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A Legacy of Oppression: A History of Disability in Western Culture

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'The one duty we owe to history is to rewrite it'. (Oscar Wilde, 1890, The Critic as Artist).

INTRODUCTION

Over the last few years interest in the social and political dimensions of disablement has intensified considerably both at the general level and in universities and academic institutions. The inclusion of disabled people - people with perceived impairments whether physical, sensory or intellectual - into the mainstream of economic and social life is now a major issue for policy makers and politicians in both rich and poor countries alike; indeed, many now have some form of legislative framework with which to combat discrimination on the grounds of impairment (Doyle, 1995; NOG, 1996; Stone, 1996).

This has had a significant impact within colleges of further and higher education - particularly in Canada and the USA (Pfeiffer and Yoshida, 1994). As a consequence, there is a growing literature on the various barriers to inclusion and the experience of disablement; recent examples include Barnes (1991), Hales (1996), Morris (1996), French (1994), and Zarb (1995). Yet relatively little has been written on the origins of these barriers; particularly, with reference to the period before industrialisation. This is important because to appreciate fully the extent and significance of the oppression* of disabled people an understanding of history and its relationship to western culture: the central value system around which western society is clustered, is vital (Barnes, 1990; 1991; 1996).

It is vital because for many, both disabled and non-disabled people, the biggest obstacle to disabled people's meaningful inclusion into mainstream community life is negative public attitudes. These range from overt prejudice and hostility, condescension and pity to ignorance and indifference, and in these diverse ways they influence how we think about both ourselves and other people. In the broadest sense there are two explanations for this phenomenon. The first, and the older of the two, suggests that cultural perceptions of impairment are

shaped by deep rooted psychological fears of the abnormal and the unknown. The second, explains disabled people's oppression in terms of material considerations such as the economy and the way that it is organised or what is sometimes termed 'the mode of production'.

In this chapter I will present the case for the latter. I will suggest that contemporary attitudes toward people with perceived impairments have their roots in the ancient world of the Greeks and Romans, and that this can be explained with reference to material rather than metaphysical forces. It is divided into two distinct but inter-related sections. The first section, provides a brief overview of socio-political approaches to disability. The second part centres on cultural responses to people with perceived impairments in western society before the onset of industrialisation with particular reference to Britain - the birthplace of industrial capitalism (Marx, 1970). I conclude by suggesting that to eliminate oppression, in all its forms, we must confront the value system upon which western capitalism rests.

*For a full detailed discussion of the concept of oppression and the social theory of disability see
- Paul Abberley (1987).

A LEGACY OF OPPRESSION

SOCIAL THEORIES OF DISABILITY

It is important at the outset to distinguish between the traditional individualistic medical approaches to disability and the socio/political approaches discussed below. Within the context of sociology, the former, recently termed, the 'socio/medical model of disability' by Bury (1996), is rooted in the work of the American sociologist Parsons and his discussion of sickness and sickness related behaviour. Writing in the late 1940s, Parsons argued that the normal state of being in western developed societies is 'good health', consequently, sickness, and by implication impairments, are deviations from 'normality'. Subsequently, sociologists, particularly medical sociologists, have focused, almost exclusively on the experience of 'illness', whether chronic or acute, and the social consequences which flow from it rather than the environmental and social barriers faced by disabled people, and the politicisation of disability by disabled people and organisations controlled and run by them (Barnes and Mercer, 1996).

Yet in Britain the politicisation of disability by disabled people and their organisations can be traced back to the nineteenth century (Campbell and

Oliver, 1996; Pagel, 1988) and the reconceptualisation of disability as a socio/political rather than an individual/medical problem has its roots in the work of disabled people themselves in the early 1960s (Miller and Gwynn 1972; Oliver, 1990; Finkelstein, 1991).

Moreover, socio/political theories of disability can be divided into two distinct but linked traditions; one American and the other British. The first draws heavily on American functionalism and deviance theory, and explains the 'social construction' of the problem of disability as an outcome of the evolution of contemporary society. The second is rooted on the materialist analysis of history associated with Marx (1970) and maintains that disability and dependence are the 'social creation' of industrial capitalism (see Oliver, 1990). Both approaches have been criticised for their neglect of the role of culture by a 'second generation' of British writers concerned primarily with the experience, rather than the production, of both impairment and disability.

I. DISABILITY AND THE EVOLUTION OF WESTERN SOCIETY

Drawing on the work of Parsons (1951) American sociologists during the 1960s explored the relationship between perceived impairment and disability.

By focusing on the process of stigmatisation and the social construction of dependence by rehabilitation professionals, writers such as Erving Goffman (1968) and Robert Scott (1970) challenged the orthodox view that the problems associated with disability were the inevitable outcome of individually based impairments and/or medical conditions. These insights coupled with the radicalisation of young disabled Americans in the Movement for Independent Living (ILM) led Gerben de Jong to proclaim that attitudinal and environmental factors are at least as important as impairment in the assessment of disability de Jong, 1979).

Subsequently, through a largely historical account of social policy in America, Britain and Germany, Stone (1984) developed the argument further. She claims that all societies function through a complex system of commodity production and distribution; the principal means of allocation being work. However, because many people are unable or unwilling to work a second system based on perceptions of need emerges. Access to this needs based system is based on both medical and political considerations determined by medical and rehabilitation professionals. Consequently for Stone, the 'social construction of disability' is the result of the accumulation of power by the medical

profession and the state's need to restrict access to the state sponsored welfare system.

Wolfensberger extends the analysis further. By focusing on the recent experience of western societies, he suggests that the social construction of disability and dependence is a latent function of the unprecedented growth of 'human service industries' in the post-1945 period. Although all these agencies have manifest or stated purposes or functions, it is the latent or unacknowledged functions which are the most powerful. These are the covert functions of human services that are achieved in subtle and indirect ways. Wolfensberger maintains that in a 'post-primary production economy' such as America or Britain where human service industries have become increasingly important, their unspecified function is to create and sustain large numbers of dependent and devalued people in order to secure employment for others. This is in marked contrast to their stated function which is to rehabilitate such people back into the community (Wolfensberger, 1989).

The argument is taken one stage further by Albrecht (1992). In contrast to perceptions of disability as a medical condition, a form of social deviance, and/or a political or minority group issue, Albrecht argues that 'disability' is produced by 'the disability business'. Using the limited anthropological and historical sources available, Albrecht shows how the kind of society in which people live produce certain types of disease, impairment and disability. He traces the ways in which the economy and how it is organised causes particular bio-physical conditions and effects social interpretations of impairment. Due to the growth of the human service industries and the politicisation of disability by the disabled people's movement, Albrecht asserts that in modern America 'disability' and 'rehabilitation' have been commodified and transformed into a commercial enterprise.

Clearly, each of the above represents, to varying degrees, an alternative to orthodox individualistic interpretations of disability, they each fail to address some of the key structural factors precipitating their application. Notably, Albrecht concedes that issues such as poverty, race, ethnicity, gender and age are significant factors in the construction and production of disability and dependence, but the central value system upon which western capitalism rests - liberal utilitarianism, competitive free enterprise, and uncontrolled consumerism, for example - goes unchallenged. In a later paper (1994) Wolfensberger addresses what he terms 'modernistic values' but these are the direct outcome of what he calls the collapse of western society in the latter half of the twentieth century (?).

For each of these writers, therefore, the problem of 'disability' is the outcome of the evolution of western industrial society.

II. DISABILITY AND INDUSTRIAL CAPITAL

A more radical assessment can be found in the work of British authors; many of whom are disabled people themselves. In an important and often overlooked essay on the experience of disability entitled 'A Critical Condition' (1996), for example, the disabled activist Paul Hunt argues that because people with impairments are viewed as 'unfortunate, useless, different, oppressed and sick' they pose a direct challenge to commonly held western values.

For Hunt, people with impairments are 'unfortunate' because they are seen as unable to 'enjoy' the material and social benefits of modern society. Because of the centrality of work in western culture they are viewed as 'useless' since they are considered not able to contribute to the 'economic good of the community. Such people are then marked out as members of a 'minority group' in a similar position to other oppressed groups such as black people or 'homosexuals' because, like them, they are perceived as 'abnormal' and 'different'. This led Hunt to the contention that disabled people encounter 'prejudice which expresses itself in discrimination and oppression' (p. 152).

Besides the inhuman treatment he had witnessed in British residential institutions, Hunt draws attention to discrimination against people with impairments in the wider community; notably, in employment, in restaurants, and in marital relationships. The final element of disabled people's 'challenge' to 'able bodied' values is that they are 'sick, suffering, diseased, in pain'; in short, they represent everything that the 'normal world' most fears -'tragedy, loss, dark, and the unknown' (Hunt, 1966, p. 155). The relationship between material considerations and cultural perceptions of disabled people is central to Hunt's understanding of the experience of impairment and disability in western society.

Almost a decade later the Union of the Physically Impaired Against Segregation (UPIAS), of which Hunt was a member, made the important distinction between impairment and disability. The former, in common with the traditional medical approach, relates to individually based bio-physical conditions, but the latter is about the exclusion of disabled people from 'normal' or mainstream society. Thus, disability is

the disadvantage or restriction of activity caused by a contemporary social organisation which takes no or little account of people who have physical impairments and thus excludes them

from participation in the mainstream of social activities' (UPIAS, 1976, p. 14).

This definition was later broadened to accommodate all impairments - physical, sensory, and intellectual - by other organisations of disabled people such as the British Council of Disabled People (BCODP); Britain's national umbrella for organisations controlled and run by disabled people (Barnes 1991) and the Disabled People's International; the international equivalent of the BCODP (Driedger, 1989). The disabled writer Mike Oliver (1983) later referred to this new found focus on the way society is organised as an explanation for the multiple deprivations encountered by disabled people as the 'social model of disability'.

However, a disabled South African exile and psychologist living in Britain Vic Finkelstein (1980) - also a founder member of UPIAS - argued that - disability is the direct result of the development of western industrial society. Using a largely materialist analysis Finkelstein divides history into three distinct sequential phases. The first, Phase One, broadly corresponds to the feudal period which preceded European industrialisation. Here economic activity consisted primarily of agrarian or cottage based industries, a 'mode of production', he maintains, which does not preclude people with perceived impairments from participation.

But in Phase Two, round about the nineteenth century, when industrialisation took hold, people with impairments were excluded from employment on the grounds that they were unable to keep pace with the new factory based work system. Hence, they were segregated from the mainstream of economic and social activity into a variety of residential institutions. Finkelstein's third Phase, which he maintains is only just beginning, will see the eventual liberation of disabled people from such oppression through the development and use of technology, and their working together with helpers and allies toward commonly held goals.

For Finkelstein, therefore, disability is a paradox emerging out of the development of western capitalist society. On the one hand, disability implies 'a personal tragedy, passivity and dependence' (Finkelstein, 1980, p.1.). On the other, it can be seen as a societal restriction and discrimination. In Phase One, people with impairments were dispersed throughout the community; but in Phase Two due to the emergence of large scale industry with production lines geared to 'able bodied norms' and 'hospital based medicine' (p. 10) they were separated from their social origins into a clearly defined devalued group. Phase Three will witness the end of the paradox as disability will be recognized as a social restriction only.

Although intended as an aid to understand rather than a accurate historical statement, Finkelstein's analysis has been criticised for being over-optimistic. It is over-simplistic in that it assumes a simple relationship between the mode of production and perceptions and experiences of disability. It is too optimistic in its assumption that technological development and professional involvement will integrate disabled people back into society. Technology for disabled people can be disempowering as well as empowering and hitherto, professional vested interests have proved one of the biggest barriers to disabled people's empowerment (Barnes, 1990; Oliver, 1986; 1990; 1996).

A more extensive evaluation of the transition to capitalism and its implications for disabled people is provided (Oliver, 1990). Drawing on each of the above he provides a materialist account of the creation of disability which places 'ideology' – a set of values based on 'scientific rationality' rather than religious or commonsense interpretations which influence culture and popular beliefs – a that centre of his argument. Hence, economic development, the changing nature of ideas, and the need to maintain order during industrialisation influenced social responses to and, therefore, the experience of impairment. The rise of the institution as a means of both social provision and control coupled with the individualisation and medicalisation of 'social problems' under capitalism resulted in the emergence of the individualistic medical approach to disability. For Oliver this 'personal tragedy theory' of disability has, in turn, achieved 'ideological hegemony' (Gramsci, 1971) in that it has become translated into common sense and everyday assumptions and beliefs.

It is evident that unlike the work of their American counterparts these accounts suggest that the basis of disabled people's oppression is founded upon the material and ideological changes which occurred as a result of the emergence of capitalist society.

III. DISABILITY, IMPAIRMENT AND CULTURE

In recent years the determinist approach of Finkelstein and Oliver has been criticised for its neglect of the individual experiences of disabled people - notably with reference to gender (Morris, 1991; 1996), minority ethnic status (Stuart, 1993; Begum et al., 1994) and impairment (Crow, 1992; 1996; French, 1993; 1994; Shakespeare, 1994) by a new generation of writers working from within a mainly feminist or postmodernist framework. With little apparent regard for previous work in the field produced by both medical sociologists and disabled people themselves (Barnes, 1996a), these writers have called for the renewal of the 'social model' of disability to include the diversity of experiences within the disabled community. Echoing many of these concerns, the disabled

sociologist Shakespeare (1994) has argued that this might best be achieved by a more rigorous analysis of the role of culture in the oppression of disabled people.

Following the work of the disabled feminist, Morris (1991), Shakespeare contends that people with perceived impairments are not simply disabled by material discrimination but also by prejudice. Not simply interpersonal, this prejudice is implicit in cultural representation, in language and in socialisation. Drawing on the work of other feminist writers such as Simone de Beauvoir (1976) he explains this prejudice with reference to the objectification of disabled people as 'other' or visible evidence of the limitations of the body. He cites historical images such as the court jester, the freak show, the asylum and the Nazi death camps as examples of this objectification (Shakespeare, 1994). For Shakespeare, the history of the oppression of people with accredited impairments can only be explained with reference to the work of cultural anthropologists like Mary Douglas (1966) and Robert Murphy (1987).

Responding to deep rooted psychological fears of the unknown, Douglas maintains, that 'primitive' societies respond to anomalies such as perceived impairment by reducing ambiguity, physically controlling it, avoiding it, labelling it dangerous, or adopting it as ritual (Douglas, 1966). Similarly, Robert Murphy utilises Victor Turner's (1967) concept of 'liminality' to explain the position of people with impairments in all societies. Hence, they live in a constant state of social suspension neither:

'sick' nor 'well', 'dead' nor 'alive', 'out of society nor wholly in it they exist in partial isolation from society as undefined, ambiguous people' (Murphy, 1987, p. 112).

Adopting a similar position to that of Susan Griffin (1984), who explains women's and black people's oppression, in terms of their relationship to the body, instinct and sensuality, rather than the economy and exploitation, Shakespeare extends the analysis to include disabled people, gay men and lesbians. Thus, it is not 'disability' that non-disabled people fear but impairment as 'disabled people remind non-disabled people of their own mortality'. They are, therefore, a threat - either, as Douglas (1966) suggests, to order, or, to the self perception of western humans who view themselves as 'perfectible, all knowing ... over and above all human beings'. Shakespeare concludes by suggesting that this 'ethic of invincibility' is linked directly to notions of masculinity and potency (Shakespeare, 1994, p. 298).

In terms of advancing our understanding of the significance of culture in the oppression of disabled people, particularly with respect to perceptions of

impairment, Shakespeare's analysis may be seen as something of a step forward. He, rightly, suggests that the cultural roots of disabled people's oppression in western society pre-dates the emergence of capitalism. However, the main difficulty with his analysis is that by endorsing Douglas' and Murphy's largely phenomenological approach, like them, he implies that all cultures respond to impairment in essentially negative terms. In other words, prejudice against people with apparent impairments is, in one way or another, universal and by implication, inevitable.

Now there are at least two major problems with this approach. First, there is ample anthropological evidence to show that all societies do not respond to apparent impairment in exactly the same way - some of which dates back to the turn of the twentieth century. Two notable examples are the Dalegura, a group of Australian Aborigines (Hastings, 1918-1921), and the Kenyan Masai.

In both societies life is routinely harsh by western standards, yet infanticide is prohibited, age is considered a sign of authority and respect, and individuals with impairments are not rejected or excluded. Indeed, the anthropologist Aud Talle writes:

'The fact that an individual is impaired in one way or another is just an aspect of his/her person, but does not make any difference in social and cultural terms. Certainly Masai notice 'disabilities' and look upon them as bad or unfortunate things... They both name the difference and mark it, but.... this indicates acceptance and lack of fear of the different or abnormal. To give birth to a disabled child is not culturally defined as a crises requiring specific actions and precautions. It is part of life's experience' (Talle, 1995, p. 71).

Secondly, Shakespeare's approach reduces explanations for cultural perceptions of people with perceived impairments as abnormal to the level of metaphysics or thought processes. Besides successfully attracting attention away from economic and social conditions this analysis also implies that the marginalisation of those perceived in this way is somehow unavoidable - regardless of what we do. In other words, the struggle for real and meaningful change is doomed to failure.

The following section will provide an account of the history of the social oppression of people with perceived impairments in western society with particular emphasis on the British experience. I will suggest that the roots of disabled people's oppression lie in the ancient world of Greece and Rome, and that this oppression is culturally produced through the complex interaction

between 'the mode of production and the central values of the sock concerned' (Oliver, 1990, p. 34).

A MATERIALIST ACCOUNT OF THE ORIGINS OF DISABILITY IN WESTERN CULTURE

As mentioned earlier, until very recently relatively little has been written about the history of the oppression of disabled people within the context of western culture. It is likely that there are several explanations for this omission; including a general lack of accessible information, and/or a dearth of historians, disabled or otherwise, with a particular interest in the field. It is worth remembering too that history is usually sponsored, written, and/or invented, by the powerful (Hobsbawm and Ranger, 1983) and, therefore, has a tendency to reflect their interests rather than those of the powerless. Perhaps unsurprisingly then historical accounts of 'disability' and the lives of disabled people have been ignored or, more recently, been dominated by an overtly individualistic medical perspective (Lupton, 1994; Wear, 1992). Nonetheless, there is evidence of a consistent cultural bias against people with accredited impairments in the antecedents of what we now refer to as western society long before the emergence of industrial capitalism. Examples can be found in Greek culture, Judean/Christian religions and European drama and art since well before the Renaissance (Barnes, 1990; 1991; 1992; Thomas, 1982).

I. DISABILITY IN THE ANCIENT WORLD OF GREECE AND ROME

It is widely acknowledged that the foundations of western 'civilisation' were laid by the ancient Greeks. Their achievements in philosophy, the arts, and in architecture have had a profound effect on the culture of the entire western world (Devonport, 1995; Risbero, 1975). As Oscar Wilde so cogently point out in 1890

'Whatever, in fact, is modern in our life we owe to the Greeks'
(Wilde, 1966, p. 1019)

It is often overlooked, however, that the Greek economy was built on slavery and it was an overtly patriarchal, hierarchical, and violent society. Whilst the Greeks are universally renowned for asserting citizenship rights and the dignity of the individual; these were only extended to Greek males - women and non-Greeks were considered inferior. This enables the 'civilised' man to justify oppression and exploitation. The Greeks were also a violent race ever prone to war - military service for Greek males was obligatory. Greek society was made up of a collection of semi-autonomous city states often at war with each other and or with their neighbours - to some extent this was necessary in order to

maintain a constant supply of slaves. Further, ever pessimistic over the fate of the soul after death they asserted the importance of enjoyment the pleasures of the physical world (Cahn, 1990; Russell, 1981).

In this type of society the pursuit of physical and intellectual fitness was essential; there was little room for people with any form of flaw imperfection. The Greek obsession with bodily perfection, which can be traced back to 700-675 BC. (Dutton, 1996), found expression in prescribed infanticide for children with perceived imperfections, in education, the Gymnasium, and in competitive sports.

Infanticide in the form of exposure to the elements for sickly or weak infants was widespread and in some states mandatory (Tooley, 1983). A reflection of established Greek practice can be found in a section entitled 'How to recognise a child that is worth raising' in Gynaecology written by a Greek physician, Soranos, in the second century AD. The child:

'should be perfect in all its parts, limbs and senses, and have passages that are no obstructed, including the ears, nose, throat urethra and anus. Its natural movements b neither slow nor feeble, its limbs bend and stretch, its size and shape should be appropriate, and it should respond to natural stimuli (Garland, 1995, p. 14).

Greek males were expected to compete both individually and collectively in the pursuit of physical and intellectual excellence in gymnasiums, amphitheatre: and, of course, the Olympic Games.

These preoccupations were reflected in Greek philosophy and culture. The Greek gods and goddesses were perceived not as divine beings in anthropomorphic form but rather as 'idealised representations of perfected humanity' (Dutton, 1996, p. 25). It is significant that there was only one physically flawed God, Hephaestes, the son of Zeus and Hera. Indeed, Zeus practised a sort of infanticide by banishing his son from heaven. Later Aphrodite, the goddess of love, takes pity on Hephaestes and marries him. Yet the marriage did not last as she takes an able-bodied lover, Ares, because her husband is a 'cripple'. The now familiar association between impairment, exclusion and impotency is clear. Moreover, the link between impairment as a punishment for sin also has its roots in Greek culture. For example, Sophocle famous tale of Oedipus Rex who, after discovering he has committed incest 1 marrying his mother, blinds himself as retribution.

Following their conquest of Greece, the Romans absorbed and passed on the Greek legacy to the rest of the known world as their empire expanded. Moreover, ancient Rome was also a slave based economy, espoused individual citizenship rights, was highly militaristic, and had both materialistic and hedonistic values. The Romans too were enthusiastic advocates of infanticide for 'sickly' or 'weak' children drowning them in the river Tiber. Like the Greeks, they treated harshly anyone whose impairments were not visible at birth. People of short stature and deaf people were considered objects of curiosity or ridicule. In the infamous Roman games 'dwarfs' and 'blind men' fought women and animals for the amusement of the Roman people. Even the disabled Emperor Claudius, who escaped death at birth only because he was from the highest echelon of Roman society, was subject to abuse from both the Roman nobility and Roman Guards prior to his ascendancy to the imperial throne. Even his mother, Antonia, treated him with contempt and referred to him as 'a monster of a man, not finished by nature and only half done' (Garland, 1995, p. 41).

However, both the Greeks and Romans developed 'scientifically' based treatments for people with acquired impairments. Aristotle, for example, attempted to study deafness and Galen and Hypocrites tried to cure epilepsy which they saw as a physiological rather than a metaphysical problem. The Romans developed elaborate hydrotherapy and fitness therapies for acquired conditions. But in each of these societies such treatments were only generally available to the rich and powerful (Albrecht, 1992; Garland, 1995).

II. DISABILITY AND JUDEAN/CHRISTIAN RELIGIONS

Several of these traits are reflected in Judean/Christian religions - often seen as the principal source of contemporary western moral values. Influenced by Greek society since, at least, the time of Alexander the Great (Douglas, 1966) the Jewish culture of the ancient world perceived impairments as un-Godly and the consequence of wrongdoing. Much of Leviticus is devoted to a catalogue of human imperfections which preclude the possessor from approaching or participating in any form of religious ritual:

'None of your descendants throughout their generations who has a blemish may approach to offer the bread of his God. For no-one who has a blemish shall draw near, a man blind or lame, or one who has a mutilated face or a limb too long, or a man who has an injured hand, or a hunch back or a dwarf, or a man with a defect in his sight or an itching disease or scabs or crushed testicles' (Leviticus, 21. 16-20).

Biblical text is replete with references to impairment as the consequences wrongdoing. The Old Testament, for instance, states that if humans are immoral then they will be blinded by God (Deuteronomy, 27-27). These traditions are continued in the New Testament too. In the book of Matthew, for example, Jesus cures a man with palsy after proclaiming that his sins are forgiven (9-2).

But unlike other major religions of the period the Jewish faith prohibited infanticide. This became a key feature of subsequent derivatives, Christianity and Islam, as did the custom of 'caring' for the 'sick' and the 'less fortunate' either through alms giving or the provision of 'direct care' (Davis, 1989). However, the opposition to infanticide and the institutionalisation of charity is probably related to the fact that Jewish society was not a particularly wealthy society. It was predominantly a pastoral economy dependent upon the rearing of herds of cattle, goats and sheep, as well as on commercial trade. In addition, unlike their neighbours, the Jewish people were a relatively peaceful race, prone to oppression themselves rather than the oppression of others. In such a society people with impairments would almost certainly have been able to make some kind of contribution to the economy and the well-being of the community (Albrecht, 1992). Furthermore, in its infancy Christianity was a religion of the underprivileged; notably, 'slaves and women', charity, therefore, was fundamental to its appeal and, indeed, its very survival. Nonetheless, being presented as objects of charity effectively robbed disabled people of the claim to individuality and full human status. Consequently, they became the perfect vehicle for the overt sentimentality and benevolence of others - usually the priesthood, the great and the good.

III. DISABILITY AND EARLY ENGLISH HISTORY

Following the fall of Rome in the fifth century AD Western Europe was engulfed by turmoil, conflict and pillage. Throughout 'the Dark Ages' the British Isles were made up of a myriad of everchanging kingdoms and allegiances in which the only unifying force was the Christian Church. Given the violent character of this period it is likely that social responses to people with impairments were equally harsh. But by the thirteenth century, and in contrast to much of the rest of Europe, a degree of stability had been established in the British Isles. Furthermore, there is substantial documentary evidence that in England, a separate kingdom since the tenth century, all the prerequisites of a capitalist economy without factories were already firmly in place. These included a developed market economy, a geographically mobile labour force, and the commodification of land.

'Full private ownership had been established (and) rational accounting and the profit motive were widespread' (Macfarlane, 1979, p.196).

An indication of English society's attitude to dependence, and by implication impairment, is evident in the property transfer agreements of the period. When surrendering property rights to their children elderly parents were often forced to ask for very specific rights in return. For

‘it is clear that without legal protection in a written document they could have been ejected from the property which was no longer their own' (Macfarlane, 1979, p.141).

Until the seventeenth century, people rejected by their families and without resources relied exclusively on the haphazard and often ineffectual tradition of Christian charity for subsistence. People with 'severe' impairments were usually admitted to one of the very small medieval hospitals in which were gathered 'the poor, the sick and the bedridden'. The ethos of these establishments was ecclesiastical rather than medical (Scull, 1984).

However, during the sixteenth century the wealth and power of the English Church was greatly reduced because of a series of unsuccessful political confrontations with the Crown. There was also a steady growth in the numbers of people dependent on charity. This was the result of a growing population following depletion due to plagues, successive poor harvests, and an influx of immigrants from Ireland and Wales (Stone, 1984). Hence, the fear of 'bands of sturdy beggars' prompted local magistrates to demand an appropriate response from the central authority; the Crown (Trevelyan, 1948). To secure allegiance the Tudor monarchs made economic provision for those hitherto dependent upon the Church. The Poor Law of 1601, therefore, is the first official recognition of the need for state intervention in the lives of people with perceived impairments. But a general suspicion of people dependent on charity had already been established by the statute of 1388 which mandated local officials to discriminate between the 'deserving' and the 'undeserving' poor (Stone, 1984).

Moreover, although 'English individualism' was well entrenched by the thirteenth century the Church remained a formidable force in English and European culture. Besides offering forgiveness and a democratic afterlife in a frequently hostile world where for many life could be 'nasty, brutish and short' (Hobbes, 1983) the Christian Church asserted and retained its authority by propagating and perpetuating fear - fear of the Devil and of his influence. The biblical link between impairment, impurity and sin was central to this

process Indeed, St Augustine, the man credited with bringing Christianity to mainland Britain at the end of the sixth century AD, claimed that impairment was 'a punishment for the fall of Adam and other sins' (Ryan and Thomas, 1987, p. 87).

Disabled people provided living proof of Satan's existence and of his power over humans. Thus, visibly impaired children were seen as 'changelings' - the Devil's substitutes for human children. The *Malleus Maleficarum* of 1487 declared that such children were the product of the mother's involvement with sorcery and witchcraft. The religious leader and scholar accredited with the formation of the Protestant Reformation, Martin Luther (1485 - 1546) proclaimed he saw the Devil in a disabled child; he recommended killing them (Haffter, 1968).

These beliefs were also reflected in medieval literature and art. Probably the most famous example is Shakespeare's *Richard III* written in the late sixteenth century. Although Richard had no physical impairments (Reiser 1992) Shakespeare portrays him as twisted in both body and mind. Since he cannot succeed as a lover because of his perceived physical limitations he is compelled to succeed as a villain. As in the ancient world, people with impairments were also primary targets for amusement and ridicule during the Middle Ages. Analysis of the joke books of Tudor and Stuart England show the extent of this practice. Besides references to the other mainstays of 'popular' humour such as foreigners, women, and the clergy, every impairment 'from idiocy to insanity to diabetes and bad breath was a welcome source of amusement (Thomas, 1977, pp. 80-81). Children and adults with physical abnormalities were often put on display at village fairs (Nicholli 1990) visits to Bedlam were a common source of amusement, and the practice of keeping 'idiots' as objects of entertainment was prevalent among the wealthy (Ryan and Thomas, 1987).

IV. DISABILITY, INDUSTRIALISATION AND SCIENTIFIC RATIONALITY

The eighteenth century witnessed a significant intensification of the commercialisation of land and agriculture, and the beginnings of industrialisation. It also precipitated the emergence of the Enlightenment and Liberal Utilitarianism. Enlightenment thinkers across Europe such as David Hume, Immanuel Kant, Jean-Jacques Rousseau, and Francois Voltaire developed a range of progressive ideas including a critique of established religions, an emphasis on the value of 'reason' and 'science', a commitment to social progress, and the importance of individuality. Developed in England by Jeremy Bentham and John Stuart Mill, Liberal Utilitarianism is a philosophy

of secular individual and rational self-interest. In political terms, it legitimates policies favouring the majority at the expense of the few (Berlin, 1968).

Taken together these developments provided a new found legitimacy for already well-established myths and practices from earlier 'less enlightened' times. Thus, the nineteenth century is synonymous with the emergence of 'disability' in its present, form. This includes the systematic individualisation and medicalisation of the body and the mind (Armstrong, 1983; Foucault 1975), the exclusion of people with apparent impairments from the mainstream of community life into all manner of institutional settings (Scull, 1984) and, with the emergence of 'Social Darwinism', the 'Eugenics Movement', and, later, 'social hygiene' 'scientific' reification of the age old myth that, in one way or another, people with any form of physical and or intellectual imperfections pose a serious threat to western society. The 'logical' outcome of this was the proliferation of Eugenic ideals throughout the western world during the first half of the twentieth century (Jones, 1987; Kevles 1985), and the systematic murder of thousands of disabled people in the Nazi death camps of the 1930s and 40s (Burleigh, 1995; Gallagher, 1990). It is important to remember too that Marxist Communism also has its roots firmly planted in the material and ideological developments which characterised eighteenth- and nineteenth-century Europe, and that many of its principal protagonists, both in Britain and overseas, embraced eugenic ideals as an essential corollary of the 'Utopian' hope for a better society.

However, the nineteenth-century was also significant for an upsurge of Christian charity and 'humanitarian' values among the Victorian middle and upper classes. As a consequence several charities controlled and run by non-disabled people 'for' disabled people were founded during this period. One example is the British and Foreign Association for Promoting the Education of the Blind, now known as the Royal National Institute for the Blind (RNIB) which was set up in 1863 (RNIB, 1990).

As has been well documented elsewhere, the legacy of much if not all of remains with us today.

CONCLUSION

It is clear from the above that to appreciate fully the extent and complexity of the oppression of disabled people within contemporary society an insight into the material and social forces which shaped western culture is essential. It is essential because for most, both disabled and non-disabled, people the biggest barrier to disabled people's inclusion into

mainstream economic and social activity is the attitudinal barrier. In this paper I have argued that this is little more than a reflection of western cultural values, and that this value system has its roots in the complex interplay between the economy and the culture of the ancient world of Greece and Rome, rather than the material and ideological changes which engulfed Europe and the western world in the eighteenth and nineteenth centuries.

This is not to suggest that negative attitudes are peculiar only to western culture, nor that people with apparent impairments have always been rejected within the context of everyday life in societies which appear to adhere to it. As mentioned earlier, cultural responses to people with perceived impairments are by no means universal; whilst there are several examples of cultures which accommodate the needs of so called disabled people, there are others which do not. Moreover, although infanticide for children with visible impairments has consistently characterised western cultural development, it is evident that such people have existed throughout recorded history. There are several reasons for this. Notably, human beings are not simply 'cultural dupes'. It is likely, therefore, that many parents rejected such practices and supported their disabled offspring. Also, the overwhelming majority of impairments are acquired rather than congenital; either through accident, illness or, simply, old age. Thus, ensuring that the experience of impairment was and is a common rather than an exceptional occurrence. This was certainly the case in the Graeco/Roman world where life was extremely harsh for all but the most privileged - high born, well-to-do males in perfect health.

However, in contrast to those who would problematise that which it is not necessarily problematic, some of whom are mentioned above, it is an attempt to provide a clear and understandable focus on that which can and should be changed: specifically, a value system which is rooted in a particular type of society, which is clustered around a particular view of the human condition, and which, in one way or another, oppresses all of us who are unwilling or unable to conform to its requirements.

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