

## **The Social Construction of the Disability Problem**

So far, it has been suggested that the ideological construction of disability has been determined by the core ideology of capitalism, namely individualism; and that peripheral ideologies associated with medicalisation and underpinned by personal tragedy theory have presented a particular view of the disabled individual. But that is only part of the story, for the category disability has also been constructed as a particular kind of social problem. Hence

We contend that disability definitions are not rationally determined but socially constructed. Despite the objective reality, what becomes a disability is determined by the social meanings individuals attach to particular physical and mental impairments. Certain disabilities become defined as social problems through the successful efforts of powerful groups to market their own self interests. Consequently the so-called 'objective' criteria of disability reflects the biases, self-interests, and moral evaluations of those in a position to influence policy. (Albrecht and Levy, 1981, p. 14)

### **SOCIAL POLICY AND DISABILITY**

This process of social construction is not dependent solely on individual meanings or the activities of powerful groups and vested interests, for the category disability is itself produced in part by policy responses to it. Thus, to take an extreme position,

Fundamentally, disability is defined by public policy. In other words, disability is whatever policy says it is.

This observation embodies an authoritative recognition that a disability implies a problem or a disadvantage that requires compensatory or ameliorative action. The concept does not seek to specify whether the problem is located in the individual or in the environment. Nor does it attempt to identify the rationale for measures that are taken in reaction to the perceived disadvantage. Nonetheless, such policies represent an official belief that a disability constitutes a disadvantageous circumstance that obliges a public or a private agency to offer some type of response. (Hahn, 1985, p. 294)

While not denying that policy definitions play an important role in the social construction of disability, it is clear that these definitions are themselves socially constructed. And further, core and peripheral ideologies have influenced this social construction to the point where disability has become a problem of individual disadvantage to be remedied through the development of appropriate social policies (Oliver, 1986; Borsay, 1986b).

Social policy analysis has been slow to recognise the role of ideology in the development of social policies (George and Wilding, 1976) although in recent years it has been given a much more central focus, (e.g. Wilding, 1982; Manning, 1985). However, disability policy has not been subjected to any rigorous analysis of its ideological underpinnings in the same way that many other social problems have been deconstructed and even reconstructed.

Although little conscious attention has been devoted to the problem, the recognition that public policy contains some unspoken assumptions about the level of physical or other abilities required to sustain

a person's life seems almost inescapable. (Hahn, 1985, p. 296)

There are a number of reasons why these unspoken assumptions or ideologies have not received much attention. Historically, disability policies have not developed in their own right and so

What is coming to be called disability policy is in fact an aggregate of a variety of policies, each with quite different origins and purposes, reflecting a historical situation in which concern for disability has been intertwined with efforts to establish policy in much broader issue areas. (Erlanger and Roth, 1985, p. 320)

These other policy areas have historically included issues of poverty, compensation for industrial workers and military personnel as well as broader issues of social control. Current broader issues include those of basic rights, the restructuring of social security programs and broader issues of health and welfare which are likely to impinge on the lives of disabled people among a variety of other groups.

Thus it is not surprising that

Rarely has public policy toward disability been introduced or analysed as 'disability policy'. Rather, it has been most often seen as a subset of some other, more general policy area such as labour, veterans, or welfare policy. (Erlanger and Roth, 1985, p. 320)

But this is no longer true in many capitalist countries which have begun to develop policies specifically in respect of disabled people. In Britain, for example, the Chronically Sick and Disabled Person's Act (1970) and the Disabled

Person's (Services, Consultation and Representation) Act (1986), along with the appointment of a Minister for the Disabled in the 1970s, indicate moves towards the consideration of disability as a discrete policy issue, rather than as a mere adjunct to other policy issues.

Hence the explanation for the current failure to examine the hidden assumptions or ideologies underpinning these specific policy initiatives must lie elsewhere. Part of the answer is undoubtedly that these ideologies are so deeply embedded in social consciousness generally that they become 'facts'; they are naturalised. Thus everyone knows that disability is a personal tragedy for individuals so 'afflicted'; hence ideology becomes common sense. And this common sense is reinforced both by 'aesthetic' and 'existential' anxiety:

widespread aversion toward disabled individuals may be the product of both an 'aesthetic' anxiety, which narcissistically rejects marked deviations from 'normal' physical appearances, and of an 'existential' anxiety, which may find an implicit or projected danger of debilitating disability even more terrifying than the inevitability of death. (Hahn, 1986, p. 125)

These anxieties have further contributed to the exclusion of disabled people from the mainstream of social and economic life and influenced policies that have placed disabled people in segregated establishments such as residential homes, special schools and day centres. And where policies have changed toward keeping people in the community, the ideology of personal tragedy theory has ensured that policies have been geared towards doing things to and on behalf of disabled people, rather than enabling them to do things for themselves.

However, according to Gramsci (1971) 'ideas are material forces', and as these material forces change, so will ideology. Thus, as capitalist economies have experienced a variety of fiscal crises, so the ideology underpinning welfare provision for disabled people has changed as well. No longer does it reflect tragedy and anxiety and the influence of benevolent humanitarianism. Rather, it reflects the burden that non-productive disabled people are assumed to be and the influence of monetarist realism. The ideological climate in which this finds expression focuses upon the notion of dependency.

Thus, the idea of dependency has been used to socially construct, or perhaps, more accurately, socially reconstruct the problem of disability, along with a whole range of other social problems which have been reconstructed in similar ways in many capitalist countries. John Moore, Minister for Health and Social Services in Britain, provided a reinterpretation of the development of the welfare state:

For more than a quarter of a century after the last war public opinion in Britain, encouraged by politicians, travelled down the aberrant path toward ever more dependence on an ever more powerful state. Under the guise of compassion people were encouraged to see themselves as 'victims of circumstance', mere putty in the grip of giant forces beyond their control. Rather than being seen as individuals, people were categorised into groups and given labels that enshrined their dependent status: 'unemployed', 'single parent', 'handicapped'.

Thus their confidence and will to help themselves was subtly undermined, and they were taught to think only Government action could affect their lives.

This kind of climate can in time corrupt the human spirit. Everyone knows the sullen apathy of dependence and can compare it with the sheer delight of personal achievement. To deliberately set up a system which creates the former instead of the latter is to act directly against the best interests and indeed the welfare of individuals and society. (Moore, 1988)

This reconstruction has been very successful at both the ideological and political level, giving rise to popular fears about the 'culture of dependency' and facilitating a restructuring of the welfare state. However, this account goes beyond the social constructionist explanation which tends to see ideas in general, and the idea of dependency in particular, as free-floating and natural. Rather, it argues that dependency is created through the application of particular social policies. Moore is not the first to point to the way in which social problems are created, particularly in respect of old people (Townsend, 1981; Walker, 1980), though there are disagreements about the mechanisms whereby this dependency is created. However, both views recognise that dependency is not constructed through changing ideas; it is created by a range of economic, political, social, technological and ideological forces. It is important at this point to distinguish between a social constructionist and a social creationist view of disability, as these distinctions have been noted elsewhere (Hahn, 1986; Oliver, 1985; Stone, 1985), but rarely discussed in any detail (Oliver, 1988).

The social constructionist world-view has been applied to a number of issues not unrelated to disability, including medicine (Freidson, 1970) and special educational needs (Barton and Tomlinson, 1981). This approach has thrown off the shackles of individualism and focused upon the cultural and social production of knowledge, showing that

illness and special educational needs are not simply issues of individual pathology. But such an approach has been criticised for its influence on medical sociology (Bury, 1986) and on special education (Oliver, 1988), on the grounds of its difficulties in dealing with the problem of relativism and its tendency to reduce the historical process to that of label-changing.

The essential difference between a social constructionist and a social creationist view of disability centres on where the 'problem' is actually located. Both views have begun to move away from the core ideology of individualism. The social constructionist view sees the problem as being located within the minds of able-bodied people, whether individually (prejudice) or collectively, through the manifestation of hostile social attitudes and the enactment of social policies based upon a tragic view of disability. The social creationist view, however, sees the problem as located within the institutionalised practices of society.

This leads to the notion of institutionalised discrimination which has been developed in recent years to explain why, despite legislation and anti-sexist and anti-racist policies, discrimination against women and black people has persisted. Such discrimination has persisted because the implementation of these policies (i.e. through awareness training) has focused on negative individual and social attitudes rather than on the behaviour of powerful organisations and institutions. Hence 'although the battle for formal equality has been relatively successful, the structures of disadvantage remain intact'. (Gregory, 1987, p. 5)

The idea of institutionalised discrimination against disabled people has also been used in recent years (Oliver, 1985; 1988) to argue for anti-discrimination legislation in respect of disability, in order to change

behaviour rather than attitudes. Thus sexism, racism and disablism are real and are socially created by a racist, sexist and disablist society. The important advance that the social creationist approach makes over the social constructionist one, therefore, is that it does not assume that the institutionalised practices of society are nothing more nor less than the sum total of individual and collective views of the people who comprise that society. To make the point again; ideas are not free-floating, they are themselves material forces. The point, however, is not to choose between these two views but to find a way of integrating them; a start towards which has already been made.

Hence, studies founded on a socio-political orientation reflect a significant attempt to bridge the gap between disability as a social construct, or the relatively abstract concepts guiding research and disability as a social creation, or the actual experience of disabled citizens, which has been conspicuously absent in most previous investigations of the issue. (Hahn, 1986, p. 132)

## **THE IDEA OF DEPENDENCY**

Before considering the ways in which dependency is created, it is necessary to define what is meant by the term. In common sense usage, dependency implies the inability to do things for oneself and consequently the reliance upon others to carry out some or all of the tasks of everyday life. Conversely, independence suggests that the individual needs no assistance whatever from anyone else and this fits nicely with the current political rhetoric which stresses competitive individualism. In reality, of course, no one in a modern industrial society is completely independent: we live in a state of mutual interdependence. The dependence of disabled people therefore, is not a

feature which marks them out as different in kind from the rest of the population but different in degree.

There is obviously a link between this common sense usage of the term dependency and the way it is used in discussions of social policy, but these more technical discussions see at least two dimensions to the term. The first of these concerns the ways in which welfare states have created whole groups or classes of people who become dependent upon the state for education, health care, financial support and indeed, any other provision the state is prepared to offer (Moore, 1988). The second focuses on the inability of individuals or groups to provide their own self-care because of their functional limitations or impairments (Illsley, 1981). Both of these dimensions of dependency have figured large in current attempts to restructure welfare states by reducing the size and scope of state benefits and services and by shifting existing provision away from institutions and into the community.

These two dimensions have facilitated the development of reductionist explanations of the phenomenon of dependency. Psychological reductionism has focused upon the way the self-reliance of individuals and families has been eroded by the 'nanny state' and has thereby created 'pathological individuals'. Sociological reductionism has focused upon the common characteristics of different groups, of which dependency is a major feature, thereby creating 'pathological groups'. Social science has often been actively involved in the creation of these reductionist explanations to the point where social scientists have been criticised for

treating the concept of dependency as non-problematic. What is measured and how it is interpreted and used will depend to a large extent on the underlying theoretical and conceptual models

adopted. These in turn reflect particular values and ideologies. (Wilkin, 1987, p. 867)

In recent years both sociological (Illsley, 1981) and feminist critiques of welfare provision (Finch, 1984; Dalley, 1988) have come to prominence, and while both have addressed the issue of dependency amongst disabled people, unfortunately they have done it in an uncritical way. Both have taken dependency as given; the former then seeking to identify the common characteristics of dependency groups and to explain, in sociological terms, the rising tide of dependents in the late twentieth century. The latter have sought to identify the physical and emotional costs of caring for dependents and to provide alternative approaches to the problem. Neither have sought to examine the concept of dependence critically and to suggest that the dichotomy dependence/independence is a false one; nor have they drawn on the growing body of work by disabled people themselves which has sought to suggest that disability, and hence dependency, is not an intrinsic feature of their impairments but is socially created by a disabling and disablist society. It is to some of the ways in which this dependency is created by the institutionalised practices of modern society, that the rest of this chapter will now turn.

## **AN ECONOMIC BASIS FOR THE CREATION OF DEPENDENCY**

Work is central to industrial societies not simply because it produces the goods to sustain life but also because it creates particular forms of social relations. Thus anyone unable to work, for whatever reason, is likely to experience difficulties both in acquiring the necessities to sustain life physically, and also in establishing a set of satisfactory social relationships. Disabled people have not always been excluded from working but the arrival of

industrial society has created particular problems, which have already been discussed in Chapter 2; disabled people often being excluded from the work process, because of the changes in methods of working and the new industrial discipline continuing to make meaningful participation in work difficult, if not impossible.

The onset of industrial society did not simply change ways of working, but also had a profound effect on social relations with the creation of the industrial proletariat and the gradual erosion of existing communities, as labour moved to the new towns. Industrialisation had profound consequences for disabled people therefore, both in that they were less able to participate in the work process and also because many previously acceptable social roles, such as begging or 'village idiot' were disappearing.

The new mechanism for controlling economically unproductive people was the workhouse or the asylum, and over the years a whole range of specialised institutions grew up to contain this group. These establishments were undoubtedly successful in controlling individuals who would not or could not work. They also performed a particular ideological function, standing as visible monuments to the fate of others who might no longer choose to subjugate themselves to the disciplinary requirements of the new work system. There were problems too in that it was soon recognised that these institutions not only created dependency in individuals but also created dependent groups. This led to fears about the 'burdens of pauperism' in the early twentieth century and the establishment of the Poor Law Commission. Similar concerns are around today, although, of course, the language is different, and current moves towards community care have a strong economic rationality underpinning them.

The reason for going over this again here is that the issues are still the same; disabled people are likely to face exclusion from the workforce because of their perceived inabilities, and hence dependency is still being created. And even where attempts are made to influence the work system, they do not have the desired effect because, on the whole, these programmes tend to focus on labour supply. Their aim is to make individual disabled people suitable for work but, while they may succeed in individual cases, such programmes may also have the opposite effect. By packaging and selling them as a special case, the idea that there is something different about disabled workers is reinforced and may be exclusionary rather than inclusionary. But it doesn't have to be this way, for

The alternative, or more properly the supplement, to these programs is a focus on the demand side of the market, making people more employable and more a part of general social life by changing the social organisation of work and of other aspects of everyday life, through the removal of architectural barriers, nondiscrimination and affirmative action programs, mainstreaming in the schools, and so on. Until recently, there has been almost no concern with these possibilities. (Erlanger and Roth, 1985, p. 339)

It could, of course, be argued that government policy aimed at providing aids to employment and the adaptation of workplaces is precisely this approach, but it is nothing of the kind. These initiatives are all geared towards the supply side of labour, at making individual disabled people more economically productive and hence more acceptable to employers. There are no government incentives to create barrier-free work environments nor can Ford claim a grant if it wants to make its assembly line usable by all the potential workforce. Neither can other manufacturers wishing to design machinery or tools that are usable by

everyone, regardless of their functional abilities, seek government assistance. There are virtually no attempts in modern capitalist societies that are targeted at the social organisation of work, at the demand side of labour. And given the size of the reserve pool of labour that currently exists in most capitalist societies, it is unlikely that such targeting will occur in the foreseeable future.

Given this historical and current situation it is hardly surprising that uncritical sociological reductionism can characterise disabled people and other groups as follows:

Their condition or situation makes them economically unproductive and hence economically and socially dependent. (Illsley, 1981, p. 328)

This is only partly true, however, for despite the high rates of unemployment in the industrialised world, the majority of disabled people of working age do have a job, and hence are economically productive. In addition, day centres, adult training centres and sheltered workshops make a considerable economic contribution by carrying out jobs that cannot easily be mechanised at wage rates that make Third World workers look expensive. But more importantly, this takes a narrow view of the economy and fails to recognise the importance of consumption. At present the benefits paid to disabled people amount to almost seven billion pounds a year (Disability Alliance, 1987) most of which 'will almost invariably be spent to the full' (George and Wilding, 1984). The numbers of firms now producing aids and equipment for disabled people and the seriousness with which motor manufacturers now take disabled motorists are testament to the important and 'productive' role that disabled people play in the economy of late capitalism; that is, an economy driven by consumption.

Following Illsley's narrow definition, the British royal family can be characterised as economically unproductive and economically and socially dependent. However, it is recognised that the institution of the monarchy performs an important economic role and they are not labelled 'dependents', except by their fiercest critics. That disabled people can be so labelled therefore, is due to a variety of other factors and is not solely a function of inaccurate assumptions about their role in the economy. Some of these other factors will now be considered.

## **A POLITICAL BASIS FOR THE CREATION OF DEPENDENCY**

Policies enacted through the legislative process also have the effect of creating dependency and the current restructuring of the British welfare state is legitimated by the desire to reduce our 'culture of dependency'. In the case of disability, both the National Assistance Act (1948) and the Chronically Sick and Disabled Person's Act (1970) aimed to provide services for disabled people and in so doing reinforced

the notion that people who happen to have disabilities are people who are 'helpless', unable to choose for themselves the aids to opportunity they need. (Shearer, 1981, p. 82)

More recently, the Disabled Person's (Services, Consultation and Representation) Act (1986), born out of both a recognition of the inadequacies of previous legislation as well as a wish to involve disabled people more in shaping their own destinies, is underpinned by the desire to improve the services for this 'dependent group'. It offers disabled people the right to be assessed, consulted and represented. However, it is noticeably silent on how these rights can be achieved in the face of recalcitrant

local authorities, just as previous legislation was silent on how services could be obtained. In fact, this Act is yet a further extension of the professional and administrative approaches to the problems of disability, rather than an acknowledgement of disability as a human rights issue.

Yet in the late stages of the Second World War, the Disabled Person's (Employment) Act (1944) recognised that disabled people had a right to work. This legislation was not uninfluenced by the shortage of labour at the time or the collective guilt of seeing ex-servicemen, disabled while fighting for their country; but economic and social climates change, and these rights have never been enforced. Unsuccessful attempts to acknowledge the human rights issue involved, through the passage of anti-discrimination legislation, have surfaced in recent years but Parliament in its wisdom has never allowed the issue to receive legislative acknowledgement (Oliver, 1985). Thus the legislative framework remains locked into a professional and administrative approach to service provision. The ways in which service provision further perpetuates dependency will be considered in the next section, but first, one further political basis for the creation of dependency needs to be considered.

A further way in which dependency is, at least, reinforced is through the manner in which the discourse with regard to disability and social policy is conducted. From the patronising way politicians discuss disability in Parliament, through the failure of social policy analysts to examine critically the concept of disability (Oliver, 1986), to the failure of policymakers to consult with disabled people, this dependency is reinforced. Nor indeed when attention is turned to community care does the discourse alter, for community care implies 'looking after people' (Audit Commission, 1986). The nature of this discourse has recently been criticised thus:

the need to be 'looked after' may well adequately describe the way potentially physically disabled candidates for 'community care' are perceived by people who are not disabled. This viewpoint has a long history, and a correspondingly successful application in practice - which has led to large numbers of us becoming passive recipients of a wide range of professional and other interventions. But, however good passivity and the creation of dependency may be for the careers of service providers, it is bad news for disabled people and the public purse. (BCODP, 1987, 3.2)

The political sphere thus plays a significant role in the social creation of dependency amongst disabled people in terms of both its legislative enactments and the way it conducts its discourse about policy. Further, it lays the foundations for the ideological climate within which services are provided and professional practice carried out.

## **A PROFESSIONAL BASIS FOR THE CREATION OF DEPENDENCY**

There are a number of ways in which dependency is created through the delivery of professionalised services. The kinds of services that are available, notably residential and day care facilities with their institutionalised regimes, their failure to involve disabled people meaningfully in the running of such facilities, the transportation of users in specialised transport and the rigidity of the routine activities which take place therein, all serve to institutionalise disabled people and create dependency. While in recent years some attempts have been made to address this problem of dependency creation in these facilities, it remains unfortunately true that power and

control continue to remain with professional staff. Many community services are delivered in similar ways and reinforce dependency; disabled people are offered little choice about aids and equipment; times at which professionals can attend to help with matters like toileting, dressing or preparing a meal are restricted; and the limited range of tasks that professionals can perform are limited because of professionalist boundaries, employer requirements or trade union practices.

The professional-client relationship can itself also be dependency-creating and the very language used suggests that power is unequally distributed within this relationship. Even when new professional approaches have been developed, as with the move from a medical to an educational approach to mental handicap, the problem remains for both approaches that they

create a professional/client relationship which enshrines the professional in a world of exclusive and privileged knowledge, and consequently entombs the individual with learning difficulties in a fundamentally dependent role. (Brechin and Swain, 1988, p. 218)

Recent attempts to address this problem through changing the terminology from 'client' to 'user' or 'consumer' acknowledge that the problem exists, but do little to change the structures within which these power relations are located. Economic structures determine the roles of professionals as gatekeepers of scarce resources, legal structures determine their controlling functions as administrators of services, career structures determine their decisions about whose side they are actually on and cognitive structures determine their practice with individual disabled people who need help - otherwise, why would they be employed to help them? This is not just another attack on overburdened professionals, for they are as

much trapped in dependency-creating relationships as are their clients. However, all is not as it seems, for in a fundamental sense it is professionals who are dependent upon disabled people. They are dependent on them for their jobs, their salaries, their subsidised transport, their quality of life and so on.

Thus if disabled people and professionals are trapped in these dependency-creating relationships, is there a way out of the trap? A false start has already been made through the promotion of the goal of independence which figures largely in the interventions of most professionals and the articulated aims of most disabled people. It has been a false start, however, because in advancing the idea of independence, professionals and disabled people have not been talking about the same thing. Professionals tend to define independence in terms of self-care activities such as washing, dressing, toileting, cooking and eating without assistance. Disabled people, however, define independence differently, seeing it as the ability to be in control of and make decisions about one's life, rather than doing things alone or without help. Hence it is 'a mind process not contingent upon a normal body' (Huemann, 1983).

If disabled people and professionals are ever going to engage in dependency-reducing rather than dependency-creating relationships, then the following advice from a disabled sociologist must be taken into account:

We must expand the notion of independence from physical achievements to socio-psychologic decision-making. Independent living must include not only the quality of physical tasks we can do but the quality of life we can lead. Our notion of human integrity must take into account the notion of taking risks. Rehabilitation personnel must change the model of

service from doing something to someone to planning and creating services with someone. In short, we must free ourselves from some of the culture-bound and time-limited standards and philosophy that currently exist. (Zola, 1982, p. 396)

There are, of course, many other ways in which dependency is created, whether these are patronising social attitudes or the inaccessibility of the built environment, which constantly force disabled people to seek help. There is no need to consider these further here, but, we need now to consider the disabled individual who stands at the end of these economic, political and professional processes which create dependency, for both the experience of disability and of dependency are structured by these wider forces.

## **THE CREATION OF THE DEPENDENT INDIVIDUAL**

A recent study of a small group of young disabled people attending a further education college found that

Many of the students arrive in college with very negative self-image and poor self-esteem. Often they appear to have been conditioned into accepting a devalued social role as sick, pitiful, a burden of charity. (Hutchinson and Tennyson, 1986, p. 33)

Precisely how and why these disabled young people came to see themselves in this way now needs to be addressed.

All of the young people studied came to the college from special schools and there is no doubt that the medical hegemony in special education has hardly been challenged by recent legislative changes (Warnock, 1978; Education Act 1981). In practice medical need still predominates over educational need; disabled children

still have operations (necessary and unnecessary) at times which fit in with the schedules of surgeons and hospitals rather than educational programmes, children are still taken out from classes for doctor's appointments or physiotherapy and the school nurse is still a more influential figure than the teachers (Bart, 1984). If children are brought up to believe, through experiencing a range of medical and paramedical interventions, that they are ill, we cannot be surprised if they passively accept the sick role.

But it is not only the intrusion of medicine into education which creates dependency through an acceptance of the sick role. They also see themselves as pitiful because they are socialised into accepting disability as a tragedy personal to them. This occurs because teachers, like other professionals, also hold to this view of disability, curriculum materials portray disabled people (if they appear at all) as pathetic victims or arch-villains and their education takes place in a context in which any understanding of the history and politics of disability is absent. The situation has been summarised as follows;

The special education system, then, is one of the main channels for disseminating the predominant able-bodied/minded perception of the world and ensuring that disabled school leavers are socially immature and isolated. This isolation results in passive acceptance of social discrimination, lack of skills in facing the tasks of adulthood and ignorance about the main social issues of our time. All this reinforces the 'eternal children' myth and ensures at the same time disabled school leavers lack the skills for overcoming the myth. (BCODP, 1986, p. 6)

However, it is not just the educational environment which creates this dependency; the social environment plays a significant role in shaping the view that some disabled people hold of themselves as burdens of charity. To begin with, many of the traditional voluntary organisations for disabled people are quite shameless in the way they reinforce this charitable image through their fund-raising campaigns. Brandon (1988) accuses many of these organisations of 'rattling collection boxes on the most grossly disablist of themes'. The prime objective is to maximise income, regardless of the image presented. The unfortunate thing about this is that many of these organisations are not even aware of the way in which this approach creates dependency, and even if they are, then an instrumental, 'ends justifies means' philosophy is still often used (Hadley, 1988).

But it is not only voluntary organisations who beg on behalf of disabled people: some professionals are even employed by government agencies to do so. For example, disablement resettlement officers (DROs) employed by the Manpower Services Commission, instead of ensuring that employers are carrying out their legal duties under the Disabled Person's (Employment) Act, are given the task of persuading employers to give jobs to disabled people. Perhaps it is a mark of our civilisation in the industrialised world that we employ some people to beg on behalf of others; in many so-called less civilised societies, disabled people are at least accorded the dignity of begging on their own behalf.

Finally, many disabled people are forced into the position of passive recipients of the unwanted gifts or inappropriate services for to refuse such 'generosity' would confirm the 'fact' that disabled people have not come to terms with their disability and have a 'chip on their shoulder'. Examples of unwanted or unsuitable gifts are the

wheelchairs designed by Lord Snowdon which turned out to be unusable by anyone who is paralysed; and examples of inappropriate services are the special vehicles, usually with the name of the donor written large all over the side, which are often used to transport disabled people. These are particularly used to carry disabled people to and from segregated facilities such as special schools, day centres and residential homes.

This chapter has suggested that social policies in respect of disability have been influenced, albeit unknowingly, by the core ideology of individualism. However, recently peripheral ideologies have shifted away from the ideologies of disability as personal tragedy and towards disability as dependency. This dependency is created amongst disabled people, not because of the effects of the functional limitations on their capacities for self-care, but because their lives are shaped by a variety of economic, political and social forces which produce it. Dependency is not a problem simply for the dependent individual but also for politicians, planners and professionals who have to manage (control) this dependency in accord with current social values and economic circumstance.

This problem and the political responses to it, both on the part of the state and of disabled people themselves, will be the subject of the next two chapters; for it is only through a proper consideration of the politics of disability that disabled people can be seen as not simply constituted by the variety of structural forces already considered in this book, but also as active agents in the process of constituting society in its totality.