginalised me. For me the distinction between modernism and postmodernism is employed as a method to structure this thesis including this chapter. Certainly their exclusionary techniques differ, but as a person with cerebral palsy I find society primarily unchanged.

Throughout this chapter I have demonstrated how both the modernist and the postmodernist educational processes negate my experience of cerebral palsy. For me the demarcation between the modernist and the postmodernist experience of education is fraudulent. The modernist system attempted to disregard my experience of cerebral palsy, by trying to force me to overcome it. The postmodernist system tried to persuade me to ignore my cerebral palsy with its attributes and circumstances by privileging the identity of the abstract disabled person. Both approaches continue to censure my experience of cerebral palsy.

Chapter six: conclusion

Throughout my life my experience of cerebral palsy has been invoked as a reason for: my body to be appropriated by others, resulting in my loss of autonomy; the questioning of both my competency and morals; my exclusion from participation in certain practices and events. Within the context of the vignettes there are elements of these three procedures. For the purposes of this chapter, however, I have selected differing vignettes to illustrate each position.

From the perspective of modernism the rehabilitation system the "The toy throwing incident" vignette appropriated my body which resulted in my loss of control over it. *My* body became *the* body to be manipulated in order to improve my productivity and my chance at normality. My bodily experience of cerebral palsy was negated by the abstract category of disability that could be measured and quantified.

The "Changing room episode" vignette extended the appropriation of my body by denying me the right to modesty. This negation of my rights and dignity stemmed from a differing interpretation of my body. The staff and volunteers at the rehabilitation centre considered *my* body *the* body that corresponded to the abstract notion of disability and subsequently needed to be rehabilitated regardless of my protests.

I, on the other hand, felt the shame and humiliation of being naked in a mixed gender class. When my screams of protest were unheeded I felt a loss of control over *my* body. Years later, I realise that when I threw the toy I was letting the therapist know that she was manipulating *my* body not *the* body. In spite of my efforts the continued manipulation of my body showed that both my experience of cerebral palsy and myself were not respected by the rehabilitation system.[238]

Three vignettes illustrate how individuals attempted to stop me from having autonomous control over my body within postmodernism. In the "Nightclub" vignette people appropriated my body and attempted to conceal what they felt was my imperfection. In contrast in the "Workout" vignette my colleague felt that I was trying to overcome my imperfection that he believed celebrated my difference. He attempted to appropriate my body and make it fit into his conceptualisation of disability. When I failed to respond favourably to his interpretation of disability, on the grounds of my incompetence he questioned my right to define my own identity and disability.

In the "Olympic" vignette the trainer continually tried to take control of my body. He wanted to reshape my body for his own purposes. He felt that under his supervision *my* body could become *the* body that would possibly win a medal.

After I refused his offer he questioned my ability to make a sensible decision.

People have considered me incompetent and immoral because of my experience of cerebral palsy. From the perspective of modernism the "Feelings" and "Crystal Ball" vignettes illustrate how my ability in education was questioned. Despite high grades I was judged incompetent because of the teachers' preconceived notion about cerebral palsy. These teachers never ignored my low marks that supported their contention that I lacked the competency to continue. In the "Cross-examination" vignette, my school records portrayed me as an immoral student.

From the viewpoint of postmodernism in the "Banking incident" I was judged incompetent and my morals questioned solely on the basis of physical comportment. Likewise in the "Placement" vignette, my placement coordinator's abstract conception of disability made my decision to apply for a job at a street-outreach centre suspect. She felt that because of my disability I would not be able to fulfil my obligations at the centre. My competency was questioned at two levels: First my ability to do the job was questioned. Second, when I refused to accept her justification for not supporting my decision my competency was again questioned.

Again I was presumed incompetent when the visitors at the facility for head injured adults considered me to be a resident rather than the social worker. The "Mistaken Identity" vignette especially demonstrates the fallibility of abstract categorisation because both I and Aaron were labelled incompetent: Aaron for failing to meet normative expectations and me for my physical comportment.

Lastly, able-bodied people by invoking their perception of disability exclude me from full participation in this primarily able-bodied society or they devalue my abilities or other facets of my life. Such exclusion can consist of not being allowed to voice my opinion because of people's perception about my cerebral palsy.

Often I am excluded from conversations, or other considerations that deal with productivity [see the "Banking incident" vignette]. From a the viewpoint of modernism the body must be productive. Other people in society have judged me unproductive. For example, the head surgeon deemed that my body was unproductive [see "The toy throwing incident" vignette]. Consequently, in a primarily able-bodied society I have to prove my productivity whereas for the able-bodied person productivity is a given.

For me to prove that I was capable of being integrated into a "normal public school" I had to prove my potential to be productive [see "Integration" vignette]. My removal from the "crippled children's school" marked me for inclusion into a "normal public school" and for exclusion from my former school.

Throughout my pre-university education I straddled the line between inclusion and exclusion. I felt immense pressure to prove that I belonged. Always there was an individual or a test score that seemed to question my inclusion into this education system. The basis of this questioning remained either the individual's abstract notion of disability or a measurement that was suited for children without disabilities. In either case my experience of cerebral palsy was never factored into the question.

Within postmodernism the body must appear attractive or healthy-looking. Because I cannot possibly reach the minimum standards of this ideal I am excluded from participation. Yet the question of inclusion/exclusion in postmodernism cannot be confined to bodily existence, it must also consider the concept of identity.

In the group of vignettes titled "University programs", my abstract identity as a person with a disability overshadowed any merit or attribute I had achieved. Interestingly no matter the difference in perception concerning my disability the results remained the same. People questioned my acceptance into programs. The male candidate for the social work program felt that my disability gave me an unfair advantage over others; whereas my colleagues in the master's program felt I was too privileged to be accepted. In both circumstances these people imposed their abstract category of disability to justify their right to question my inclusion.

By invoking the abstract notion of disability others are able to effectively silence me. For example the "special needs coordinator" by supporting the continuation of the power differential between professors or students silenced me. In the "Privilege" vignette the professor imposed his view of the abstract category of disability while disregarding my own experience of it. Furthermore he silenced me by explicitly claiming I was privileged.

From the perspective of sociology this thesis specifically and generally has importance. Specifically, my autobiographical analysis continues to expose the social construction of disability. While others have criticised the medical and rehabilitation model, I believe I have extended this criticism and have illustrated how the politics of identity socially constructs disability.

Generally, this thesis is a preliminary discussion about the facile abstract categorisation that can be invoked by sociologists including myself to ignore people's lived experience. This thesis is an initial exploration of how such categorisation impedes constructive social relations. It does not offer remedies for this abstract categorisation, but it does bring the problem to the forefront. I chose an autobiographical approach to enhance the importance of lived experience as well as to emphasize the difference between my lived experience and the abstract category of disability.

I would like to end this thesis with a few preliminary thoughts concerning the suggestion that the lived experience of people replace the abstract categorisation of disability. These thoughts are not to be taken as an exhaustive or rigorous exploration of this matter. They are meant to provoke further thought in individuals and further discussion between and among people.

For most of my life I have attempted to step out from other people's imposed abstract category of disability. I can and will continue to validate my own experience of disability. But such a solution is only partially satisfactory.

I would in a sense be imposing my own isolation from others who did not validate my experience of cerebral palsy. I would be imposing my own rudimentary categorisation to distinguish those who would do not understand my experience of disability from those that do. Given the systemic discrimination against people with a disability this self-imposed isolationist stance allows for a continuation of such practices.

Presently, in our society I believe to a certain extent we rely on the abstract categorising of people and objects. What I am questioning is how the practice of categorisation is employed to arbitrarily devalue certain people's lived experience. For example, I have illustrated how the politics of identity that was meant to validate marginalised experiences can be employed as means to implement this destructive facile categorisation.

In my introduction I spoke of actively engaging in tearing down my own superficial categorical understanding of people and situations in hopes of gleaning within the interaction an opportunity to facilitate the validation of my lived experience of cerebral palsy. When I meet able-bodied individuals I must allow them the opportunity to prove that they will not devalue my existence and experience by imposing the abstract category of disability on me.

There is a risk involved in allowing space for this opportunity to flourish. As demonstrated in the "Workout" vignette a trust can build between individuals that can be betrayed. Often I have found myself being used as a pawn by various able-bodied people. On the other hand, I have been pleasantly surprised and challenged by individuals who I could easily have dismissed by imposing a superficial categorisation on them.

The fact remains that to risk interacting with others leaves me in a vulnerable position. Because my bodily existence is devalued in our society I begin in a subordinate relationship in most interactions. Moving within social terrains that are not conducive to my existence is difficult enough for me. But when one considers the added responsibility of having to decide to what extent I will engage individuals who potentially may be destructive to my validation of my lived experience, the difficulty is magnified.

The precarious nature of these interactions is underscored by the reality that for others to validate my lived experience often takes time. Frequently, I find myself immersed in these relationships before I realise that I am being manipulated. I referred to my sense of feeling manipulated in the "Workout" vignette when my colleague seemed to feel that I should comply with him wanting to know about my experience of disability.

Although deciding to what extent I am going to interact with others is fraught with anxiety and apprehension, I prefer this process to being subjected to a facile categorisation. The process of validating lived experiences allows differing parties to give voice to their lived realities. In contrast, within the postmodern politics of identity and the modern devaluation of disability I am silenced or excluded because others impose their abstract perception of disability on me. If in their eyes I am devalued because of my disability, then obviously my opinions are of no importance.

In the methodology chapter I quoted Camilla Stivers who suggested that social scientists move from studying categories of people to a study of these people's lived experience. As a sociologist I must be aware of the implicit and explicit power dynamics in studying people. As the researcher I transpose, order and coordinate the data. I find the sociological import of the data and write the conclusion.

Similarly I have noticed in many cases sociologists implicitly have power over their subjects because of their status in society. The subject defers to the sociologist's power even if only to the extent that the latter has editorial license. By keeping in mind the interaction between her or his lived experiences and the participant's the sociologist may be able to lessen the effect of the power dynamics.

Moreover, framing the sociological exploration in terms of "lived experience" may help the sociologist maintain the ethical position that the degree to which the subject relates their experiences remains the right of the individual. Unfortunately, this ethical position is overlooked by researchers who want to find the underlying truth that is based on their own abstract categorisation. Of course, I assume that the sociologist before conducting research has examined his/her own motivation and at least considered the unintended consequences of the research.

I do not propose that by concentrating on lived experience we will be free of either facile categorisation or the inherent power dynamics within social research. As long as there is the process of appropriating other people's beliefs, attitudes and experiences, the potential to exploit them will remain. Such exploitation may be curtailed by concentrating on the lived experience of the subjects coupled with a rigorous questioning of how, and when, to categorise such experience, if at all.

This thesis is meant to disquiet the public and social researchers who have been without question invoking an abstract category of identity on others. In my private and public life I find it too easy to dismiss able-bodied people by abstractly categorising them and am constantly battling this temptation.

I began this thesis by agreeing with Adrienne Asch who claimed that others defined her as disabled and that this has nothing to do with her self-definition. Furthermore it was their problem to overcome. In that spirit I believe the able-bodied must begin to examine the extent to which they employ the abstract category of disability to devalue and exclude people with disabilities from participation in society. Then, they too must take responsibility for their actions.

Endnotes

1.Asch, 1976:28.

2.Giddens, 1991:156.

3.Giddens, 1991:156.

4.Goffman, 1963.

5.Oliver, 1990 makes the same point.

6.Rockwell, 1994:43.

7.Smart, 1991:16.

8.Featherstone, 1991a:x.

9.Bauman, 1991:2.

10.Giddens, 1991:158.

11.Best and Kellner, 1991:213.

12.Giddens, 1991:156.

13.Cowley, 1956:41 ff.

14.Mills, 1959:217.

15. I am following the advice of Oliver, 1990:xi:Nussbaum, 1992: Pothier 1992:527 and Wendell:1989 who suggest persons with disabilities adopt an autobiographical approach. I argue that while an autobiographical approach has been utilised by the politics of identity, its use does not necessarily make an author an advocate of the 'politics of identity'. Ironically, I am employing this autobiographical approach to examine the concept of the politics of identity.

16.Filstead, 1970:6.

17.Pothier, 1992:526-527.

18.Nielson, 1990:10-11; Harding, 1991:124; Smith, 1987:106; Smith, 1990.

19.Stivers, 1993:418.

20.Stanley, 1993:45.

21.Stanley, 1993:48.

22.Pothier, 1992:528.

23.Stanley and Morgan, 1993; Harrison, 1993; Aldridge, 1993; Stanley, 1993.

24.Stivers, 1993:410.

25.Stanley, 1993:45; Stivers, 1993:410.

26.Stanley, 1993:47.

27.Evans, 1993:12.

28.Stanley, 1993:42.

29. Bordo, 1990:31. Stanley, 1993; and Evans, 1993; both agree with Bordo concerning the issue of representation.

30.Gergen, 1990:239-245.

31.Siegal, 1988:113-14.

32.Zola, 1982:6-7.

33.Bauman, 1987; Bauman, 1991; Featherstone, 1991.

34.I acknowledge that there are differing theoretical perspectives concerning modernism and postmodernism. I do not profess that my theoretical employment of them is exhaustive or the foremost interpretation. My deployment of modernism and postmodernism is based on my perception of practices and attitudes that have been employed by others to exclude persons with disabilities.

35.Smart, 1993:16.

36.Bauman, 1992; Bauman, 1991; Bauman, 1988; Bauman, 1987; Featherstone, 1991a; and Dallmayr 1989.

37.Featherstone, 1991a:3.

38.Bauman, 1987:3.

39.Dallmayr, 1989:96.

40.Bauman, 1991:ff1, p.4; and Giddens, 1990:1.

41.Giddens, 1990:1.

42.Bauman, 1987; Bauman: 1991; White, 1991; Featherstone,1991a; Lemert, 1991; Cheal, 1990; Connolly, 1988.

43.Featherstone, 1991a; Bauman, 1987.

44.Foucault, 1980; Foucault, 1984; Zola, 1977; Duden, 1991; Bauman 1987; Bauman, 1988.

45.Bauman, 1987:47; Foucault, 1979:144.

46.Foucault, 1978:166.

47.McLaren, 1990:165

48.McLaren, 1990:165.

49.Bauman, 1987:120.

50.Foucault: 1978,137.

51.Foucault, 1980:172.

52.Leonard, 1984; Barnes, 1990; Lonsdale, 1990.

53.Bauman, 1987:67.

54.Synnott, 1992:96-97.

55.Donzelot, 1991:254-55.

56.Synnott, 1993:23.

57.Donzelot, 1991:252.

58.Donzelot, 1991:251.

59.Donzelot, 1991; Lonsdale, 1990; Foucault, 1980; Zola, 1977.

60.Young, 1990; Donzelot, 1991.

61.Alexander, 1990:16.

62.Alexander, 1990:16.

63.Bauman, 1987:111.

64.Gergen, 1991:231-32; Alexander, 1990:17. Gergen also felt that in pre-modern times there was a belief in human progress, however the level of progression was determined by the extent that one adhered to the gods. As Gergen (1991:231) writes, "The belief in human progress has long been a fixture of Western tradition. Often it has been linked to religious doctrines of the times, from the Homeric period, which held that people could become godlike, to later Christianity, in which people were encouraged to perfect their lives by living in God's will."

65.Gergen, 1991; Giddens, 1991.

66.Gergen, 1991:236.

67.Anspach, 1979; Illich, 1977; Stone, 1985; Oliver, 1990.

68.The blaming the patient for their lack of response to treatment can be traced back to the debate between differing approaches to medicine. The empiricist medical approach treated each disease as a problem of the individual in the context of the patient's life. If the cure failed the practitioner was at fault. The rationalist approach dealt with classes of diseases rather than individuals. For the rationalist physician his approach was validated by theory. If the cure failed it was because the patient failed to follow the medical instructions. "The patient, not the theory, was responsible for lack of curative success." (Turner,1984:72).

Following the ideology of the rational medical model, if a 'person with a disability' fails to become 'normal as possible' in the eyes of the rehabilitation ideology they are deemed as lacking will power (Oliver,1990:57).

69.Turner, 1984.

70.Ball, 1990:4.

71.Barnes, 1990; Leonard 1984; Zola, 1977; Oliver, 1990; Turner, 1984; Illich, 1977.

72.Barnes, 1990:10; Lonsdale, 1990:

73.Leonard, 1984:188. Leonard describes this perspective as the "tragedy theory of disability".

Some might argue that with the increased number of professionals with a disability this ideological position may be weakened. I believe that this position is contingent upon the individual's ability to resist this dominant ideology. If the person with a disability adheres to the personal tragedy theory then the status quo is maintained.

74.Baird, 1992; Oliver, 1990.

75.Connors, 1985; Oliver, 1990; Hahn, 1988.

76.Hewitt, 1991; Anspach, 1979; White, 1991.

77.Oliver, 1990:45.

78.Rudnicki, 1993.

79.Mclaren, 1990:170.

80.I would like to forestall any misconception that I am advocating main-streaming of all children with a disability. In many cases main-streaming is not the best interests of the child. What I am advocating is a close examination of the underlying principles that uphold the modern education system.

81.Ball, 1990:4.

82.Bauman, 1992:x.

83.Bauman, 1991; Bauman, 1987; Bauman, 1992; Featherstone, 1991a; Gergen 1991.

84.Featherstone, 1991a.

85.Bauman, 1992:190-91.

86.Featherstone, 1991a; Illich, 1977; Bauman, 1987; Bauman, 1988; Bauman, 1991; Bauman, 1992; Turner, 1984.

87.Tseelon, 1992:121.

88.Bauman, 1992; Tseelon, 1992; Gergen, 1991.

89.Gergen, 1991:228.

90.Turner, J. 1982.

91.Giddens, 1991.

92.Bauman, 1987; Featherstone, 1991a.

93.Featherstone, 1991b; Turner, 1984; Illich,1977.

94.Baudrillard, 1988; Bauman, 1987.

95.Featherstone, 1991a:48.

96.Bauman, 1988.

97.Bauman, 1987:187.

98.Featherstone and Hepworth 1991; Featherstone 1991b; Edgely and Brissett, 1990.

99.Wendell, 1992; Matthews, 1983.

100.Bauman, 1988; Turner, 1984; Featherstone, 1991b.

101.Featherstone, 1991a:18-19.

102.Bauman, 1987.

103.Bauman, 1992:194.

104.A resource can be both a symbolic good or a resource to acquire other symbolic goods. For example, a millionaire has the status [a symbolic good] from being recognised as a millionaire. She or he also can use their monetary resources as a means to obtain other symbolic goods.

105.Giddens, 1991; Featherstone, 1991a

106.The preceding statements are not meant to suggest that these alternative practices have subsumed or replaced the state-legitimised rehabilitation practices. In fact in many cases consumers may be augmenting government supported and sanctioned practices with alternative methods.

107.Edgely and Brissett, 1990; Turner, 1984; Featherstone and Hepworth, 1991; Featherstone, 1991b.

108.Bauman, 1987; Featherstone and Hepworth, 1991; Turner 1984.

109.This cycle is reminiscent of Gergen's (1991:236) assertion that the modernist idea of progress left people in a vicious cycle of facing the fear of failing on one hand and the frustration of slow movement forward on the other.

110.Featherstone, 1991a; Bauman, 1988.

111.Featherstone, 1991a:26.

112.Featherstone, 1991a.

113.Featherstone, 1991a:8; Chambers, 1990; White, 1991; Rosenau, 1992.

114.Chambers, 1990:70.

115.Rosenau, 1992:58.

116.For example, from the perspective of the deaf culture there is a differing centre for understanding the world. See Lane, 1992: and Padden and Humphries 1989. Concerning deaf culture, Lane (1992:5) writes, "They see themselves as fundamentally visual people, with their own visual language, social organization, history and mores - in short, with their own way of being, their own language and culture".

117.Burkhauser et.al., 1993; Bickenbach, 1993; Hahn, 1988.

118.Zola, 1993:168.

119.While I would agree that it is easier for other groups to find commonalities, I would note that differing groups such as feminists, and people of colour are noticing the difference among their members. See bell hooks (1990) for a discussion on the gender differences between people of colour, and her distinctions between women of colour.

From the perspective of people with a disability see Wendell, 1989; Fine and Asch 1988a; and Morris 1993. who write of the sexism within the disability movement and the ableism within the feminist movement. As Thompson (1985) notes within disability groups initially, like with all conscious-raising groups, there is a strong sense of commonality. After a period of time differences become apparent.

120.Bickenbach, 1993:154-55.

121.Bickenbach, 1993:155.

122.Blackwell-Stratton et. al., 1988:329; Hahn, 1987.

123.Blackwell-Stratton et. al., 1988:329.

124.Changes, 1993:C1.

125.Changes, 1993:C1.

126.Best and Kellner, 1991:213.

127.Best and Kellner, 1991:213.

128.bell hooks, 1990

129.bell hooks, 1990:21.

130.Driedger and Aubin, 1992:36.

131.Fisher, 1990:181. Best and Kellner, 1991:213 make the same argument. They claim that difference can become "reified and fetishized and can produce rigid barriers between groups of individuals."

132.Elshtain, 1993:41; Fisher, 1990:181.

133.Fisher, 1990:181. and Elshtain 1993. Elshtain and Fisher seem to see this tactic employed by various groups as a means to bring closure to any criticism from any outside contingencies. I contend that this tactic can also be employed by groups or individuals who by imposing an abstract exclusive identity on a person with a minority status through negating his or her experience can bring closure to any discussion.

134.Alcoff, 1991-1992.

135.Alcoff, 1991/1992:10.

136.Full public recognition does not necessarily mean that a person with minority group status gains the same privileges of the dominant group.

137. Jean Elshtain (1993:66) sees political groups such as Afro-americans, people with handicaps, or people of differing sexual orientation striving for public recognition based on their particular difference. While I would agree with Elshtain I would add that it is possible for others to impose a difference upon an individual. For instance as a person with cerebral palsy the abstract category of disability has been imposed on me.

138.Elshtain, 1993:52.

139.Elshtain, 1993:52-53.

140.Bickenbach, 1993:163.

141.Rosenau, 1992:47.

142.Rosenau, 1992:47.

143.Baudrillard, 1988:52.

144.see Lonsdale, 1990:68-70.

145.Lonsdale, 1990; Zola, 1991.

146.Turner, B. 1985.

147.Berthelot, 1991; Freund, 1988; Frank, 1991; Shilling, 1991.

148.Turner, B. 1984:33-34.

149.Freund, 1988:139.

150.Shilling, 1991:664.

151.Shilling, 1991:664.

152.Synnott, 1993:36-37.

153.Synnott, 1993:8-22.

154.Giddens, 1991; Bauman, 1987; Gergen, 1990.

155.Bauman, 1987:82.

156.Giddens, 1991:30.

157.Goffman, 1963; Turner, 1991.

158.Bauman, 1987:60.

159.Goffman, 1963; Turner, 1984.

160.Oliver, 1990; Jenkins, 1991.

161.Scheer and Grace, 1988.

162.Bedini, 1991; Goffman, 1963.

163.Goffman, 1963:110.

164.Leder, 1990:103-04.

165.Turner, 1984; Synnott 1993; Synnott, 1992.

166.Oliver, 1990.

167.Bordo, 1991:204-206; Hewitt, 1991; Blaises, 1993.

168.Foucault, 1984a:180-81.

169.To become a full fledged member of society [no matter the culture] requires individuals to acquire certain developmental skills. To lose or to lack the ability to attain these skills results in one being considered as less than human. The following theorists support the preceding assertion: Frank, 1991:376; Bauman, 1988:37; Featherstone and Hepworth, 1991:387; Hahn, 1988:41; Oliver, 1990:61; and Goffman, 1963:5.

170.see the section on professionalism in this the chapter on theory. Also see Donzelot, 1991; Lonsdale, 1990; Foucault, 1980; and Zola, 1977.

171.Anspach, 1979:770.

172.Lonsdale, 1990:64; and Fine and Asch, 1988:146; all assert, that often persons born with a physical disability are influenced by the dominant norms and values about attractiveness and physical appearance that deprecate them. Consequently, I wanted to be normal regardless of the cost in self-esteem.

173.According to Foucault, 1984:190; in the hospital better observation of patients led to a better "calibration of treatment" Similarly in the rehabilitation centre better observation led to better calibration of treatment.

174.Turner (1984:164-165) asserts, Foucault realized that the disciplines of the body and hierarchical were practised by monasteries. While monasticism required a renunciation of the body, modern bio-power techniques require utility of the body. See Foucault, 1984a:181 where he differentiates between various other disciplines and bio-power.

175.Foucault, 1984b:191-193.

176.Foucault: 1984b:197.

177.Foucault, 1984b:201-02.

178.Matthews, 1983:126-127.

179.Dandeker, 1990; Rodwell, 1983; Prottas, 1979; Hasenfeld, 1983. These theorists argue that documentation, one of the information-gathering activities helps to monitor behaviour of clients and develop routines that ensure their compliance.

180.Floras et.al., 1991; Dandeker, 1990; Rodwell, 1987; Tepperman, 1988; and Kagle and Cowger, 1984; all assert that the disregarding of the inner body by the medical profession is not surprising. Professionals need to impose order, oversimplify phenomena as systems, and to focus on that which may be described and codified at the expense of that which may not.

181.Barbara Duden, 1991:18.

182.Susan Wendell, 1993:117-118.

183.Gwynneth Matthews, 1983:117.

184.Foucault, 1980; Zola, 1977; Bauman, 1987; Bauman, 1988; Bauman, 1991; Bauman, 1992.

185.Gergen, 1990:231.

186.Oliver, 1990. However, there are instances where persons with disabilities become the symbolic other for each other. For example, Harilyn Rousso who has cerebral palsy found her symbolic other a prominent woman economist who happened to have cerebral palsy. I believe Rousso's experience is an exception rather than the rule. Rousso, 1988:2.

187.Iris Marion Young, 1990:139-140.

188.Connors, 1985; Soyer 1975.

189.In the vignette the physiotherapist had professional pressure [her own and from the doctors] to apply the proper technique and improve my productivity. Anleu Roach (1992) and Halpern (1992) maintain that within differing bureaucracies there is a professional "pecking order". In the case of most rehabilitation centres the doctor's opinion has the greatest validity.

190.Featherstone and Hepworth, 1991; Bauman, 1988; Bauman, 1987, Bauman, 1992: Turner, 1984.

191.Featherstone and Hepworth, 1991; Bauman, 1988; Turner, 1984.

192.To be perceived as morally unfit or drunk is the worst stigmatisation. See Constantina Safilios-Rothschild's hierarchy of stigmatised disabilities [ff 61].

193.Malec, 1993:22.

194.Gergen, 1991.

195.As I mention in the theory chapter Bauman, 1987 and Featherstone, 1991a both argue that inherent within the postmodern culture is an inequity among consumers. To maintain the distance between the consumers with the greater purchasing power and those with the lesser purchasing power an ever-increasing range of symbolic goods is produced.

196.Young, 1990:139-40.

197.Kerr, 1979:179.

198.Aaron is a pseudonym I am respecting my client's confidentiality.

199.Malec, 22:1993.

200.Frank, 50:1993.

201.Elshtain, 39:1993.

202.Burkhauser et.al., 1993; Bickenbach, 1993; Hahn, 1988.

203.Malec, 1993:23. While Malec and myself are both concerned about other facets of our life being subsumed by our disability, there is that minority of persons with disability "who want to talk about little *other* than their disability". Quoted from Matthews, 1983: 138.

204.Rosenau, 1992.

205.Chan, 1990:167.

206.Featherstone, 1991a.

207.Changes, 1993.

208.For along time, some boys would throw rocks at me. Everyday like clockwork I knew when I arrived at a particular part of the street rocks and stones would land on me. Over and over again I repeated to myself: keep walking; don't acknowledge them; soften your face. (if I did not tense my face it would not hurt as much). As I walked I had to repeat the following: Remember you have a right to walk these streets! Don't complain! Don't give them an excuse to throw you out of school!

209.Foucault, 1984c:194

210.Foucault, 1984c.

211.Foucault, 1984c:194.

212.Hoskins, 1990; Ball, 1990.

213.Naomi Woronov (1985:161) who is legally blind faced a similar experience in public school. Her teacher ignored her blindness and forced her to hold a book at the required distance for first grade students.

214.Foucault, 1984c:194.

215.Matthews, 1983:51.

216.Matthews, 1983,51.

217. I had no idea such sentiments were even considered by other graduate students. I was glad that my friend had the integrity to finally broach the topic.

218.In my application I had never mentioned my disability. Both professors who wrote my letters of reference thought it better to not include information about my disability.

219.bell hooks, 1990:21.

220.Soyer, 1975.

221.Peters, 1993:26.

222.Keith Hoskins (1990:46) contends that "Written examination and arithmetical marks appear to develop, and then predominate, from around 1800."

223.Similarly bell hooks (1990:89-94) writes of her experience as a women who comes from a poor background entering the halls of privileged class experience.

224.bell hooks 1990:97 writes of the temptation to distance herself from other women of colour.

225.Anspach, 1979:770.

226.I choose the example of blindness because often people have told me, "You're lucky your not blind." I often reply, "I do not Know what it is like to be blind." They usually reply, "It must be terrible to be blind. You should be grateful."

227.I became aware of the impact of differing bodily speeds on the understanding of the world when a friend spoke of his differing perspective on the world after adjusting his speed to walk with me.

228.Bauman, 1988:52.

229.Jon is a pseudonym.

230.The incident I outline here is only one of numerous occasions when Jon cornered me and screamed at me.

231.One might ask what is the connection between housing and a chapter on education. First, I do most of my work within a residence. Any other residence is inadequate for me because of my cerebral palsy. But having an individual who has an inability to control his temper living in close proximity also taxes my physical energy. This extra burden on my physical stamina affects my ability to concentrate on education. My energy is divided between going about its daily task and taking measures to ensure that I remain free from either physical or verbal abuse.

232.Dianne Pothier, 1993:16

233.Irving Zola, 1993:167.

234.Interestingly Jon, and the manager of the housing office, and the acting head of Ancillary services all invoked the term "political correctness" to bring closure to any discussion concerning specific incidents about Jon's behaviour.

235.While there were four other complainants I will limit my discussion to myself, the administration and Jon.

236.The University's official harassment policy states that treatment that either offends and demeans, or intimidates a person with a physical disability constitutes harassment (Heck, 69).

237.Best and Kellner, 1991:213.

238.I am indebted to Arthur Frank for his distinction between *the* body and *my* body. Frank who experienced both a heart attack and cancer asserts that *my* body refers to the on-going experience of being alive, while *the* body is an object to be measured and objectified. [Frank's emphasis] (1991:12).

Bibliography

Aldridge, Judith. (1993).'Textual Disembodiment of Knowledge in Research Account Writing', *Sociology*. 27, 1, Feb: 53-67.

Alexander, Jeffery C. (1990). 'Between progress and apocalypse: social theory and the dream of reason in the twentieth century.'in Jeffery C. Alexander and Piotr Sztompka, (eds). *Rethinking Progress: Movement, Forces, and Ideas at the End of the 20th Century*. Boston: Unwin Hyman.

Alcoff, Linda. (1991-92). 'The Problem with Speaking for Others' *Cultural Critique*. Winter: 5-29.

Anleu Roach, Sharon L. (1992). 'The Professionalization of Social Work? A Case Study of Three Organizational Settings', *Sociology*. 26, 1: 23-43.

Anspach, Renee R. (1979). 'From Stigma to Identity Politics: Political Activism Among the Physically Disabled and Former Mental Patients.' *Social Science and Medicine*. 13a: 765-775.

Asch Adrienne. (1976). 'Adrienne Asch: Civil Rights Investigator', in Harilyn Rousso with Susan Gunshee O'Malley and Mary Severance. *Disabled, Female and Proud!: Stories of Ten Women with Disabilities*. Boston: Exceptional Parent Press.

Asch Adrienne and Michelle Fine (1988a). 'Shared Dreams: A Left Perspective on Disability Rights and Reproductive Rights', in Adrienne Asch and Michelle Fine (eds), *Women with Disabilities: Essays in Psychology, Culture, and Politics*. 297-305. Philadephia: Temple University Press.

Asch Adrienne and Michelle Fine. (1998b). 'Introduction: Beyond Pedestals', in Adrienne Asch and Michelle Fine (eds), *Women with Disabilities: Essays in Psychology, Culture, and Politics*. 1-37 Philadelphia: Temple University Press.

Baird, Vanessa. (1992). 'Difference and Defiance', *The New Internationalist*. 233 July: 4-7.

Ball, Stephen J. (1990). 'Introducing Monsieur Foucault', in Stephen Ball (ed). *Foucault and Education: Disciplines and Knowledge*. (29-53), New York: Routledge.

Barnes, Colin. (1990). *Cabbage Syndrome: The Social Construction of Dependence*. New York: The Falmer Press.

Baudrillard, Jean (1988). *The ecstacy of communication*. trans. Bernard and Caroline Schultze. Columbia University: Semiotexte.

Bauman, Zygmunt. (1987). *Legislators and Interpreters: On modernity, postmodernity and intellectuals*. Padstow: Polity Press.

Bauman, Zygmunt. (1988). *Freedom*. Markham: Fitzhenry & Whiteside.

Bauman, Zygmunt. (1991). *Modernity and Ambivalence*. Oxford: Polity Press.

Bauman, Zygmunt. (1992). *Intimations of Postmodernity*. New York: Routledge.

Bedini, Leandra A. (1991). 'Modern Day "Freaks"?: The Exploitation of People with disabilities', *Therapeutic Recreational Journal*. 4: 61-70.

Berthelot, J.M. (1991). 'Sociological Discourse and the Body'in Mike Featherstone, Mike Hepworth, and Bryan S. Turner (eds), *The Body: Social Process and Cultural Theory*. 390-404. Bristol: Sage Publications.

Best, Steven, and Doug Kellner. (1991). *Postmodern Theory: Critical Investigations*. New York: The Guilford Press.

Bickenbach, Jerome E. (1993). *Physical Disability and Social Policy*. Toronto: University of Toronto Press.

Blaises, Mark. (1993). "'About The Beginning of The Hermeneutics of the Self: Two Lectures At Dartmouth' Michel Foucault." ed. Mark Blaises. *Political Theory: An International Journal of Political Philosophy*. 21, 2, May: 198-227.

Bordo, Susan. (1990). 'The Body and the Reproduction of Femininity: A Feminist Appropriation of Foucault', in A. M. Jagger and S. Bordo (eds), *Gender/Body/Knowledge: Feminist Reconstructions of Being and Knowing*, 13-33. New Brunswick: Rutgers University Press.

Bordo, Susan. (1991). 'Docile Bodies, Rebellious Bodies: Foucauldian Perspectives on Female Psychotherapy', in Hugh Silverman (ed) *Writing the Politics of Difference*. 203-216. Albany: SUNY Press.

'Bulletin Board.'(1993). *Monday Magazine*. 19 no. 48 (Nov. 25-Dec.1), 66.

Burkhauser, Richard, Robert H. Haveman, and Barbara L. Wolfe. (1993). 'How People with Disabilities Fare When Public Policies Change', *Journal of Policy Analysis and Management*. 12, 2, Spring: 251-269.

Chambers, Iain. (1990). *Border Dialogues: Journeys in Postmodernity*. New York: Routledge.

Chan, Sucheng. (1990). 'You're Short, Besides!', in Gloria Anyaldua, (ed) *Making Faces, Making Soul*. Aunt Lute Foundation Books.

'Changes: Inclusion an inexorable trend', (1993). *The Globe and Mail*. 3 Dec.: C1

Cheal, David. (1990). 'Authority and incredulity: Sociology between modernism and postmodernism', *Canadian Journal of Sociology*. 15, 2, Spring: 129-147.

Connolly William E. (1988). *Political Theory and Modernity*. Oxford: Basil Blackwell.

Connors, Debra. (1985). 'Disability, Sexism And the Social Order', in Susan E. Browne, Debra Connors and Nanci Stern (eds). *With the Power of Each Breath: A Disabled Women's Anthology*, 92-107. Pittsburgh: Cleis Press.

Cowley, Malcolm. (1956). 'Sociological Habit Patterns in Linguistics Transmogrifications,' *The Reporter*. 20 September. as cited in C. Wright, Mills. (1959). *The Sociological Imagination*. New York: Oxford University Press.

Dallmayr, Fred. (1989). *Margins of Political Discourse*. Albany: State University of New York Press.

Dandeker, Christopher. (1990). *Surveillance, Power and Modernity: Bureaucracy and Discipline From 1700 to the Present Day*. New York: St. Martin's Press.

Donzelot, Jacques. (1991). 'Pleasure in Work', in Graham Burchell, Colin Gordon, and Peter Miller (eds), *The Foucault Effect: Studies in Governmentality: With Two Lectures by and an Interview with Michel Foucault*. 251-280 Chicago: Chicago University Press.

Driedger, Diane. (1991). 'Women with Disabilities: Naming Oppression'. *New Feminist Research*. 20 no. 1/2 5-8.

Driedger, Diane and April Aubin. (1992). 'Women with Disabilities Challenge the Body Beautiful', *Healthsharing*. Winter/Spring: 36-37.

Duden, Barbara. (1991). *The Woman beneath the Skin: A Doctor's Patients in Eighteenth-Century Germany*. Trans. Thomas Dunlap. Cambridge: Harvard University Press.

Edgley, Charles and Dennis Brissett. (1990). 'Health Nazis and the Cult of the Perfect Body: Some Polemical Observations', *Symbolic Interaction*. 13, 2: 257-279.

Elshtain, Jean Bethke. (1993). *Democracy On Trial*. Concord: House of Anansi Press.

Evans, Mary. (1993). 'Reading Lives: How The Personal Might Be Social', *Sociology*. 27, 1, Feb: 5-13.

Featherstone, Mike. (1991a). *Consumer Culture and Postmodernism*. London: Sage Publications.

Featherstone, Mike. (1991b). 'The Body in Consumer Culture', in Mike Featherstone, Mike Hepworth, and Bryan S. Turner (eds) *The Body: Social Process and Cultural Theory*. 170-196. Bristol: Sage Publications.

Featherstone, Mike, and Mike Hepworth. (1991). 'The Mask of Ageing and the Postmodern Life', in Mike Featherstone, Mike Hepworth, and Bryan S. Turner (eds) *The Body: Social Process and Cultural Theory*. 371-387. Bristol: Sage Publications.

Fisher, Linda. (1990).'Feminist Theory And The Politics of Inclusion', *Journal of Social Philosophy*. 21, 2-3, 174-83.

Fores Michael, Ian Glover and Peter Lawrence. (1991). 'Professionalism and Rationality: A Study in Apprehension', *Sociology*. 25, 1, Feb: 79-100.

Foucault, Michel. (1987) *Discipline and Punish: The birth of the prison*,. London: Tavistock.

Foucault, Michel. (1980) 'The Politics of Health in the Eighteenth Century', in Colin Gordon (ed), *Power/ Knowledge*. 166-182. New York: Pantheon Books.

Foucault, Michel. (1984b). 'Docile Bodies' in Paul Rabinow (ed) *The Foucault Reader*. 179-187. Toronto: Random House.

Foucault, Michel. (1984c) 'The Means of Correct Training', in Paul Rabinow (ed) *The Foucault Reader*. 188-205. Toronto: Random House.

Frank, Arthur W. (1991a). 'For a Sociology of the Body: An Analytical Review', in Mike Featherstone, Mike Hepworth, and Bryan S. Turner, (ed) *The Body: Social Process and Cultural Theory*. 36-102. Bristol: Sage Publications.

Frank, Arthur W. (1991b). *At The Will Of The Body: Reflections on Illness*. Boston: Houghton Mifflin Company.

Frank, Arthur W. (1993). 'The Rhetoric of Self-Change: Illness Experience as Narrative', *The Sociological Quarterly*. 34, 1: 39-52.

Freund P. (1988). 'Bringing society into the body: Understanding socialized human nature', *Theory and Society*. 17: 839-864.

Game, Ann. (1991). *Undoing the social: Towards a deconstructive sociology*. Toronto: University of Toronto Press.

Gergen, Kenneth J. (1990). *The Saturated Self: Dilemmas of identity in Contemporary Life*. New York: Basic Books.

Giddens, Anthony. (1990). *The Consequences of Modernity*. Stanford: Stanford University Press.

Giddens, Anthony. (1991). *Modernity and Self-Identity: Self and Society in the Late Modern Age*. Stanford: Stanford University Press.

Goffman, Erving. (1963) *Stigma: Notes on the Management of Spoiled Identity*. New York: Simon & Schuster.

Gordon, Colin. (1991) 'Governmental Rationality: an Introduction,' in Graham Burchell, Colin Gordon, and Peter Miller (eds), *The Foucault Effect: Studies in Governmentality: With Two Lectures by and an Interview with Michel Foucault*. 1-51. Chicago: Chicago University Press.

Hahn, Harlan. (1987). 'Civil Rights for Disabled Americans: The Foundations for Political Agenda,' in Alan Gartner and Tom Joe (eds). *Images of the Disabled, Disabling Images*. 176-203, New York, Praeger Publishers.

Hahn, Harlan. (1988). 'The Politics of Physical Difference: Disability and Discrimination', *Journal of Social Issues*. 44, 1: 39-47.

Halpern, Sydney A. (1992). 'Dynamics of Professional Control: Internal Coalitions and Crossprofessional Boundaries', *American Journal of Sociology*. 97, 4:994-1021.

Harding, Sandra. (1991). *Whose Science? Whose Knowledge: Thinking from Women's Lives*. Ithaca New York: Cornell University Press.

Hartstock, Nancy. (1991). *Marxism and Postmodernism: Jameson as A Resource for Feminist Theory*. Paper prepared for American Political Science Association Convention, Washington, D.C.

Hasenfeld, Yeheskel. (1987). 'Power in Social Work Practice' *Social Service Review*. 61, 3, Sept: 469-83.

'Health, Healing and Body Work', (1993) *Common Ground Magazine*. 44, Sept./Oct: 27-33.

Heck, Angela. (ed.) 1993. *University of Victoria Graduate Students' Society Handbook 1993-194*. Victoria: Fleming Express, Ltd.

Hewitt, Martin. (1991). 'Biopolitics and Social Policy: Foucault's Account of Welfare', in Mike Featherstone, Mike Hepworth, and Bryan S. Turner (eds) *The Body: Social Processes and Cultural Theory*, 225-255 Bristol: Sage Publications.

Honneth, Alex. (1992). 'Integrity and Disrespect: Principles of a Conception of Morality Based on a Theory of Recognition', *Political Theory*. 20, 2, May: 187-192.

hooks, bell. (1990). *Yearnings: race, gender, and cultural politics*. Toronto: Between the Lines.

Hoskins, Keith. (1990). 'The crypto-educationalist unmasked', in Stephen Ball (ed). *Foucault and Education: Disciplines and Knowledge*. (29-53), New York: Routledge.

Illich, Ivan. (1977). 'Disabling Professions', in Irving Kenneth Zola, John McKnight, Jonathan Caplan, Harley Shaiken (eds). *Disabling Professions*. (11-40), New York: Marion Boyers Publishers.

Jenkins, Richard. (1991). 'Disability and Social Stratification', *The British Journal of Sociology*. 42, 4, Dec: 557-580.

Jones, Richard. (1990). 'Educational practices and scientific knowledges: A geneological reinterpretation of the emergence of of physiology in post-Revolutionary France', in Stephen Ball (ed). *Foucault and Education: Disciplines and Knowledge*. (29-53), New York: Routledge.

Kagle, Doner Jill and Charles D. Cowger. (1984). 'Blaming the Client: Implicit Agenda in Practice Research', *Social Work*. 29, 4, July and Aug: 347-350.

Kerr, Nancy. (1979). 'Staff Expectations for Disabled Persons: Helpful or Harmful?' *The Rehabilitation Client*. in Brian Bolton and Marceline E. Jacques (ed) 177-184, Baltimore: University Park Press.

Lane, Harlan. (1992). *The Mask of Benevolence: Disabling the deaf community*. Toronto: Random House.

Leder, Drew. (1990). *The Absent Body*. Chicago: University Chicago Press.

Lemert, Charles (1991). 'The End Of Ideology, Really', *Sociological Theory*. 9, 2, Fall: 164-171.

Leonard Peter. (1984). *Personality and Ideology: Towards a Materialist Understanding of the individual*. London: Mcmillan Education Ltd.

Lonsdale, Susan. (1990). *Women and Disability: The Experience of Physical Disability among Women*. Hampshire: McMillan Education Ltd.

Malec, Christine. (1993). 'The Double Objectification of Disability and Gender',*Canadian Women's Studies*. 13, 4, Summer: 22-23.

Matthews Ferguson, Gwynneth. (1983). *Voices From The Shadows: Women with Disabilities Speak Out*. Toronto: Women's Educational Press.

McLaren, Angus. (1990). *Our Own Master Race: Eugenics in Canada, 1885-1945*. Toronto: McClelland and Stewart, Inc.

Mills, C. Wright. (1959). *The Sociological Imagination*. New York: Oxford University Press.

Morris, Jenny. (1993). 'Feminism and Disability', *Feminist Review*. 43 Spring: 57-70.

Morris, Jenny. (1992). 'Tyrannies of perfection', *New Internationalist*. 233 July: 16-17.

Nielson, Joyce McCarl. (1990). 'Introduction' in Joyce MCarl Nielson (ed). *Feminist Research Methods: Exemplary Readings in the Social Sciences*. San Francisco: Westview Press.

Nijsmans, Mia. (1991). 'Professional culture and organizational morality: an ethnographic account of therapeutic organization', *British Journal of Sociology*. 42, 1, March: 1-19.

Nussbaum, Martha C. (1992). 'Human Functioning And Social Justice: In Defense of Aristotelian Essentialism', *Political Theory*. 20, 2: 202-246.

Oliver, Michael. (1990). *The Politics of Disablement: A Sociological Approach*. New York: St. Martin's Press.

Padden, Carol and Tom Humphries. (1988). *Deaf in America: Voices from a Culture*. Cambridge: Harvard University Press.

Peters, Sherry L. (1993). 'Having a Disability Sometimes', *Canadian Women Studies*. 13, 4, Summer: 26-27.

Pothier, Dianne. (1992). 'Miles To Go: Some Personal Reflections on the Social Construction of Disability', *The Dalhousie Law Journal*. 14: 527-543.

Pothier, Dianne. (1993). 'The First Step Is To Be Noticed' *Canadian Women Studies*. 13, 4, Summer:16-17.

Rabinow, Paul. (1984). 'Introduction', in Paul Rabinow (ed). *The Foucault Reader*. 3-27. Toronto: Random House.

Roach Anleu, Sharon L. (1992). 'The Professionalization of Social Work? A Case Study of Three Organizational Settings', *Sociology*. 26, 1, Feb: 23-43.

Rockwell, Carla MacInnes. (1994). 'Growing Old With C.P. - An Update', *Ability Network: Canada's Cross Disability Magazine*. 2, 3, April/May: 43-44.

Rodwell, Mary. (1987). 'Naturalistic Inquiry: An Alternative Model for Social Work Assessment', *Social Service Review*. 61, 2, June: 231-241.

Rosenau, Pauline Marie. (1992). *Postmodernism and the Social Sciences: Insights, Inroads, and Intrusions*. Princeton: University Press, 1992.

Rousso, Harilyn. (1976). 'Introduction', in Harilyn Rousso with Susan Gunshee O'Malley and Mary Severance. *Disabled, Female and Proud!: Stories of Ten Women with Disabilities*. Boston: Exceptional Parent Press.

Rudnicki Denise. (1993). 'At Issue', *C.B.C. Newsworld.* April 18.

Safilios-Rothschild, Constantina. (1982). 'Social and Psychological Parameters of Friendship and Intimacy for Disabled People', in Myron G. Eisenberg, Cynthia Griggens, and Richard J. Duval (eds). *Disabled People as Second-Class Citizens.* New York: Springer Publishing Company.

Scheer, Jessica and Nora Grace. (1988). 'Impairment as a Human Constant: Cross Cultural and Historical Perspectives on Variation', in Adrienne Asch and Michelle Fine (eds). *Journal of Social Issues: Moving Disability Beyond Stigma.* 44, 1: 24-38.

Shilling, Chris. (1991). 'Educating the body: Physical Capital and the Production of social Inequalities *Sociology.* 25, 4, Nov: 653-72.

Siegal, Josefowitz Rachel. (1988). 'Women's 'Dependency' in a Male-Centred Value System: Gender-Based Values Regarding Dependency and Independence?' *Women and Therapy.* 7, 1: 113- 123.

Smart, Barry. (1993). *Postmodernity.* New York: Routledge.

Smith, Dorothy E. (1987). *The Everyday World As Problematic: A Feminist Sociology.* Toronto: University of Toronto Press.

Smith, Dorothy E. (1990). *The Conceptual Practices of Power: A Feminist Sociology of knowledge.* Boston: Northeastern University Press.

Smith, Stephen B. (1991). *Hegel's Critique of Liberalism: Rights in Context.* Chicago: Chicago University Press.

Soyer, David. (1975). 'The right to fail', in F.E. McDermott (ed). *Self-determination in social work.* 53-64. Boston: Routledge and Kegan Ltd, 1975.

Stanley, Liz and David Morgan. (1993). 'Editorial Introduction', *Sociology*. 27, 1, Feb: 1-4.

Stivers, Camilla. (1993). 'Reflections on the Role of Personal Narrative in Social Science.' *Signs: Journal of Women in Culture and Society*. 18, 2, Winter: 408-425.

Stone, Deborah A. (1984). *The Disabled State*. Philadelphia: Temple University Press.

Synnott, Anthony. (1992). 'Tomb, temple, machine, and self: construction of the body', *British Journal of Sociology*. 1, 43, March: 79-110.

Synnott, Anthony. (1993). *The Body Social: Symbolism, Self and Society*. New York: Routledge.

Tepperman Lorne. (1989). *Choices and Chances: Sociology for everyday life*. Toronto: Holt, Rhinehart and Winston of Canada.

Thompson, Dai R. (1985). 'Anger', in Susan E. Browne, Debra Connors, and Nanci Stearn, (ed). *With the Power of Each Breath: A Disabled Women's Anthology*, 78-85 Pittsburgh: Clies Press.

Tseelon, Efrat. (1992). 'Is the Presented Self Sincere? Goffman, Impression Management and the Postmodern Self', *Theory, Culture and Society*. 9: 115-128.

Turner, Bryan S. (1984). *The Body and Society*. Oxford: Basil Blackwell.

Turner, Bryan S. (1991). 'Recent Developments in the Theory of the Body', in Mike Featherstone, Mike Hepworth, and Bryan S. Turner (eds) *The Body: Social Process and Cultural Theory*. 1-35. Bristol: Sage Publications.

Turner, Jonathan H. (1982). *The Structure of Sociological Theory*. 3rd. ed. Georgetown: Irwin-Dorsey Press.

Watson, John B. (1966). *Behaviorism*. Chicago: University of Chicago Press as cited in Anthony, Synnott. (1993). *The Body Social: Symbolism, Self and Society*. New York: Routledge.

Wendell, Susan. (1989). 'Toward a Feminist Theory of Disability'. *Hypathia*. 4, 2, Summer: 104-128.

Wendell, Susan. (1993). 'Feminism, Disability, and Transcendence of the body', *Canadian Women's Studies*. 17, 4: 116-122.

White, Stephen K. (1991). *Political Theory and Postmodernism*. New York: Cambridge University Press.

Woronov Naomi. (1985). 'A See-By-Logic-Life', in Susan E. Browne, Debra Connors, and Nanci Stearn, (ed). *With the Power of Each Breath: A Disabled Women's Anthology*, 159-172 Pittsburgh: Clies Press.

Young, Iris Marion. (1990). *Justice and the Politics of Difference*. Princeton: Princeton: Princeton University Press.

Zola, Irving K. (1977). 'Healthism and Disabling Medicalization', in Irving Kenneth Zola, John McKnight, Jonathan Caplan, Harley Shaiken (eds). *Disabling Professions*. (41-46) New York: Marion Boyers, 1977.

Zola, Irving K. (1982). *Missing pieces: A Chronicle of Living with a Disability*. Philadelphia: Temple University Press.

Zola, Irving K. (1991). 'Self, identity and the naming question: reflections on the language of disability', *Social Science and Medicine*. 36, 2: 167-173.

Vita

Surname: OVERBOE Given Names: JAMES ROY

Place of Birth: WINNIPEG MA. Date of Birth: DEC. 31, 1953

Educational Institutions Attended:

University of Victoria	1991-1994
University of Western Ontario	1987-1991

Degrees Awarded

B.S.W.	University of Western Ontario	1991

Honours and Awards:

University of Victoria Fellowship	1991-1992
Social Work Aluumni Award	1990-1991

Partial Copyright License

I hereby grant the right to lend my thesis to users of the University of Victoria Library, and to make single copies only for such users or in response to a request from the Library of any other university, or similar institution, on its behalf or for one of its users. I further agree that permission for extensive copying or publication of this thesis for financial gain shall not be allowed without my written permission.

Title of Thesis: An Autobiographical Critique of the Concept of Disability

Author: [redacted]

Name: JAMES ROY OVERBOE

Date: June 23/1994