

From Paper to Practice: An Examination of How Public Perception of Disability
Influences the Mobilization of Rights, Programs and Services for People with Disabilities

by

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Abstract

Policies for Persons with Disabilities are designed with the best of intentions. They are designed not only to provide these individuals with a level of support, but also to ensure that they are seen as free, independent citizens. On paper, these designs look to be just what we need – a step in the right direction towards making the concept of disability a thing of the past. In looking at the everyday mobilization of these programs and policies, we soon see that is not the case. This is because of old attitudes that still linger around Persons with Disabilities. To make these policies work, we must first understand and deconstruct our attitudinal barriers. Upon doing so, we can then suggest new ways to understand disability in the hopes these new options will one day translate into better policies for PwD.

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Chapter One

Introduction:

When we choose to define something, we are creating an image of this object in our mind. We shape and mold this image with the words found in the definition. The language that we use helps to make that image become crystal clear. Definitions help us to understand and compartmentalize the world around us. Sooner rather than later, the image that we have created through that definition assumes an aura of veracity such that it becomes a 'fact' to us. Each and every time we see that object, that image comes to mind. Essentially, definitions help to create a perception in our minds eye. These perceptions have the power to bring us together or to tear us apart.

In this thesis I would like to consider how definitions of disability have affected our perception of Persons with Disabilities. It is my contention that the terms generally used to describe Persons with Disabilities have contributed to their too often-disadvantaged status in our society. I will open this chapter with an examination of the power of language and the manner in which language influences how we produce and process our perceptions of the world around us, and more specifically, how the words we use to construct our understandings of others can serve to reinforce and distance their 'otherness'. If words are the building blocks of stereotypes, then language is directly implicated in the political life and limitations of our society. I will consider how words and language can turn fiction into fact, and how this has impacted Persons with Disabilities. Moreover, I will consider both past and present terms and definitions such as 'crippled' and 'handicapped' to describe those who are disabled. How have they helped to cement a perception that persists throughout our society? To truly understand the social perceptions and realities that language has indeed helped create, I will briefly explore the status of Persons with Disabilities and Canada, and what in fact this reality is for them. Are we getting any closer to an effective definition that has us all speaking the same language, or will we always fall short? Through a deconstruction, critique and

analysis of these terms and definitions I will show that they focus far too much on what an individual cannot do rather than what it is they can do. These definitions serve to create and cement a divide between the disabled community and the able-bodied community. Having deconstructed these terms, I will also suggest a workable definition of disability for this project. My goal will be to consider a definition of disability that focuses less on what persons with disabilities cannot do in favour of what they can do. It is my hope that such a definition will serve to *enable* everyone in what we all can do for one another, rather than to *disable* a few.

What's in a Word? The Power of Language

In order to understand the power of language in social perception, I first turn to work done by Gail Vance Civille and Harry T. Lawless. They assert that language plays a very important role in how we perceive the world around us.¹ Kenneth S. Goodman echoes this by saying that without language we would be lost. We use it to share our experiences and learn from one another.² Quite rightly, he says that language makes it possible to express ourselves and create experiences.³ Neil Mercer highlights that each and every time we talk to another person, we create and disseminate knowledge through language. Moreover, he says that in order to make things “real” we use language.⁴ Essentially, for our ideas to have any impact on others we must communicate them through language so that we can influence others. Mercer shows much of our knowledge

1 Gail Vance Civille & Harry T. Lawless, “The Importance of Language in Describing Perceptions” (1986) *Journal of Sensory Studies* Vol. 1 No. 1 at p. 204

2 K. Goodman, What's Whole in Whole Language: 20th Anniversary Edition (Berkeley: RDR Books, 1986) at p. 8

3 Ibid 9

4 Neil Mercer, Words & Minds: How We Use Language to Think Together (London: Routledge, 2000) at p. 8

is stored within the language that we use. He states that we are very rarely able to separate language and knowledge from one another.⁵ Most importantly, Mercer makes clear that language is often used to ‘get things done’:

Wars have been ended, careers have been ruined and hearts have been broken by what has been said or written. Language is not only used to enable joint thinking about a problem, language use itself may create a problem to be resolved... With language we do not only ‘inform’ and ‘promise’: we ‘accuse’, ‘defend’, ‘lie’, ‘deny’, ‘order’ and ‘persuade’. Language is a weapon in battles between competing explanations, theories and ideologies.⁶

To further illustrate and illuminate the power of language, we must turn to a brief discussion of discourse. Stuart Hall highlights that discourse is about the production of knowledge through language spoken or written.⁷ While Hall is writing primarily about geopolitical power of Western society over the rest of civilization, he shows how pivotal language can be. His work illustrates that language was used to represent those who were not from the West as the ‘Other’.⁸ For instance, he discusses that many travelers who explored these new worlds came back extolling tales of men with dogs’ heads, and giant savages or sexual deviants. The inhabitants of these working, viable societies were not European; and as such they were all understood to be ‘Indians’.⁹ This mixture of fantasy and reality soon became, in the minds of those consumed these tales, a form of largely unquestioned fact.¹⁰ Ultimately, he echoes what I have suggested—words create an image, which produces a type of knowledge, which can then be considered the truth:

5 Ibid at p 9.

6 Ibid at p. 11

7 S. Hall, “The West and the Rest: Discourse and Power” in T. Das Gupta et al (eds.) Race and Racialization: Essential Readings (Toronto: Canadian Scholars’ Press, 2007) at p. 291

8 Ibid at p. 296

9 Ibid

10 Ibid.

The very language that we use to describe the so-called facts interferes in this process of finally deciding what is true and what is false.¹¹ Those from the West used language to depict the natives as either barbaric savages who are uncivilized and who eat each other,¹² or as though they lived in a mythical land that was akin to a Utopia:

The inhabitants live in that Golden World of which old writers speak so much, wherein men lived simply and innocently, without enforcement of laws, without quarreling, judges and libels, content only to satisfy Nature. There are naked girls so beautiful that one might think he beheld those splendid naiads and nymphs of the fountains so much celebrated by the ancients.¹³

Thomas M. Holtgraves and Yoshihisa Kashima further highlight the impact of language on our understanding of the world around us:

Language in its abstract sense is a socially shared tool allowing its users to create and exchange meaning.¹⁴

While language is used to create and exchange meaning, the authors further suggest that it does not guarantee mutual understanding. Rather, language creates meaning but participants must be active in the process.¹⁵ First and foremost, all of the authors above have reiterated the position that language creates and informs the validity of the world around us. Moreover, when we use certain language with one another, we are actively reproducing certain ‘truths’ and cementing them as socially normative. It is important to recognize that this ‘socially shared tool’ that is meant to enable our understanding of that which we encounter, can also be used to construct a reality that is anything but real.

Words as Weapons: How Language has shaped our perception of Persons with Disabilities

11 Ibid at p. 292

12 Ibid

13 Ibid at p. 300

14 T.M. Holtgraves & Y. Kashima, “Language, Meaning, and Social Cognition” (2008) *Personality and Psychology Review* Vol. 12 No.1 at p. 74

15 Ibid

Armed with an understanding of the power of language, we are now able to explore how words have been used to turn Persons with Disabilities from one of “us” to just another ‘Other’, and examine the consequences that this had on them. In order to fulfill the goal of this chapter and reach a viable definition of disability, I feel that it is necessary to examine the impression that language has had on Persons with Disabilities throughout history. How has language shaped this population to the outside world as well as those within it? I.K. Zola confirms that language has had a negative impact on Persons with Disabilities. He shares that the language used to describe this population tends to label them as constantly ill or ‘sick’.¹⁶ Furthermore, he highlights that using this type of language leads to generalizations, such as the misconception that everyone in a wheelchair is paralyzed.¹⁷ It has been shown that terminology such as “cripple” and “the handicapped” persisted up until the 1960s. Following this, there were several attempts to introduce a language that did not present the disability as the primary characteristic.¹⁸ This was known as a people-first approach. While this may sound promising as it places the person first over the disability, Heyer shows that some scholars are wary of this person-first language because it places the disability back on the shoulders of the individual and does not consider the role of society.¹⁹ Ultimately though, a disability-first approach persists.²⁰ For an exemplar of this, I offer this headline from an August 6,

16 I.K. Zola, “Self, Identity and the Naming Question: Reflections on the Language of Disability” (1993) *Social Science & Medicine* Vol. 36 No. 2 at p. 168

17 Ibid.

18 R. Olkin, “Could you hold the door for me? Including Disability in Diversity” (2002) *Cultural Diversity and Ethnic Minority Psychology* Vol. 8 No. 2 at p. 135

19 K. Heyer, “A Disability Lens on Socio-legal Research: Reading *Rights of Inclusion* from a Disability Studies Perspective (2007) *Law and Social Inquiry* Vol. 32 No. 1 at p. 277

20 Supra note 11

2012 online edition of CNN—considered to be a reputable and respected news source – *Physically Challenged and Fashionable*.²¹ It is clear that these disability-first sentiments are alive, well, and everywhere we look.

Joan Blaska considers the meaning of some of the key terms used to describe Persons with Disabilities. She shows that the term “cripple” is derived from “creep”, and that “handicapped” is an old term used to describe begging or a “cap-in-hand”.²² The impact of these terms becomes clear:

Using words such as "confined" to a wheelchair becomes inappropriate as in reality the wheelchair is a liberating vehicle which allows the person to move around independently...Words such as these conjure up feelings of pity and uselessness and perpetuate stereotypes.²³

Olkin looks further at the impact that language has on Persons with Disabilities. She offers three examples of a newspaper article written by a woman on the topic of disability. In the last two versions, the disability becomes the focal point of the article as a result of the language that is employed:

Deborah Conley, a woman with multiple sclerosis, was the winner of the writing contest held by the local newspaper. Deborah uses voice-activated software to compose on the computer due to limited strength in her hands. She is the mother of three children, and this is her first published short story.²⁴

In the above quotation, the reader may learn some new information about how assistive devices have been used to help Persons with Disabilities.²⁵ Despite that, we can begin to

21 K. Kinsman, “Physically Disabled and Fashionable” August 6, 2012 online edition of CNN.com Accessed at: <http://www.cnn.com/2012/08/03/living/disability-fashion/index.html>

22 J. Blaska, “The Power of Language: Speak and Write Using ‘Person First’” in M. Nagler (ed.) *Perspectives on Disability* (2nd ed.) (Paolo Alto : Health Markets Research, 1993) at p. 26

23 Ibid.

24 Supra note 11

25 Ibid.

see how the language transforms her from a woman to a woman with a disability. The final version of this newspaper article underscores the transformative power of language:

Deborah Conley, who suffers from multiple sclerosis and is wheelchair bound, was the winner of the writing contest held by the local newspaper. Deborah must use voice-activated software to compose on the computer because the disease has affected her hands and she is unable to write with a pen. She had three children before she was struck by multiple sclerosis. Nonetheless she continues writing in her home office, to which her husband had to build a ramp. This is her first published short story.²⁶

What I think is critical to take away from the above, and all of the examples I have drawn upon, is the imagery that is created from the words. Olkin brings this issue home by touching on importance of the role of language on the lives of Persons with Disabilities. She says that all of the descriptions of Deborah Conley hold true, but each creates a different image of whom we see before us. Each word brings us that much closer to her disability, and that much further from her as a person. Ultimately, Olkin reaffirms that language has the power to create our reality.²⁷ Rose Galvin, who shows that the language used to create disability discourse can have damaging effects, supports her in this argument:

[...] it is important to recognise that, while labels stigmatise, discourses silence. Discourse silences disabled people in many ways. It leaves them with no language with which to express themselves, it invalidates their narratives and, therefore, their subjective realities, and it renders them invisible.²⁸

All of this shows the effect that language has had on the disability population. The language used to describe disability obscures and undermines the person for whom disability is merely one aspect of who they are. As Olkin, Heyer, Zola, Blaskin and others

²⁶ Ibid at p. 135-136

²⁷ Ibid at p. 136

²⁸ R. Galvin, "The Function of Language in the Creation and Liberation of Disabled Identities: From Saussure to Contemporary Strategies of Government" (2003) *Australian Journal of Communication* Vol. 30. No. 3 at p. 86

confirm, the words we use elevate disability above all other qualities the person may possess and, more importantly, the negative content of those words implicitly disempower and reduce the ‘person with disability’ to the status of their disability. In the most profound cases, such as that of the writer described by Olkin, above, the transformation is such that the writer is not a PERSON with a disability, but rather a DISABILITY that happens to attach to a person. While admittedly it is the goal of newspapers to focus on the uncommon or ‘atypical’ elements of stories as a ‘hook’ to gain the attention of their readers, it is the reification of the writer’s disabilities over her abilities and accomplishments which is problematic and evidence of the power of language to marginalize and reduce people. Hughes reiterates how truly detrimental this language of disablement can be:

The medicalisation of impairment is crucial to its perception by non-disabled actors. It provides a particularly narrow regime of meaning such that people with impairments can be wholly reduced to an authoritative diagnostic category. The impaired person is therefore, visualised, by way of a system of reference that is reduced (more often than not) to a single word; for example ‘spastic’, a word, indeed, in popular culture, that has doubled as a term of abuse. With a little more ‘knowledge’ this single system of reference can be doubled and the recipient of the gaze can be reduced to a regime of meaning denoted by the terms ‘cerebral palsy’. The point, however, is that the denotative lexicon, is a massive attenuation, simplification and objectification of the visual field. The impaired person, becomes synonymous with the ‘condition’, is made meaningful and becomes wholly known by it alone.²⁹

Sticks and Stones will Break my Bones and Your Words Do in Fact Hurt Me – A Real-World Analysis of the Impact of Language on Persons with Disabilities:

Thus far, I have illustrated that language can most certainly create an ‘Other’ in our society, however, it also informs the reality in which this supposed ‘Other’ exists. For Persons with Disabilities the catchphrase “reality bites” seems all too appropriate.

29 B. Hughes, “The Constitution of Impairment: Modernity and the aesthetic of oppression” (1999) *Disability and Society* Vol. 14. No. 2 at p. 165

As of 2006, Statistics Canada highlights that 386,650 Persons with Disabilities were not receiving enough support to complete their daily living tasks.³⁰ Add to this the fact that Persons with Disabilities are most certainly underrepresented in the Canadian Labor Force:

Unemployment was also more common for people with disabilities. Although the labour force participation rate and the unemployment rate both tend to indicate success or difficulty in the labour market, the unemployment rate is perhaps the key economic indicator for people with disabilities...³¹

Moreover, the Council for Canadians with Disabilities discuss poverty rates of Persons with Disabilities and indicate that as of 2006, the overall national rate of poverty amongst working age adults was 10.5% whereas the rate for Persons with Disabilities in Canada was 14.4%.³² It would be vastly inappropriate of me to assume or suggest that language has precipitated all of the above hardships for Persons with Disabilities—it is obvious that there are a myriad of factors that contributed to the statistics I present here. What I would like to impart here is that the language that we use to describe Persons with Disabilities is most certainly a critical component to the status of Persons with Disabilities. My sentiments are underscored in research by Dimitris Michailakis:

When individuals with disabilities are observed from particular systems, they are described in a language specific for that system, e.g. as ‘functionally impaired’ in the rehabilitation system; being ‘deaf’, ‘blind’, suffering from ‘paralysis’, ‘brain damage’, etc., that is with specific illnesses, within the medical system; being ‘nonemployable’ or ‘less attractive work force’ in the labour market system; having ‘learning

30 Statistics Canada, **Adults with disabilities that need help with everyday activities, by age groups and type of disability, Canada, 2001 and 2006** Accessed At:

<http://www.statcan.gc.ca/pub/89-628-x/2010015/tbl/tbl2-eng.htm>

31 Statistics Canada, Participation and Activity Limitation Survey, 2006 Accessed at:

<http://www.statcan.gc.ca/pub/89-628-x/89-628-x2008007-eng.htm#a2>

32 Council for Canadians with Disabilities, “As a Matter of Fact: Poverty and Disability in Canada”

Accessed at: <http://www.ccdonline.ca/en/socialpolicy/poverty-citizenship/demographic-profile/poverty-disability-canada>

difficulties' or with 'special needs' within the education system; declared 'incapacitated' in the legal system. As stated above, all the concepts we are using to signify individual differences are distinctions that mark one side of a phenomenon and thereby demarcate it in relation to other objects in the same category and make possible the observation. The reality observed from each system becomes dependent of the distinctions that guide observation...³³

Galvin, along with many others, illustrates that using this divisive language has caused some in the disabled community to seek a re-appropriation of terms such as "cripple", as it attempts to heal their wounds and simultaneously re-educate society.³⁴ For some though, this language has long-lasting consequences. Blaska cites that this type of derogatory language can limit the aspirations of disabled people and cause them to doubt their self-worth.³⁵ Beth Haller and her colleagues echo these sentiments:

Media framing though negative terminology can even prove detrimental to the self-images of people with disabilities. Such practices result in significant negative consequences and barriers to productive living. Many disabled people (particularly youth) internalize labels and language used to inculcate them as passive recipients of state welfare, Peters says. 'They develop a false consciousness as they internalize the oppressors' image conveyed through language. This cultural invasion leads many disabled people to a silent world of passive acceptance where they adapt to the status quo...³⁶

What all of this illustrates is that this language has not only permeated the able-bodied community's ideologies of disability, it has encouraged People with Disabilities to understand themselves as the oppressed, and that there is nothing better for them. As a person living with disability Haller's views reinforce the importance of challenging the language of disability and thereby the social disconnections encouraged by this language.

³³ D. Michailakis, "The Systems Theory Concept of Disability: One is not born a disabled person, one is observed to be one" (2003) *Disability and Society* Vol. 18 No. 2 at p. 221

³⁴ *Supra* note 20 at p. 91

³⁵ *Supra* note 14

³⁶ B. Haller et al, "Media Labeling Versus the US Disability Community Identity: A Study of Shifting Cultural Language" (2006) *Disability and Society* Vol. 21 No. 1 at p. 66

We need to come together. We need to defuse words as weaponry and deny both the able-bodied and the disabled the right to appropriate language as a means for categorizing people and constraining both their identities and mobility in society. But this takes us ahead of ourselves – before we can truly engage the challenge posed by language, we must return to the task of identifying the enemy. To this end, I now look to some of the standard definitions of disability so that we may begin to understand what tools are required to reach a definition that will meet all our needs.

Definitions of Disability: A Deconstruction and Critique

Coming to a succinct definition of disability is a very long and arduous undertaking. There are so many ways to define this term—it can seem quite daunting, to say the least. Michael Bury suggests that a concrete definition of disability has been hard to pin down, as the concept itself is a slippery one.³⁷ As I embarked upon the research for this thesis, I discovered that as the term disability was applied within particular discourses, new definitions came about. As each one is vastly different, I will look at key definitions of the term disability and attempt to pinpoint common intersections between different definitions, which may in turn assist us to a single working definition for this thesis.

The Medical Definition of Disability

The medical definition of disability is generally associated with the World Health Organization's International Classification of Impairment Disability and Handicap.³⁸ The ICIDH-2 as it is now known, is a set of standards that was originally designed in 1980 as

37 M. Bury, "Defining and Researching Disability: Challenges and Responses" in C. Barnes & G. Mercer (eds.), *Exploring the Divide* (Leeds: The Disability Press, 1996) at p. 32

38 C. Barnes, "Rehabilitation for Disabled People: A 'Sick' Joke" (2003) *Scandinavian Journal of Research* Vol. 5 at p. 3

a way to monitor the consequence of disease. In 1995, it was revised to provide a framework to examine the health status of populations. More specifically:

ICIDH-2 is a classification and description of health domains and a selection of health-related well-being domains. It systematically groups different **domains of health** and **health-related domains** for a person in a given health condition (i.e. what individuals can do or do ... when they have a disease or disorder). The **body component** defines functions and structures of the body system. The **activity and participation component** covers a range of life domains in which individuals may engage (e.g. learning, moving around, self-care, work etc). Capacity and performance of each individual can be coded in a defined domain. ICIDH-2 also lists environmental factors that interact with all these domains. In this way, the universe of ICIDH-2 encompasses health and health-related outcomes, including non-fatal health outcomes.³⁹

Colin Barnes provides us with a synthesis of the medical definition of Disability as defined within the ICIDH framework:

The ICIDH employs a three-fold typology of 'impairment', 'disability' and 'handicap'. Impairment refers to 'any loss or abnormality of psychological, physiological or anatomical structure or **function**'. 'Disability' denotes 'any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered **normal** for a human being'. 'Handicap', is the 'disadvantage for a given individual, resulting from an impairment or disability, that limits or prevents the fulfilment of a role that is **normal** (depending on age, sex and social and cultural factors) for that individual.⁴⁰

This definition has been widely criticized and it is easy to see why. As Barnes underscores, the medical definition frames disability, impairment and handicap as an abnormality. What I found particularly interesting here is Barnes' assertion that 'normality' is a phenomenon that is difficult to define, yet this has certainly not dissuaded

³⁹ World Health Organization, International Classification of Functioning, Disability and Health (2001) Report by the Secretariat Presented at the 54th World Health Assembly at p. 1

⁴⁰ Supra note 33.

them from attempting a definition.⁴¹ The most problematic part of this definition is that it assumes disabled people can – and perhaps should - be ‘fixed’:

...disabled people become objects to be cured, treated, trained and changed and made ‘normal’ according to a particular set of cultural values.⁴²

Barnes’ critique also acknowledges the very troubling language implicit in this widely used definition of disability, handicap and impairment, which “creates distinctions and barriers between people with and without accredited impairments where there need not and should be none”.⁴³ The language adopted by WHO not only creates a barrier between the disabled and non-disabled communities, it allows for a perception to be formed. It allows for us to understand those dealing with impairments, disabilities and handicaps as “less than” human or “subhuman”.⁴⁴ This definition of disability is extremely potent because it transforms issues of impairment and disablement from the biological to a discursive product.⁴⁵ Michael Oliver considers that one of the most critical missteps with the above definition is that it fails to take into account the social barriers that Persons with Disabilities encounter on a daily basis.⁴⁶ He too echoes concerns about the perceptions created by the language that is used.⁴⁷ It is clear that this definition embraces an individualistic approach and assumes that the person is broken because they have a disability, and that the consequences of this definition are disabling

41 Ibid at p. 4

42 Ibid.

43 Ibid.

44 Ibid.

45 B. Hughes & K. Paterson, “The Social Model of Disability and the Disappearing Body: Towards a Sociology of Impairment” (1997) *Disability and Society* Vol. 12 No. 3 at p. 333

46 M. Oliver, “Defining Impairment and Disability: Issues at Stake” in in C. Barnes & G. Mercer (eds.), *Exploring the Divide* (Leeds: The Disability Press, 1996) at p. 33

47 Ibid at p. 34

indeed. Furthermore, this definition by the WHO inextricably links a handicap to a lack of mobility:

The ICIDH handicap code is based on a 9-point grading of six dimensions: orientation, physical independence, mobility, occupation, social integration, and economic self-sufficiency.⁴⁸

Essentially, what we see here is that if your mobility does not meet particular standards, you will be defined as handicapped or disabled, with all the marginalization the WHO's definition implies. This begins to show us how important mobility is to our perception of what it means to be able or disabled.

In 2001, the definition was changed again; this time to reflect the undeniable intersects between disability, medicine and society. As such, the International Classification of Impairment, Disability and Handicap became simply the International Classification of Functioning (ICF)⁴⁹, and they redefined disability in terms of both functional and contextual factors:

Disability is seen as a result of an interaction between a person (with a health condition) and that person's contextual factors (environmental factors and personal factors).⁵⁰

If we are to look at the medical definitions of disability from an evolutionary standpoint, this definition is in fact the most progressive that I have come across. This definition is important because it *begins* to suggest that disability is more than the fault of the individual themselves. In some respects, this is a big step for the medical community in their framing of disability. This definition certainly falls more in line with my own

48 E. Beckung & G. Hagberg, "Correlation between the ICIDH handicap code and Gross Motor Function Classification System in Children with Cerebral Palsy" (2000) *Developmental Medicine & Child Neurology* Vol. 42 at pp. 669

49 "WHO International Classification of Functioning: Definition of Disability" Accessed at www.un.org/esa/socdev/enable/rights/ahc8docs/ahc8whodis1.doc

50 Ibid.

views and ideas on how a definition of disability should look. That said I take issue with a few parts of it. Namely, the person is considered, as having a ‘health condition’, suggesting yet again that having a disability presumes that one is unhealthy. Moreover, the definition also suggests that disability is still, in part, a result of personal factors. In a way I feel Oliver’s “individual theory of disability” is very present here insofar as the definition frames disability as a personal issue (i.e. the disability is still ultimately your problem).⁵¹ While the above definition is undoubtedly a small step in the right direction, I still hold firm to the belief that more can be done within a definition such as this to situate disability differently.

The Social Definition/Model of Disability:

In response to the medical definition of disability, the social model soon followed. The social model of disability as coined by Michael Oliver, suggests that it is not the individual themselves that is disabled, but rather the larger social context which frames and defines disability in ways that limit and marginalize persons with disabilities:

It does not deny the problem of disability but locates it squarely within society. It is not individual limitations, of whatever kind, which are the cause of the problem but society’s failure to provide appropriate services and adequately ensure the needs of disabled people are fully taken into account in its social organisation.⁵²

To realign the issue of disability from the individual to society seems to have solved the problem. Oliver’s model is critically important because he suggests finally that disability is not in fact the fault of the individual – an ideology that has been passed down for some time. His definition forces the large social to consider their role in the creation of the concept of disability, a stark contrast to the individual model. As we begin to look at the

51 M. Oliver, “The Social Model in Context” in T. Titchosky & R. Michalko (eds.) Re-thinking Normalcy: A Disability Studies Reader (Toronto: Canadian Scholars Press, 2009)

52 M. Oliver, Understanding Disability: From Theory to Practice (New York: St. Martin’s Press, 1996) at p. 30

model more critically, some key issues present themselves and must be addressed. The most disconcerting aspect of this definition is what it suggests on a larger scale. Essentially, by redistributing responsibility, one might be able to suggest that this model is in fact redirecting blame from one individual to society at large. Research done by Lorella Terzi asks, ‘where does the social responsibility actually lie?’

There are, consequently, different considerations related to responsibility with respect to impairment. How could a congenital impairment unrelated to any endemic condition be considered society’s responsibility? [...]Here again, the social model of disability shows the element of over-socialisation and improper generalisation seen in the causal link established between society and disability, thus reconfirming the internal limitations highlighted so far.⁵³

I must agree with the researcher on this point, and I dare to take it somewhat further. While I understand why Oliver is positioning disability in this manner, and the importance that this definition has had in how we have come to understand disability, I see it as extremely problematic. Ultimately, this definition forces society to take responsibility for something of which they have little understanding and direct experience. To place blame on a society that has not been given the proper tools to understand disability seems unfair and divisive; it is certainly no more just than placing the full responsibility for ‘disability’ on those who must live with it every day. Gabel and Peters, along with many others, share this critique, saying that this model assumes that there are two groups in this struggle—non-disabled and disabled.⁵⁴ It would seem that Oliver’s definition is more adversarial than inclusive. Another critique by Hughes offers an important insight into this definition:

⁵³ L. Terzi, “The Social Model of Disability: A Philosophical Critique” (2004) *Journal of Applied Philosophy* Vol. 21, No. 2 at p. 153

⁵⁴ S. Gabel & S. Peters, “Presage of a Paradigm Shift? Beyond the Social Model of Disability Toward Resistance Theories of Disability” (2004) *Disability and Society* Vol. 19, No. 6 at p. 593

The problem with the structural account of tragedy adopted by the social model is that it does not give due recognition to the intercorporeal relationships (the bio-politics) that are constitutive of it. It does not recognise the aesthetic moment in which the gaze is disfiguring and discriminatory... [...]In other words, the social model concedes that impairment is a disfigurement and therefore accepts the medico-aesthetic distinction between valid and invalid bodies. This position actually lends legitimacy to accounts of impairment that are shaped by notions of tragedy and pity.⁵⁵

I think that what Hughes is suggesting is paramount to this conversation. Quite simply, I believe he is reaffirming that society has been taught how to understand disability through discursive practices, which have formed key perceptions of disability, which are at once negative, disempowering and divisive. This critique further amplifies my goal. I feel that society has had these values ‘hardwired’ into them through no fault of their own, and so they need to be taught different politics. However, this will take a considerable amount of time, compassion and understanding—something that I think Oliver has not fully provided for here. Rather, I feel as though Oliver (in an attempt to both empower and ease the pain felt by the disabled population) simply assumes that his definition is the right one, because it removes Persons with Disabilities as the problem. Consider that his definition calls society out—telling them that they have failed, and this is ‘squarely’ their problem.⁵⁶ The language from this definition, although its intent is to empower and enable, achieves just the opposite effect – it merely shifts blame and thus responsibility, when there is considerable argument that the latter must be shared in order to achieve any significant progress forward.

So, now that we have deconstructed the two key definitions of disability that are available to us, what is their commonality, and what does this teach us? I feel as if both definitions have one important element in common: blame. As I have alluded to above, both

⁵⁵ Supra note 21 at p. 168

⁵⁶ Supra note 35

definitions are extremely problematic. The medical construction of disability, for instance, continues to insist that the problem lies within the individual. As a result of this, many Persons with disabilities feel as if they are a constant burden, and they fail to develop a healthy sense of self worth:

This perceived failure to live up to their role as an independent member of society is often blamed within the medical model discourse on the individual's impairment. [...] Therefore, the combined assumption that the problem lies within the individual and their impairment and that everyone, especially adults, should be able to look after themselves and their own needs within a society based upon competition can lead people with disabilities into the false belief that they are a burden upon society and that they are to blame for their situation.⁵⁷

By blaming the person themselves you are in fact disabling them further. You are not allowing them to see their own potential. Also, by blaming the individual, you are also disabling society. You are forcing them to socialize and normalize certain perceptions, and not giving them the opportunity to frame disability for themselves. The social model is also full of blame. In one sense, it is meant to be empowering disabled individuals, yet in another it asks society to be responsible for something of which they have very little knowledge. Neither of these definitions do what a definition as critical as this ought to do—enable everyone. Rather, they ‘disable’ us from moving forward with open, honest and innovative conversation. Ultimately, both of these definitions cannot move us forward—all they have done is perpetuate and reconfigure the status quo.

Defining Disability: Things to Take into Consideration—How to do it Right

Before I am able to construct a workable definition of disability, I want to take into consideration suggestions from some of the leading minds focused on disability. Using these considerations and suggestions, I can then begin to build a framework that will keep the conversation of disability an open and honest one. One way to define

⁵⁷ I. Brittain, “Perceptions of Disability and their Impact upon Involvement in Sport for People with Disabilities at all Levels” (2004) *Journal of Sport and Social Issues* Vol. 28. No. 4 at p. 441

disability that I found to be extremely refreshing and helpful for my purposes was provided by Adrienne Asch.⁵⁸ She looks at the psychological impact that having a disability has on people. Essentially, how does the definition of disability help to further define a person's worth in our society?⁵⁹ In her piece she employs the following definition of disability from the United States Rehabilitation Act of 1973:

a handicapped individual as "any person who (i) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (ii) has a record of such an impairment, or (iii) is regarded as having such an impairment".⁶⁰

Throughout her analysis, Asch shows that definitions such as the above serve only to further handicap. She shows that Persons with Disabilities tend to be less educated, less likely to be employed and single or separated in their interpersonal relationships.⁶¹ Moreover, she suggests that definitions that focus on one's impairment only serve to 'devalue people based on biology'.⁶² Most of her article echoes much of what others have suggested—disability policy is changing, disabled people need to have a stronger voice, they need to be consulted on policies so that they can be included, etc.⁶³ It is not until the very end of her piece that she observes:

The existence of people with disabilities requires us to promote efforts to recognize injustice for those who have fallen outside these accepted definitions. We must examine how we define the quality of life and determine what we are willing to expend to ensure all people an

58 A. Asch, "The Experience of Disability: A Challenge for Psychology" (1984) *American Psychologist* Vol. 39 No. 5 at p. 533

59 Ibid.

60 Ibid at p. 529

61 Ibid at p. 530

62 Ibid at p. 534

63 Ibid.

opportunity for self-realization. In short, the existence of disabilities compels us to confront what it means to be human.⁶⁴

This is something that I feel is very important to remember, namely, that disability will impact all of us at one point or another in our lives. As much as the entertainment industry would like for us to believe otherwise, we'll probably all need a wheelchair at some point, in the same manner that we once required strollers and carriages. Each and every one of us will encounter mobility restrictions, and each and every one of us will need help in the washroom. This is further discussed by Susan Wendell who agrees that one-day disability will affect everyone:

If the able-bodied saw the disabled as potentially themselves or as their future selves, they would be more inclined to feel that society should be organized to provide the resources that would make disabled people fully integrated and contributing members. They would feel that "charity" is as inappropriate a way of thinking about resources for disabled people as it is about emergency medical care or education.⁶⁵

Asch's position reminds us of the frailty of all our humanity, and compels us toward a definition that is accessible to everyone so that, when the time comes, everyone can benefit from its meaning. Also, I believe that Asch is reminding us that disability is an *experience*—not a condition or category that can be easily objectified and analyzed.⁶⁶

Guy Dewsbury et al consider disability somewhat differently. In their work, they echo what I have been championing throughout— that a redefinition of disability should be refocused to consider enablement and empowerment. They suggest that the problem is not necessarily in the definition of disability itself:

The problem of design rests not on theoretical notions of how we define disability, but on ensuring the needs of the person are translated into appropriate design that should be empowering to the user... Consequently,

⁶⁴ Ibid at p. 535

⁶⁵ S. Wendell, "Toward a Feminist Theory of Disability" (1989) *Hypatia* Vol. 4, No. 2 at p. 110

⁶⁶ *Supra* note 41

the challenge is to provide support for individuals, rather than create new, technological, forms of dependence.⁶⁷

What I take from this is that a definition of disability needs to be *tangible*. In other words, a true definition of disability has to create new perceptions that are about empowerment. I need to carefully consider the impact that my definition will have. Will it do what it says it will? Or-will the words simply reinforce all the same images that have been repackaged time and time again? Therefore I need to consider the words, placement and phrasing of each and every piece of this definition so that I am painting the right picture. The authors Dewsbury et al also bring to light an interesting critique of the social model:

In these often impoverished theoretical accounts the everyday realities and activities associated with being disabled disappear. This is not to say, in this instance, that disabled people will not recognize some sense in sociological descriptions, but they are likely to recognize the social model as pertaining to part of their lives and part of their lives only. The part in question is that occupied by political rhetoric.⁶⁸

In order for the right picture to come into the frame, I must consider a suggestion by R.B. Jones. In conjunction with my goals of enablement and empowerment of everyone involved, Jones says that many of the current definitions seem to be more concerned with which discourse will come out on top.⁶⁹ Ultimately, the definitions being proposed around disability cement who is right and who is wrong. He highlights that it is often the case that if you are a proponent of the medical model, you do not have the capacity to understand the social model, and if you lean more towards the social model

67 G. Dewsbury et al, "The anti-social model of disability" (2004) Vol. 19, No. 2 at p. 155

68 Ibid at p. 152

69 R.B. Jones, "Impairment, disability and handicap—old fashioned concepts?" (2001) *Journal of Medical Ethics* Vol. 27 at p. 379

you must then abandon any ideas of physical impairment.⁷⁰ Jones seeks to move away from this idea and move the definition of disability forward:

What is positive about the new classification is that the WHO are suggesting, as I am, that we abandon models which seemed to be geared to ensuring that our own discipline—medicine, education, sociology or whatever—comes out on top in the debate, and take a truly holistic view of the problems encountered by people with disabilities working together with them to ensure that they have equality of opportunity within the community.⁷¹

This quote helps to move the idea of disability in the right direction, and further illuminates my goal as a researcher on the subject. He says that there needs to be unity—and that too many discourses on disability divide us and move us further away from that goal.⁷² I agree very much with this statement, but as every discourse is informed by its own particular set of values and views that have been firmly embedded in its proponents, I can see how that would be difficult. For instance, those who support the Social Model firmly believe that

[...] The position of disabled people and the discrimination against us are socially created. This has little to do with our impairments. As a disabled person you are often made to feel it's your own fault that you are different. The difference is that some part, or parts, of your body or mind are limited in their functioning. This is an impairment. **THIS DOES NOT MAKE YOU ANY LESS OF A HUMAN BEING.** But most people have not been brought up to accept us as we are. Through fear, ignorance and prejudice barriers and discriminatory practices develop which disable us.⁷³

This position contrasts with that held by those in support of the medical model, who seek to examine how the disability causes one to be excluded from society.⁷⁴ With these two

70 Ibid at p. 377

71 Supra note 47

72 Ibid.

73 R. Reiser, Medical Model/ Social Model Accessed at:
http://www.worldofinclusion.com/medical_social_model.htm

74 Devon County Council, Medical Model of Disability Accessed at:
http://www.devon.gov.uk/index/councildemocracy/improving_our_services/equality/devonforeveryone/equalitydisability/medicalmodel.htm

camps so diametrically opposed to one another, finding common ground seems close to impossible. As Dewsbury et al have suggested above, completely investing oneself as a proponent of either model actively discounts the realities faced by Persons with Disabilities on a daily basis. Insofar as a proper definition is concerned, it must address and incorporate both models wherein both the physical and social components are accounted for.

Now that I have explored the power of language alongside its impact on disability, as well as examining ways in which to make the definition of disability available to everyone, I will end the chapter by offering a new definition which will guide my project and, hopefully, will signal a paradigm shift in how we have come to understand disability as a social construct.

What Do I Mean When I Talk About Disability?

It is important to define the parameters of disability for the purposes of my research. In the research and commentary that I have looked at for this project, disability has been considered in terms of both visible and non-visible disability. Non-visible disabilities are those that are not readily discernable to the public such as severe depression, posttraumatic stress disorder, fibromyalgia and those who have suffered a mild traumatic brain injury (MTBI).⁷⁵ For this project, I am choosing to exclude non-visible disabilities from my definition. Let me be clear: non-visible disabilities are just as valid as visible, physical disabilities. However, I feel that physical disabilities have more of an impact on the public and their overall perception of what it means to truly ‘be disabled’ – invisible disability, while potentially equally disconcerting for the able-bodied upon the discovery of the ‘deficiency’, may be understood as less disempowering for the

75 N.A. Davis, “Invisible Disability” (2005) *Ethics* Vol. 116 No 1 at p. 153

person with the disability because they have some control over the public face of their disability. They can, in effect, have some power over what is revealed and when, by mediating their social experiences accordingly. This should not be taken to imply that such self-policing of disability is not a further disability, or that the need for a ‘mask’ is not further evidence of the problems with social ideas and perceptions of disability, but rather that the option of a mask of necessity conveys a power which is unavailable to the person in a wheelchair. For the latter person, participating in social life – being out there in the world – requires the publicity of their disability. There is no way to hide the ‘chair’ or escape the meaning or marginalization it invites. Consider how the media understands and portrays disability:

disabled characters were compelled to wear their disability on their sleeves, proclaiming their impairment as the dominant identifier.⁷⁶

From this we can discern that to be considered “disabled” in society one must have an emblem of sorts, such as a wheelchair or a walker that would interrupt our field of vision, and act as a clear visual marker of the impairment.⁷⁷ I think that physical disability is most pertinent to this discussion because it breaks all the norms in which we are so strongly indoctrinated.⁷⁸ People with physical disabilities are more ‘alien’ or different, and thus considered more of a threat to the able-bodied population, unlike those with non-visible disabilities.⁷⁹ Physical disability forces us to confront our obsession with

⁷⁶ K Ross, “But Where’s Me in It? Disability, Broadcasting and the Audience” (1997) *Media, Culture and Society* Vol. 19 at p. 672

⁷⁷ Ibid at p. 670

⁷⁸ C. Edwards & R. Imrie, “Disability and Bodies as Bearers of Value” (2003) *Sociology* Vol. 37, No. 2 at p. 244

⁷⁹ H. Hahn, “The Political Implications of Disability Definitions and Data” (1993) *Journal of Disability Politics* Vol. 4, No. 2 at p. 44

body image and perfection.⁸⁰ Also, it forces us to visualize the ‘Other’ head on—that is why I am only focusing on physical disability in my definition.

Redefining Disability: Making the Words Match the Meaning

I have shown how critical the proper definition of this term is, and how much weight is placed on the words that we use. We have seen that with one misplaced word, the images in our mind shift and our perceptions are altered. I have shown how the current definitions of disability do not satisfy the needs of everyone, thus making it a prime candidate for redefinition. Lastly, I have illustrated how I intend to use the term disability for the purposes of this project. Now it is time that I offer my definition to be placed amongst what we know, in the hope that it will be accessible to everyone.

Disability

Physical disability is a process that will occur within one’s lifespan, and is characterized through different levels of physical mobility that may involve the use of wheelchairs, walkers and other devices in order for one to participate fully in the activities of everyday life.

I would now like to consider what sets this definition of physical disability apart from many of the other definitions that have become entrenched in our understanding of what it means to be disabled.

Weighing my Words: Do they Stack Up?

Through a redefinition of the term disability, I hope to change perceptions and ultimately close the gap between able-bodied and disabled individuals. I feel that this definition does just that. First, I have been sure to choose very specific language within the definition. I have explained that physical disability is a process that is bound to touch everyone within his or her lifetime. This opens the definition up to everyone and lessens the divide between the two groups. Moreover, I have removed any evidence of

80 G. Joachim & S. Acorn, “Stigma of visible and invisible chronic conditions” (2000) *Journal of Advanced Nursing* Vol. 32 No. 1 at p. 244

language that would suggest that physical disability is not normative. Unlike the other definitions that take great pains to differentiate between what is normal and what is not, my definition assumes that physical disability is normative. I kept my definition simple and concise so as not to allow for too much interpretation. I find the other definitions to be cluttered with too much suggestive language that could be used to frame someone with a disability as different—I have not done so here. I was very careful not to use words such as ‘normal’ or ‘condition’. In this way, I think that my definition remains safely distanced from any particular discourse of power.

One of things that I think is key for my definition of disability (and, why I think it works so well) is that I have also removed any sense of blame from the definition. Whereas the Medical and Social definitions assigned blame to both the individual and society by assuming that either one’s body or their society were at fault, my definition steers clear of this tactic. Rather, I present physical disability as simply another fact of life – for which no blame is necessary or warranted, as it will happen to all of us regardless of what we do. Moreover, as research has suggested, if people could understand themselves (their future selves) as inevitably experiencing physical disability, they would be more inclined to fight for resources.⁸¹ That is exactly what my definition has done—it has enabled each of us to understand that we will be in that position some day, and thus we are more empowered to make changes to our society today.

Another important element of my definition is that it suggests a reconfiguration of the term ‘mobility’. As I have shown, the current definitions of disability have forced us to connect anything less than “optimum mobility” to being disabled. Within my reworking of this definition, I have removed any idea of “optimum mobility” and suggested that different types of mobility are normal and acceptable. By connecting

81 Supra note 44

emblems of disability such as wheelchairs and walkers to this definition, it is my hope that they will no longer disrupt us in our everyday lives; they will simply become part of our everyday understanding of what it means to be mobile. One could make the argument that these devices only serve to reinforce the association between mobility and impairment, and that is very much a possibility; however, the images that we associate with full mobility will change in part because we will be able to see ourselves using these devices, thus we will understand them to be normative. I think that the personal aspect of this definition is most important to me. Not only does it bring us together as a social unit, we are able to understand the issues at hand better because we have to apply the concept of disability to ourselves—and, because my definition personally situates each and every individual within disability, it is no longer just a concept that distances and removes us—it is our shared reality.

Conclusion

This chapter has explored the power of day-to-day language in framing our perceptions. I have illustrated that language and definitions have the power to shape how we perceive other people—in particular, people with disabilities. I have considered how language has been used to divide and label people with disabilities as different from the rest of society and just how detrimental that can be.

Furthermore, through a critique of the most commonly used definitions of disability, I uncovered that these definitions can cause more harm than good. Overall, they further segregate the disabled and able-bodied populations by using language that assigns and implies a level of blame. Given this, I felt it was imperative that I propose a definition of my own to be used for both this project and as an altogether new definition—one that attempts to remove blame or guilt, and empowers all of us to see disability differently and as a normal, inevitable aspect of *all our lives*. Within this chapter, I have

attempted to initiate a shift in the imagery and perceptions of disability by using language that transforms People with Disabilities from simply that of the ‘Other’ into that of *each other*.

Chapter Two:

There are so many things in this world that we take for granted: food, fresh water, money and most vitally **mobility**. So many of us go out in the world with this ability and we don’t even blink an eye. We use our mobility in almost everything that we do; getting up in the morning, going to our jobs, going out socially, and heading back home at the end of

a long day. Mobility has become something that we expect will always be there. Imagine then, how your world would change if you couldn't get around as easily; you aren't able to get up by yourself, it takes you twice as long to get to your job (if you even have a job that is considered "accessible"), you often can't go out socially because the buildings are not accessible to you, and the only place where you feel the slightest bit mobile and independent is at home, and that is only because it may have been modified or been designed to meet your mobility needs. These are the challenges that persons with physical disabilities face on a daily basis. In the previous section, I linked mobility levels to disability and handicap. I suggested that our view and understanding of mobility needs to change. In this chapter, I hope to explore the socio-cultural value that has been placed on mobility and the "able body".

In order to understand the value of mobility in full, I will first consider how mobility has been defined. By exploring the definition of mobility, it will be easy to see what kind of perception has been created. From this perception, the chapter will then investigate why mobility is so important to our society. I will explore what it means in context for both the able-bodied and disabled communities. In doing so, I will show the importance of mobility when you have it, and also when it has been impaired. The chapter will then examine how mobility has affected the power dynamic between the non-disabled and disabled communities. I will then determine how mobility (or lack thereof) can cause someone to become disabled and the impact that this has on society as a whole.

The Definition of Mobility

There are two key definitions of mobility that will be examined here: the physical definition and the social definition. The standard dictionary definition of physical

mobility highlights that it is the ability to walk and move normally.⁸² Immediately from this small, standard definition a concept has emerged. Physical mobility is considered a normal human attribute. By this definition, it would stand to reason that if you cannot walk, then you must be abnormal. Lisa Iezzoni and colleagues highlight definitions that were used in the United States National Health Interview Survey on Disability in the 1994-5 versions. In accordance with the newly enacted Americans with Disabilities Act, the U.S. wanted to generate national prevalence rates on Persons with physical and mental Disabilities.⁸³ These definitions serve as models to operationalize degrees of mobility and impairment:

Definition of Extent of Mobility Problem

None: Persons reporting no difficulty walking and climbing stairs and standing and who do not use any mobility aid.

Moderate: persons reporting a lot of difficulty walking or climbing stairs or standing or who use a walker

Major: Persons reporting being unable to walk or climb stairs or stand or who use a manual or electric wheelchair or scooter

Total: Among persons with a major mobility problem those who said the problem would persist >12 mos. (percent of total with major mobility problem).⁸⁴

What these definitions of physical mobility underscore for my purposes, is that if you do not have 100% ability to walk then you are not ‘normal’, and you have a problem. They reinforce that you if you have mobility impairment, you are handicapped, deficient and disadvantaged:

⁸² Macmillan Dictionary Definition of “Mobility” Accessed at: <http://www.macmillandictionary.com/dictionary/british/mobility>

⁸³ L. Iezzoni et al, “Mobility and Perception of Disability by Self-Respondents and Proxy Respondents” (2000) *Medical Care* Vol. 38 No. 10 at p. 1053

⁸⁴ Ibid.

Handicap is classified according to the disadvantage associated with deficiencies in each dimension. An example of the different levels of disadvantage is evident for the dimension mobility: bedfast or chairfast, roombound, housebound, confined to immediate neighbourhood, unlimited mobility.⁸⁵

Another definition of mobility that is critical to this conversation is the social definition. Social mobility is understood as the ability to move between places, jobs and social classes with ease.⁸⁶ The effect that physical mobility has on the social mobility of Persons with Disabilities will be explored throughout this chapter.

Mobility and the Body: What is the Cultural Significance?

We all know that mobility is important to us - the more pressing question is: why? What has it come to mean to us? Robert Imrie explores the sociological value that has been placed on mobility. Through a combination of empirical exploration and self-testimonies of Persons with Disabilities⁸⁷, Imrie contends that mobility is tantamount to our culture and should be considered core to a person's identity.⁸⁸ He underscores that the able-body is prioritized above all else.⁸⁹ Moreover, it is connected to our belief that we are free entities: For instance, in the United States and Canada, mobility rights are formally enshrined in legislation and mobility is considered to be fundamental to the liberty of the human body.⁹⁰ From this, we can see that mobility is considered to be a 'good thing'; it is

⁸⁵ R. Harwood et al, "Measuring Handicap: Motives, Methods, and a Model" (1994) *Quality in Healthcare* Vol. 3 at p. 54

⁸⁶ Supra note 79

⁸⁷ R. Imrie, "Disability and discourses of Mobility and Movement" (2000) *Environment and Planning A* Vol. 32 at p. 1642

⁸⁸ Ibid at p. 1641

⁸⁹ Supra note 84

⁹⁰ Ibid.

a property that many see as a means to an end, and it has the ability to open up opportunities for people.⁹¹ Furthermore, Imrie has shown that our society considers full mobility a natural right that we have been given. The ability to be fully mobile is also connected to our perceptions of what it means to be healthy: The hegemony of the mobile body seeks to reaffirm discourses of health, vigour, and bodily competence and, for most respondents, moving around tend to highlight their inability to move with ease and independence.⁹² Imrie ultimately suggests that the movement of Persons with Disabilities is inextricably linked to “hierarchical relationships” which also define where they can and cannot go, and that without a drastic shift in the discourse Persons with Disabilities will not become mobile.⁹³

Studies have indicated that mobility is an essential factor when people consider their personal health rating.⁹⁴ Within their examination of the practical development of a subjective health indicator in Western medical practices, authors Sonja Hunt and James McEwen echo the above findings, asserting:

[...]the ultimate objective of the project now under way is to produce a valid and reliable indicator of perceived health status for use on populations, which could be included as part of a comprehensive health survey... It must have face validity, i.e. make sense to respondents; biological validity, i.e. responses should bear *some* relationship to biological facts especially in relation to physical mobility.⁹⁵

91 Supra note 86

92 Supra note 84 at p. 1651

93 Supra note 84 at p. 1654

94 M. Jyhla et al, “Walking Difficulty, Walking Speed and Age as Predictors of Self-Rated Health: The Women’s Health and Aging Study” (2001) *Journal of Gerontology: Medical Sciences* Vol. 56A, No. 10 at p. 616

95 S. M. Hunt & J. McEwen, “The Development of a Subjective Health Indicator” (1980) *Sociology of Health and Illness* Vol. 2 No. 3 at p. 237-8

The statements reinforce the perception that our society links physical mobility with health -- in other words, if you have full mobility you are healthy, and if you do not than you must be ill.

One of the most interesting and important contributions to this subject comes from Chris Shilling. His work draws on Pierre Bourdieu's construct of corporeal sociology – an approach that, at its core, suggests that our physical bodies shape and determine our social interactions and ultimately our status in society:

This conception of physical capital enables us to appreciate how the apparently 'natural' physical features of the individual are implicated in the acquisition and display of social, cultural and material resources.⁹⁶ The author discusses that there are symbolic values placed on our bodies that extend far past the mere physicality of them. Consider the following examples: the sports athlete often yields the working class physique – brute strength – which can have value in specific instances (ie. Sports), but they are not valued elsewhere. Second, women are at a constant disadvantage when compared to men in terms of physical capital; as a result of their bodily forms they are generally afforded less income.⁹⁷ Shilling suggests that our perception of one's body type can be correlated to how we perceive them socially:

These approaches to the body extend across social life. Preferences in education, clothes, make-up, cars, where and when to holiday, sports and medicine are marked by the class-based habitus.⁹⁸ This is a very central part of the discussion insofar as disability is concerned because it suggests that if you are not 'able' than you have no value at all; an ideology emphasizing

96 Ibid at p. 474

97 Ibid at p. 478

98 Ibid at p. 476

‘mobility as agency’ helps to reinforce negative, marginalizing stereotypes that persist towards People with Disabilities and perpetuates the distance between them and able-bodied society. I have shown that mobility means a lot to all of us—when we have it. It is connected to almost everything that we do, and when we have full mobility and are physically able, we are assumed to be *healthy, normal, free*. We have taken this ability for granted, and have come to assume that mobility is an essential measure of our worth. Now I think it is essential to consider what mobility and ability means to Persons with Disabilities. Does it hold a greater or lesser value?

Mobility, Ability & Disability

We have seen what ability and mobility mean to us when we have it, but a question of equal importance is: what value does mobility and ability hold when you don’t have it? For this, I turn back to work by Robert Imrie. He shows that mobility, or lack of mobility for someone who is considered to be physically disabled, is far less liberating. In fact, it is a constant reminder of their corporeal identities.⁹⁹ Upon interviewing several individuals with various mobility impairments, this ‘constant reminder’ becomes extremely apparent:

Every time I get in this thing [wheelchair] I'm aware of my limitations and the things I can't do...it becomes very apparent as soon as I set off down the street where most places are off-limits to me.¹⁰⁰

Almost immediately what we see is that mobility for a Person with a physical disability is much more important because it underscores what it is a person is unable to do, and just how different they are from the majority of the population. Their lack of mobility, coupled with society’s apparent reluctance to support People with Disabilities through

⁹⁹ Supra note 84 at p. 1646

¹⁰⁰Ibid

ensuring accessibility within our communities, makes them feel as though they are unwelcome and unworthy.¹⁰¹ Unlike their able-bodied counterparts, people with disabilities are not free - as a result of their (im)mobility they are confined. Many feel a strong and distressing pull to ‘conform’ – to get up out of the chair and walk, *just like everybody else*, which is at once irresistible and unattainable. As a result, acceptance by society an unlikely goal:

Going into a wheelchair means you're a failure, a freak, and not normal. Even people who are in them from childhood--they want to get out as everyone else is walking.¹⁰²

Celeste Langan echoes this as she looks at the importance of mobility in the lives of people with disabilities. In her piece she finds that you are mostly accepted within our society if you can stand on your own two feet:

People move well on their feet. . . . People on their feet are more or less equal. People solely dependent on their feet move on the spur of the moment, at three to four miles an hour, in any direction and to any place from which they are not legally or physically barred.¹⁰³

The author highlights that if you can't move on your feet then you are not, and cannot be, considered equal. This is very telling of what mobility means to a disabled person.

What I found to be most salient for this section is to examine the experiences of the disabled population as they navigated accessibility and mobility in their everyday lives. Research by Carol Kaufman-Scarborough is vital in such an examination. In her research, which involved both participant observation (the researcher is a Person with a Disability) and interviews with Persons with Disabilities regarding their experiences as clients or patrons, Kaufman-Scarborough found that to somebody with physical mobility

101 Ibid at p. 1649-50

102 Ibid.

103 C. Langan, “Mobility Disability” (2001) *Public Culture* Vol. 13 No. 3 at p. 464

impairment, the concept of mobility is infused with value-laden judgments. She emphasizes that many storefront workers in her study either reacted with fear of the disabled patron, for example by either avoiding them altogether, or they were overly solicitous and helpful, which could be considered patronizing.¹⁰⁴ Furthermore, she discovered that most of those interacting with Persons with Disabilities in a public setting assumed that the Persons with Disabilities were not alone, but rather were accompanied and assisted by an able-bodied person or ‘helper’, thereby implying dependence or inadequacy. In the absence of ‘able-bodied oversight’, the Person with Disabilities was simply out of sight:

I was in my wheelchair on my own in the supermarket and I joined the check-out queue and people just didn't see me and walked right by in front of me. When they'd all gone the assistant started to pack up and I said, 'what about me' and she turned around and said, 'I thought you were with someone'.¹⁰⁵

I can get in and out of this thing and look after myself and I only need it for long distances. I go everywhere on my own but when I tried to get a flight to Portugal all of the operators bar one wouldn't let me on without an escort. Well, who's going to escort me and pay for it?¹⁰⁶

People tend to talk with my wife and not me, I've only lost my legs and not my brain, I'm not a doll being pushed about and we need to enlighten people. Able-bodied people get very embarrassed and just try and ignore me.¹⁰⁷

The preceding accounts illustrate that the concept of mobility (or immobility) for a physically disabled individual brings with it many social implications. In my experience as a person who uses an electric wheelchair as my primary form of mobility, when people

104 C. Kaufman-Scarborough, “Sharing the Experiences of Mobility Disabled Consumers: Building Understanding Through the Use of Ethnographic Research” (2001) *Journal of Contemporary Ethnography* Vol. 30 No. 4 at p. 454

105Supra note 84 at p. 1650

106 Ibid.

107Ibid.

notice my wheelchair they assume that I am mentally delayed or incapacitated. Thus, they will talk to me in a slow, condescending tone as if I am having trouble understanding them. It would seem that I am not the only one who has had this experience:

People look at me and treat me like a child and because I'm slow to talk no one ever has the patience to wait and listen ... it's like I'm not there.¹⁰⁸ Moreover, many people with disabilities continue to view mobility as something they will never fully have. This has caused many people with physical disabilities to develop an extremely low self worth and feel as though they are merely a 'cripple' that can't do anything.¹⁰⁹ Edwards and Imrie both highlight the effect that this can have:

Thus, for one person, 'every time I go out I'm reminded of what I can't do and about what I'd like to do ... and I just end up feeling bad [about myself]'. For others, forms of bodily self-censure, based upon embarrassment, awkwardness, or feelings of discomfort of perceived corporeal status, were evident. As a respondent noted, 'normally when people ask I say "no, I'm not disabled". But I'm treated like a cripple.'¹¹⁰ Alongside feelings of depression and low self-esteem, what we see is that Persons with Disabilities often become angry and frustrated about being excluded due to their 'abnormal mobility'. As a result, some disabled people have gone so far as to exclude able-bodied people from their social groups:

There are disabled people who are scared of going to able-bodied places and don't feel they can compete...so we started a sports club, bowls, chess, and archery, for disabled people and able-bodied are not allowed in.¹¹¹

108 C. Edwards & R. Imrie, "Disability and Bodies as Bearers of Social Value" (2003) *Sociology* Vol 37 No 2 at p. 250

109 Ibid.

110 Ibid.

111 Supra note 84 at p. 1651

I am wary of these attitudes because I feel that they contribute to the ever-present divide between able-bodied and disabled people. What I have shown thus far is how vastly different the concept of mobility is for both these populations. For one, mobility embodies everything it is that we hold dear: our independence and freedom, our health and well being our sense of self. For the other, those same concepts have been twisted and contorted into anger, oppression, confinement and invisibility. For a Person with a Disability the concept of mobility is extremely important because it is a constant reminder of their status. I would like now to explore further how the concept of mobility has impacted the relationship between Persons with Disabilities and the able-bodied population.

Able vs Disabled: The Power of Mobility

Having explored what physical mobility means to both the disabled and non-disabled, I felt that it was important to discuss how these concepts affect the interplay between the two groups; essentially, how has mobility influenced the power dynamic between able-bodied and disabled? What I was able to uncover was not at all surprising.

Thomas Gerschick highlights that Persons with Disabilities are engaged in an asymmetrical power relationship with their temporarily able-bodied counterparts.¹¹² He underscores that the legitimacy we afford a person comes as the result of their level of ability.¹¹³ For instance, someone with a mental impairment but no physical impairment will not be called out because the condition is not as noticeable. Whereas someone using a wheelchair as a mobility aid, will be perceived as being ‘really’ disabled and automatically, somehow invalid.¹¹⁴ The true power found within the concept of mobility

112 T.J. Gerschick, “Toward a Theory of Disability and Gender” (2000) *Signs* Vol. 25 No 4 at p. 1264

113 Ibid.

114 Ibid at p. 1265

has far reaching consequences. Consider that many people with physical mobility impairments have great difficulty forming long-lasting relationships (intimate or otherwise), because many partners may feel that due to the lack of mobility, their disabled partner has not met societal standards of what it means to be a spouse, parent or lover.¹¹⁵ This is underscored by the following evidence from the research of Teleporos and McCabe:

“Able-bodied people don’t think that disabled people have the same desires that they have.”¹¹⁶

“No guy wants you if you’re disabled. I can’t compete with able-bodied girls.”¹¹⁷ Research by Morgan et al highlights that with a greater level of disability comes a greater level of social isolation.¹¹⁸ Evidence of this has been documented through interviews with mobility-impaired individuals:

[...]Marsha, who had a loss of mobility in her heel, had enjoyed hiking with her friends in the past but now had problems walking on rugged surfaces. She indicated that her limited physical movement had ‘affected the type of people I hang out with because I can’t do the types of things that I used to do...’¹¹⁹

It has also been shown that the relationship between disabled persons and able-bodied persons can be a tenuous one, and this uneasiness can start during childhood and adolescence:

115 C.J. Gill, “Dating and Relationship Issues” (1996) *Sexuality and Disability* Vol. 14 No. 3 at p. 189

116 G. Taleporos & M.P. McCabe, “Physical Disability and Sexual Esteem” (2001) *Sexuality and Disability* Vol. 19 No. 2 at p. 139

117 Ibid.

118 M. Morgan et al, “Social Networks and Psychosocial Support Among Disabled People” (1984) *Social Science & Medicine* Vol. 19 No. 5 at p. 495

119 D.E. Taub et al, “Physical and Social Barriers to Social Relationships: Voices of Disabled Rural Women in the USA” (2009) *Disability and Society* Vol. 24 No. 2 at p. 206

In summer camp settings, visibly disabled children were least preferred as interaction partners, and camp counselors perceived that disabled children were less likely to have intimate best-friend relationships.¹²⁰

Work by Jeannes and Magee is consistent with the above when applied to children's play parks. They contend that many of these structures recreate the hegemonic, disablist ideologies that serve to exclude persons with disabilities.¹²¹

Another area wherein the power of mobility becomes evident is when we examine the employment sector. Research by Deborah Balsler studying discrimination within the workplace, suggests that one-third of disabled employees were given less responsibility than their able-bodied counterparts, and two-thirds were denied promotions as a result of their disabilities.¹²² Moreover, we see that very few people with physical disabilities are in positions of power in today's economy:

Of the 149 respondents to the survey, only 18 (12%) were disabled. On behalf of only 14 (9%) agencies did disabled people act as representatives on public bodies concerned with the planning and management of services. Just 15 (10%) agencies were represented by disabled people in their contacts with the media. There was a distinct absence of disabled people from management committees, and they were almost totally excluded from paid employment in the voluntary sector.¹²³

This could be because the concept of "ableness" has been perceived by both employers and coworkers alike as "what it takes to get the job done".¹²⁴ Harlan and Robert indicate

120 J.H. Park et al, "Evolved Disease Avoidance Mechanism and Contemporary Anti- Social Behaviour: Prejudicial Attitudes and Avoidance of People with Physical Disabilities" (2003) *Journal of Nonverbal Behaviour* Vol. 27. No. 2 at p. 71

121 R. Jeannes & J. Magee, "Can we play on the swings and roundabouts?" Creating inclusive play spaces for disabled young people and their families" (2011) *Leisure Studies* Vol. 1 No. 1 at p. 5

122 D. Balsler, "Perceptions of On-The-Job Discrimination and Employees with Disabilities" (2000) *Employee Responsibilities and Rights Journal* Vol. 12 No. 4 at p. 181

123 R.F. Drake, "The Exclusion of Disabled People from Positions of Power in British Voluntary Organizations" (1994) *Disability and Society* Vol. 9 No 4 at p. 470

124 S.L. Harlan & P.M. Robert, "The Social Construction of Disability in Organizations: Why Employers Resist Reasonable Accommodation" (1998) *Work and Occupations* Vol. 25 No. 4 at p. 402

that surveys of hiring managers show they believe that disabled individuals are much less capable of doing the job.¹²⁵ While not explicitly mentioned in the literature, I can only presume that employers feel this way at least in part because the person's different level of mobility conflicts with what they understand as normal. Our perceptions of mobility, it would seem, have significant power to change the way we interact with one another.

Another aspect that I think is essential to this conversation is how mobility has affected the ways in which disabled people view able-bodied people. Imrie highlighted that there is sometimes an exclusion of able-bodied individuals from certain events (chess, bowling, archery, etc.) because Persons with Disabilities felt that they weren't able to compete fairly.¹²⁶ This social segregation may come about in large measure from what Paul Hunt argues is the animosity and prejudice that is directed towards the able-bodied community by Persons with Disabilities resentful not only of the mobility of the able-bodied, but how that mobility is used as a mark of superiority which has fostered the exclusion and blocked opportunities experienced by Persons with Disabilities.¹²⁷ He quite rightly highlights that they are angry because their degrees of (im)mobility have transformed them into the 'sick'.¹²⁸ Ultimately, my research has brought me to an opinion that the concept of mobility has undoubtedly contributed to the 'us vs. them' paradigm that the disabled population constantly battles. As a result, many disabled persons feel as

125 Ibid.

126 Supra note 84 at p. 1651

127 P. Hunt, "A Critical Condition" in P. Hunt, Stigma: The Experience of Disability (London: Geoffrey Chapman, 1966) at p. 6

128 Ibid at p. 10

if they are constantly being judged and oppressed, making it utterly impossible to form healthy, long-lasting relationships:

[...]in challenging oppression disabled people need to be aware of the constant battle within non-disabled people between the ego—which contains emotions of sympathy, care and pity—and the id—which contains anxiety, fear, anger and hate. He concludes that disabled people may need to continually confront this hidden hate, be aware of its potentially destructive force, and form alliances with other oppressed groups which experience hate as a means of challenging it.¹²⁹

It is most disturbing to me how quickly the concept of mobility and able-bodiedness has turned people against people. This concept of movement and mobility has in fact immobilized many people from approaching their own potential. It has bred envy, jealousy, contempt and fear amongst people who *need* to be working together - not apart and against each other.

To be Mobile is to Be ‘Normal’

As I moved through the themes of this paper, I have tried to convey one point above all else: that our mobility is intimately connected to our sense of normality. It is important now to consider how that sense of normality came to be. How has ‘mobility as normality’ become ingrained within our social conscience? Moreover, how has this contributed to immobility as disability?

One of the dominant contributors to this assumption is the medical community. Rob Imrie and others illustrate how instrumental the medical community has been in propagating this ideology of the normal as able-bodied:

The hegemony of the mobile body is also reinforced by professional discourses which seek to measure, characterise, and understand disability through the movement and mobility of disabled people's body parts. Such conceptions see disabled people as neither sick nor well but in a liminal state which is characterised by a (potential) movement from one bodily state to another... Such representations counterpoise the mobile body to the

129 C. Tregaskis, “Social Model Theory: The Story So Far” (2002) *Disability and Society* Vol. 17 No. 4 at p. 465

immobile, the capacitated to the incapacitated, the abled to the disabled, and the normal to the abnormal.¹³⁰

Snyder and Mitchell echo Imrie's position and highlight that medical discourse has been connecting the ideas of physical ability and normality with disturbing consequences and for some time. As early as the 1890s:

An inverse analysis came into existence which held that physically disabled people presented the visible markers that presumed inferior intelligence, and those who tested positively for inferior intelligence were scrutinized—unclothed—for evidence of accompanying physical stigmata. The physical body provided empirical evidence of an otherwise intangible disorder of the interior.¹³¹

It is clear that the medical community has a stronghold over what is considered to be a 'normal body'. Their discourse teaches them that the disabled, or mobility impaired individual needs to be corrected:

Medical discourses are core to the definition of disabled people and incorporate values that stress the need to 'correct' or normalize the disabled body. Their dominance is such that most aspects of society are not generally structured in ways that provide frequent opportunities for value to be bestowed on disabled bodies... Thus, as a mobility-impaired person commented about occupational therapists: 'professionals don't know anything about us and I feel very angry ... their criteria are a stupid joke. The way they treat us I feel like a poor cripple after a while and I feel bad about myself'.¹³²

From the above, we can see that the medical community has certainly played a part in this ideology of corporeal normality. They use medically scientific knowledge and facts to remind us that if you are not mobile you are not 'correct' or 'normal'. It is unfortunate

130 Supra note 84 at p. 1642-43

131 S.L. Snyder & D.T. Mitchell, "Out of the Ashes of Eugenics: Diagnostic Regimes in the United States and the Making of a Disability Minority" (2002) *Patterns of Prejudice* Vol. 36 No. 1 at p. 81 and 87

132 Supra Note 105 at p. 248

that this myth has seeped into other discourses and has become firmly embedded in our socio-cultural understanding of disability.

The media perception of disability mirrors this myth back to us, and then we begin to believe it. One of the most noticeable depictions of this comes to us from one of the iconic staples in our culture today--Disney. We have all grown up with children's tales like *Peter Pan* or *The Hunchback of Notre Dame*. Marilyn Dahl shows that within each of these popular fables, the concept of 'mobility as normality' becomes crystal clear:

A review of our cultural forms of expression provides evidence of the metaphoric role of disability which is deeply ingrained in our social values. It has been a convention of all literature and art that physical deformity, chronic illness, or any visible defect symbolizes an evil and malevolent nature and monstrous behaviour (Sontag, 1978). A summary look at literary distortions of handicapping conditions illustrates this point: Captain Hook (in *Peter Pan*) is intentionally an amputee with a prosthesis.¹³³

What I take from this is that the media starts to propagate the connection between mobility and normality from a very early age. It is easy to see then how this belief would soon become second nature to us, without us even realizing it.

The media also constantly shows us some critical characterizations of disability that reinforce this sense of 'normalcy.' Russell Meeuf gives an example of the "supercrip" in literature on the 1957 film *Wings of Eagles*. Within this film John Wayne becomes disabled as a result of World War II. Initially, he is bed-ridden and immobile, but he does what he can to normalize his body and regain his mobility so that he can be seen as normal again. For this, he is hailed a hero.¹³⁴ Within his analysis, Meeuf discusses the fact that this depiction is far too reliant on an "overcoming" narrative that

133 M. Dahl, "The Role of The Media in Promoting Images of Disability - Disability as Metaphor: The Evil Crip" (1993) *Canadian Journal of Communication* Vol. 18 No. 3 p. 1

134 Russell Meeuf, "John Wayne as 'Supercrip': Disabled Bodies and the Construction of "Hard Masculinity in *Wings of Eagles*" (2009) *Cinema Journal* Vol. 48, No. 2 pp. 99-100

takes away from issues that disabled people face on a daily basis.¹³⁵ One of the more current depictions of ‘mobility as normality’ comes to us from the 2007 remake of *Bionic Woman*. Upon looking at audience reaction to this show via Internet message boards, Bates and Quinlan reveal that many respondents felt that the title character ought to be grateful for being given the chance to be ‘normal’ again.¹³⁶ The same types of references can be seen in television programs like *Glee* wherein one of the characters is in a wheelchair. In the Christmas episode airing on December 7, 2010, the character of “Artie” is given a machine that will help him walk as gift.¹³⁷ The scene closes with everyone overjoyed that “Artie” will be closer to ‘normal’ than before. This clearly suggests to the audience watching that; to walk is the only way to be normal. This message undoubtedly ripples into the hearts and minds of disabled viewers, reaffirming in them a feeling that they have most certainly felt before: they are not normal.

‘Mobility as normality’ is also built into city planning and construction plans. To examine this in depth, I turn back to Robert Imrie. He discusses how often times policy makers and city planners:

fail to recognise the diversity of physical and mental impairments and the often conflicting and different mobility needs of different categories of (disabled) people. They also have the potential to reduce the provision of modes of mobility to particular types which might, as a consequence, be inattentive to the corporeal diversity of disabled people.¹³⁸

135 Ibid at p. 109

136 Margaret M. Quinlan & Benjamin R. Bates, “Bionic Woman (2007): Gender, Disability and Cyborgs” (2009) *Journal of Research in Special Educational Needs* Vol. 9, No 1 pp. 53

137 “Glee: A Very Glee Christmas Episode (December 7 2010)” Accessed at: <http://www.imdb.com/title/tt1628280/>

138 Supra note 84 at p. 1644-45

In looking at the subject of ‘mobility as normality’, some questions came to mind that I feel need to be properly addressed. Consider that each and every one of us begins our lives as infants without the ability to be fully mobile. It takes many of us years to reach what has been understood as ‘normal mobility’. With luck, many of us will reach our elderly years. At that time, it is presumed that many of us will encounter mobility impairment. It stands to reason these milestones--youth and age--are normal, undisputed processes and no one blinks an eye when they occur. The question then becomes, if we both start and end life without ‘normal’ mobility than why is it such a problem in-between?

Similarly, it is interesting that these discussions of mobility and normality are so narrow in their focus not only of what constitutes (im)mobility, but also which mobility-enhancing devices are perceived as markers of disability and (im)mobility. For example, we have come to accept people getting in their cars and driving from point A to point B. Essentially, the car is an accepted form of mobility; no questions asked. So, why are things like wheelchairs still not accepted in our society as a form of mobility? Sally French suggests that the medical community has had a hand in this, and inferred that those who utilize wheelchairs or hoists for mobility are not trying to be ‘normal’ fast enough; in fact, they are giving into their laziness by using these aids.¹³⁹ The rather transparent fact that able-bodied people are also succumbing to laziness by using cars seems lost in the translation, reminding us once again that the disabled/abled dichotomy is more a product of perception than reality.

Kelly and Field highlight that if someone is in a wheelchair regardless of their actual condition or prognosis, people will always be drawn to the wheelchair:

¹³⁹ S. French, “The Disabled Role” in S. French eds, On Equal Terms: Working with Disabled People (Oxford: Butterworth-Heinemann, 1994) at p. 50

In contrast, at the other extreme, someone whose condition is visible and cannot be hidden, for example if they are in a wheelchair, will be in social situations where, whatever the salience of their impairment for self at any given moment, their public identity is always constrained by the wheelchair. The wheelchair gives a physical salience and presence for identity construction.¹⁴⁰

Watson and Woods further explore why mobility aids like the wheelchair are not more widely accepted. Yet again, we see that the dominant discourse of medicine is to blame:

The wheelchair is still widely viewed as a symbol of illness and loss (Karp, 1999). Terms such as ‘confined to a wheelchair’ or ‘wheelchair-bound’ predominate. This reinforces the perception that wheelchair users are imprisoned by their machine and that they are restricted from leading ‘normal’ lives and thus in need of sympathy and charity. The linking of the wheelchair to injury, illness, passivity and dependency not only misinterprets the technology as simply a medical device; it also had, and continues to have, wider consequences. It disables the users in that they are themselves medicalised.¹⁴¹

As a result of this medicalization of disability, Swain and French assert that many people look at a Person with a Disability and automatically assume that they cannot be happy with who they are.¹⁴² It stands to reason then that wheelchairs haven’t been accepted because we associate them with illness which is, in turn, associated with unhappiness. If you are in a wheelchair you are assumed to be fighting your lack of mobility, when in fact you should be immobile and under the care of medical professionals, waiting to be brought back to a sense of normality that you have been - indeed must be - longing for. In other words, because of your wheelchair, walker or scooter you must assume the “sick role”.

¹⁴⁰ Michael P. Kelly & David Field, “Medical Sociology, Chronic Illness and the Body” (1996) *Sociology of Health and Illness* Vol. 18 No. 2 at p. 249

¹⁴¹ Nick Watson & Brian Woods, “No Wheelchairs Beyond This Point: A Historical Examination of Wheelchair Access in the Twentieth Century in Britain and America” (2005) *Social Policy and Society* Vol. 4 No. 1 at p. 98

¹⁴² J. Swain and S. French, “Towards an Affirmation Model of Disability” (2000) *Disability & Society* Vol. 15:4 at p. 569

An argument can be made that alternative forms of mobility haven't been accepted by the larger social milieu as a direct result of medical sociology that constantly connects these devices to illness or death – and thereby forces us to face our own mortality. Furthermore by allowing these different forms of mobility into our communities, we are accepting that we will be continually confronted by the 'other' – the (im)mobile masquerading as mobile, the disabled striving to be able.

Conclusion

This Chapter has illustrated quite clearly that the idea of mobility is not as simple as having the ability to walk from A to B. Rather, it is infused with so many different values including freedom, health and independence. I have shown that when we have mobility we take it very much for granted and consider ourselves to be 'normal'. Throughout this Chapter I have also discussed the inherent power that mobility has in our society, and what role that plays in defining the relationships between people. The chapter has underscored that when one does not have 'normal' mobility those values turn into feelings of resentment, anger, exclusion and unworthiness. What I have tried to show is that the concept of mobility has undoubtedly contributed to the pathological ideologies that persist when we think of disability. Thanks to the omnipotence and authoritative voice of medicine, different modes of mobility have become abnormal and inextricably linked to death and mortality. Lastly, I feel that the concept of mobility has become so warped and twisted that it has helped to create this 'Other' character that our society has become all too comfortable with. The most disturbing part of this whole discussion for me is the fact that one day each and every one of us will become an 'Other' as the result of limited mobility due to an impairment or simple aging. So, why then do we ostracize, belittle, and bemoan those of us who got a head start?

Chapter Three

As it stands today, our legal system and government are premised upon the simple ideology that we are all considered equal in the eyes of the law. The law constantly reassures each of us that no matter who we are – man or woman, black or white, gay or lesbian, able or disabled, we shall be afforded the same protections. There is little question however, that the gap between legal and social justice is, for some of us, unbridgeable. For those of us who reside on the margins of society, this promise of equality is rarely realized and more elusive. The aim of this chapter will be to consider how the law has come to perceive, understand and regulate Persons with Disabilities. Are they really equal with the able-bodied in law and in life? I will suggest that, as a result of their physical differences, the law views Persons with Disabilities very differently from their able-bodied counterparts. Ultimately, I will show that under the law PwD are caught between the need for rights and the need for benefits. In order to understand how this dichotomy came to be, I will explore the historical development of the relationship between the State and Persons with Disabilities. I will focus on the initial state regulation of disability and consider whether or not this is still prevalent today. Central to this analysis is consideration of the ways in which the law serves to implant particular

ideologies in our social conscience about disability through the interpretation and application of legislation that pertains to PwD, and how that has served only to create distance between the intent of the legislation and its mobilization ‘on the ground’. Are the laws, policies and programs created for PwD effective mechanisms of social justice for Persons with Disabilities, or does the ‘trickle down’ from intention to practice suggest that the goals of the legislators and policymakers are as much about what is seen to be done rather than what is actually being done. I will argue that although these remedies may be near fatally flawed upon execution, they are not without merit, insofar as the gap between policy and practice, and the occupation of the law within that gap, offer critical insights into how we have come to conceptualize disability, and that the law is an imperfect lens when it focusses on People with Disabilities.

Persons with Disabilities & The State: A Historical Analysis

To understand how the struggle between rights versus benefits began, it is necessary to consider the early interactions between Persons with Disabilities and the State. In her chronicles of this evolving relationship, Arlene Mayerson suggests that in its beginnings, it was uneasy and extremely volatile in nature as it fluctuated between violence, discrimination, exclusion and protection.¹⁴³ For example, under the 1601 English Poor Laws passed under the reign of Elizabeth I, the welfare of disabled persons was made the responsibility of the community and the parishes.¹⁴⁴ This set of ordinances simply assumed that Persons with Disabilities would be forever indigent and in need of charity.¹⁴⁵ Those who were able to work did so, while those with disability were cast out

143 A. Mayerson, “The Americans with Disabilities Act--An Historic Overview” (1991) *Labor Law* Vol. 7 No. 1 at p. 1

144 D. Selway & A.F. Ashman, “Disability, Religion and Health: a literature review in the search for the spiritual dimensions of disability” (1998) *Disability & Society* Vol. 13 No. 3 at p. 429

145 B.P. Ianacone, “Historical Overview - From Charity to Rights: A Symposium on the Rights of the Handicapped: A Historical Overview” (1977) *Temple Law Quarterly* Vol. 50 No. 1 at p. 953

and expected to rely on the kindness of strangers and the succor of the church. This sentiment is captured by William P. Quigley, whose research illustrates the linkages between the ability to work and one's deservedness under the law:

The statute began with a method to eliminate able-bodied beggars, provide much-needed laborers, and roll back wages: coercion to work and to accept prior wages. It mandated every man or woman under 60 who is "free or bond, able in body" and who does not have a job or their own home, "shall be bounden to serve him which so shall him require." Everyone able bodied under 60 was required to work.¹⁴⁶

As illustrated in the classic Dickens novel "A Christmas Carol", Tiny Tim was carried on the willing shoulders of his father. This can be seen as a metaphor for how society was to carry the disabled – a reluctant burden imposed by a state that defined the ability to work.

Soon after, these laws that decided between who was 'worthy' and who was not were replicated in the Americas. These legal transplants held for some time, but with the rise of the Industrial Revolution shifting the economic needs of a nation, Persons with Disabilities found themselves to be at a greater disadvantage.¹⁴⁷ Since many with disabilities were unable to meet the state's desired standard of "workability" during this critical economic transition, the state began to view them as a drain on the system and a drag towards prosperity rather than 'deserving' of support:

Urban problems of overcrowding, slums, homelessness, begging, prostitution, and crime sprawled throughout US cities, disturbing the sensibilities of those in power. Seen as a major component of this troubling situation, disabled people now required management.¹⁴⁸

¹⁴⁶ W. P. Quigley, "500 Years of English Poor Laws, 1349-1834: Regulating the Working and Non-Working Poor" (1996) *Akron Law Review* Vol. 30 at p. 80

¹⁴⁷ S. Patterson, "A Historical Overview of Disability and Employment in the United States, 1600-1950" (2011) *Review of Disability Studies: An International Journal* Vol. 7 No. 3&4 at p. 9

¹⁴⁸ *Ibid* at p. 10

As a result of this push to ‘manage’ the disabled, institutions were built to house them. Stephanie Patterson is quick to point out that, like many of the state responses to socioeconomic and political problems presented by ‘marginal’ citizens, the initial impetus of these constructions was carved out of good intentions and benevolence. They were, in fact labours of love for their creators, who were simply trying to do ‘what was best’ for all involved. Unfortunately, this sense of ‘caring paternalism’ had a far more negative impact than a positive one on the lives of Persons with Disabilities.¹⁴⁹ The institutional housing was meant to shield Persons with Disabilities from the harsh realities of the economic climate and the critical eyes of those with whom they would compete for resources. Not only was this goal achieved, but it also left many disenfranchised and disempowered. Institutionalization acted as a form of social control. Institutions sent a clear social message that if one was unable to meet the standard set by the state, the institution awaited them. Moreover, the institutions strived to ‘normalize’ people with disabilities. They wanted to ensure that no deviants, criminals or vagrants were let loose in public.¹⁵⁰

If the English Poor Laws were meant to coerce greater labor out of the able-bodied while simultaneously managing those on the margins, the subsequent American efforts were far less about ‘benevolent management’ and more about keeping Persons with Disabilities firmly out of sight and out of mind. A typical American response to this is evident in ordinances like the “Ugly Laws” which emerged across America in the late 19th Century as a solution to the post Civil War urbanization that was occurring.¹⁵¹ The

149 Ibid.

150 M. Oliver, “Capitalism, disability and ideology: A materialist critique of the Normalization Principle” in R.J. Flynn & R.A. Lemay (eds.) A Quarter Century of Normalization and Social Role Valorization: Evolution and Impact (Ottawa: University of Ottawa Press, 1999) at p. 166

151 S. Schweik, The Ugly Laws: Disability in Public (New York: New York University Press, 2009) at p.

ordinances were initially intended to keep mendicant persons off the city streets, but as research by Susan Schweik and others show, this soon came to mean the disabled as well.¹⁵² Mendicancy and vagrancy were one thing, however when coupled with disease, disgust and deformity, the “Ugly Laws” were born.¹⁵³ From the wording of the law alone we can see that it clearly targeted Persons with Disabilities:

Any person who is diseased, maimed, mutilated or in any way deformed so as to be an unsightly or disgusting object, or an improper person to be allowed in or on the streets, highways, thoroughfares or public places in this city shall not therein or thereon expose himself or herself to public view under penalty of one dollar for each offense. On the conviction of any person for a violation of this section, if it shall seem proper and just, the fine provided for may be suspended, and such person detained at the police station, where he shall be well cared for, until he can be committed to the county poor house.¹⁵⁴

Adrienne Phelps-Coco in researching these ordinances discusses that they were some of the most egregious and discriminatory ever levied against the disabled community, notwithstanding the feeble attempts to mask their intentions by “suspending sentences” or ensuring that the individual be “well cared for” prior to incarceration.¹⁵⁵ The law considered that Persons with Disabilities were a “shock to the ordinary nerves”, and, as such the disabled were seen a threat to the able-bodied who might undoubtedly be troubled by the “unsightly” form of the disabled body. In one swift, harsh motion those with disabilities were marginalized, dehumanized and cast into poorhouses for the benefit of society.¹⁵⁶ Although the law was primarily intended for beggars and mendicants,

152 Ibid at p. 33

153 Ibid.

154 A. Phelps-Coco, “Diseased, Maimed, Mutilated: Categorizations of Disability and an Ugly Law in Late Nineteenth Century Chicago” (2010) *Journal of Social History* Vol. 44 No. 1 at p. 23

155 Ibid.

156 Ibid at p. 26

Phelps-Coco warns that; “we should not underestimate the extent to which attitudes toward these bodies motivated the passage of this law”.¹⁵⁷ It is quite clear that both the British and American laws that dealt with disability were influenced by the very worst attitudes and assumptions of the day.

It is important to also take note that Canada was affected by these ordinances as well. Consider that in 1847, the city of Toronto adopted vagrancy laws that were intended to control Persons with Disabilities:

“That all persons openly exhibiting or exposing themselves in any street, road or public place of the said city or liberties, any indecent exhibition, and all persons wandering abroad or placing themselves in the streets, public places, highways or passages to beg or gather alms or causing or procuring any child or children so to do or endeavoring by the exposure of wounds or deformities to affect the same purpose” (City of Toronto, Municipal By-laws, 1847).¹⁵⁸

As Hanes illustrates, the By-Laws relating to Public Morals were very specific in their condemnation of Persons with Disabilities:

“... Nor shall any malformed, deformed, or diseased person expose himself or be exposed in any street or public place in order to excite sympathy or induce help or assistance from general or public charity” (City of Toronto, Municipal By-laws, 1904).¹⁵⁹

It is most disturbing to consider how quickly these laws were adopted, transformed and upheld all over, and as I will show these attempts at social control of Persons with Disabilities only got worse when backed by faulty sciences.

As the 20th Century loomed on the horizon, and the world stood on the edge of change, a brand new perspective to the study of genetics was gaining strength. Eugenics

157 Ibid at p. 31

158 R. Hanes, “From Charitable Relief to Social Control: The Criminalization of Persons with Disabilities in Nineteenth Century Canada” (2004) *Review of Disability Studies: An International Journal*. Volume 1, Issue 2 at p. 96

159 Ibid.

was premised on the idea that management and manipulation could improve human variances – physical, mental and behavioural qualities of individuals - by understanding their hereditary effects.¹⁶⁰ Francis Galton, often considered the founder of this ‘flawed science’, felt that genetics could be used to produce a highly gifted type of man through a scientific manipulation of certain heredity characteristics.¹⁶¹ It was through this ideological twist of scientific principles that eugenics became a reality. In fact, “it promised an empirically sound, cross-disciplinary arena for identifying all ‘defectives’ who could be viewed as a threat to the purity of a modern nation-state.”¹⁶² This new perspective enabled medical professionals to use their authority to determine what was biologically normative and what was not. Proponents of eugenics proclaimed that ‘Defectives’ “threatened to weigh down the sturdy sapling that was the American nation”.¹⁶³ Most importantly, “eugenics fuelled the social impetus to discern multiple pathological classifications in the bodies and minds of an array of social Others”¹⁶⁴, including Persons with Disabilities:

The evolution of a science of heredity provided a foundation for the development of an increasingly poisoned social atmosphere with respect to the treatment of citizens with disabilities as a general descriptor for social undesirables.¹⁶⁵

What we see from this is that disabled persons were not only considered ‘disgusting’ and ‘deformed’, they quickly became scientifically, unequivocally ‘defective’.

¹⁶⁰ D.J. Kleves, In the name of Eugenics: Genetics and the uses of Human Heredity (New York: Alfred A. Knopf, 1985) at p. vii

¹⁶¹ Ibid at p. 4

¹⁶² S.L. Snyder & D.T. Mitchell, “Out of the ashes of eugenics: diagnostic regimes in the United States and the making of a disability minority” (2002) *Patterns of Prejudice* Vol. 36 No 1 at p. 80

¹⁶³ Ibid at p. 82

¹⁶⁴ Ibid.

¹⁶⁵ Ibid.

with the authority of science, many professionals used eugenic ideologies to commit violent and pathological acts against Persons with Disabilities – the legal system included. With the rise of the Eugenics movement, the legal system bent to its every whim, forcibly removing Persons with Disabilities from society. It is important to remember that the initial intent behind the institutionalization of the disabled was premised on the idea that it would benefit them – teach them a basic skill or trade so that they could someday return to their communities.¹⁶⁶ However, with the legal system swept up in this new social movement, all that the policy and lawmakers saw was a connection between feeble-mindedness and the social ills of the day, and they were glad PwD had been rightfully removed from society.¹⁶⁷ Persons with Disabilities were now being segregated for the protection and betterment of society.¹⁶⁸ This segregation soon proved deadly, as 10 to 25 percent of those institutionalized died within 2 months of their arrival.¹⁶⁹ Not only were Persons with Disabilities institutionalized, eugenics also made it is easier for them to be sterilized. By 1938, 33 States had strict sterilization laws in place, and by 1964 research suggests that up to 63,000 Persons with Disabilities had been sterilized.¹⁷⁰ It was now no longer sufficient to hide Persons with Disabilities away in institutions: Girded by the arguments of the eugenics movement, they were to be rendered extinct.

Reflecting upon the early legal efforts to manage Persons with Disabilities, and

¹⁶⁶ D. Pfeiffer, “Overview of the Disability Movement: History, Legislative Record and Political Implications” (1993) *Policy Studies Journal* Vol. 21 No. 4 at p. 724

¹⁶⁷ Ibid.

¹⁶⁸ Supra note 22

¹⁶⁹ Supra note 158 at p. 95

¹⁷⁰ R. Malhotra, “The Politics of the Disability Rights Movement” (2001) *New Politics* Vol. 8 No. 3 at p. 67

the rush of the law to accept the dubious assertions of eugenics, it is clear the law offered no safe haven for Persons with Disabilities. The Poor Laws, the Ugly Laws, and the laws permitting forced sterilization constituted a direct attack on the human rights of Persons with Disabilities, and did so cloaked in thin veneers of instrumentalist benevolence and for the ‘good’ of Persons with Disabilities. One thing about these early remedies is clear: Persons with Disabilities were not equal in society or in the eyes of the law. Now it is critical to explore whether or not this type of inequality and fluctuation between understanding Persons with Disabilities as ‘pitiable cripples’ and ‘sub-humans’ persists today.

Disability and the Law Then and Now: How does the law perceive disability issues today?

We have seen how the early laws towards People with Disabilities removed their humanity – typecasting them as either defective, deserving or disgusting – it is important to now consider how the legal system and social policies understand, frame, and conceptualize physical disability in today’s social climate. Are there still hints of the old attitudes hidden within our new laws and regulations? How do the current laws, regulations and policies further imbed ideas about disability into the minds of the public? As will be seen, many of the old, paternalistic attitudes that helped to create the “Ugly Laws” have followed Persons with Disabilities and remain firmly entrenched in the minds of the able-bodied. For example, Kilbury et al contend that these attitudes have helped to create disincentives to employment for Persons with Disabilities, insofar as those who are unemployed receive benefits, while those who choose to work do not.¹⁷¹ This would seem to suggest that we remain entrenched in a view that the ability to work is what defines the absence of disability, and not far removed from the equation of work

¹⁷¹ R.F. Kilbury et al, “The Interaction of Legislation, Public Attitudes and Access to Opportunities for Persons with Disabilities” (1992) *Journal of Rehabilitation* Vol. 58 No. 4 at p. 6

with ability, a sentiment which lay at the core of British Poor Laws and, as we will see, appears to underlie the views of the Canadian government as well:

Successes with specific groups aside, employment prospects for adults with disabilities are not improving significantly, and most Canadian governments still rely heavily on compensation rather than inclusion strategies.¹⁷²

The majority of disability policy in Canada and elsewhere assumes that Persons with Disabilities will be forever considered “pensioners”, and are not necessarily expected to work, even if they can find, secure and maintain productive employment.¹⁷³

August observes that these policies are passive in nature, premised on the notion that the individual is ‘deserving’ and in a constant state of need wherein the succor and assistance of the state is inevitable – that self-help of any kind is out of the question. He shows that basing disability policy around dysfunction rather than ability is a very harmful error made when crafting these types of policies.¹⁷⁴ He continues:

Programs that discourage the use of human potential close off the most likely path to a better standard of living for many adults with disabilities. Just as important, they deny citizens with disabilities the opportunity to arm themselves with the dignity of a job that provides income, social connections, self-respect and standing in their community.¹⁷⁵

The “escape factor” (the point at which the Person with a Disability can sustain themselves without the benefit), is a critical point of this discussion for August. His research highlights that these programs make it nearly impossible for a disabled individual to come off the benefit. For instance, an individual receiving social assistance alongside disability benefits will be required to earn 29% more so that they’ll be able to “break even”. Whereas an individual on categorical disability benefits must earn 95%

172 R. August, “Paved with Good Intentions: The Failure of Passive Disability Policy in Canada” (2009) Caledon Institute of Social Policy at p. 15

173 Ibid at p. 2

174 Ibid at p. 5

175 Ibid at p. 6

more in order to no longer need the benefit.¹⁷⁶ While earnings exemptions are often touted as a cure for work disincentives for those on benefit programs, they are more often than not a trap that deters Persons with Disabilities from seeking employment.¹⁷⁷ August notes that these additional exemptions are only offered if it is assumed that the individual will never have substantial paid employment.¹⁷⁸ August reminds us that:

A benefit system that provides modest economic security at the expense of prospects for better should not be considered an adequate response to the aspirations of adults with disabilities. To a great extent, current Canadian disability policies impose a social minimum guarantee that is also, in effect, a social maximum. This is not inclusive disability policy.¹⁷⁹

Lyn Jongbloed shares in the above sentiments saying that many disability policies deny people the satisfaction of being productive and contributing to society in a meaningful way, for example by becoming taxpayers – the burden and privilege that comes with complete and whole membership in our society.¹⁸⁰ Moreover, she reaffirms that disability policy in Canada is caught between two worlds: rights and benefits.¹⁸¹ Ultimately, Canada lacks a unified comprehensive policy towards disability simply because each model has its own ideas as to what we owe someone with a disability.¹⁸² Therein lies the problem – we have not yet come to a place where disability policy provides us with an interpretation that takes into account the general goals of respect,

176 Ibid at p. 10, 11

177 Ibid.

178 Ibid at p. 11

179 Ibid at p. 14

180 L. Jongbloed, “Disability Policy in Canada” (2003) *Journal of Disability Policy Studies* Vol. 13 No. 4 at p. 207

181 Ibid at p. 208

182 Supra note 176.

participation and accommodation.¹⁸³ Believing that Persons with Disabilities are in fact owed something in a sense reinforces the notion that they are in constant need and ‘deserving’ of assistance. It perpetuates an ideology that a Person with a Disability will never be independent.

Disability policy in Canada is inherently flawed. There are substantial gaps in service provisions, late referrals, inadequate follow up programs and an incomplete system of information.¹⁸⁴ These stumbling blocks have caused many to question how it is we are conducting our conduct of the disabled in Canada. Some, such as M.J. Prince, have suggested that disability policy in Canada is suffering from ‘déjà vu discourse’ insofar as it often stresses gains on the surface while overlooking major structural gaps, constantly making claims and promising them in unspecified tomorrows and downplaying disability as solely a human rights issue, and discrediting the specific needs of Persons with Disabilities.¹⁸⁵ Interestingly enough, one of the major causes of this disability déjà vu is the public perception of disability and lack of information:

Established public beliefs and lack of awareness is one factor noted by government officials among others to account for limited policy reform and social change. Public interest in, and support for disability-related initiatives for children and adults seems favourable but diffuse.¹⁸⁶

It seems as though the disconnections found within Canadian disability policy hinge on attitudinal barriers more than anything else:

Many attitudinal barriers and cultural biases are embedded in programs, policy designs, administrative data sets, and service delivery systems. The classic

183 Ibid.

184 M.J. Prince, “Canadian Disability Policy: Still a Hit-and-Miss Affair” (2004) *Canadian Journal of Sociology* Vol. 29 No. 1 at p. 68

185 Ibid at p. 69

186 Ibid at p. 71

paradigm in social policy of the "worthy poor" remains in effect today across many program files, with the result of excluding or segregating disability issues and people with disabilities from the public domain.¹⁸⁷

It is clear then that these old ideological messages about disability are still alive and well – so much so that they are being embedded into policies for Persons with Disabilities. The “worthy poor” paradigm has simply been nipped and tucked – the words may have been softened, but the sentimentality is still very much intact. It is now critical to examine how it is this paradigm has persisted in Canadian Disability policy.

Canadian Disability Policy – True North, Strong and Free...for All? Ontario Disability Support Program

One of the most prominent pieces of disability legislation in Canadian Disability policy is found in Ontario, and is the Ontario Disability Support Program (ODSP). In order to properly consider whether or not this particular program has helped to perpetuate stereotypical assumptions that surround Persons with Disabilities, we must first examine its historical roots. The policy itself can be traced back to the Harris government of the mid-1990's. One of the central priorities held by Mike Harris' Conservative government at the time was to reduce the number of Ontarians on social assistance. As a result, anyone who was able to work was removed from social assistance. However, it was not the government's desire to deny assistance to those who were unable to work as a result of disability. As such, the Ontario Disability Program was established in 1998.¹⁸⁸ Through the Ontario Disability Support Program Act, which outlined the specific aims of this program:

The purpose of this Act is to establish a program that,

- (a) provides income and employment supports to eligible persons with disabilities;
- (b) recognizes that government, communities, families and individuals share

¹⁸⁷ Ibid at p. 72

¹⁸⁸ D. Lyons et al, “Pathway to Progress – ODSP: Accountability, Reform and Systemic Change” (2006) Pro Bono Students Canada Final Project Report at p. 7

responsibility for providing such supports;

(c) effectively serves persons with disabilities who need assistance¹⁸⁹

The directives of the program clearly state that its ultimate goal is to provide Persons with Disabilities in Ontario the supports necessary to live, work, and participate in their communities as independently as possible and with all their dignity intact.¹⁹⁰ It would seem, then, that the Ontario Disability Support Program has only the best of intentions in mind. The program has most certainly benefited many clients especially in terms of employment support, according to the ODSP's own press:

After undergoing brain surgery to control his seizures in 2002, Corey found himself unemployed and needed help to find a suitable career – so he turned to the Ontario Disability Support Program (ODSP). Corey received various supports through the ODSP Employment Supports programs, including career guidance and preparation. The supports Corey received allowed him to complete his education, start a career and become financially independent.¹⁹¹

In terms of income support, the program assists clientele with drug and dental coverage, affordable housing, wheelchair repair and a monthly assistance cheque that is based on the needs of the individual or family.¹⁹² The average monthly assistance cheque for an individual is \$930/mth and for the average family living with two disabled persons, the average amount is \$1,417/mth.¹⁹³ These amounts are provided for the basic necessities and lodging.¹⁹⁴ While ODSP does provide all of these services in an effort to help

189 Ontario Disability Support Program Act, S.O. 1997, c. 25 Sched B s. 1

190 ODSP Income Directives Preamble Accessed at:

http://www.mcscs.gov.on.ca/documents/en/mcscs/social/directives/odsp/income_Support/preamble.pdf

191 “Success Stories: Corey’s Story Accessed at:

<http://www.mcscs.gov.on.ca/en/talent/client/stories/corey.aspx>

192 Ministry of Community and Social Services, Ontario Disability Support Program Income Support – What is it? Accessed at:

http://www.mcscs.gov.on.ca/en/mcscs/programs/social/odsp/income_support/what.aspx

193 V.A. Crooks, “Income Assistance (the ODSP) and Women with Disabilities in Ontario, Canada: Limited Program Information, Restrictive Incomes and the Impacts upon Socio-Spatial Life” (2004) *Disability Studies Quarterly* Vol. 24 No. 3 Accessed at: <http://dsq-sds.org/article/view/507/684>

194 Ibid.

Persons with Disabilities lead independent and active lives, much of this assistance has the opposite effect when it is applied in practical terms.

Before a PwD can even consider making use of this program and its benefits, they must enter into a two-step determination process that takes into consideration their financial status, and whether or not they meet the criteria of “disability” as defined under the Ontario Disability Support Program Act.¹⁹⁵ In order to be considered financially eligible, a prospective recipient must have less than \$5,000.00 in income from all sources at all times, unless otherwise exempt.¹⁹⁶ Essentially, this suggests that in order to gain any kind of assistance, a Person with a Disability must straddle the lines between impoverishment and independence.

Moreover, a potential recipient of ODSP must prove they are in fact disabled and deserving of the benefit. In order to meet these criteria, an applicant must:

- (a) have a substantial physical or mental impairment that is recurrent, permanent or expected to last more than one year
- (b) the direct and cumulative effect of the impairment on the person’s ability to attend to his or her personal care, function in the community and function in a workplace, results in a substantial restriction in one or more of these activities of daily living; and
- (c) the impairment and its likely duration and the restriction in the person’s activities of daily living have been verified by a person with the prescribed qualifications¹⁹⁷

195 Ministry of Community and Social Services, Ontario Disability Support, Income Support: Disability / Health Eligibility Accessed at:

http://www.mcscs.gov.on.ca/en/mcscs/programs/social/odsp/income_support/disability_health.aspx

196 Supra Note 186 at s. 27

197 Ontario Disability Support Program, Income Support Directives S. 1.2 Disability Adjudication Process Accessed at:

http://www.mcscs.gov.on.ca/en/mcscs/programs/social/directives/directives/ODSPDirectives/income_support/1_2_ODSP_ISDirectives.aspx

On the outside, the criteria set forth by the Ontario Disability Support Program Act in determining who has a disability and who does not seem pretty straightforward. The determination process is aimed at ensuring that the program supports only those in need.¹⁹⁸ In theory, this should be a very sound, simple process. However, when we look at the determination process closer, we begin to see cracks in its foundation. First off, an applicant is given what is known as a Disability Determination Package (DDP), which includes four essential documents to the process: The Health Status Report, the Activities of Daily Living Form, the Self Report and the Medical Consent Form.¹⁹⁹ All of these forms must be returned within 90 days to the Disability Adjudication Unit,²⁰⁰ a group of medical professionals from various backgrounds who decide the eligibility of each applicant.²⁰¹

One of the most glaring concerns about this part of the process is that the 90 day return policy is extremely unrealistic due to the fact the ODSP delivery package does not offer any kind of guidance to the applicant:

Ironically, the complexity of the package, the lack of any resources to provide support to applicants or even to reasonably accommodate the very disabilities that underlie the program, make the program least accessible to those who are most vulnerable.²⁰²

The ODSP model does not allow for any assistance or support to its applicants in adequately completing the forms. Formerly, ODSP caseworkers did offer this type of

198 Ibid.

199 J. Fraser et al, "Denial by Design: The Ontario Disability Support Program" (2003) Income Security Advocacy Center Accessed at: www.odspaction.ca/sites/odspaction.ca/files/denialbydesign.pdf at p. 11

200 Ibid at p. 5

201 "ODSP Continues to Confuse and Fail" Accessed at: http://accessibilitynews.ca/cwdo/activities/odsp_committee.php?activities-odsp=522

202 Supra Note 195

assistance, however it is now not permitted, as the ODSP program now works within a “self-reliance” framework.²⁰³ Caseworkers are allowed to do nothing more than hand out a DDP and perhaps make a referral to a community agency.²⁰⁴ Furthermore, the applicants’ doctors are often confused by the applications and are given no guidance whatsoever. Alongside the general confusion with the application, Fraser et al highlight that, “nowhere within this package can one actually find the legislated definition of disability; practitioners are expected to complete the forms without knowing what the disability adjudicators are actually looking for”.²⁰⁵ As a result, they will most likely fill the forms out incorrectly.²⁰⁶ This means that many people who may have been eligible to receive much needed assistance are unable to access it due to a critical flaw in the execution of this process. However, even if all of the applications are filled out correctly and returned within 90 days, it seems that what the Disability Adjudication Unit actually achieves is proving the ineligibility of applicants rather than helping to determine the ways in which they are eligible.²⁰⁷ It becomes unnervingly clear, when we look at the numbers, how ineffective this Disability Adjudication Board is. In their report entitled *Denial By Design: The Ontario Disability Support Program*, the Income Security Advocacy Centre highlights that as of 1998, 50% of applicants who submitted a Disability Determination Package to the DAU were deemed ineligible to receive support, as they did not meet the aforementioned criteria to be considered disabled.²⁰⁸ Moreover,

203 Ibid.

204 Ibid.

205 Ibid at p. 12

206 Ibid.

207 Ibid at p. 16

208 Ibid.

the report highlights that the DAU will use their limited medical knowledge to override the medical information found within the DDP.²⁰⁹ Ultimately, it seems that the DAU is helping to keep this notion of “deserving” and “worthy poor” afloat.

One of the best ways in which to illustrate the flaws within ODSP is to examine research that includes interviews with everyday recipients the report of the ODSP Action Coalition is precisely such a document. An excerpt from the report provides insights into the experiences of ODSP recipients:

[ODSP] Forces you to live in poverty; limits choices in where you live; forces you to give up “healthy” pursuits.²¹⁰

They do not give you enough money. By the time you pay your bills you are digging into your food money. Any times when you have extra bills, then your money is gone sooner and you have no money for the rest of the month. Whatever material possessions you have now has to last you forever because there is no money to buy anything new — like furniture, clothes, appliances, etc. I cannot go on a trip or buy any extras — there is no money for anything like that.²¹¹

I can’t afford decent food. I can’t buy clothes. I can’t afford a social life. It’s not enough. It’s a dehumanizing insult.²¹²

The above interviews underscore that the practical application of the Ontario Disability Support Program denies Persons with Disabilities full equality, and is constant reminder of their sub-humanity, which clearly goes against the program’s prime directive. Also, it is important to consider the sociological implications that follow: If you don’t have enough money to feed yourself, buy clothes, or have meaningful interactions with the outside world insomuch as you can’t afford lunch with friends, that is limiting your exposure to the able-bodied community and in turn, their exposure to you. Simply put,

209 Ibid at p. 19

210 O.D.S.P. Action Coalition, “Telling Our Stories: Disability Should Not Equal Poverty” (2010) Accessed at: <http://www.odspaction.ca/story/telling-our-stories-disability-should-not-equal-poverty-report-released> on p. 5

211 Ibid at p. 4

212 Ibid.

in practice ODSP helps to keep Persons with Disabilities isolated and invisible, while promoting the exact opposite. Alongside ODSP, we have the Accessibility for Ontarians with Disabilities – more legislation whose intentions prove far better than its actual impacts.

The Accessibility for Ontarians with Disabilities Act

The history of the AODA is a long, arduous road filled with many colorful characters. In order to gain a better understanding of this legislation's impacts on Persons with Disabilities, we must go back to its origins in the earliest Canadian policy initiatives aimed at Persons with Disabilities. The AODA is, in fact, an extension of the Ontarians with Disabilities Act, which was signed into law as of December 13, 2001. The law sought to achieve the removal of barriers for the 1.9 million Persons with physical, mental, or sensory deprivation disabilities in Ontario.²¹³ It was a culmination of years of fighting for the rights of Persons with Disabilities in Ontario. From the Ontario Human Rights Code to the Charter of Rights and Freedoms adding disability clauses respectively, the seeds for the ODA had been sewn.²¹⁴

The ODA sought to have all businesses remove barriers to access as part of its mandate. Once again, intentions met with little impact, as research probing the possibility of greater access quickly determined that many of these barriers remained in place because a) businesses were unaware that they had created barriers; b) organizations didn't think they had to remove barriers; c) They didn't see their competitors removing barriers, so they felt that they shouldn't have had to remove their own barriers, and d) the

213 M.D. Lepofsky, "The Long, Arduous Road To A Barrier-Free Ontario For People With Disabilities: The History Of The Ontarians with Disabilities Act -- The First Chapter" (2004) *National Journal of Constitutional Law Pages* Vol. 15 No 1 at p. 130

214 Ibid at p. 134, 141

removal of the barriers was much too costly.²¹⁵ This research is important because it indicates where our attitude lies when it comes to disability in both the public and private sector: we are blissfully unaware, we just don't feel that disability accommodations apply to us, or we're far too concerned with the monetary costs associated with it. It also suggests that no one is quite ready to tackle these issues head on, instead opting to do nothing. M.D. Lepofsky suggests that many of the barriers in place can be removed for no cost at all, and in fact, removal of these barriers would generate greater revenues for the businesses in question.²¹⁶ He goes on to highlight that the ODA failed to enforce the removal of these barriers, thus rendering the Act "toothless".²¹⁷ Ultimately, the ODA was no more than "mere window dressing"²¹⁸ and has done little to effectively change the lives of Persons with Disabilities in the province.²¹⁹ Lepofsky concludes that as of 2004, stronger legislation and effective enforcement is required if the ODA is to make an impact.²²⁰

Despite all its weaknesses, the ODA set the framework for the Accessibility for Ontarians with Disabilities Act (AODA). Enacted in 2005, the AODA took the principles of a barrier free Ontario as outlined in the ODA that much further. The major principles of the AODA are:

to recognize the history of discrimination against Persons with Disabilities in Ontario, the purpose of the Act is to benefit all Ontarians by,

²¹⁵ Ibid at p. 130, 132

²¹⁶ Ibid.

²¹⁷ Ibid at p. 227

²¹⁸ Ibid.

²¹⁹ Ibid.

²²⁰ Ibid.

- i) developing, implementing and enforcing accessibility standards in order to achieve accessibility for Ontarians with disabilities with respect to goods, services, facilities, accommodation, employment, buildings, structures and premises on or before January 1, 2025; and
- ii) providing for the involvement of persons with disabilities, of the Government of Ontario and of representatives of industries and of various sectors of the economy in the development of the accessibility standards.²²¹

The AODA aims to complete this long-standing project by 2025, starting with two key sectors, including all public sector organizations (e.g. Ministry of Health and Long Term Care) which, must comply with the accessibility standard as of January 1, 2010, and all other private organizations that provide goods or services in Ontario (e.g. restaurants, convenience stores) must be in full compliance as of January 1, 2012.²²² To be in full compliance with this directive, an organization must have a written policy outlining how they will assist and accommodate Persons with Disabilities, train staff in compliance with this initiative, and file a comprehensive annual report detailing that this has been done.²²³

What makes the AODA of particular importance is that if a business fails to comply, a monetary penalty will follow: up to \$100,000 for a corporation or up to \$50,000 for an unincorporated organization.²²⁴

The larger message sent by these standards is that Persons with Disabilities are an integral part of the community and the culture. These monetary penalties applied to those who breach or ignore these standards are important because

²²¹ Accessibility for Ontarians with Disabilities Act, S.O. 2005, Chapter 11, Part 1

²²² Ministry of Community and Social Services, Accessibility for Ontarians with Disabilities, Customer Service Standard Accessed at <http://www.mcsc.gov.on.ca/en/mcss/programs/accessibility/customerService/Over20.aspx>

²²³ “About the Accessibility for Ontarians with Disabilities Act” (2005) Accessed at: <http://www.mcsc.gov.on.ca/documents/en/mcss/publications/accessibility/AboutAODAWeb20080311EN.pdf> at p. 3

²²⁴ Supra Note 70 at part X

they send a clear message to the organizations, the public and to Persons with Disabilities that these standards have teeth. Also, these potential penalties ensure that corporations and businesses alike must consider the needs of Persons with Disabilities, or they may lose their business. This is undoubtedly a step in the right direction, but we must also consider potential pitfalls within this legislation. An independent research report compiled by Charles Beer indicates some of the problems:

A strong sense exists, particularly among people with disabilities, that momentum has been lost since the AODA was passed in 2005. With only one standard in effect after four years, many – especially in the disability community – feel the province is behind schedule as the clock ticks toward the 2025 deadline.²²⁵

This is a clear indication that many feel uneasy about the timeline that has been laid out, and perhaps feel it is unrealistic. With only the customer service standard in place²²⁶ and the deadline fast approaching, it is no wonder there is doubt. Also, if many feel that the timeline is unrealistic, one might begin to wonder whether those in charge see this as a real issue or is the Government of Ontario promoting this Act as a way to ‘save face’ above all else? Moreover, when I tried to locate statistical data of how many businesses were in compliance since 2010, I could not. This suggests that there may be some issues of enforcement afoot. In reviewing reports that included interviews with everyday business owners in Toronto in the spring of 2011, I discovered that many felt that they had done enough and were surprised to learn otherwise:

“It was one thing after another. We didn’t think about this, we didn’t think about that,” said general manager Ron Pellerine. “Sitting back and looking at it, we realized there’s a lot of work that needs to be done.”²²⁷

225 C. Beer, “Charting a Path Forward: Report of the Independent Review of the Accessibility for Ontarians with Disabilities Act, 2005” (2010) Accessed at: http://www.mcsc.gov.on.ca/en/mcsc/publications/accessibility/charles_beer/tableOfContents.aspx at p. 19

226 Ibid at p. 44

The same article further highlighted some distressing issues with the understanding of the AODA itself. Frances Jewett, a consultant for the AODA shares that:

“There are many businesses out there that still either don’t know about the AODA or don’t understand the first requirement very well”... Some managers aren’t even aware that the legislation applies to them.²²⁸

What this suggests is that Acts like the ODA & AODA exemplify what it is the Government *would like* to be doing on behalf of the disabled community in Ontario, but do not necessarily reflect what is in fact being done. What I take from all this is that we have made great strides in Canada in terms of our perceptions and intentions around disability and access, and our intentions to fix the problem are pure, but we have quite a long journey ahead of us in order to ensure that these mandates deliver when necessary. The overall problem with all this is the end message that is being sent to Persons with Disabilities in Ontario – ‘we know you need help, we just don’t know how to help you’. I now want to examine the legislative initiatives within the US, particularly because they have federal legislation set up to ensure equality for Persons with Disabilities.

Disability Legislation in the United States: The Land of the Free??? **The Americans with Disabilities Act**

The Americans with Disabilities Act came into full effect in the United States on July 26, 1990. The purpose of the law was clear and concise – Congress wanted to eliminate discrimination towards Persons with Disabilities in all areas of their lives:

[I]ndividuals with disabilities continually encounter various forms of discrimination, including outright intentional exclusion, the discriminatory effects of architectural, transportation, and communication barriers, overprotective rules and policies, failure to make modifications to existing facilities and practices, exclusionary qualification standards and criteria, segregation, and relegation to lesser services, programs, activities, benefits, jobs, or other opportunities²²⁹

227 A. Dempsey, “Legislation will Enforce Disability-Friendly Service” (2011) Accessed at: <http://www.aoda.ca/legislation-will-enforce-disability-friendly-service/>

228 Ibid.

229 Americans with Disabilities Act 1990 (ADA), 42 USC s. 12101(5)

Persons with Disabilities across the US saw this statute as a great step forward in terms of their rights. It represented a culmination of many civil rights battles that had been fought on behalf of Persons with Disabilities and promised to usher in a new era for Persons with Disabilities in America, giving them full membership in society.²³⁰ It was heralded as a declaration of equality for Persons with Disabilities.²³¹ One of the most important parts of this legislation has to do with employment standards for Persons with Disabilities:

Title I of the Americans with Disabilities Act of 1990 prohibits private employers, state and local governments, employment agencies and labor unions from discriminating against qualified individuals with disabilities in job application procedures, hiring, firing, advancement, compensation, job training, and other terms, conditions, and privileges of employment. The ADA covers employers with 15 or more employees, including state and local governments... An employer is required to make a reasonable accommodation to the known disability of a qualified applicant or employee if it would not impose an “undue hardship” on the operation of the employer’s business. Reasonable accommodations are adjustments or modifications provided by an employer to enable people with disabilities to enjoy equal employment opportunities.²³²

It becomes clear through the ADA that legislators and lawmakers are fully aware of the hardships felt by Persons with Disabilities within the workplace, and they want to make it right going forward. I think that legislation like the ADA is important simply due to the fact that it acknowledges there has been a disconnection between Persons with Disabilities and the able-bodied community. Best of intentions aside, however, the ADA has some definite flaws that that deter from its overall message, and in fact disable Persons with Disabilities even more.

One of the most glaring issues with this legislation is how it has been

230 M.O. McGowan, “Reconsidering The Americans with Disabilities Act” (2001) *Georgia Law Review* Vol. 35 No. 27 at p. 30

231 Ibid.

232 Supra note 225 s. 12111 Title 1

misunderstood and misinterpreted by the judiciary. Research indicates that as of 2000 and 2001, the plaintiffs (Persons with Disabilities) lost 93% of employment discrimination cases brought forward under the ADA compared to 22% of employment discrimination cases in general.²³³ This makes clear a great dissonance between the statute's intent and its interpretation by the courts. M.O. McGowan also contends that the court seems much too preoccupied with the needs of big business over justice.²³⁴ Moreover, the statute requires someone with a disability to prove that they are disabled enough to benefit from its protections.²³⁵ They must show that they have:

- (A) a physical or mental impairment that substantially limits one or more of the major life activities of such individual;
- (B) a record of such an impairment; or
- (C) being regarded as having such impairment.²³⁶

Not only does the plaintiff have to absorb the burden of proof in this instance²³⁷, but also under Title I of the Act, which primarily deals with employment provisions for Persons with Disabilities, the plaintiff must show that any accommodation they ask for does not pose an "undue hardship" on the employer.²³⁸ In other words, what will this accommodation cost the business? Proponents of this 'protection' say that it is good because the individual knows best what will meet their particular needs. Moreover, the employer would then be able to determine whether or not the accommodation is feasible

²³³ Supra note 226 at p. 36

²³⁴ Ibid.

²³⁵ Ibid at p. 37-8

²³⁶ Supra Note 225 at s. 12102(2)

²³⁷ Supra Note 231

²³⁸ J. Zarin, "Beyond the Bright Line: Consideration of the Externalities, the Meaning of Undue Hardship, and the Allocation of the Burden of Proof under Title One of the Americans with Disabilities Act" (1999) *Southern California Interdisciplinary Law Journal* Vol. 7 at p. 514

for their business.²³⁹ Essentially, one must prove that they are worthy enough to receive assistance from the State, as though they are still the “worthy poor”, and show that their needs do not trump the needs of the business itself. If the courts fail to see you as “worthy enough” to receive assistance under the ADA (the Act that was designed to remove discrimination and barriers for Persons with Disabilities) and you are unable to prove that there is no “undue hardship” to your employer under Title I, and your case is dismissed or lost – whom is the ADA in fact supporting, and is it actually achieving its principles? Understandably, there needs to be safeguards in place to monitor abuses of this system. However, to ask the plaintiff to continually verify that they have a disability in order to receive meager benefits or employment assistance reaffirms that they are in fact different from the rest of society – not equal.

Social Security Benefits

Interestingly enough, the Americans with Disabilities Act only looks at discrimination issues on a broad scale. It does not apply to social benefits programs for Americans with Disabilities.²⁴⁰ The Americans with Disabilities legislation deals primarily with employment discrimination, and is premised on giving Americans with Disabilities equal access to employment. On the contrary, the disability benefit programs in the United States are premised on one’s inability to work as a consequence of medical impairment. This clear disconnect in policy will be unpacked below:

The disability benefit programs are grounded on the premise that inability to work is a consequence of medical impairments, rather than barriers created by social institutions. They erect a regime in which people with disabilities are certified as unable to work and are segregated from the workforce. These programs are based

²³⁹ Ibid.

²⁴⁰ M. Diller, “Dissonant Disability Policies: The Tensions between The Americans with Disabilities Act and Federal Disability Benefit Programs” (1998) *Texas Law Review* Vol. 76 No. 1003 at p. 1006

on the implicit assumption that people with disabilities should be exempt from the obligation to work that society poses on its members.²⁴¹ Research by Matthew Diller highlights that when Congress enacted the ADA, they did not make any changes to the disability benefit programs. He quite rightly observes that disability benefit programs are not often discussed throughout the legislative history of the ADA. As a result, the United States operates within two very distinct schools of thought – disabled persons cannot work versus they are capable of doing so, but have been bogged down by society.²⁴² Ultimately, the differences found in the goals and assumptions of each policy’s framework have left disability policy in an extremely “schizophrenic” state.²⁴³ One would think that a policy as monumental as the ADA, would have understood that for those with disabilities, benefit programs are inextricably linked to one’s ability for employment. To gain a better understanding of this policy gap, let’s examine two key policies in the United States that impact Persons with Disabilities in terms of benefit programs. As I will demonstrate, the fractured system of rights versus benefits certainly takes away from the ADA’s promise of full-fledged citizenship and personhood for Americans with Disabilities.

The Beginnings of Disability Benefit Programs in the USA

The Social Security Act came into law in 1935 in the United States, and is based upon a very simplistic principle emphasizing the economic security of all citizens.²⁴⁴ Thus, the program assumes that an individual will be “insured” against a defined risk, and is designed around broader social needs rather than individual interests.²⁴⁵ Unfortunately,

241 Ibid.

242 Ibid.

243 Ibid at p. 1007

244 Historical Background and the Development of Social Security Accessed at: <http://www.ssa.gov/history/briefhistory3.html>

245 Ibid.

the original package and design failed to include any parameters around disability – those would have to wait.²⁴⁶

Although disability did not appear in Social Security legislation in any official capacity until 1956, the underpinnings of disability had always been just beneath the surface.²⁴⁷ Twenty years prior to including disability in Social Security legislation, discussions of how to do so were taking shape. As always, those discussions initially revolved around definitions of disability, leading to an original definition of disability within the Social Security Disability Insurance as:

an impairment of mind or body which continuously renders it impossible for the disabled person to follow any substantial gainful occupation," and was likely to last for "the rest of a person's life."²⁴⁸

We can see that the ideology of “worthy poor” is still prevalent here because in order to qualify as disabled one must willingly accept the role of the unable, helpless and sick. Moreover, this definition assumes that to be disabled is to be unable to work or contribute to the economic structure of society. After many incarnations, SSDI was included as part of the Social Security Act. However, research suggests that in its formative years between 1956-1960, it was nothing more than a glorified retirement program for the elderly, due to the fact that disability benefits were only paid to those 50 and older. A true understanding of the issues that surrounded Persons with Disabilities did not take hold. Rather, their issues were lumped in with the elderly and never given independent consideration.²⁴⁹

246 Ibid.

247 E.D. Berkowitz, “Disability Policy and History” (2000) Accessed at: <http://www.ssa.gov/history/edberkdib.html>

248 Ibid.

249 Ibid.

In 1969, the Supplemental Security Income Program was introduced as part of the adult welfare program; for the “Elderly, Blind and Totally Disabled”.²⁵⁰ The goal of this program was to strengthen the relationship between contributions and benefits for those in need.²⁵¹ While this sounds amenable in theory, in practice – as always - things were not so simple. Research by Edward Berkowitz uncovers that policymakers at the time simply grafted disability onto a program that had been primarily designed for the elderly, without any consideration that disability impacts far more of the population than simply those nearing the end of their lives. They failed to consider that by 1994, two-thirds of the recipients of Supplemental Security Income (SSI) would in fact be disabled children and young adults.²⁵² As such, a program that was built around the elderly would not be at all suitable for meeting the needs of this much larger and more diverse population. Berkowitz reveals that benefit programs found within the United States, one thing has become clear: they were clearly based on ideologies that undermined and misinterpreted the individual struggle faced by Persons with Disabilities. The question now becomes, how do these programs hold up today?

SSDI & SSI Today:

The beginnings of the benefit programs for Americans with Disabilities were not suited to their specific needs. Instead, they were expected to subsist within a framework that did not take into account their unique and diverse challenges. While one would think that the passage of time would lay bare the weaknesses of the early policies and lead to amendments and revisions, this does not seem to have been the case. At present, Social Security Disability Insurance and Supplemental Security Income for Persons with

²⁵⁰ Ibid.

²⁵¹ Ibid.

²⁵² Ibid.

Disabilities have changed very little. For instance, when examining the current Social Security Disability definitions, what we find is that to be considered disabled; you must:

- a) be unable to do substantial work because of your medical conditions **and**
- b) Your medical condition(s) must have lasted, or be expected to last, at least 1 year, or be expected to result in your death.²⁵³

Almost immediately, we can see that this definition of disability aims to keep Persons with Disabilities as just that – disabled. It does not take into account their abilities and it most certainly does not afford them full membership in our society.²⁵⁴ In my opinion, it seems to do just the opposite. It is forcing Persons with Disabilities into old roles, and unable to see the potential of persons with Disabilities. This definition and, by virtue of it, the policy it informs, expects that in order to receive assistance, a Person with a Disability will willingly submit to this reductionist and subservient role – no questions asked. This regulation by the state assumes that Persons with Disabilities will always be at the mercy of the state, and will always be less able, entitled and important than those without disabilities.

The Supplemental Security Income program as it stands today allows an individual 698.00 per month to live on and the average couple receives \$1,048.00 per month.²⁵⁵ Compare this to the 2005 census numbers, which show that the average American was bringing in \$1,957.00 per month.²⁵⁶ That is a 280% increase from those

²⁵³ Social Security Administration, Adult Disability Starter Kit Fact Sheet Accessed at: http://www.ssa.gov/disability/disability_starter_kits_adult_factsheet.htm#disability

²⁵⁴ Supra note 226

²⁵⁵ Social Security Administration, Supplemental Security Income Benefit Amount, Frequently Asked Questions, Accessed at: http://ssa-custhelp.ssa.gov/app/answers/detail/a_id/85/~supplemental-security-income-benefit-amount

²⁵⁶ United States Average Salaries and Expenditures, 2005, Accessed at: <http://www.worldsalaries.org/usa.shtml#total-personal-average-income>

subsisting on SSI benefits in 2012.²⁵⁷ Moreover, the annual income of a Person with a Disability on SSI in 2011 was just over \$8,000.00²⁵⁸, thus ensuring that they will be destitute. This program is considered one of “last resort”, meaning that it will only be given if one has explored all other funding options and come up empty-handed.²⁵⁹ It is often assumed that those on SSI will also be eligible for state-funded support, and therefore SSI will only be used to supplement the income of the individual, as it was intended to. However, it has been shown that many families fail to qualify for state funded support, and thus must survive on SSI alone.²⁶⁰ The following quote from an SSI recipient puts everything into perspective: “I just cannot support myself and my children on \$530 a month... These policies harm not only the disabled family member, but also the entire family...”²⁶¹

SSI policies can actually keep Persons with Disabilities in poverty, rather than removing them from its grasp. So limited are these policies and the lifestyles they can support that some Persons with Disabilities straddle the line between living at home and living in an institution:

Idaho policy, which prevents otherwise eligible SSI families from receiving such state cash assistance, can force individuals with disabilities to forgo life at home for life in an institution.²⁶²

257

258 M.J. Astrue, “Annual Report of the Supplemental Security Income Program” (2011) Social Security Administration, Accessed at: <http://www.socialsecurity.gov/oact/ssir/SSI11/ssi2011.pdf>

259 2011 Annual Report of the SSI Program, Accessed at: <http://www.socialsecurity.gov/oact/ssir/SSI11/ssi2011.pdf>

260 K. Ackley, “Idaho’s SSI Policy: Penalizing the Poor and Disabled” (2000) Idaho Community Action Network (ICAN) Northwest Federation of Community Organizations (NWFCO), Accessed at: http://allianceforajustsociety.org/wp-content/uploads/2010/04/2000-1101_IDs-SSI-Policy.pdf at p. 4

261 Ibid at p. 3

262 Ibid at p. 8

What we can take from all of this is that these policies as they work on the ground, do not coincide with the principles behind the Americans with Disabilities Act. Both the SSDI and SSI policies as they stand right now, are keeping Persons with Disabilities disabled, destitute and ultimately dependent.

Conclusion

Within this Chapter, I have explored how the law has attempted to tackle the issues that surround disability. What I found was quite telling. Initially, the legal regulation of Persons with Disabilities was extremely punitive, restrictive and discriminatory. Persons with Disabilities had very few rights, and were deemed to be the responsibility of the state, which in turn viewed them as deserving, dependent or defective – but not ever equal, and the laws most certainly reflected this perception. What is particularly interesting is that in highlighting key policies for Persons with Disabilities, one thing remained constant. Despite the times changing, many of the outdated, misguided attitudes bled into the laws and policies that we have today for Persons with Disabilities. Persons with Disabilities are still at the mercy of the State, and if we look at laws such as Social Security in the United States and Ontario Disability Support Program in Canada, it becomes clear that they are still far from equal.

In examining some of the key laws and policies on the books for Persons with Disabilities today, I have come to understand that the laws are enacted with the purest of intentions. Ultimately, the State understands that they need to support this population in some way. It is in the execution of these mandates that the old ways of thinking come to light. For every bit of progress we have made in introducing new policies that support PwD, we have sacrificed that progress in the way the policies are executed. The reason that these laws fall short on execution is due in large part, I believe, to the mythologies and misconceptions that have become reality when we think of disability. In order to

give the laws 'teeth' as it were, and enable them to empower Persons with Disabilities, which is their true intention, we must look at ways in which to change the attitudes that have clouded the concept of disability. If we can begin to alter the attitudes around Persons with Disabilities, we may finally begin to level the playing field for the disabled and non-disabled alike.

Chapter Four

In our world today, we are routinely being introduced to things that are surprising, exciting, and terrifyingly novel to us. This has been occurring throughout our history. Consider our first encounters with people of colour. Jump ahead a few hundred years – and our culture has been bombarded with a new creature altogether: the homosexual. It seems that today, one of our last ‘novel encounters’ is people with disabilities (PwD). With each encounter, our social fabric has come to be stretched to its limits and tested. While these ‘Others’ began to live among us and penetrate our cultural norms we were bombarded with opinions, stories and mistruths about them. As such, many prejudicial attitudes begin to take shape the seeds of which grew into racism, homophobia and ableism. Many of us would like to think the embers of prejudice and intolerance have cooled – and, by way of blatantly overt displays, they have. Today, almost all of us can say that we have friends who are of different ethnicities and nationalities than our own. In that same breath, we can probably all point to friends who are attracted to members of the same sex. Interestingly enough, not many of us can say that we have any friends who identify as having a disability. It would seem that the tendrils of prejudice have failed to loosen their grip on this population – so much so that when we encounter them, we are unable to bring PwD into our everyday schematic. In this Chapter, I will explore prejudice and where it comes from. Following this, the project will seek out how it is that prejudicial attitudes towards Persons with Disabilities can be challenged and changed. I will then offer my own suggestions on how to solve the issue of prejudice against PwD. With a dash of luck, perseverance and candid conversation perhaps we can introduce the concept of disability as just another normality.

Prejudice: What is it and How it can be Changed

In order to properly consider how to stop or alleviate the prejudice that has been felt by members of the disability community, it necessary that we first go back to the basics. That is, we must examine the origins of prejudicial behaviours. Once we understand what prejudice is, we can then look at ways in which to alter this type of behaviour. A comprehensive definition of the term prejudice is as follows:

Prejudice is an antipathy based on faulty and inflexible generalization. It may be felt or expressed. It may be directed toward a group as a whole, or toward an individual because he is a member of that group.²⁶³

Research by Gordon Allport goes on to suggest that we slide into prejudice quite easily due to the fact that people prefer to be with their own kind.²⁶⁴ We have a condition of separateness that tends to keep us apart and can lend itself to psychological elaboration and misunderstandings of all sorts.²⁶⁵ This finding is echoed in part by Susan Fiske who shares that, “everyone must categorize in order to function”.²⁶⁶

One of the reasons why we form prejudicial attitudes towards others comes down to one simple emotion: fear of the unknown. That is to say, we form prejudice around that which we do not understand or comprehend, because we have not yet learned whether this novel stimuli, experience or object can be trusted.²⁶⁷ Prejudice rules in the absence of knowledge.²⁶⁸ Prejudicial attitudes are also passed down through family

263 G.W. Allport, The Nature of Prejudice: The 25th Anniversary Edition (New York: Basic Books, 1979) at p. 9

264 Ibid.

265 Ibid at p. 17

266 Susan T. Fiske, “Stereotyping, prejudice, and discrimination at the seam between the centuries: evolution, culture, mind, and brain” (2000) *European Journal of Social Psychology* Vol. 30 at p. 304

267 H.V. Dicks, “Psychological Factors in Prejudice” (1959) *Race and Class* Vol. 1 No. 1 at p. 27

268 Ibid.

members and peer groups.²⁶⁹ Moreover, these attitudes can become firmly embedded in our culture as ‘normal’, without us even realizing it they may become enshrined in literature, art, science and folklore and, thus perpetuating themselves they may influence people who have no direct contact”.²⁷⁰ Perhaps most importantly, these values and attitudes are reflected in popular culture through the medium of television:

Television programming provides information about social groups in two ways: by inclusion and by exclusion. When diverse groups are included, television content offers specific characteristics of each group. However, when groups are absent from the television curriculum, there is the assumption that the missing groups are inconsequential, unimportant and powerless. Both types of information can contribute to the development, maintenance, and modification of children’s thoughts, feelings, and actions towards racial/ethnic groups...²⁷¹

I must make clear that this brief exposition of social psychology as it relates to prejudice was used only to demonstrate what in fact prejudice is, and how it can virtually take its shape from a variety of internal and external sources. Moreover, we can quite easily misconstrue these prejudiced belief systems as fact without even blinking an eye. With this intact, we will now briefly look at the ways in which prejudicial attitudes and behaviour can be altered.

One of the most pivotal ways to reduce prejudices towards those who we do not understand is all too simple: contact. Extensive research in the area of prejudice reduction strategies highlights that “optimal intergroup contact acts a benign form of

269 John Dovidio et al, “Introduction: Reflecting on The Nature of Prejudice: Fifty Years After Allport” in John F. Dovidio, Peter Glick & Laurie Rudman (eds.) (Massachusetts: Blackwell Publishing, 2005) p. 9

270 A.L. Severson, “What is Prejudice?” (1943) *Journal of Educational Sociology* Vol. 16 No. 6 at p. 347

271 Sherryl Brown Graves, “Television and Prejudice Reduction: When Does Television as a Vicarious Experience Make a Difference?” (1999) *Journal of Social Issues* Vol. 55 No. 4 at p. 708

behaviour modification. If these expectations include acceptance of outgroup members, this behaviour has the potential to produce attitude change”.²⁷² Furthermore, we see that:

[...]the opportunity for contact that promotes intergroup friendships seems to lead to more positive intergroup attitudes.²⁷³

What is particularly interesting as well is that prejudicial attitudes can be altered not only by personal direct contact with an individual or group, but also by the right images being portrayed on the screen. Edward Schiappa and his colleagues propose something that is known as the “para-social contact hypothesis”.²⁷⁴ Their research asserts that we form impressions of characters that we see on television; almost identically to how we form impressions of people in real-life.²⁷⁵ Ultimately, their work contends that:

[...]the processes involved in positive intergroup contact as described by Pettigrew (1998) can be reproduced through mediated contact. One can learn about a minority group from mediated messages and representations, and if one has a positive experience, one’s behavior is altered in that one normally will seek out additional (parasocial) contact rather than avoid it. One can develop affective ties with persons known only through mediated communication, and, whether one reappraises one’s beliefs about one’s ingroup or not, the resulting parasocial relationships could encourage a change in prejudicial attitudes about the outgroups to which minority characters belong.²⁷⁶

What we can take away from this research is that the media can play a lead role in prejudice reduction strategies. This will be explored in greater detail when we look specifically at reforming attitudes toward and about Persons with Disabilities.

Some other avenues to reduce prejudicial behaviour have included such

²⁷² Thomas F. Pettigrew, “Intergroup Contact Theory” (1998) *Annual Review of Psychology* Vol. 49 No. 1 at p. 71

²⁷³ John F. Dovidio, Samuel L. Gaertner & Kerry Kawakami, “Intergroup Contact: The Past, Present, and the Future” (2003) *Group Processes and Intergroup Relations* Vol. 6 No. 1 at p. 16

²⁷⁴ Edward Schiappa, Peter B. Gregg & Dean E. Hewes, “The Parasocial Contact Hypothesis” (2005) *Communication Monographs* Vol. 72 No. 1 at p. 97

²⁷⁵ Ibid.

²⁷⁶ Ibid.

strategies such as role-playing in school settings. While the research has been mixed, many have said that this type of immersion into difference has the power to change things for the better. A study by Josette McGregor brings this to light. In looking at racial prejudice, she found that these types of exercises could in fact make a marked difference:

The results of this meta-analysis indicate that using role playing or antiracist teaching in schools can change the racist attitudes of students. Although antiracist teaching is criticized for putting "racist ideas into students' heads," this study showed that antiracist teaching reduces racist attitudes and is as effective as role-playing²⁷⁷

In looking at role-play and simulation exercises, similar findings became clear. Deborah A. Byrnes and Gary Kiger reproduced a simulation known as "Blue-Eyes, Brown Eyes" amongst college students, whereby blue-eyed individuals and brown-eyed individuals were segregated.²⁷⁸ The brown-eyed students actively discriminated against blue-eyed students.²⁷⁹ The overall findings of the study were not the strongest, however; the research found that all of the students were touched in some way by the experience:

I feel embarrassed. I didn't want to be mean to the "blue eyes" so I ignored them. But I feel like I should have said something to stop it. However, it wasn't the popular thing to do. It opened my eyes. I discriminate-I didn't realize how much. It made me think about me. There are definitely things I want to change. It makes my heart sick that we can be so unfair. (brown eyes)²⁸⁰

All of the above research helps to show that prejudicial attitudes can be changed.

I have highlighted three ways that this can be achieved: contact, media perceptions and portrayals and role play and simulations. I will now consider whether these prejudice

277 Josette McGregor, "Effectiveness of Role Playing and Antiracist Teaching in Reducing Student Prejudice" (1993) *The Journal of Educational Research* Vol. 86 No. 4 at p. 223

278 Deborah A. Byrnes and Gary Kiger, "The Effect of Prejudice Reduction Simulation on Attitude Change" (1990) *Journal of Applied Social Psychology* Vol. 20 No. 4 at p. 346

279 Ibid.

280 Ibid at p 348.

reduction strategies can be used to help close the gap between the able-bodied and disabled communities.

PwD and Prejudice Reduction Strategies: Closing the Gap

As I have made clear in the previous chapters, the attitudes and prejudicial behaviours that exist towards Persons with Disabilities are long-standing and infused within our culture so much so that when we encounter someone with a disability, all of the mythology around disability seems to take on a life of its own. So, we must look at the ways in which to close the gap by unpacking the following questions: Do prejudice reduction strategies work when we consider PwD? What has been done and has it worked? What more ought we be doing to end the divide between ‘us’ and ‘them’?

Contact

Contact with Persons with Disabilities as a prejudice reduction strategy is critically important. Research by Susan Bruce Marks explains why fostering contact must be done early:

Interacting with children with disabilities will support peers to develop an understanding of the child, rather than making judgments based only on differences.²⁸¹

It has also been established that direct contact with PwD through interviews, discussion groups and simulations has been shown to yield a positive response and has the potential to shift attitudes well into adulthood:

A combination of techniques such as exposure to actual people with disabilities, experiential activities, and data based and factual education seem to have potential to unbalance one's negative attitudes allowing room for new attitudes. Although attitudes are established in one's youth, changes can occur as an adult.²⁸²

²⁸¹ Susan Bruce Marks, “Reducing Prejudice Against Children with Disabilities in Inclusive Settings” (1997) *International Journal of Disability, Development and Education* Vol. 44 No. 2 at p. 127

²⁸² Leandra A. Bedini, “Encouraging Change in Attitudes Toward People with Disabilities Through Undergraduate Leisure Studies and Recreation Courses” (1992) *Journal of Leisure Studies and Recreation Education* Vol. 7 No. 1 p. 52

It would seem that exposure and direct contact carry the most weight when considering attitudinal changes towards Persons with Disabilities. This is confirmed by looking at experiments that involved a questionnaire regarding Persons with Disabilities as well as a social component.²⁸³ Researchers found that both the questionnaire and the socialization component together produced a “significant and sustained attitude change”.²⁸⁴

While I have highlighted that contact and exposure to Persons with Disabilities generally leads to a greater positivity towards them, it is also necessary to consider the other side. Can contact with Persons with Disabilities breed negativity? Further research has yielded some important results. Exposure to a Person with a Disability can have negative consequences due to a combination of dispositional and situational factors.²⁸⁵ Judy Berry and Warren Jones posit that persons who still had a negative attitude regarding PwD after direct contact did so for two reasons: they brought misconceptions about PwD to their experience, and they felt uncomfortable due to a lack of control over how they were introduced to the individual. Many of them felt as if they wanted to escape the situation altogether.²⁸⁶ From this example, it becomes clear that simply exposing the able-bodied individual to the Person with Disability does not automatically elicit changes in one’s attitude. Rather, as several researchers such as Rhonda Amsel and Catherine Fitchen suggest:

283 Barbra Krahe & Colette Altwasser, “Changing Negative Attitudes Towards Persons with Physical Disabilities: An Experimental Intervention” (2006) *Journal of Community and Applied Social* Vol 16:1 at p. 66

284 Ibid.

285 Judy O Berry and Warren H. Jones, “Situational and Dispositional Components of Reactions Towards Persons with Disabilities” (1991) Vol. 131 No. 5 at p. 681

286 Ibid.

[...]contact experiences should be structured so that able-bodied students come to appreciate the similarities, rather than the differences, between themselves and their disabled classmates²⁸⁷

We see that contact and exposure have been successful in changing attitudes towards Persons with Disabilities. It has become clear, however, that the first meeting must be structured in a way that shows off the strengths of both the able-bodied and disabled individuals. Moreover, the contact should be for extended or repeated time periods and put both individuals on equal footing.²⁸⁸

The Media

To fully understand how the media can be used as a prejudice reduction tool for PwDs, we must first look at their relationship within a historical context. The media has long since typecast Persons with Disabilities in very specified roles. They have been portrayed as the ‘super-crip’ – or, those who have overcome obstacles in a brave and valiant attempt to become normal again and defy their disability.²⁸⁹ There is also the lens that frames the Person with a Disability as the sad, pitiable, charitable cripple or the deformed, villainous sinister individual.²⁹⁰ Jack Nelson, in looking at media portrayals of Persons with Disabilities, asserts that these early depictions have lingered for centuries and were seldom questioned.²⁹¹ For exemplars of these stereotypes, one could turn to any classic Disney story: look at Captain Hook, the sinister amputee sea captain. One

287 Rhonda Amsel & Catherine S. Fitchen, “Effects of Contact on Thoughts About Interaction with Students Who Have a Physical Disability” (1988) *Journal of Rehabilitation* Vol. 54 No 1 at p. 65

288 Ibid.

289 Amit Kama, “Supercrips versus the pitiful handicapped: Reception of disabling images by disabled audience members” (2004) *Communications* Vol. 29 at p. 457

290 Jack A. Nelson, “The Media Role in Building Disability Community” (2000) *Journal of Mass Media Ethics* Vol. 15, No. 3 pp. 180

291 Ibid.

could quite easily make the connection to the evil, menacing stereotype that I mentioned above.²⁹² To see the “super-crip” and “pitiable cripple” come to life, Colin Barnes provides two examples: first, the movie *My Left Foot*. This portrayal shows disabled writer and poet Christy Brown ‘overcoming’ his disability and as a result achieving great success.²⁹³ These depictions of the “super-crip” highlight that the disabled person’s achievements are largely dependent upon the benevolence and caring of others.²⁹⁴ Secondly, many charity organizations use the model of the ‘crippled child’ who is in need of help.²⁹⁵ Barnes makes clear that the “triumph over tragedy” mentality that is present in so many media depictions of Persons with Disabilities, “conveniently excludes the fact that disability is a social issue”.²⁹⁶

Surprisingly, in looking at audience reaction to these particular portrayals, the research produced some very interesting findings. Persons with Disabilities tended to applaud the depictions of the “super-crip”. PwD’s would rather see some level of positivity than none at all:

He [a famous radio anchor] is successful and works in the media. [...] For me it was an example, a message: ‘Look how wonderful!’ He is in a wheelchair and he works in the radio. [...] I didn’t really think that disabled people would have key positions in work, on the radio, such places. [... Another radio anchor] gave me the opportunity to see one of us ... on top. It is very important for me that ‘our’

292 Marilyn Dahl, “The Role of the Media in Promoting Images of Disability-Disability as a Metaphor: The Evil-Crip (1993) *Canadian Journal of Communication* Vol. 18. No. 3 p. 1

293 Colin Barnes, “Disabling Imagery and the Media: An Exploration of the Principles for Media Representations of Disabled People, the First in a Series of Reports” (1992) *The British Council of Organizations of Disabled People* (Halifax: Ryburn Publishing) at p. 13

294 Ibid.

295 Ibid.

296 Ibid.

disabled advance. [...] Being a doctor, a lawyer, proves something to people who think we are retarded.²⁹⁷

While these depictions are not 100% accurate, they offer Persons with Disabilities a glimmer of hope that better representations are yet to come. Moreover, they have the power to change how the able-bodied viewer understands disability.²⁹⁸ What is of particular interest here is that these examples are about radio broadcasts, wherein the person's disability is invisible. It begs the question: as we cannot see them is this simply another way in which to obscure their disability? As we will now see, able-bodied audiences held a much different view when watching PwD on screen.

Mary M. Quinlan and Benjamin R. Bates examined the able-bodied viewers' reactions when watching the 2007 remake of the classic television series *Bionic Woman* wherein the titular character is given prosthetics and gains new abilities as a result. Audiences held that she should be 'grateful' that she had the chance to be 'normal' again.²⁹⁹ It would seem that able-bodied audiences are not yet ready to accept disability as either normal or an inevitable a fact of life for all of us as we age. Similar research examines the effects that these portrayals have on everyday interactions between able-bodied and disabled individuals. Respondents shared that if they had a friend, relative or loved one with a disability watching characters such as "Christy" from *My Left Foot* made them increasingly uncomfortable.³⁰⁰ One would assume however, that having a relationship with a Person with a Disability would allow one to be more receptive. With

297 Supra Note 285

298 Ibid.

299 Margaret M. Quinlan & Benjamin R. Bates, "Bionic Woman (2007): Gender, Disability and Cyborgs" (2009) *Journal of Research in Special Educational Needs* Vol. 9, No 1 pp. 53

300 Olan Farnall & Kim A. Smith, "Reactions to persons with disabilities: Personal contact versus viewing of specific media" (1999) *Journalism & Mass Communication Quarterly* Vol. 76 No 4 pp. 666

respect to this study, that does not seem to have been the case. What we can take from all this is that Persons with Disabilities are holding out for more positive portrayals of disability in the media, whilst the able bodied audience is still uncomfortable letting disability depictions stand. Is there a mode of communication that has the ability to transcend the limiting depictions of disability we have become all too accustomed to?

Humour: Its Importance and how it handles the ‘Other’

In order to truly measure the power of humour within the context of the ‘Other’ and more particularly for this project, Persons with Disabilities, we must first unpack its function in our society – why is it so important? We have come to understand that humour in our society is essentially a “shared experience”. While we may laugh privately at a joke on the television or something that we heard in passing, it is that much more powerful when we are with people.³⁰¹ One of the most important elements of humour is its ability to help change or maintain the status quo. Work by Hugh Foot and May McCreddie illuminates this further:

Humour is an escape; as Mindess put it, ‘In the most fundamental sense, it (humour) offers us release from our stabilising systems, escape from our self-imposed prisons. Every instance of laughter is an instance of liberation from our controls’ (p. 23). It is also a frame of mind which transcends both reality and fantasy. It frees us from moral inhibitions, from the constraints of language, from rationality, and from a sense of inferiority and feelings of inadequacy. It is a guilt-free release from frustration and aggression.³⁰²

Essentially, humour has the power to free us from that which we only thought we knew and understood and gives us a safe environment to form new opinions. Moreover, it is important to us because it is something that we can all experience in one-way or another. Not only is humour something that we all share together, John C. Meyer suggests that it

301 Hugh Foot and May McCreddie, “Humour and Laughter” in Owen Hargie, ed. The Handbook of Communication Skills (Sussex: Taylor & Francis 2006) at p. 305

302 Ibid.

has both the power to unite and divide us.³⁰³ He says, quite rightly, that humour tends to straddle the line between what is acceptable and what is not.³⁰⁴ Despite this, humour should also be considered a great equalizer – for it can help us see not only the differences between us, but our sameness as well:

Humour in this case serves to strengthen the commonality and shared meaning perceived between two communicators. [...] An audience with lower degrees of agreement and familiarity with a humour topic may receive clarification of an issue through humour use. [...] An audience with some disagreement or unfamiliarity with an issue communicated through humour may experience enforcement of a social norm. [...] An audience in strong disagreement with a subject of humour, even with great familiarity with the issue will experience differentiation through humour use.³⁰⁵

Charles Winick also looks at the power humour has to affect change. He asserts that it has the power to cut through our defenses and make room for different viewpoints:

The group concept becomes especially important in the consideration of jokes about ethnic minorities. These jokes may provide one way in which members of the majority group learn to cope with the new role of minorities. [...] An audience may think they are staving off, postponing or otherwise controlling social change.³⁰⁶

With respect to how humour handles our understanding of the ‘Others’, Winick continues that it can be used to dispel longstanding myths and misgivings about certain minority groups. Although much of the humour may seem as if it were putting the minority group ‘in its place’, in actuality it is attempting to emancipate or free them. This technique was widely used in shows such as *All in the Family* wherein cantankerous bigot Archie Bunker often ended up the butt of the joke.³⁰⁷ With the effects of humour on the ‘Other’

303 John C. Meyer, “Humor as a Double-Edged Sword: Four functions of humor in communication” (2000) *Communication Theory* Vol. 10 No 3 p. 313

304 Ibid.

305 Ibid.

306 Charles Winick, “The Social Contexts of Humor” (1976) *Journal of Communication* p. 127

307 Ibid.

better understood, I want to briefly discuss how it is that humour has helped us to invite them into our living rooms. To do so effectively, I call on two prime examples: *Will & Grace* and *In Living Color*. Although they are on opposite ends of the spectrum, both these programs have done their part to disquiet difference.³⁰⁸ *Will and Grace* was an important step in helping the American television audience to accept homosexuality. The characters of both “Will” and “Jack” demonstrated to viewers that one could be both stereotypically flamboyant, whilst the other could be more reserved and each type was accepted without fault.³⁰⁹ Moreover, Evan Cooper underscores that this type of program made homosexuality more palatable to the viewer simply due to the fact that it did not bludgeon them over the head with it.³¹⁰ Conversely, programs such as *In Living Color* were successful because they aimed to do just that. Unlike *Will and Grace*, which weaved the idea of homosexuality safely into the interpersonal relationship of two best friends, *In Living Colour* employed a much more brash, ‘in your face’ commentary on what made us different. It forced audiences to recognize the lines that divide ‘us’ into ‘them’. In exploring why *In Living Color* was so successful, Norman Schulman brings about some key points: first, the show presents many commonly held stereotypes that have been attributed to African Americans. However, because African Americans primarily produced the program, there was a level of authenticity and acceptability surrounding the material.³¹¹ Secondly, many of the stereotypical racial roles were reversed. This only

308 Norma Miriam Schulman, “Laughing across the color barrier: In Living Color” (1992) *Journal of Popular Film & Television* Vol. 20 No. 1 p. 1

309 Evan Cooper, “Decoding Will & Grace: Mass audience reception of a popular network situation comedy” (2003) *Sociological Perspectives* Vol. 46 No. 4 p. 530

310 Ibid.

311 Supra note 304

further accented the racial inequalities that existed at the time.³¹² Ultimately, the program made a conscious effort to ‘cross the line’ and challenge what was considered acceptable in an effort to level the playing field. From these examples, it is clear that the functions of humour as outlined by Winick and Meyer are at work here. I will now look to representations of disability in comedy to see if they too have the same disquieting effect.

‘Crip-Humour’: How Humorous Depictions of Disability on Television Can Make a Difference

It has become clear that humour allows us to discuss the ‘Other’ and bring them to the forefront and our television sets. We have laughed with *Will & Grace* thanks to a well-timed joke, and in doing so we have allowed ourselves to accept the subject matter of homosexuality as a non-issue. We have gasped at the racial issues that we have been confronted with during episodes of *In Living Color*, but then found ourselves chuckling at how true to the life the program is. With these representations intact, the question becomes: how does disability fit within this funny framework?

To find out, I turn to work by Gary Albrecht. In his work, he looks at disability portrayals on the stage and how they parallel the lives of Persons with Disabilities.³¹³ He says that the key to using humour in the context of disability is to make the audience somewhat uncomfortable – to leave them wondering whether they should laugh or cry.³¹⁴ Disability humour is a way for PwD to find balance amongst circumstances that would normally appear tragic. It helps to show the outside world that all is not lost, and if they remain open-minded, they will perhaps see that the joke is in fact on them.³¹⁵ I now want

312 Ibid.

313 Gary L. Albrecht, “Disability Humor: What’s in a Joke?” (1999) *Body and Society* Vol. 5 No 4 p. 72

314 Ibid.

315 Ibid p 73.

to explore how this idea of disability humour can be applied to today's contemporary television and whether or not all those images that we are so used to seeing of Persons with Disabilities can be turned on their heads.

One of the most poignant and important examples of “crip-humour” to draw from was found in the animated series *South Park* that is produced by Comedy Central. This program worked because it consciously drew upon and subsequently skewered the stereotypes that I have outlined above.³¹⁶ For example, in one episode Christopher Reeves comes to town and uses stem cells to become a super-hero. This is undoubtedly a nod to the ‘super-crip’ stereotype.³¹⁷ Julie White highlights that disabled persons are often seen as the butt of jokes, ridicule or seen as the jester.³¹⁸ The resulting parody welcomes “Jimmy” the ‘handi-capable’ comedian. The producers of the program use this type of comedic ploy when navigating disability culture – it gives the audience permission to let their guard down and laugh.³¹⁹ The creators of the program have themselves suggested that using this type of humour in dealing with disability and the ‘Other’ may in fact allow for more tolerance overall.³²⁰

Alongside shows such as *South Park*, there are shows like *Family Guy* that have also unabashedly taken a stab at crip-humour. The program has satirized all forms of disability including Down syndrome, paralysis and the Special Olympics. In

316 John Reid-Hresko, “Deconstructing Disability: Three Episodes of South Park” (2005) *Disability Studies Quarterly* Vol. 25 No. 4

317 Julie White, “Krazy Kripples: Using *South Park* to Talk About Disability” in Ben Liat-Mosche et al, eds. *Building Pedagogical Curb Cuts: Incorporating Disability in the University Classroom and Curriculum* (Syracuse: The Graduate School, 2005) pp. 69

318 Ibid at p. 69

319 Ibid at p. 70

320 Matt Becker, “I Hate Hippies: South Park and the Politics of Generation X” in Jeffrey A. Weinstock, eds. *Taking South Park Seriously* (Albany: University of Albany State Press, 2008) p. 155

particular, the character of “Joe Swanson” who is paralyzed, is used to illustrate “crip humour”. The character makes his mark on the show not because of his impairment, but how the other characters react to it. He leads a healthy sex life, holds down a job as a successful police officer and even choreographs elaborate dance routines.³²¹ It may appear that “Joe Swanson” is just another stereotypical ‘super-crip’, but if the viewer can see past the satire, they’ll see that he is just another one of the guys.³²² Shows such as *South Park* & *Family Guy* work particularly well in portrayals of the ‘Other’ and more specifically crip humour because, to paraphrase Albrecht, they undermine the cultural assumptions that we have about the concept of disability and force us to find the humour amongst what would otherwise be tragic.³²³

In an effort to truly understand whether or not crip-humour can change attitudes, I wanted to explore viewer reactions to this type of humour to determine its validity. This was done through an examination of articles, on-line blogs and other written works. In looking at the viewer reaction to *Family Guy*, viewers said they felt that it was healthy to have his character be part of the satire just like every other character³²⁴, and it was ‘refreshing’ and they were ‘finally happy to see this on television’.³²⁵ Members of the disability community provided many of these reactions, and while this feedback certainly makes a case for the value in crip-humour, I think it is

321 Catherine Mabe, “Family Guy’s Joe Swanson: Animated Hero” Online at: <http://www.disaboom.com/television/family-guys-joe-swanson-animated-hero>

322 Ibid.

323 Supra Note 309 & Note 312

324 Ouch BBC “Disability Bitch Hates Exploitation” Originally accessed at: http://www.bbc.co.uk/ouch/opinion/bltch/db_hates_exploitation.shtml

325 Internet Movie Database, “Family Guy” – Episode 5.14 Reviewer Comment Accessed at: <http://www.imdb.com/title/tt0991881/>

of particular importance to consider how an able-bodied audience understands and responds to this kind of humour. Finding non-disabled persons reactions to crip-humour was not a simple task. I scoured the blogosphere and Internet databases, and I found that certain depictions of disability humour like the British series *I am Spazticus* – a sketch comedy program where Persons with Disabilities play practical jokes on the able-bodied community – made one reviewer feel uneasy:

But there's something else too: the reactions of TV viewers in the safety of their own homes. Disabled people are famously less reverent about their condition than the able-bodied. Even so, it did feel genuinely uncomfortable when disability itself was presented as the main joke – and, worse still, often quite a funny one. Personally, I found this discomfort rather interesting.³²⁶

Another able-bodied viewer had this to say about disability humour and its importance within our understanding of Persons with Disabilities:

Jokes about or involving disability are obviously a thorny issue, but we'll only get comfortable with how to do them properly by continuing to try and continuing to talk about it and pick over previous attempts.³²⁷

To round out my examination of crip humour and its impact on an audience, I watched episodes of *Family Guy* and *South Park* that tackled disability in order to gauge how I felt. As I am both the researcher and a Person with a Disability, my assessment may seem unqualified. However, when watching these programs I could understand why an able-bodied audience may have felt unsure of themselves. If they laugh, would they be joining in a long line of offenses towards Persons with Disabilities? That said, I found the humorous, off-color and brash depictions of disability to be very important. Much like the above testimonials, what they highlight is that we need to see more Persons with

326 J. Walton, "I'm Spazticus, Channel 4 Review Accessed at <http://www.telegraph.co.uk/culture/tvandradio/9483546/Im-Spazticus-Channel-4-review.html>

327 Frances Ryan, "The Last Leg: often tasteless, sometimes awkward, always funny" Accessed at: <http://www.guardian.co.uk/tv-and-radio/tvandradioblog/2012/sep/05/the-last-leg-tasteless-awkward-funny>

Disabilities on the screen in this context. They help us to normalize the idea of disability and perhaps allow us to see Persons with Disability through a different lens off-screen.

Persons with Disabilities: Simulations – Do real-life simulations make a difference?

Now that we have explored the concepts of *contact* and *the media* in relation to disability and uncovered their potential ability to markedly change the attitudes towards Persons with Disabilities, I want to examine whether or not real life simulations involving situations that PwD face have a similar effect. Disability simulation is understood as a practice wherein participants without disabilities are put in situations designed to help them feel what it is like to have a disability.³²⁸ It has been suggested in previous studies on this topic that although disability simulations have the potential to only focus on the disabling aspects of the impairment on display, they should also aim to showcase the PwD's ability to find solutions, make changes and improve the quality of their lives overall.³²⁹ The desired result of these simulations is that some attitude change will occur with respect to Persons with Disabilities.³³⁰ We are forever hopeful that they will spark discourse and highlight real-time reactions to disability.³³¹

In their research on the effectiveness of disability simulations in achieving attitude changes in, Ashley Flower and her colleagues found that such simulations yielded only limited results, some of which were actually negative.³³² For example, the researchers found that environmental modifications, such as having able-bodied subjects use a

328 Ashley Flower, Matthew K. Burns & Nicole A. Bottsford-Miller, "Meta-Analysis of Disability Simulation Research" (2007) *Remedial and Special Education* Vol. 28 No. 2 at p. 73

329 John P. McGowan, "The Effects Of Disability Simulations On Attitudes Toward Persons With Disabilities" (1999) Doctorate of Philosophy Thesis for Seton Hall University at p. 7

330 Ibid at p. 38

331 Ibid.

332 Supra note 324

wheelchair for a day, produced a negative outcome. Beyond this discovery, the majority of simulations employed by the researchers showed little effect at all with regard to altering subjects' attitudes toward Persons with Disabilities.³³³

Overall, the research suggests that these type of simulations don't produce the desired positive result, something that could be due to a number of weaknesses in how these simulations are executed and mobilized. Sheryl Burgstahler and Tanis Doe have suggested that disability simulations focus on the functional limitations of the disability and fail to take into account the social and interactional factors.³³⁴ Ultimately, the authors are positing that the technical limitations are only one part of the complex issue of disability. These simulations do not give the subjects the psychological and emotional understanding of what it means to have a disability. They will never understand what it means to be isolated, unemployed or constantly denied access or equality as a result of their physical differences. The simulation will never give them that experience. Burgstahler and Doe continue on explaining that disability simulations may be considered more of a hindrance than a help:

[...]In showing people the negative and difficult experiences of disability in such a way, simulations reinforce individual and medical models of disability... Rather than dismantling stereotypes, such simulations may reinforce these myths as well as feelings of sympathy for people with disabilities. Participants in disability-related simulations may even become frightened by the experience.³³⁵

Alongside this observation, the authors contend that simulations do not truly offer the real-world experience that is so often sought. Rather, the simulations come off as a mere "trying on" of certain disabling aspects of disability:

333 Ibid.

334 Sheryl Burgstahler and Tanis Doe, "Disability-related Simulations: If, When, and How to Use Them in Professional Development" (2004) *Review of Disability Studies* Vol. 1 Issue 2 at p. 10

335 Ibid at p 11

A person who is blind for 30 minutes will be disoriented. Someone living as a blind adult is able to navigate in familiar situations and even unfamiliar settings after receiving appropriate training. Likewise, pretending to be hearing impaired for ten minutes does not allow time for acquiring lip-reading or sign language skills. Sitting in a wheelchair for twenty minutes does not allow time to develop the upper arm strength necessary to operate a wheelchair efficiently.³³⁶

It is clear that these simulations haven't affected change as hoped. In looking at the impact of disability simulations, I found an article that summarizes the dangers these simulations pose with respect to disability prejudice:

It was Disability Simulation Day at Greenwood High. Blindfolded students were being led around by sighted students, others were bumping into walls. The students were terrified of their newly created disabilities. Some had told Tara they thought persons with disabilities had horrible lives; a few thought they might be better off dead.³³⁷

Despite all of the negativity that surrounds disability simulations, one thing was made quite clear within all of the research: : The simple art of conversation and discussion with Persons with Disabilities would be far more effective than any simulation:

By hearing from someone who has experience in being disabled, being discriminated against, and developing coping mechanisms, the learner may be able to understand some of challenges faced by people with disabilities and, more importantly, how these challenges may be successfully addressed.³³⁸

One reviewer of these simulations said they felt as if the non-disabled professionals who design these simulations fail to listen to the people living with the disability themselves.³³⁹ I have shown that structured contact with PwD and humorous media depictions have an impact in changing attitudes around disability whereas simulations do not. What I have also gleaned is that there is so much more to be done to help us change the attitudes that persist around PwD – starting with nothing more than a few words.

336 Ibid

337 Valerie Brew-Parrish, "The Wrong Message Still: HEY HEY HEY it's Disability Awareness Day! Still! Even in the 21st Century" Accessed at <http://www.raggededgemagazine.com/focus/wrongmessage04.html>

338 Ibid.

339 Ibid.

War of Words – Persons with Disabilities and Their Role in the Attitude Towards Persons with Disabilities

As a Person with Disabilities, I completely understand and appreciate the decades of frustration, exclusion and oppression that have been felt by Persons with Disabilities. That said, it is my belief that Persons with Disabilities must share the responsibility and work to achieve a shift of attitudes from prejudice to partnership. I get the sense that Persons with Disabilities have let many of these feelings of oppression and exclusion mangle within them, and as such this has most certainly affected how they have interacted with non-disabled individuals. In fact, I believe these feelings have poisoned many Persons with Disabilities. Consider work by Simon Brisenden. In his work, he is commenting on how medical professionals paint Persons with Disabilities, however the anger in his wording and language is palpable:

Disabled people are seen as weak, pathetic and in need of sympathy when they are referred to as 'cripples'. A person with cerebral palsy, when referred to as a 'spastic', has to suffer the indignity of being equated with a raving, dribbling, idiot-these are the facts beyond the medical 'facts'.³⁴⁰

Throughout his article, Brisenden makes the case that Persons with Disabilities are the 'victims of a vicious circle' that is controlled by medical professionals, social services, relatives and so on.³⁴¹ It would be irresponsible for me as a researcher in this field to attempt to refute this claim. It is without question that Persons with Disabilities have been discriminated against, and they have undoubtedly been the victims of unspeakable injustices. However, the above work makes it seem as if all able-bodied people feel this way about Persons with Disabilities. I feel that these sentiments have bled through to many in the disabled community.

³⁴⁰ S. Brisenden, "Independent Living and the Medical Model of Disability" (1986) *Disability and Society* Vol 1:2 at p. 174

³⁴¹ Ibid at p. 178

We can see this anger and resentment readily present itself when Persons with Disabilities discuss some of the ignorance they face:

I was outraged at the presumption at the writer to speak for everyone from a healthy body. I decided I did not want to hear anything about the body from *anyone* who was not physically disabled.³⁴²

It has also been posited that Persons with Disabilities upon interacting with non-disabled individuals, tend to submit themselves to stereotypical behaviour:

[...]disabled persons when communicating with able bodied confederates interact a shorter period of time, use less motoric [sic] activity and smiling behavior, and have less eye contact than when communicating with disabled confederates. Also, when communicating with ablebodied confederates, the disabled tended to distort their responses toward the social stereotype of disabled persons.³⁴³

Authors Robert Emry and Richard Wiseman discuss that Persons with Disabilities are oft times just as uncomfortable as the able-bodied person during their interaction because they automatically assume that the non-disabled individual will treat them as different.³⁴⁴

In exploring the attitudes of the everyday PwD towards the able-bodied community, I have certainly felt that they have contributed to the division that separates ‘us’ from ‘them’. To illustrate this, I call upon the reactions of Persons with Disabilities to what would be deemed ‘inappropriate’ questions. One Youtube Blogger discussing the ‘stupid questions’ people ask her, says that she gets angry when people ask her “what happened?” and it angers her when people make assumptions surrounding her disability. She is of the opinion that her disability is ‘her business’ and that when people ask her

342 Susan Wendell, “Toward a Feminist Theory of Disability” (1989) *Hypatia* Vol. 4, no. 2 at p. 119

343 Robert Emry and Richard L. Wiseman, “AN INTERCULTURAL UNDERSTANDING OF ABLEBODIED AND DISABLED PERSONS' COMMUNICATION” (1987) *International Journal of Intercultural Relations* Vol. 11 at p. 14

344 *Ibid* at p. 15

these types of questions – it only makes them look stupid.³⁴⁵ This type of response from the disabled community is in my view, quite damaging and dismissive. It only strengthens the divide and the ideology that disability is ‘my problem’.³⁴⁶ Moreover, people with disabilities often feel as though it is not their responsibility to educate people as to their level of disability.³⁴⁷ Another online blog that I found had reactions of Persons with Disabilities as to why they should have to educate others. One online blog post reads: “It shouldn't always be the disabled person's responsibility to educate others, we have other things to do with our lives than constantly explain what it's like to have a disability.”³⁴⁸ I use the above to show that Persons with Disabilities do have some part in the creation of the gap in knowledge that separates and distances disabled and non-disabled. They are by no means merely the innocent victims. I wish not to suggest that Persons with disabilities have no right to be angry, on the contrary – but for the disability community to constantly jump to the defensive response to these ‘stupid questions’ does us no good in the end. The only thing that this achieves is to shut an able-bodied person out of the learning process, and reaffirm much of the fear that Persons with Disabilities have so tirelessly fought against.

345 “Annoying Questions from Able-Bodied to Disabled Accessed at <http://www.youtube.com/watch?v=Jy8ZUz4qoMs>

346 Michael Oliver, “The Social Model in Context” in M. Oliver, Understanding Disability: From Theory to Practice (New York: St. Martin’s Press, 1986) at p. 33

347 Harilyn Rousso, “Special Considerations in Counseling Clients with Cerebral Palsy” (1982) *Sexuality and Disability* Vol. 5 No. 2 at p. 86

348 “**Poor behaviour by presumptively able bodied people replying to threads in this forum**” Accessed at <http://www.flyertalk.com/forum/disability-travel/1369271-poor-behaviour-presumptively-able-bodied-people-replying-threads-forum.html>

Igniting Interaction By Allowing Ignorance – Further Solutions to Bring ‘Us and ‘Them’ Together:

Insofar as prejudice reduction strategies are concerned, I am most partial to the view that interaction with Persons with Disabilities is one of the better solutions. I agree with the assertions of the above research that cites ‘structured contact’, geared towards showing off the strengths of both the person with a disability and the non-disabled individual, is one of the better ways to lessen prejudice.³⁴⁹ I believe that a combination of the above techniques would help to move us closer to a partnership and further away from the prejudicial attitudes that we may not even realize we possess. However, there is one piece to this proposed partnership that I believe is lacking: honest discussion and candid conversation. In studies examining the power of communication over prejudice, there is evidence to support that a difference can be made:

Firstly, children were fairly explicit in stating and explaining their racial evaluations, irrespective of prejudice level... Secondly, high-prejudice children were more likely to show post-discussion increases in tolerant attitudes as a function of their low-prejudice partners’ comments.³⁵⁰

Under the proper conditions then, discussing your prejudices openly can have a positive effect. It is in this area where I posit that prejudice reduction strategies between Persons with Disabilities and the non-disabled have essentially stalled. As I have shown throughout this project, the prejudices towards PwD are very real; the problem is that they have not been openly expressed. Allow me to clearly explain myself here. In no way am I advocating that persons with these feelings towards PwD start spewing hatred and vitriolic comments towards them on the street – not at all. Rather, I am suggesting we allow non-disabled persons to voice their fears in a safe and non-judgmental

349 Supra Note 283

350 Francis E. Aboud & Anna Beth Doyle, “Does Talk of Race Foster Prejudice or Tolerance in Children?” (1996) *Canadian Journal of Behavioural Science* Vol. 28:3 at p. 166

environment. I believe that many able-bodied individuals have the following concerns when it comes to voicing their opinions about Persons with Disabilities: they don't want to be offensive or politically incorrect³⁵¹ and discussing disability forces them to confront their own mortality³⁵². Add to that the defensive attitudes that certain Persons with Disabilities exhibit regarding their disability, it is no wonder many able-bodied individuals don't feel comfortable or entitled to discuss these issues.

The question then becomes – what is the best way for us to allow this viewpoint to be heard? I believe that the best way to do this is to engage in structured contact quite similar to the prejudice reduction strategy outlined above. However, I feel as if there must be a component wherein the non-disabled individual is given license to ask the Person with a Disability a 'stupid question' as well as have a full on discussion with the disabled person about disability – what do they not understand? What are they most curious about? What are their fears surrounding disability? It is my hope that in allowing for this, some critically important things will occur. Most importantly, the non-disabled individuals would be given the chance to openly express themselves in a context which is both safe and absent from judgment, and which grants them permission to be ignorant as a means to enlightenment. In doing so, they will finally offer a piece to the conversation that we very rarely see: how an able-bodied person honestly compartmentalizes, deconstructs and understands disability in their everyday world.

So often, we see people running to the defense of Persons with Disabilities attempting to 'protect' them from this type of honest conversation for fear that it may cause them emotional distress or be perceived as socially inappropriate. What this

351 Kathleen Rockhill, "And I Still Fight" (1996) *Journal of Canadian Women Studies* Vol. 16 No. 2 at p. 93

352 *Supra* note 343

prejudice reduction strategy does is to inject a dose of honesty into the mix which I believe is severely lacking when we look at the concept and the study of disability. By opening up the discussion in this manner, the Person with a Disability would have the opportunity to realize that these once ‘stupid questions’ are in fact excellent opportunities to fill a gap in the knowledge that often accompanies disability issues. This opportunity would also make clear to the PwD that the hostility they may have harbored when asked about their disability is in fact unwarranted insofar as at least some able-bodied persons are simply ignorant as opposed to malign. What these questions highlight (despite them being asked in an often less than gracious tone, or with little to no forethought) is that there is a genuine interest in Persons with Disabilities and a desire for the knowledge rather than a deliberate disrespect.

People with Disabilities are very adamant that they want to have a voice and to be heard. This would not only give them that chance, it would provide them with invaluable input on how the everyday able-bodied person feels about disability without the politically correct gloves that we are all too comfortable in.

Is Talk Cheap? How this Prejudice Reduction Strategy Aims to help Change Policies, Programs and Legislation for Persons with Disabilities

It might seem quite naïve of me to make the claim that the chasm that currently separates ‘us’ from ‘them’ could be remedied by simple conversation. I am not so unaware of the issues at hand that I believe our path from prejudice to partnership will be paved overnight, for that is simply not realistic. What this particular prejudice reduction strategy offers is the beginnings of a solution to bring us all together. One could also ask: does this strategy help legislation specifically designed for Persons with Disabilities? As I have shown in the previous Chapter, established public belief and lack of awareness play a definite role in limiting policy reform and social change as it relates to Persons

with Disabilities.³⁵³ Increased, genuine and open discussion and interaction that is not hindered by the social graces that tend to dominate how we treat one another, might help to re-establish and redefine public perceptions as well as create awareness about disability. By giving these opinions some weight and validity rather than squelching them away, pretending they don't exist and that we are all entirely comfortable around the concept of disability, we can begin to make changes.

Talking about disability as openly as I have suggested can only result in a shift in the disability discourse, and while this is merely a suggested starting point – it certainly seems about time, doesn't it?

Conclusion

Throughout this chapter, I have shown that prejudicial behavior can take root almost anywhere and can be difficult to change. However, this can be done. In exploring three prejudice-reduction strategies, it was found that while most held some promise in changing the attitudes most commonly held towards Persons with Disabilities, the most effective strategy is undoubtedly interaction and contact. Contact on its own is not sufficient enough to effect change, however. The interaction had between the able-bodied and the PwD must be structured in some way so as to highlight the strengths and similarities between the two. Within this framework, I believe it is critical that we allow for the abled and disabled to engage in a discussion wherein the supposed 'stupid questions' are asked and answered. By allowing able-bodied individuals the chance to express their fears and curiosities openly, we are validating their opinions and letting their honesty speak for itself. Moreover, these questions indicate large gaps in knowledge and understanding more so than outright prejudicial behaviour. Persons with Disabilities can

353 M.J. Prince, "Canadian Disability Policy: Still a Hit-and-Miss Affair" (2004) *Canadian Journal of Sociology* Vol. 29 No. 1 at p. 71

employ this strategy to impart the correct knowledge, while disarming themselves of the hostility that often accompanies these types of questions. Talking about these issues in a controlled, but honest fashion is a start in changing the public view of Persons with Disability. Once the public's view is persuaded, policymakers will soon follow. It is with these types of solutions and frank discussions about disability issues that we begin to lay the pathway that leads from prejudice to partnership.

Summation and Closing Remarks

This project is the combination of many important aspects for me. Firstly, on a purely personal level, I am a Person with a Disability. As such, my interest for this research project was borne out of my own day-to-day experiences. I have felt firsthand how the public perception of disability can often be less than welcoming – I watched people dart out of my way on the street, or be unsure of how to approach me when they had questions about my disability. As a PwD, I am often reliant on many services, programs and policies to assist Persons with Disabilities. I have noticed that often times these services that had been designed to help me were, more often than not, lacking in their execution, or not working at all. For instance – I would have to wait hours for an accessible bus, which might never even show up. Or, I might have my social assistance drastically reduced at the whim of a caseworker that could never truly understand how much I needed that cheque. I was all too familiar with the failings of policies and programs that were *supposed* to give me a ‘leg up’ so to speak. The researcher and scholar in me yearned to know *why* these policies and programs continually failed when put into practice. I began to wonder whether or not the public perception of Persons with Disabilities had anything to do with this. And so, my thesis project began to take on a life of its own, and my central question took shape: *How is the mobilization of rights and privileges afforded to Persons with Disabilities influenced by the public discourse that surrounds this group?*

In order to come to an answer with any type of authority and knowledge, it became clear to me that I would need to peel back its layers and get to the root of the issue. In doing so, many more questions came to light that I will briefly summarize in this chapter. For instance, *what is* the public discourse on disability and where did it come from? Following this summary, I will provide some possibilities for further research in this field

of study, and where I think that we need to take the study of Persons with Disabilities. It is my hope that this project will provide the study of Persons with Disabilities a new perspective and most importantly – the opportunity to invite other voices into the conversation.

To summarize all that I have learned throughout this project seems particularly daunting, however I will try. To gain an understanding of the origins of the attitudes that persist around disability, I began by looking at the power of language. I found that language has the power to create our reality, and our understanding of the physical world around us. What this meant for Persons with Disabilities is that language and words have often reduced them to little more than their medical impairments – they have been called “ill”, “sick”, and probably the most damaging of all “cripple”. As such, what I discovered is that these terms quickly become fact both in the eyes of able-bodied and Persons with Disabilities alike, and have become cemented in how we understand disability.

What I found to be particularly interesting are the Individual and Social models of disability. The Individual Model purports that the Person with the Disability is solely to blame for the impairment whilst the social model attempts to place the blame of disability onto society as a whole. Trying to pass the blame of disability onto either one or the other is problematic in itself. In doing so, we further separate both communities from one another and entrench the ideology that there is ‘us’ and ‘them’.

I attempted to craft a definition that would eliminate this very real division. In my definition, I aimed to make the idea of disability as normative as possible. I used particular emblems such as the wheelchair or walker in the hopes that those emblems would soon become normative to us all. Finally, I removed all aspects of blame from my definition – simply suggesting that physical disability was merely a fact of life, and that

no one ought to take blame for that. I aimed to show the power of language from both sides – how it has the power to relegate Persons with Disabilities to their medical monikers alone; but also how it can bring us together with the intent of understanding disability as a concept we will all share in.

Essential to this project was the unpacking of the concept of mobility and what it has meant to our society at large. Ultimately, what this highlighted for me was how the concept of mobility could so seamlessly be linked to the idea of health – and – that if one was not upwardly mobile one in turn must not be healthy. Moreover, the idea of mobility equaling health compounded and further complicated the ‘us’ vs. ‘them’ paradigm that Persons with Disabilities and the non-disabled are constantly trapped in. But then again, how could they not be trapped? This idea of mobility as normality has permeated every walk of life – no pun intended. From medical professionals to our urban planners, to what we watch on television, this ideology that being upwardly mobile by way of ambulation as ‘normal’ has taken over and we don’t even realize it.

One of the most critical parts of my research was illustrated when the concept of mobility affected how disabled persons and non-disabled persons interacted with one another. It was most disturbing to understand how one simple concept could turn people against one another – especially at a time when they ought to be working together to understand about disability as it will touch each and every one of us. I still find it interesting that we all begin and end our lives not adhering to what we now would understand as “optimum mobility”, and no one has any issues if we have a mobility device (i.e. stroller or walker). However, if one encounters a mobility issue in their prime and is therefore required to redefine what mobility means for them by using a wheelchair or scooter, we then treat them as interrupting what we consider normal, and we create unnecessary divisions between us that run so deep that they have kept us apart

to this day. I have tried to underscore that our public perceptions surrounding disability can come from just about anywhere, however this makes clear how pivotal mobility is to the discussion, and that until we re-frame our understanding of it, this concept will forever divide us.

One of the most critical within my overall project as its aim was to highlight that programs, policies and legislation designed for Persons with Disabilities have most certainly been plagued, halted or altogether ignored as a result of attitudinal issues embedded around the concept of disability. Essentially, the attitudes around legislation for Persons with Disabilities are caught within two worlds: rights versus benefits. That is, the laws are built around the assumption that Persons with Disabilities will forever remain at the succor of the State, and that they are in constant need of help.

The Ontario Disability Support Program for example, aims to help Persons with Disabilities lead productive and inclusive lives within their communities. However, upon reviewing the program in practical, everyday terms we see that it in fact tends to do the exact opposite, giving people just enough to survive but never enough to actually enjoy their lives. As several interviewers suggested in the research, ODSP forces one to live in poverty. The true effects of ODSP are found when we consider it from a sociological standpoint: If you don't have enough money to feed yourself, buy clothes, or have meaningful interactions with the outside world insomuch as you can't afford lunch with friends, that is limiting your exposure to the able-bodied community and in turn, their exposure to you. It is clear that the goals of this program fail to address the issues – and expect that Persons with Disabilities will be grateful for whatever it is the 'gatekeepers' choose to allow them.

Much of the same disenchantment can be found in the Accessibility for Ontarians with Disabilities Act.³⁵⁴ This Act is meant to make for a more accessible Ontario by 2025 by implementing service standards in both the public and private sector. However, what was found was lack of compliance and lack of enforcement on both sides of the issue. I still do believe that this initiative highlights what the Government of Ontario would like to be doing to help PwDs, but they remain largely ignorant of the challenges which impact their efforts to ‘help’ nor do they appreciate how those efforts impact on the lives of PwD, largely because they simply do not understand or ‘see’ those lives. I feel that they enacted this law without truly understanding its scope or impact, but the Government wanted to start somewhere. As this law stands right now, without proper compliance awareness measures and enforcement – it has no teeth. As such, is there even a law at all?

The United States offers us little recourse in the way of disability legislation. Despite enacting the Americans with Disabilities Act, the majority of cases brought under this Act get grossly misunderstood and ultimately dismissed or misinterpreted by the judiciary. Moreover, the ADA does not focus on the social assistance portion of disability, only employment standards. Therefore, disability policy in the US is fractured between two systems: one that affords rights, the other benefits. Neither of which seem to be providing Persons with Disabilities the full citizenship they are seeking. Much like the Canadian system, the United States Social Security benefit program, puts PwD in impoverished situations and expects that they will be grateful for what they have been given. Again, I feel that many of the laws and policies are premised upon a desire to bring unity and inclusivity, but their execution falters because the attitudes around disability have yet to be appropriately addressed. _

354 Supra note 217

In charting the pathway from prejudice to partnership, it is necessary of course to start from the beginning – that is to examine the origins of prejudicial behaviour and how it comes to be. Ultimately, prejudicial behaviour can have a myriad of roots – and once formed, they can be difficult to change. I examined three major prejudice reduction strategies: contact, media exposure and simulation exercises. Of all these three, I found that both the direct contact and media exposure worked the best. For instance, in media depictions of disability, we saw that “crip-humour” helped to alleviate some of the apprehension, and has the ability to make us laugh at our likeness. However, the most critical prejudice reduction strategy in my view is direct contact. I will say that simply having contact with a PwD is not enough – it needs to be structured contact that highlights the strengths of both parties, so that they can bond over that, rather than drift as a result of their differences. However, within that structured contact – the once thought ‘stupid questions’ must be allowed to come to light. Persons with Disabilities must begin to recognize that these types of questions are borne out of a lack of knowledge and a plethora of misinformation that has been fed to them via a variety of different sources. Persons with Disabilities must put down their arsenal of anger and use these as an opportunity to affect change and disseminate the right information.

As a researcher throughout this project, I have wondered where I wanted this type of research to go and what it has meant for me. I have come to some conclusions – and what I have discerned is that there is still much more to be done with respect to research on this topic. One of the areas that I think the research needs to focus on is the legal system’s response to disability. I have shown how cases brought under disability legislation have been mismanaged or altogether dismissed, and that they often do not translate to anything tangible for Persons with Disabilities.

I think the research needs to focus on how to bring our legal system up to speed on how they should handle disability. In looking at what is required to prove one's case in legislation such as Title 1 under The Americans with Disabilities Act, the limits of 'black letter law' have been clearly illustrated. As someone with a disability myself, I know that understanding of disability requires as a combination of accommodation, adaptation and compromise. We need to look at how to adapt the legal system in this way. I think it is critical that, much like the structured contact that could allow for frank discussion about disability – the same needs to be done for those who sit on the judiciary and policymakers as well. Further research could explore how we can adapt the legal understanding of the term *equality* when considering cases involving Persons with Disabilities.

Another area that I believe requires further research concerns the attitudinal issues characterizing some Persons with Disabilities. So much of the literature on the topic of interrelations between able-bodied and the disabled community proceeds to paint the PwD as the victim who is aggressed upon by the able-bodied community, or that it is the non-disabled person's responsibility to change their attitude. As I have made clear throughout this project, I believe that some of the onus must now rest on the Person with a Disability who also has a role to play in changing how others see and relate to them. Therefore, I believe that the research needs to focus on how we can get the disabled population to disarm themselves when discussing their disability. We need to look at prejudice reduction strategies that target the disabled community, considering specifically how to curb the resentment that seems to be deeply held towards the able-bodied community.

At this point, my research has been based solely on academic research and my own personal experiences living as a Person with a Disability. I have simply scratched

the surface of a very complex issue. I would like to see research continue in the attitudes towards disability through interviews with able-bodied and disabled persons alike, to better understand how it is they feel about the issues. I would also consider conducting prejudice reduction conversations with disabled and able-bodied individuals. This type of research would be much more interactive and would allow for other questions to be posed that theoretical research cannot answer.

This thesis project is simply the beginning of an ongoing passion of mine – disability awareness. I believe that this project is of particular importance to Critical Disability Studies and the study of law because it offers a brand new perspective. It highlights that the predominant attitudes towards Persons with Disabilities are in fact very real, and as much as we would like to believe otherwise, remain almost as they were in years past. However, rather than simply acknowledging these attitudes, this project seeks to understand what these attitudes are and where they originate from in an effort to change them. That is to say, this project seeks to heal the rift that has been felt between the able-bodied and disabled communities from the inside out.

What I also find to be important within this thesis is that the discussion insofar as attitudes are concerned is no longer one-sided. One of the main goals for me was to bring both disabled and non-disabled together, and I believe that the best way to accomplish this goal is to address the fact that Persons with Disabilities have a responsibility in this as well. As I have suggested, PwD need to let able-bodied people into the discourse and divest themselves of all the anger; otherwise I believe that nothing will change. In order to begin to change what happens from paper to practice for Persons with Disabilities as well as other marginalized groups, we must start by talking to one another – about what scares us, what makes us angry, and how we really feel about the issues at hand. It is my hope that through conversation, the differences that often exclude us from each others

lives will become that much less important, and the pathway from prejudice to partnership will be paved in full.

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