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**Experiencing Stigma:  
The Physically Disabled Perspective**

**M. L. HOPKINS**

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Universiteit van die  
Oranje-Vrystaat  
BLOEMFONTEIN

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**Experiencing Stigma:**  
**The Physically Disabled Perspective**

by

**Mandy-Liesel Hopkins**

**A dissertation submitted in accordance with the requirements for the B. Soc. Sc. Masters degree in Sociology in the Faculty of Humanities. Department of Sociology at the University of the Free State.**

**November 2001**

**Supervisor: Prof. G. W. de Klerk**  
**Co-Supervisor: Dr. SJEJ van Vuuren**

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***Mandy Hopkins***

***November 2001***

## EXECUTIVE SUMMARY

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The field of physical disability is a relatively unexplored one. In particular, it is evident that little has been done to attempt an explanation of the reactions of people with physical disabilities to the labels, and consequent stigmas that are applied to them by the able-bodied. It is important to note that whilst people with physical disabilities are generally not considered deviant, many of them experience the same societal reactions to their conditions as other 'deviants' do. This occurrence is probably due to the fact that physically disabled people are seen by society as different, 'abnormal', or even 'deviant'.

People with physical disabilities are isolated, stigmatised, segregated and discriminated against as a result of their disabilities. They are however, not intrinsically deviant because of their disabilities, but rather because of the undesirable differences that are imputed to them by society. The presence of a physical disability thus renders the disabled individual 'deviant', partially because of the limitations it imposes upon the person's range of activities and behaviour, but mainly because of the reactions of the able-bodied to the disability. People with physical disabilities are forced to remain socially and economically marginalised, not because of their disabilities, but because of discriminatory and exclusionary attitudes and practices on the part of the non-disabled.

People with obvious physical disabilities, such as those confined to wheelchairs, are disadvantaged during everyday societal interaction, unless they constantly attempt to minimise their differences from the able-bodied. In this regard, many of the physically disabled suggested that non-disabled people believed them to innately possess the following characteristics: helplessness, dependency, an inability to take on any responsibility, and a constant need for guidance and supervision. The interviewees maintained that the aforementioned beliefs supplied 'normals' with *seemingly* legitimate reasons for the stigmatisation of groups such as them. They also noted that many 'normals' felt that they, as physically disabled

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individuals, deviated from the 'highly admirable state' of physical perfection. The physically disabled are often expected to cope with their limitations in ways not expected of other 'normal' people. In this regard, they are conditioned to 'manage' and 'overcome' their disabilities, to be 'independent' and above all else to be 'normal'. The limitations that result from physical disability, however, often render these individuals dependent, and therefore deviant, as they are forced to break the norms of adult independence and self-reliance.

According to the physically disabled, their disabilities stem from the fact that physical and social environments are designed without any consideration of the needs of particular individuals or groups, and not from their own functional limitations. They therefore maintain that the problems that they encounter in interaction with the able-bodied could be minimised if the latter group was better educated concerning the requirements and 'lifeworlds' of people with physical disabilities. In this regard, it is evident that people with physical disabilities have been portrayed as '*flawed able-bodied people*' throughout history. The physically disabled however, suggest that although they differ physiologically from their able-bodied counterparts, they are no different from any other 'normal' person.

Finally, people with physical disabilities desire the same consideration, social courtesies and acknowledgement as any other 'normal' person, expects and receives. The physically disabled state that the fact that their bodies do not function in the same manner as those of the non-disabled, does not exclude them from assuming any of the roles that they previously held in society, should they choose to. As such, the physically disabled maintain that, given the opportunity, they would gladly take part in all the areas of 'normal' life, and particularly in the employment area. Physically disabled people want to be treated by their non-disabled counterparts as 'normal', *they neither require, nor desire 'special' treatment because of their physical limitations.*

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## CHAPTER ONE

### METHODOLOGICAL RATIONALE

*'The cripple is an object of Christian charity, a socio-medical problem, a stumbling nuisance, and an embarrassment to the girls he falls in love with. He is a vocation for saints, a livelihood for the manufacturers of wheelchairs, a target for busybodies, and a means by which prosperous citizens assuage their consciences. He is at the mercy of over-worked doctors and nurses and under-worked bureaucrats and social investigators. He is pitied and ignored, helped and patronised, understood and stared at. But he is hardly ever taken seriously as a man' – Batty, L. (in Shearer, 1981: 72).*

# CHAPTER ONE

## *Methodological Rationale*

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### 1.1 INTRODUCTION

Throughout their lives people develop personal frameworks of beliefs and values with which they selectively and subjectively attach meanings and significance to events. This framework and the 'real consequences' it has for action provide the basis for qualitative research (Jones, 1985a: 49). Krathwohl (1998: 234) suggests that people act according to the aforementioned 'subjective meanings' and this results in a reality that is socially constructed. It is necessary to 'see the world through the eyes of the actor to reach a full understanding of that person's behaviour'. This chapter will therefore deal with the methodological issues pertaining to the completion of the qualitative assessment of how people with physical disabilities experience stigma in society.

### 1.2 STATEMENT OF THE RESEARCH PROBLEM

The field of physical disability is a relatively unexplored field as people generally avoid people with physical disabilities and the issues that surround them. This occurrence is probably due to the fact that people with physical disabilities are seen by society as 'different', 'abnormal', or even 'deviant'. The tendency to *stereotype* and *stigmatise* the physically disabled therefore often occurs, and may be responsible for their denial of 'ordinary social consideration' which is taken for granted by the general public (DeLoach & Greer, 1981: 50). People with obvious physical disabilities, such as those that are confined to wheelchairs, are disadvantaged during everyday interactions, unless they constantly attempt to minimise their differences from able-bodied people (Karp & Yoels, 1986: 234). In this regard, interaction with physically disabled individuals is often difficult for the

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able-bodied as they generally struggle to discount the obvious differences between themselves and the disabled. According to Neubeck and Glasberg (1996: 201) this problem is explained by the fact that most physically disabled people are believed to innately possess the following characteristics:

- (i) helplessness;
- (ii) dependency;
- (iii) an inability to take on responsibility; and
- (iv) a constant need for guidance and supervision

Safilios-Rothschild (1970: 11) suggests that the ambiguity of the norms regulating interaction between the physically disabled and the non-disabled generally cause such interaction to be uncomfortable and strained for both parties. In this regard, people with physical disabilities are often expected to *cope* with their limitations in ways not expected of other 'normal' people. They are conditioned to '*manage*' and '*overcome*' their disabilities, and above all else to be '**normal**'. The limitations that result from physical disability, however, often render these individuals dependent, and therefore deviant, since they are forced to break the norms of adult independence and self-reliance (Smith, 1975: 154).

It is important to note that whilst people with physical disabilities are generally not considered deviant, many of them experience the same societal reactions to their conditions as other 'deviants' do. In this regard, people with physical disabilities are isolated, stigmatised, segregated, and discriminated against as a result of their disabilities (Clinard & Meier, 1995: 483). It must be mentioned however, that people with physical disabilities are not considered to be intrinsically deviant because of their disabilities, but rather because of the **undesirable differences** that are imputed to them by their able-bodied counterparts in society.

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### 1.3 AIMS AND OBJECTIVES

This study broadly intends to explore the issues surrounding the social interaction between the physically disabled and the non-disabled, and to investigate the meaning of this interaction for the physically disabled. The study will thus aim to:

- investigate the phenomenon of physical disability by emphasising the manner in which people with physical disabilities perceive and interpret non-disabled people's reactions towards them; and
- determine how people with physical disabilities experience, and react towards societal labelling or stigmatisation.

Bearing these two broad aims in mind, the specific objectives of this study consist of the following:

- to collect relevant literature on the topic, and to compile a chapter in which the issues that are applicable to this study are theoretically stated;
- to complete an empirical study whereby people with physical disabilities will be asked to respond to whether or not, and to what extent, stigmatisation affects them in their daily interaction with non-disabled people. The study will also determine the reactions of the people with physical disabilities to the labels applied to them by the non-disabled;
- to interpret these responses within the broad framework of the labelling theory, with specific reference to Goffman's model for the explanation of social interaction and stigmatisation; and

- to make the findings of this study available to all the interested parties by means of a research report.

In pursuing the above-mentioned objectives the following research strategy and methodology has been developed in order to maximise the validity and reliability of the data.

## 1.4 RESEARCH METHODOLOGY

As has already been mentioned, this study will concentrate on the meanings that people with physical disabilities attach to their interaction with the non-disabled. These meanings will then be analysed and interpreted within the conceptual framework provided by the labelling or symbolic interactionism theory, and Goffman's theory on social interaction and stigmatisation. The two essential components of these theories are the 'processes' and the 'meanings' attached to situations by individuals involved in the interaction. According to Oliver (1981: 52) 'the experiences that individuals have are not fixed or stable, but rather take the form of a process through which individuals can negotiate their own passages'. These passages are not determined by the events that occur, *such as paralysis as the result of an accident*, but are rather reliant on the *meanings* that individuals attach to the occurrences.

### 1.4.1 RESEARCH DESIGN

This study has been undertaken in order to determine whether or not, and to what extent, the physically disabled feel that they are stigmatised by the non-disabled during social interaction. It has also endeavoured to explain how the physically disabled react towards the labels that are applied to them by their non-disabled counterparts. Oliver (1993: 66) states that strategies must be devised in order to

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ensure that research on disability provides 'an accurate and fruitful account'. He furthermore suggests that this can only be done by ensuring that the '*experience of disability is fed into the project by people with physical disabilities themselves*'.

The nature of this research is thus both exploratory and descriptive, within a qualitative framework. In this regard, Crabtree and Miller (1992: 6) suggested that '*qualitative research, using qualitative methods, explores the meanings, variations, and perceptual experiences of phenomena*'. A qualitative research design is also preferable as the *meaning* attached to the 'disability' phenomenon by the physically disabled is of vital importance to this study. Moreover, Krathwohl (1998: 243) suggested that qualitative methods are useful for exploring phenomena as they humanised situations and make them 'come alive'. Peacock (in Crabtree & Miller, 1992: 13) highlights qualitative research methodology by stating that such researchers seek the '*truth from the natives in their habitat by looking and listening*'.

Krathwohl (1998: 243) furthermore maintains that qualitative methods described 'multi-dimensional, complex, interpersonal interaction' more comprehensively than quantitative measures. This study is therefore divided into *three* sections, which consist of:

- a literature study of relevant sources concerning physical disability, societal reaction, and stigmatisation;
  
- an empirical field study that consists of focus groups and in-depth interviews;  
and

- a research report that contains the transcribed and analysed interviews, which are presented in the form of case studies with *verbatim* extracts from the in-depth individual interviews and the focus groups.

#### 1.4.2 THE SAMPLE

According to Kuzel (in Crabtree & Miller, 1992: 33) in qualitative research, sampling is '*driven by the desire to illuminate the questions under study and to increase the scope or range of data exposed*'. Qualitative sampling is thus concerned with information-richness, rather than with representativeness. Qualitative research rarely relies on cases that have been selected on a random basis, instead small samples, or even single cases are typically selected and focussed on in-depth. In this regard, Strauss (in Krathwohl, 1998: 259) uses the terms '*theoretical sample*' or '*purposive sample*' to refer to a choice of research subjects that are determined on analytical grounds for the explicit purposes of developing or extending a theory. According to Denzin and Lincoln (in Silverman, 2000: 104) 'many qualitative researchers employ purposive, and not random, sampling methods. They seek out groups, settings and individuals where the processes being studied are most likely to occur'.

The sample that was used in this study was thus chosen through the use of theoretical or purposive sampling methods. In this regard, Mason (in Silverman, 2000: 105) stated that this type of sampling relies on the selection of groups or categories to study, on the basis of their relevance to the research being conducted. As such, the *total of 18 interviewees* in this study was determined according to the definition of physical disability used in this research. This definition stated that the interviewees had to possess physical impairments or disabilities, which forced them to make use of wheelchairs on a daily basis. These individuals also needed to be willing and able to participate in the study. The site of the study

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was also determined through purposive methods. In this regard, the focus groups and the in-depth interviews were conducted with people with physical disabilities residing in a home for the care of the physically disabled in Bloemfontein.

### 1.4.3 DATA COLLECTION

According to Crabtree and Miller (1992: 13) field data, in qualitative research, is collected through the use of observation, interviews, and the mechanical recording of conversations and behaviour. The data that has been used in this study was, as has already been mentioned, collected by means of both in-depth interviews and focus group sessions.

#### 1.4.3.1 IN-DEPTH INTERVIEWS

Crabtree and Miller (1992: 5) state that the qualitative researcher *'is directly and personally engaged in an interpretative focus on the human field of activity with the goal of generating holistic and realistic descriptions and/or explanations'*. In-depth interviews are therefore used to intensively explore a particular topic. In this regard, Walker (1985: 4) maintains that in-depth interviews are conversations in which researchers encourage interviewees to relate, in their own words, experiences and feelings that are relevant to the research problem. Burgess (in Walker, 1985: 4) furthermore suggests that such interviews allow researchers to explore new dimensions of a problem, *'and to secure vivid, accurate, inclusive accounts'* that are based on the interviewees' personal experience.

The field study for this research required repeated, in-depth interviews with 10 of the 18 physically disabled individuals. According to Crabtree and Miller (1992: 16) in-depth interviews are *'guided, concentrated, focussed, and open-ended communication events that are co-created by the investigator and the*

*interviewee(s) and occur outside the stream of everyday life*'. The aforementioned interviews were guided by an '*aide memoir*' or flexible interview guide, which contained a few ideas for questions and issues to be dealt with (Walker, 1985: 4). The interviewer was thus free to follow up interesting and/or relevant ideas introduced by the interviewees. These interviews also allowed the subjects to actively participate in the research by providing the researcher with insights, feelings and subjective meanings that are essential to the qualitative research design. All of the aforementioned interviews were conducted by the researcher personally, and were recorded on audiotape, transcribed and then analysed individually.

#### 1.4.3.2 FOCUS GROUPS

Focus groups are specialised 'group interviews' that are usually used to learn '*how a group intended to be representative of a target population reacts to something presented to them*' (Krathwohl, 1998: 295). According to Morgan (1997: 10) focus groups provide *evidence* about the similarities and the differences in the interviewees' opinions and experiences, rather than the researcher drawing conclusions from '*post hoc analyses of separate statements from each interviewee*'. In selecting participants for a focus group, researchers generally aim to minimise sample bias. These groups are therefore typically composed of small and comparatively homogeneous groups of people, as excessive diversity in the group may cause some members to withdraw from the conversation.

Focus groups, like in-depth interviews, are often conducted with purposively selected samples. In this regard, the focus group sessions were also conducted with physically disabled people residing in the home for the care of the disabled. This section of the empirical field study consisted of *three* focus groups containing approximately *five* subjects each, resulting in *15* of the *total 18 interviewees*.

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The aim of these *three* focus groups was to reach 'saturation', which was the point at which additional data collection no longer generated new information. In this regard, Morgan (1997: 43) states that more sessions rarely provide meaningful new insights. According to Babbie (1998: 90) a focus group session is one of the most effective methods for exploratory, qualitative data-collection pertaining to social issues. The reason for this being that these sessions may generate new ideas to be used in the interviews, and for the interpretation of the results (Neuman, 1997: 253). The physically disabled subjects also discussed issues that were of importance to them, as their inhibitions were released, once they engaged in social interaction with others that had experienced similar situations or problems.

The researcher used the *first* focus group session to gain insight into the feelings and experiences of the subjects concerning their treatment by their able-bodied counterparts. This focus group was conducted before the in-depth interviews, and provided the researcher with a platform from which to continue the research. Some of the subjects in this focus group were also selected to participate in the in-depth interviews. The other two focus groups were used as 'follow-ups' on the individual in-depth interviews. The *second* focus group consisted solely of individuals that had taken part in the in-depth interviews, whilst the *third* focus group comprised subjects that had not previously been interviewed. The focus groups were conducted in this manner in order to validate the data that was collected.

The combined use of the aforementioned methods allowed the researcher to verify the information gained in the in-depth interviews to some extent, and also answered some of the methodological issues related to qualitative research. Morgan (1997: 23) states that the use of focus groups, as a 'follow-up', '*illustrates that the goal of combining research methods is to strengthen the total research project, regardless of which method is the primary means of data collection*'. The focus group sessions, like the in-depth interviews, were recorded and the

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transcriptions were used as the raw material for analysis. In this regard, the data analysed in this study consisted of ideas, experiences and viewpoints and the reported and logical relationships between them.

#### 1.4.4 POSSIBLE METHODOLOGICAL ISSUES TO CONSIDER: VALIDITY AND RELIABILITY OF QUALITATIVE RESEARCH

According to Bryman (in Silverman, 2000: 177), '*there is a tendency towards an anecdotal approach to the use of data in relation to conclusions or explanations in qualitative research*'. In this regard qualitative researchers, like their quantitative counterparts, have to deal with the methodological issues of validity and reliability. Hammersley (in Silverman, 2000: 175) explains validity as 'the extent to which an account accurately represents the social phenomena to which it refers'. Reliability, on the other hand, is defined as the 'degree of consistency with which instances are assigned to the same category by different observers or by the same observer on different occasions'. Silverman (2000: 177) states that the complaint of '*anecdotalism*' ultimately questions the validity of most qualitative studies.

According to Silverman (2000: 17) the two most common responses to this problem are:

- (i) method and data triangulation; and
- (ii) respondent validation or member checks.

He furthermore defines triangulation as '*the attempt to get a true fix on a situation by combining different ways of looking at*' the data. Respondent validation or member checks, on the other hand, refer to a return to the interviewees in order to refine the tentative results of the study in light of their reactions (Babbie & Mouton, 2001: 275).

As has already been mentioned, this study used the combined data collection methods of focus group sessions and in-depth interviews. The researcher thus used the first focus group to get a tentative idea of how to approach the most important topics. This focus group was followed by the in-depth interviews. In this regard, the researcher used triangulation to validate the data that was collected.

The two other focus groups were then held as follow-up sessions after the in-depth interviews had been conducted. Different interviewees were used in the last focus group in order to independently validate the data collected in the preceding two focus groups and in the in-depth interviews. In this regard, the researcher found that the interviewees in both of the aforementioned focus groups agreed with the data collected in the individual in-depth interviews. The researcher thus used both respondent validation and triangulation in this study in order to address the 'charge of anecdotalism' comprehensively. According to Mehan (in Silverman, 2000: 180) the result of such data validation and triangulation procedures is an integrated, precise model that comprehensively describes a specific phenomenon.

#### **1.4.5 DATA ANALYSIS**

According to Walker (1985: 3) the '*analysis of qualitative material is more explicitly interpretative, creative and personal*' than quantitative analysis. Concepts are therefore formed or refined through the analysis of the data that is gathered. Neuman (1997: 421) suggests that this conceptualisation is one way in which qualitative researchers organise and '*make sense*' of their data. Qualitative researchers analyse raw data by organising it into categories on the basis of similar features, themes, or concepts. Neuman states that '*instead of a simple clerical task, qualitative coding is an integral part of data analysis*'. In this regard, qualitative coding is not only guided by the research question; it also leads to new questions. Jones (1985b: 58) maintains that the aforementioned categories

emerge out of *'the examination of data by researchers who study it without firm preconceptions dictating relevances in concepts and hypotheses beforehand'*. The coding of raw data therefore consists of two activities. These are the reduction of data, and the analytical categorisation of data.

As has already been mentioned each interview, and focus group session, was recorded and transcribed. They were then coded individually, and the resultant analysis was brought together and compared. The categories that had similar labels were then located and the content of these categories were again compared. At this point the categories that seemed to illustrate a particular conceptual theme or topic were put together. The results of this research are presented in the form of case studies in a research report, which will be made available to the faculty of the Department of Sociology, at the University of the Free State. Finally, this report will be made available to the caregivers and policy makers regarding the physically disabled at the home for the disabled.

## **1.5 VALUE OF THE STUDY**

Although disability as a phenomenon has been explored to some extent in general, little has been done to attempt an explanation of the reactions of people with physical disabilities towards the labels, and consequent stigmatisation, applied to them by the non-disabled. This research will thus aim to extend the available knowledge on how physically disabled people experience social interaction. The study will also be valuable in providing conceptual clarity on how the physically disabled act and react towards the non-disabled. This conceptual clarity may also be of use to caregivers and policy makers regarding the physically disabled. This study will furthermore:



- lead to a better understanding of the '*lifeworld*' of the physically disabled, within the broader context of the societal definition of disability. This understanding may also facilitate the 'normal' treatment of the physically disabled within society;
  
- improve the societal levels of tolerance for, and the understanding of, the physically disabled and the issues that they have to deal with on a daily basis; and
  
- lead to a post-graduate qualification for the researcher and to further knowledge for the scientific community in general.

## 1.6 SUMMARY

As has already been mentioned the aim of this research is to generate more knowledge concerning physically disabled people's experiences and reactions to stigma in society. This study addresses these issues by means of a qualitative framework, which has been described in this chapter, in the hopes of making the problems faced by the physically disabled in their daily interaction with their non-disabled counterparts more evident. The research also aims to supply and explain the solutions that the physically disabled have created to the problems they experience in interaction with their non-disabled counterparts.

**CHAPTER TWO**  
**DISABILITY AND DEVIANCE WITHIN THE FRAMEWORK**  
**OF THE LABELLING THEORY**

*'Disabled people had for centuries been viewed as poor helpless cripples, blind beggars, dumb idiots standing on street corners with contorted outstretched hands groping, and spluttering for the small offerings their image could entice out of the guilt-ridden passersby. They were outcasts, denied the recognition of human beings, denied at every point the rights of participation in their society. Generally they were either cast out of families or hidden behind closed curtains and doors for fear they would bring shame upon and ostracizing the entire family' – Jagoe, K. (09/10/2001: 1).*

## CHAPTER TWO

### *Disability and Deviance within the Framework of the Labelling Theory*

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#### 2.1 INTRODUCTION

The most obvious definition of deviance is purely a statistical one, in which any variation from an average or the norm is considered to be deviant. This is, however, not always a useful and foolproof means of defining deviance as it is not discriminatory enough. Freidson (1965: 73) suggests that all human beings are guilty of a deviation from the norm at one time or another, but that not all of these deviations bear social consequences, and that those that do vary in the severity of their consequences.

This consideration points toward a definition which is generally based on socially significant factors, and specifically focussed on behaviour which violates the institutionalised expectations of a society. Such a definition is however, also much too broad as all people violate the expectations of others, concerning their roles and behaviour during normal social intercourse, at some point in time. In fact, it is through such interplay that people become aware of their roles and their limits. It is therefore important to note that insofar as deviance constitutes a role, it also implies a process of labelling, which is connected to a variety of designations (Freidson, 1965: 74). This process of labelling supplements, and may even produce the presumption of a deviant role by providing a locus for the stereotyping of conduct.

In this regard, Becker (1963: 1) suggested that people that are defined as deviant because of their behaviour, may be considered to be '*outsiders*', as they are effectively excluded or segregated from the rest of society. He also stated

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that the aforementioned 'outsiders' were then viewed by society as untrustworthy as they had supposedly broken one of the enforced rules of that society. It is thus important to note that deviance is a social construct. Stated differently, deviance is a dynamic product of human judgements and the distinctive social and cultural norms that are evident in the particular society. Deviant behaviour can also be seen as behaviour that is unexpected, out-of-place or strange according to the definition of the situation held by the witnesses to the event. The aforementioned definition of the situation includes the contextually shared meanings of expected, acceptable, and ordinary behaviour (Hawkins & Tiedeman, 1975: 59).

Deviance is not usually a phenomenon that occurs suddenly, it is not preordained by inferior chromosomes, offensive personality traits or unfortunate neighbourhood residency. Rather, deviance should be contemplated in the context of social interaction. Moreover, human behaviour, beliefs and attributes that elicit social condemnation by others in specific social settings can be defined as deviance. Hills (1980: 3) furthermore states that '**deviants are not objective, raw phenomena "out there" in nature – but arbitrary, artificial, socially constructed categories of persons**'. This definition of deviance seemingly makes both the actions, and the attributes of the actors in any situation, the topic of investigation as either may result in the labelling, stereotyping and stigmatisation of the individual.

## 2.2 THE THEORETICAL FOUNDATIONS OF LABELLING THEORY

In the early 1960s a group of sociologists decided that deviance should be interpreted as a process of *symbolic interaction* (Thio, 1998: 34). Foremost amongst this group were Howard Becker, John Kitsuse, Kai Erikson and Erving Goffman. The intellectual origins of the societal reaction perspective could however be traced back to a 1918 essay, '*The Psychology of Punitive Justice*', by

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social philosopher George Herbert Mead (Pfohl, 1985: 285). Mead suggested that labelling could play a positive role in awakening the consciences of law-abiding citizens and in strengthening the cohesiveness of the society. In 1938 Frank Tannenbaum, a professor of history and a Latin American specialist, used the term 'tagging' to refer to a similar process. Tannenbaum also claimed that the stigma attached to a deviant after labelling or 'tagging' had taken place could drive people deeply into the realm of nonconformity (Pfohl, 1985: 285).

The early ideas of Mead and Tannenbaum were extended by Edwin Lemert in his 1951 book, *'Social Pathology'* (Pfohl, 1985: 285). Lemert believed that the theorists within the pathological, disorganisational, functionalist, anomie, and learning perspectives of deviant behaviour took the existence of deviance in society for granted. Moreover, he stated that these theories failed to consider how people, objects or types of behaviour came to be defined as deviant. Lemert argued that deviance should be seen as *'behaviour, which is effectively disapproved of in social interaction'*. The societal reaction theorists participated in the growing mood of rebellion and social critique, which was gathering momentum during the early 1960s by challenging the conventional stereotypes about deviance. These theorists also blamed the responsible control agents for much of the deviance in their society (Pfohl, 1985: 286).

### 2.3 THE LABELLING PERSPECTIVE'S POINT OF REFERENCE

In order to understand this theory's approach it is important to note that the theoretical study of societal reactions towards deviance has been carried out under various different names, such as: labelling theory, the interactionist perspective, and the social constructionist perspective. Henceforth however, labelling theory will be referred to exclusively, in order to avoid any confusion regarding the theoretical framework of this study. The labelling perspective is

generally interested in the pursuit of three interrelated concerns. According to Pfohl (1985: 284) these concerns are:

- (i) the social-historical development of deviant labels;
- (ii) the application of labels to certain types of people at specific times and in specific places; and
- (iii) the symbolic and practical consequences of the labelling process.

Labelling theorists believe that there are many infractions of social rules in everyday interaction. These infractions include slips of the tongue, incivilities and minor violations of etiquette. Such rule breaking behaviour is however generally not reacted to negatively by significant others or other participants in the interaction (Manning & Zucker, 1976: 151). In the aforementioned source, Davies qualifies the labelling perspective's main concern by stating that '*definitions cause deviance in that they generate the symbolic processes by which actors come to be set aside as negatively categorised, and thereby undergo a transformation of status*'.

In their attempt to analyse and interpret deviant behaviour, labelling theorists use two of the central ideas contained in symbolic interactionism. Firstly, as is suggested by the use of the word *interaction*, deviance is considered to be collective action that involves more than one person (Thio, 1998: 34). In this regard, labelling theory emphasises the importance of its focus on the interaction between the supposed deviant and the non-deviant, rather than concentrating on the deviant person. The second idea, as is suggested by the use of the word *symbolic*, is that the interaction between the deviant and the conformists is governed by the meanings that they impute to one another's actions and reactions.

The labelling perspective is furthermore based on three simple postulations. The first is that people act on the basis of the *meanings* that they impute to things and types of behaviour. Secondly, these *meanings* are derived from interaction with other people. The last postulation is that the aforementioned imputed *meanings* are continually modified during interaction, because they are constantly being interpreted by the participants engaged in the interaction (Goode, 1997: 103). The labelling perspective is therefore best characterised as a theory of deviant roles rather than a theory of deviant acts (Hawkins & Tiedeman, 1975: 43). Erikson (1966: 6) explained these postulations by stating that '*deviance is not a property inherent in certain forms of behaviour, it is a property conferred upon these forms by the audiences which directly or indirectly witness them*'.

Human behaviour should not be seen as a static entity, but rather as a dynamic action that occurs in the inconstant context of social interaction (Thio, 1998: 35). Moreover people, as conscious and active individuals, rely on the meanings that they impute to one another's behaviour in order to structure their future interaction. Labelling theory thus transfers attention from a particular actor to the audience that evaluates the behaviour during the interaction. Erikson (1964: 11) suggests that '*the critical variable in the study of deviance is the social audience, since it is the audience which eventually determines whether or not any episode of behaviour or any class of episodes is labelled deviant*'.

Erikson (1966: 7) furthermore states that individuals are nominated by their communities to a deviant status because of certain behavioural traits, that they have evidenced, which reflect their true deviant nature. In summation, Sharrock (1984: 98) states that the core elements of labelling theory are:

- (i) that deviance is not an intrinsic property of either actors or activities; and
- (ii) that deviance is whatever people in society say that it is, in that, deviant conduct and persons are those that are labelled as such.

In this regard, Kitsuse (1987: 13) states that behaviour can be considered to be deviant when it '*clearly represents a departure from the cultural model in which men are obliged to move onward and upward in the social hierarchy*'. Smith (1975: 147) maintains that in the basic labelling model, two stages are distinguishable. The first stage is the process that results in *labelling*, whilst the second stage deals with the consequences of *labelling*. Accordingly, Kitsuse (1987: 13) claims that deviance should be seen as a process whereby the members of a group, community, or society:

- (i) interpret behaviour as deviant;
- (ii) define people that behave in such a manner as deviant; and
- (iii) treat such individuals appropriately with regards to their deviant status.

The labelling perspective has conceptualised disability as social deviance. This perspective suggests that the relationship between disability and deviance can be understood in terms of the negative reactions towards the disabled that are prevalent in most industrial and post-industrial societies. Oliver (1996: 21) states that these negative reactions occur because of the '*liberal*' ideals of individual responsibility, competition and employment upon which these societies are founded. Moreover, as the disabled are perceived as unable to meet the aforementioned ideals, they are regarded as deviant.

Key issues related to the labelling process, which will be pertinent to this study, include:

- (i) the explanation of disability as deviance;
- (ii) primary interactions between the disabled and the non-disabled that lead to negative societal responses;
- (iii) societal responses to illness behaviour and the disabled; and
- (iv) the reactions of the disabled to the labels applied to them by the society.



With this study in mind it is again important to note that, in the labelling approach, individuals who experience long-term incapacitating illnesses or injuries are identified as deviating from societal norms because of role performance failures (Smith, 1975: 154).

## 2.4 DEVIANCE AS A MASTER STATUS

Kitsuse (1964: 88) states that '*forms of behaviour per se do not activate the processes of societal reaction which sociologically differentiate deviants from non-deviants*'. Rather, it is the reactions of the people that witness the behaviour that create deviance. This statement becomes very important when one considers the many roles and statuses that are occupied by people throughout their lives. In this regard, Hughes (in Pfohl, 1985: 291) suggests that all humans occupy a variety of statuses or identities that facilitate interaction with other people. These identities are derived from demographic or occupational features such as race, gender, age, religion, and/or social class.

Factors such as age, gender, occupation, race, and even physical appearance are therefore significant as they function as indicators of the types of behaviour that are to be expected from, and by, the person. According to Hughes (in Adler & Adler, 1997: 230) some statuses are more dominant than others and they are therefore able to overpower weaker features of the person's identity. These statuses are referred to as *master statuses*. Race, for example, may operate as a *master status*, which will affect the way in which a person is seen and treated by others during interaction (Pfohl, 1985: 291). However, once an individual is publicly labelled as deviant, his or her life will change dramatically. In this regard, Gove (1975: 13) suggests that deviant statuses invariably become master statuses that determine how other people act and react towards the deviant across the range of social interaction.

In cases such as this the individual may develop what Goffman (1963: 31) has referred to as a *spoiled identity*. Moreover, Lemert (1951: 81) maintains that the acquaintances and significant others of people with spoiled identities often engage in 'the dynamics of exclusion', by excluding or ostracising the person from their social groups. He furthermore states that the most immediate external limits that are imposed upon the deviant are those that exclude the individual from social participation. These barriers prohibit the deviant individual from assuming many general, social and economic roles within the socially respectable community.

Gove (1975: 13) believes that deviant individuals are channelled into contact with people that are similar to themselves, and that they generally find it difficult to return to normal status once they have reached this stage of segregation. Ostracised individuals that find groups that accept their deviance often internalise and accept the labels that have been applied to them. These individuals thus come to regard themselves as deviant and so develop deviant identities. Such deviant identities may also operate as master statuses (Pfohl, 1985: 291). In this regard, people often engage in '*retrospective interpretation*' when they discover that a person is guilty of deviant behaviour or the possession of deviant traits (Adler & Adler, 1997: 230). As is suggested by the term people engaging in retrospective interpretation usually look back on the newly discovered deviants' past behaviour in light of the extra information that they now have.

Pfohl (1985: 291) also claims that the possession of a single deviant trait may have a generalised representative value so that people automatically assume that the bearer possesses other tainted traits that are allegedly associated with it. Adler and Adler (1997: 230) explain this by noting that every master status contains a set of *auxiliary traits* that are associated with the original deviant attribute. Identification of this type therefore spreads the image of deviance over

the individual as a whole. In this regard, Adler and Adler (1997: 230) suggest that people who are labelled, such as the disabled, are often suspected of feeble-mindedness or other such 'weaknesses' that are associated with the possession of a disability. Neubeck and Glasberg (1996: 204) furthermore maintain that when disability becomes a master status, it carries with it a stigma or a negative mark, which signifies doubt as to the social worth of the individual that possesses the handicap. Individuals are thus seen as 'the disabled' first and as people second. The development of the deviant master status, and its auxiliary traits, is also important in the explanation of the move from primary to secondary deviance, and in the justification of the acceptance of the deviant career.

The social processes of defining, labelling and responding to others as deviant occasionally functions as a *self-fulfilling prophecy*. Individuals in this situation may find that they are engulfed by the deviant role and are forced to live in a form of exile whilst still remaining a part of the society. The acceptance of the deviant self-identity does not however only result from official acts of public labelling. Rather, the recognition by individuals of the contempt felt by the general public towards people like themselves may compel them to organise their lives according to the consequences of their symbolic stigmas (Hills, 1980: 3). The acceptance of the aforementioned symbolic, rather than publicly affixed, stigmas may also facilitate the individual's move from primary to secondary deviance and eventually towards a deviant career.

## 2.5 VARIOUS TYPES OF DEVIATION

According to Gove (1975: 9) it was believed that people were primarily labelled deviant because they had either acted in a deviant manner or they had been shown to possess characteristics that made them deviant. Conversely, Pfohl (1985: 291) maintains that people initially engage in deviant behaviour for a

variety of biological, psychological, and sociological reasons. Once an individual is discovered and labelled the societal reaction to the deviance may result in further deviance. Pfohl furthermore claims that the labelling process may amplify deviance by concentrating society's attention on the behaviour.

Lemert (1951: 36) stated that '*deviant behaviour, in common with all human behaviour, does not arise **sui generis** in isolation nor does it get communicated or transmitted as atomistic segments in a void*'. He furthermore noted that similar deviations committed by different individuals may take on vastly divergent qualities when they are viewed in the context of their respective personal and social circumstances. In this regard, Lemert (1951: 37) differentiated between three types of deviation, namely (i) individual deviation, (ii) situational deviation, and (iii) systematic deviation. Individual deviation is seen as a comparatively personal phenomenon that occurs in close association with the unique characteristics of the person. It is related to biological variations and irregularities that are caused by hereditary problems, diseases and/or accidents. Consequently, Lemert claims that individual deviation '*emanates from within the skin of the person*'.

Lemert (1951: 83) believed that factors such as age, agility and energy should be seen as external limits pertaining to individual deviation, which were placed on people by the society. In fact, whilst these factors seemed to emanate from age, gender and physical differences, Lemert described them as '*the putative limitations*' ascribed by the culture to the individual. He also stated that the aforementioned limitations were most obvious in the isolating reactions directed towards physically disabled people. Situational deviation was defined as a '*function of the impact of forces in the situation external to the person or in the situation of which the individual is an integral part*'. By this he probably meant that external forces could compel an individual to engage in deviant behaviour even if

he or she did not wish to. The last type of deviation is systematic deviation. Lemert (1951: 44) stated that systematic deviation was evident when formalised statuses, roles, morals and group morale, which were distinctly different from that of the larger culture, supplemented a subculture. In this regard he maintained that the regulations, prejudices and stereotypes associated with people with physical stigmas and handicaps would effectively prohibit their enactment of various social roles.

Hills (1980: 12) extended this idea by stating that the aforementioned stereotypical conceptions obscure the actual personalities, beliefs and life-styles of the people defined as deviant by providing them with '*cardboard-cut-out deviant identities*'. In identifying and analysing deviance Lemert also differentiated between primary and secondary deviance. Primary deviance can be distinguished from secondary deviance in that the former may be caused by anything, whilst the latter is a result of an individual's response to the reactions of the society. Thio (1998: 36) states that primary deviance is a matter of value conflict. Primary deviance may thus be described as conduct that is defined by society as deviant, but as conduct that the performer does not recognise as deviant. Primary deviation is believed to arise from a variety of social, cultural, and psychological situations and it does not necessarily have any effect on the 'self-regarding' attitudes and social roles of the individual.

In explaining secondary deviance Lemert (1951: 76) stated that '*when a person begins to employ his deviant behaviour or a role based upon it as a means of defence, attack, or adjustment to the overt and covert problems created by the consequent societal reaction to him, his deviation is secondary*'. Secondary deviance is therefore conduct that both the 'deviant' individual, and the society recognise as deviant. Lemert (1967: 40) argues that the notion of secondary deviance was invented to differentiate between the original, and the effective

causes of deviant attributes and actions. He claims that the aforementioned deviant attributes and actions are associated with physical defects and disabilities, crime, prostitution and mental disorders.

Secondary deviance also refers to both the expansion of the individual's involvement in deviance and the change in self-conception, whereby people begin to interact with others through their deviant master statuses (Adler & Adler, 1997: 231). Moreover, Lemert (1967: 17) maintains that when an individual engages in secondary deviance, the original 'causes' of the deviation become less important than the '*disapproving, degradational, and isolating reactions of the society*'. In essence, secondary deviance entails the responses of 'deviant' individuals to the problems created by the societal reaction to their deviance. Lemert (1967: 40) states that these problems are moral dilemmas that lead to stigmatisation, punishment, segregation and social control.

The secondary deviant is thus an individual whose life and identity, are structured around the deviant label. Scheff (in Smith, 1975: 150) suggests that labelled individuals are '*punished when they attempt to return to conventional roles and rewarded for playing the stereotyped deviant role*'. In this regard, individuals that attempt to conform to society's requirements after they have been labelled find it difficult because of the adhesive qualities of the label. Ex-convicts, for example, generally struggle to find legitimate employment when they are released from prison as the public often refuses to accept that they have been rehabilitated. Such individuals are forced to continue engaging in deviant behaviour, and are thereby rewarded through their illegitimate incomes.

## 2.6 CAREER DEVIANCE

The labelling theorists assume that the labels that are given to individuals by the conforming members of a society, determine their self-images and thereby their behaviour (Labovitz, 1977: 38). This perspective also suggests that individuals internalise their self-images that then form part of their personalities. Shoham (1970: 20) extends the notion of an individual's self-image by stating that it is linked to his or her aspirations and generalised expectations regarding the roles that he or she feels entitled to within society.

Labelling theory argues that the stigmatisation of an individual as socially and morally undesirable has important consequences for the individual. In this regard, Becker (1963: 25) suggests that the first step in most deviant careers is the commission of a non-conforming act that breaks a specific societal rule. Goode (1997: 112) states that labelling is believed to intensify the individual's commitment to a deviant identity and to promote further or secondary deviance. The stigmatisation that accompanies a deviant label may also deny such individuals an opportunity to return to the routines of conventional society, thereby forcing them to develop illegitimate means for survival.

Goode also suggests that one of the consequences of labelling is actually an increase in the individual's commitment to deviant behaviour. He maintains that the label may become a *self-fulfilling prophecy* in that the individual may eventually become what he or she has been accused of being. People that interact with stigmatised individuals may also fail to concede to them the respect, which the uncontaminated aspects of their social identities may lead them to anticipate extending and receiving. Pfohl (1985: 292) states that labelled deviants are confronted by social problems, which are not faced by those that conform, on a daily basis. The preceding statement underscores one of the primary themes of

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the societal reaction, or labelling perspective, which is that '*a full sociological understanding of deviance requires attention to the interaction dynamics between those who condemn nonconformity and those who are condemned*'.

## 2.7 MORAL ENTREPRENEURS AND OTHER LABELLING AGENTS

According to Becker (1963: 15) specific groups within society are responsible for the creation of social rules. Freidson (1965: 81) however notes that the concept of 'deviance' concentrates on both those that label deviance and those that are involved in such behaviour. Becker also suggests that social class, ethnicity, occupation and culture provide individuals with distinguishing characteristics. The different environments in which they exist, their personal histories and the traditions that have been passed on to them therefore lead to the evolution of various sets of rules. The heterogeneous nature of most societies ensures that the many diverse groups need not share the same rules.

Moreover, insofar as the norms of the various groups contradict one another there is bound to be disagreement concerning the type of behaviour that is to be considered proper in any given situation. Becker (1963: 16) explains this by claiming that people that are condemned by society may feel that they are being judged according to rules that they do not accept. Powerful social groups impose their values, expectations and beliefs on the rest of the society. Drake (1996: 147) suggests that these groups codify their interests into norms, which they then attempt to promote to a general, if not universal acceptance throughout the society. He claims that the concept of normality is '*far from describing some natural or preordained state of affairs*'. Drake however believes that this concept represents a societal acknowledgement of the values that have become dominant through the efforts of the most powerful groups in the society. 'Normality' therefore represents and results from an exercise of power.



Thio (1998: 35) furthermore, states that '*a major element in every aspect of the drama of deviance is the imposition of definitions – of situations, acts, and people – by those powerful or legitimated to be able to do so*'. Labelling theory therefore suggests that individuals that are legitimately responsible for the maintenance of law and order apply deviant labels to those that violate the law. According to Becker (1963: 147) rules are produced through acts of initiative taken by those with power.

Such people are known as *moral entrepreneurs*. The prototype of the aforementioned rule creator is the crusading reformer. Such individuals are not satisfied with the existing rules within the society. Becker (1963: 244) states that many moral crusaders are not only interested in forcing others to do what they believe is right. Instead, they typically want to help those that they feel are beneath them to achieve a better status through the legitimate use of the means available to them. He also suggests that the aforementioned crusaders may feel that their reforms will prevent the exploitation of other people. Regarding disability, Jagoe (09/10/2001: 4) maintains that able-bodied people in positions of power often justify the institutionalisation of the disabled with statements like: "*but they'll be happier to be with people of their own kind,*" or "*they will be protected and have facilities geared especially to them in separate institutions*".

Furthermore, Drake (1996: 147) states that dominant social norms in a society influence the way in which people treat each other. Conformity is consequently rewarded, but the failure to comply with society's expectations results in punishment. Those that deviate from the societal norms are therefore sanctioned. This process often takes the form of **stigmatisation**. Katz (1981: 121) suggests that whether or not an act or personal quality, will be labelled as deviant by others, depends on a variety of contextual variables.

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In this regard, *the labelling process* is affected by the following variables:

- (i) the power and resources available to the individual;
- (ii) the social distance between the labeller and the individual being labelled;
- (iii) the tolerance level of the community; and
- (iv) the visibility of the deviant behaviour or characteristic.

Gove (1975:10) argues that people that have very few resources and that are powerless in society are likely to be labelled by others as deviant. Furthermore, deviant individuals that maintain the social distance between themselves and those in power in society are unlikely to be labelled. Gove also claims that a low tolerance level in the community or society is more likely to result in the labelling of deviance than a high degree of tolerance. The labelling perspective does not focus on the degree of deviant behaviour that is engaged in. It does however, concentrate on the extent to which a given amount of deviant behaviour is visible to the society.

The visibility of the behaviour is also of particular importance as it is possible for an ex-convict to hide past transgressions. Physical disabilities or disfigurements can however, function as highly aversive visual stimuli and thereby dominate the perceptual fields of observers (Katz, 1981: 122). Freidson (1965: 86) states that whilst the public denunciation of individuals that have been labelled is rare, the diffusion of the label generally occurs through informal and indirect ways. The public is therefore led to apply the label because of the manner in which the individual is dispossessed. Such individuals may be forced to forfeit their positions within the conventional society through the acceptance of treatment in specialised community institutions.

Such institutions may thus directly and indirectly induce consistent informal discrimination by implying that the problem is serious enough to warrant a

specifically structured environment (Freidson, 1965: 87). The result of the aforementioned labelling is that social cohesion and social order are preserved and strengthened. The labelling of individuals thus creates positive consequences for the community, society, and those that apply the labels, as it teaches people to conform through the threat of negative sanctions.

## **2.8 DEVIANTS AND OTHER PEOPLE THAT ARE SUBJECTED TO THE LABELLING PROCESS**

Becker (1963: 1) states that '*persons who by their being or behaviour are defined as deviant, may be considered outsiders*'. As has already been mentioned however, the individual that is thus labelled may not accept the rule by which he or she is being judged. Labelled individuals may also regard those that are responsible for the application of the label as neither competent nor legitimately entitled to do so. Smith (1975: 149) maintains that the possession of resources such as wealth and power generally favour the avoidance of labelling, whilst the lack of resources may result in an increased likelihood of false labelling.

Individuals that are encumbered by disadvantageous positions within society are imputed to possess undesirable characteristics that differ from conventional society and are likely to be adversely effected by labelling (Smith, 1975: 149). The poor, the black, the disabled and the powerless are therefore more likely to be labelled than those in society that possess the aforementioned resources of wealth and power. Such individuals are also more likely to be arrested, prosecuted and convicted or committed to mental institutions than those with power are. According to the labelling perspective, labelling results in negative consequences for the person so labelled. Thio (1998: 35) states that a major consequence is that people that have been labelled may be inclined to see themselves as deviant. These individuals often continue with the behaviour as

they have already been labelled and feel that they have no other choice. Becker (in Thio, 1978: 58) therefore states that in situations such as this '*the deviant is more sinned against than sinning*'.

## 2.9 STIGMA AND THE EXPERIENCE OF DEVIANCE

The Greeks conceived the term *stigma* to refer to tangible physical symbols that were designed to expose something unusual or inadequate about the moral status of the signifier. These signs were cut or burned into the bodies of slaves, criminals, and traitors in order to advertise the fact that they were *blemished* or ritually polluted people that should be avoided by the general public (Shearer, 1981: 72). Today however, stigmatisation refers more to the disgrace itself than to the physical or bodily evidence of it. Stigmatisation still marks individuals out as a morally or physically disreputable people. The process has however, changed in that it now consists of the public dissemination of information concerning what behaviour is to be considered deviant and the collective practice of attaching labels of moral inferiority to people (Vaz, 1976: 78).

Society establishes the means of classifying people and the various attributes that are felt to be ordinary and natural for the members of each of these categories. In this regard, Becker (1963: 14) stated that '*deviance is not a quality that lies in behaviour itself, but in the interaction between the person who commits an act and those who respond to it*'. Moreover, in light of the labelling theory, individuals are disvalued and isolated because they display characteristics or attributes that society chooses to regard as deviant and not because they have violated accepted standards. In support of this idea, Kitsuse (1964: 88) maintains that '*forms of behaviour per se do not differentiate deviants from non-deviants*'. The responses of the conforming members of society who recognise and define behaviour as deviant sociologically converts 'normal'

people into deviants. Deviance is therefore interpreted by the labelling theorists as a '*dynamic process of symbolic interaction between both deviants and non-deviants, and not as a static entity whose causes are to be sought out*' (Thio, 1998: 35). The aforementioned interaction provides a medium through which roles are continually being defined and reinterpreted. This medium also encompasses a process of arbitration which allows for the accommodation and redefinition of responses, which includes the past and present behaviour of the individuals involved in the interaction, with consideration being given to the context or setting of the interaction (Hawkins & Tiedeman, 1975: 8).

Social interaction in established settings or contexts allows individuals to deal with other people without special attention or thought. Strangers are therefore characterised according to their first appearances, which are gleaned from the attributes that they possess and display. Goffman (1963: 12) calls these attributes and the anticipations that society forms concerning the expected behaviour of an individual, the '*social identity*' of the individual. Shoham (1970: 2) extends this notion by stating that the '*social identity*' of an individual encompasses the sum total of an individual's roles and statuses as perceived at any given time by his or her membership to specific reference groups. Goffman (1963: 12) makes a further distinction between an individual's '*virtual social identity*' and his or her '*actual social identity*'.

A '*virtual social identity*' can be explained in terms of an imputation or prediction that is made because of the characteristics an individual seems to possess. An '*actual social identity*' is however, a categorisation of the attributes that an individual in fact possesses. Goffman (1963: 12) maintains that evidence may arise during interaction, which suggests that an individual is different from others in the category within which he or she has been placed. Under these circumstances the individual may be seen to be of '*a less desirable kind*' or in the

extreme, to be dangerous or weak. The individual may thus be reduced 'from a whole and usual person to a tainted and discounted one'. Goffman (1993: 76) states that such an attribute is a *stigma*, specifically when its discrediting effect is extensive. The aforementioned failing may also be termed a shortcoming or a handicap. It is however, important to note that the possession of such a 'failing' constitutes a discrepancy between the individual's virtual and actual social identities. He furthermore suggests that a *stigma* is an alliance between attributes and stereotypes.

Goode (1997: 109) believes that *stigma* is a sign of social undesirability that indicates to the rest of society that the person has been singled out as morally or physically discredited. Whether it is a perceptible mark or an invisible blemish, stigma acquires its meaning through the impression that it produces within the individual bearing it, and the emotions and behaviour of those affirming it (Page, 1984: 1). The aforementioned aspects of stigma are therefore inseparable as they each act as a cause or effect of the other. *Stigma* might thus best be considered to be the negative perceptions of so-called 'normal' people concerning all individuals that are different from themselves.

Goffman (1963: 14) categorised people with potentially deviant stigmas into two groups: the *discreditable* and the *discredited*. Individuals that were classified as discreditable were said to have differences that were not immediately visible to other participants in social interaction. Discredited individuals on the other hand, were said to be those that were unable to conceal their differences from those around them, such as the physically disabled. Goffman also distinguished between three different types of stigma, namely:

- (i) abominations of the body, which consisted of various physical deformities and disabilities;
- (ii) blemishes of character, such as weak will and dishonesty; and

(iii) tribal stigmas, which were ascribed to race, nationality and religion.

Goffman (1963: 15) suggests that all of the aforementioned types of stigma consist of situations in which an individual is initially accepted in social interaction. The possession of a trait that confirms the individual's disparities from those involved in the interaction however, eventually exclude the individual from further participation in the interaction. Page (1984: 9) states that there are two methods through which individuals may come to realise that they possess a stigma. The first can take the form of self-recognition. In this regard, most members of society gain some understanding of the various types of prevailing stigma as a result of socialisation. They are thus able to compare their own behaviour or physical appearance with the prevailing types of stigma. If however, they find that their appearance or conduct reflects a specific stigma type, it is feasible that they may come to the conclusion that they possess a stigma.

The second way in which individuals may come to recognise that they possess a stigma is through the reactions of others (Page, 1984: 10). These reactions may be of a direct kind or of an indirect kind in that 'normal' people may obviously be uncomfortable in the stigmatised individual's presence in the first instance. The latter situation is more complex in nature as the 'normals' may avoid interaction with the stigmatised individual and in so doing may show the individual that they are considered to be different. Finally, many individuals come to realise that they have a stigma through a combination of self-recognition and audience reaction. Goffman (1963: 132) has also suggested that it is possible for the stigmatised individual to define himself as being no different from other human beings, whilst he and those around him may simultaneously define him as someone set apart from the rest of society. He furthermore maintains that non-stigmatised or 'normal' people impute a variety of defects to individuals that have been recognised as possessing one undesirable flaw. As such individuals may shout

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at the blind and assume that they are also deaf, or they may 'talk down' to the physically disabled, assuming that their disability includes mental retardation. Stigmatised individuals may thus come to feel ashamed of the attribute that has caused the stigma as it often leads to further unsubstantiated labelling or stigmatisation.

Goffman (1963: 18) suggests that the presence of normal people often reinforces this shame and places demands on the individual, which he or she is unlikely and often unable to fulfil. In situations such as this 'normal' people react towards the stigma as a master status. Individuals often feel the full force of their stigma when those that they interact with fail to extend them the respect and courtesy that the uncontaminated aspects of their social identities deserve and which they have come to expect (Goffman, 1993: 78). In this regard, the anticipation of interaction between 'normals' and the stigmatised may result in a situation in which both groups arrange their lives so as to avoid the contact. Goffman states that whilst some individuals that find themselves in the above-mentioned situation respond by making **direct** attempts, such as surgery to rectify the basis for the stigmatisation.

Others attempt to correct their conditions **indirectly** by privately devoting a great deal of time and effort to the mastery of activities that would normally be inaccessible due to their shortcomings. Another response to the realisation of 'differentness' is that the individual may obstinately refuse to accept the conventional interpretations of his or her spoiled identity and may attempt to continue with his or her life as if nothing has changed (Goffman, 1963: 21). The 'self-isolate', who chooses not to interact with 'normals', may ultimately become suspicious, depressed, hostile and anxious due to a lack of social interaction. It is furthermore important to note that the stigmatised individual may feel uncertain of his or her reception during interaction with 'normals'.

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In this regard, Goffman (1963: 25) states that the uncertainty of status experienced by disabled people, including the deaf, the blind and the chronically ill causes them to be insecure and suspicious of new acquaintances. The reason for the aforementioned reaction is that the disabled individual is unaware of whether his or her reception by normals will be favourable and accepting, or adverse until the contact has been made. Encounters between normals and the stigmatised may thus be stressful on both parties, in that the usual system of interpretation of daily events has been undermined. The minor accomplishments of the stigmatised individual may further be seen by the normals as remarkable and noteworthy achievements under the circumstances. Insignificant failures may on the other hand, be interpreted by normals as a direct expression of the stigmatised individual's differentness.

Goffman (1993: 82) claims that if a stigmatised individual's failings are openly visible to the rest of the society, in that he or she is discredited and not discreditable, the individual will feel uncomfortable amongst normals. In this regard, there are a variety of ways in which a stigmatised individual can respond to interaction with normals. The first type of response that the individual may engage in is a reaction that Goffman (1963: 28) called '*defensive cowering*', which occurs at the very thought of mixed social situations. On the other hand, the stigmatised individual may attempt to deal with the pressure of mixed social interaction by using '*hostile bravado*' as a cover for his or her discomfort. The stigmatised individual can also alternate between the two aforementioned responses, thereby complicating the situation even further. Mixed social interaction can thus be difficult for normals in that they may feel that the stigmatised individual is too ready in either case to read unintended meanings into their words and actions. Moreover, Goffman (1963: 31) maintains that stigmatised individuals are generally more adept at dealing with difficult mixed social interaction than normals because they are faced with these situations more

often. Goffman (1963: 31) likens social interaction to the performance of theatrical roles. He suggests that like actors on a stage, people manage their social cues carefully in order to create and sustain other's impressions of themselves. Some individuals are however, placed by their audiences into roles that they are unable to fulfil. These individuals are then stigmatised. The threat of stigmatisation does not however, eradicate an individual's potential for impression management. Goffman also maintains that although some individuals are stigmatised and ostracised by society they still tend to gravitate towards 'sympathetic others' who accept them and have experienced the same situations.

The aforementioned 'sympathetic others' can be divided into two categories. The **first group** naturally consists of those that share the stigma with the individual. This group may facilitate the acceptance of a stigma through the instruction of the individual on how to deal with 'normals'. Moreover, this group is responsible for providing the individual with a support network to which he or she can turn for moral support and unconditional acceptance (Goffman, 1963: 32). Stigmatised individuals also often structure their lives around their disadvantages, when they are amongst others that do so. They are however, forced to resign themselves to a 'half-world' if they choose, or are compelled to live and associate exclusively with others that are similarly stigmatised.

Goffman (1963: 33) suggests that such individuals may, on the other hand, be bored and irritated by the tales of their fellow sufferers. These individuals may feel that the institutionalised focus on their *group's* inferiority within the larger society is a penalty that is imposed on them for possessing a stigma. In fact, entire residential communities that consist of stigmatised individuals are to be found within most cities. The **second group** of individuals from whom the stigmatised may expect and receive support are referred to by Goffman as the 'wise'. The 'wise' are *normal* people who have been placed in situations that

have made them intimately familiar with and sympathetic to the lives of the stigmatised. Such individuals are accorded a measure of acceptance amongst the stigmatised and are often extended a 'courtesy membership to the clan'.

The wise are consequently referred to as '*marginal men*', in that stigmatised individuals need feel no shame at their defects in their presence as they will be accepted as any other person would. Goffman (1963: 42) notes that the 'wise' may further be divided into two categories. The **first** of these classifications consists of those whose 'wiseness' results from working with or for those that possess a stigma. Nurses, physical therapists and the police may be seen as examples of the aforementioned 'wise'. The **second** category of wise individuals consists of those that are related through friendship, blood or marriage to the stigmatised. In this regard, the relationship between the stigmatised individual and the wise person leads the society, in general, to treat both individuals similarly. Goffman (1963: 43) cites the mental patient's spouse, the ex-convict's child and the cripple's parents as examples of wise people who share the discredit of their stigmatised relatives or friends.

Goffman (1963: 43) maintains that the tendency for a stigma to spread from the initially stigmatised individual to his or her close relations and friends provides a reason for the termination of such relationships. People with the above-mentioned '*courtesy*' stigma may alternatively provide a model of normalisation by showing how normals should treat the stigmatised. They may however, make both the stigmatised and other normals uncomfortable by confronting them with too much morality through their readiness to take on a burden that is *not* theirs to accept. Goffman (1963: 44) therefore notes that the relationship between the stigmatised individual and the person with the courtesy stigma may be uneasy. In this regard, the latter's behaviour may result in both individuals being misunderstood by other normals.

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Individuals with courtesy stigmas consequently often feel that although they are forced to suffer the same deprivations as their stigmatised relations do, they are unable to utilise any of the benefits. In this regard, Adler and Adler (1997: 233) state that *since labels cause devaluation and exclusion, many individuals with deviant features are forced to learn how to 'manage' their stigmas*. Such 'discreditable' spend a considerable amount of their time focusing on secrecy and information control, and many engage in 'passing' as normals in their everyday lives by concealing their deviant traits. Goffman (1963: 64) suggests that the question of 'passing' has traditionally raised the issue of the visibility of a specific stigma. Furthermore, the information concerning an individual's social identity, which is blatantly obvious to those that he or she encounters on a daily basis is of great importance.

The term visibility is nevertheless misleading in that the defect may not be seen as in the case of a person that stutters. The stigma will, however, be obvious in the aforementioned instance as soon as the individual attempts to communicate or interact with others. Goffman (1963: 65) suggests that the terms 'perceptability' or 'evidentness' would be more accurate in describing the transparency of certain blemishes. The visibility of a stigma should also be distinguished from its 'known-about-ness'. In this regard, an individual's stigma may be openly visible to others, or the recognition of the stigma may depend on whether or not the other participants in the interaction have prior knowledge concerning the individual. Goffman (1963: 66) furthermore states that the visibility of the stigma must be distinguished from its obtrusiveness. The interference caused by the stigma, or its obtrusiveness, during the course of interaction is therefore also an issue that must be taken into account.

Moreover, the *perceived focus* of the stigma must be extricated from its visibility and obtrusiveness during interaction. The perceived focus of a stigma concerns

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the sphere of life-activity from which the individual is disqualified in the eyes of the non-stigmatised. In this regard, Goffman (1963: 66) suggests that people with cerebral palsy may not seem to be obstructive during social interaction, but their condition may lead others to question their reliability as '*solitary task performers*'. The decoding ability of the audience must thus be determined before the degree of visibility of a stigma can be ascertained. The rewards for being considered normal will generally cause any possessor of a stigma to *pass* intentionally if occasioned the opportunity. Individuals that attempt to *pass* can however suffer the embarrassing experience of exposure during face-to-face interaction. Such people may be exposed by the very defect that they are trying to hide, or by others participating in the interaction.

Goffman (1963: 106) argues that individuals engaging in passing can also be subjected to a confrontation with people who have discovered their stigma and are angry that they were false in their presentation of themselves. Stigmatised individuals inevitably feel some ambivalence about themselves because they acquire the identity standards accepted by society. In attempting to *pass* as 'normal' and providing others with false information concerning themselves, these individuals fail to conform to the criterion set by society in general. Goffman (1963: 130) therefore suggests that stigmatised individuals often tend to stratify others that possess stigmas according to the visibility and obtrusiveness of their stigmas. Such individuals often adopt negative attitudes similar to those demonstrated by normals towards them in their dealings with people who are more stigmatised than themselves. The hard of hearing, for example, see themselves as anything but deaf. Goffman (1963: 131) notes that stigmatised individuals that ally themselves with the attitudes of 'normal' people are presumably more able to see themselves in non-stigmatic terms. The opposite is however also true.

Individuals with the aforementioned loyalties may experience identity ambivalence or find themselves repulsed at the sight of one of their own kind behaving in a stereotypical manner. Goffman (1963: 131) suggests that the repulsion felt by such an individual is inextricably linked with the shame that he or she feels concerning the possession of a similar stigma. In this regard, it is possible for the stigmatised individual to see him- or herself as no different from others in the society, whilst simultaneously being defined as someone that has been set apart from the society. Given this contradiction the individual is likely and is generally expected to consult professionals in an effort to find a way out of the dilemma. Goffman (1963: 133) states that although this advice may differ according to the stigma possessed by the individual there are certain suggestions that remain constant. In this regard, stigmatised people are warned against attempting to *pass* completely. They are also generally warned against a total acquiescence of the negative attitudes held by others towards them.

Furthermore, individuals that possess stigmas are warned not to embellish the traits of their stigma or act like fools in front of normals. On the other hand, such individuals are also warned against attempting to **normalise** their defects whilst in the company of 'normals'. Goffman (1963: 137) also suggests that professionals may advise the stigmatised to associate with people that suffer the same deprivations as themselves. In this regard, individuals that turn to those that have similar stigmas are seen as loyal and authentic in their attempts to conform to the expectations of society. Conversely, individuals that refuse to accept the boundaries created for them by their stigmas and the professionals are seen as cowardly and foolish. Individuals that adhere to the advocated line are thus said to be mature and well adjusted, whilst individuals who do not are said to be impaired, rigid and defensive. In explaining the aforementioned '**advocated line**' Goffman (1963: 140) maintains that stigmatised individuals are

advised to see themselves as 'normal' human beings that are excluded from *one* area of social life.

Stigmatised people are expected to work persistently at conforming to the 'ordinary' standards set by society without attempting to conceal their afflictions. In fact, the advocated line is responsible for the notion that instead of self-pity, stigmatised individuals should cultivate '*cheerful, outgoing mannerisms*', as normals also have problems. Moreover, stigmatised individuals are expected to attempt to reduce the tension present in mixed social interaction by acting in a detached manner about their defects. Goffman (1963: 144) claims that people with stigmas are supposed to tactfully accept unsolicited sympathy and help from normals even when they are perceived as an invasion of privacy. A '*phantom acceptance*' is supposed to be extended by normals in order to provide a base for the individual's '*phantom normalcy*'.

In many instances stigmatised individuals can actually extend the degree to which they are approved of by normals by acting as if their conditional acceptance is actually a full acceptance. In this regard Goffman (1963: 149) quotes a statement made by a person with cerebral palsy: '**You cannot be honest with yourself until you find out what you are and, perhaps, consider what society thinks you are or should be**'. Stigmatised individuals are thus forced by society to adjust their ego-identities according to the specifications made by society. It is therefore important to note that an individual's management of information concerning his or her stigma should be seen as a process that occurs whenever societal identity norms come to be questioned.

## 2.10 SUMMARY

According to Hawkins and Tiedeman (1975: 59) deviance can be defined as any phenomenon that is perceived as a violation of the expectations of the other participants in the interaction. The labelling perspective interprets deviance as a dynamic process of symbolic interaction that takes place between deviants and their conventional counterparts. In studying the occurrence and consequences of deviance it is important to note that the stigma that often accompanies the primary deviant label may remain with the individual indefinitely. Moreover, Goffman (1963: 31) describes such individuals as having spoiled identities.

Goffman (1963: 15) furthermore suggests that normal people impute undesirable differences to individuals that possess stigmas. They may therefore suffer negative consequences such as being ridiculed, ostracised, beaten and imprisoned or institutionalised. In this regard, Thio (1998: 57) states that deviants are often dehumanised, objectified and treated as 'non-persons'. The bearers of stigmas are reduced in the minds of the non-stigmatised 'normals' from '*whole and usual*' individuals to '*tainted and discounted*' people. They are discriminated against and their life chances are reduced because of the stigma. Such individuals are also often caught by this definition of themselves and so come to believe that their stigmas are something to be ashamed of (Shearer, 1981: 72).



**CHAPTER THREE**  
**THE CONCEPT OF DEVIANCE AND THE DIFFERENT**  
**STIGMAS ATTACHED TO DISABILITY**

*'Deform'd, unfinish'd, sent before my time  
Into this breathing world, scarce half made up.  
And that so lamely and unfashionable,  
That dogs bark at me as I halt by them: -  
Why, I, in this weak piping time of peace,  
Have no delight to pass away the time,  
Unless to spy my shadow in the sun,  
And descant on mine own deformity'*

- Shakespeare, W. (1982: 552).

**CHAPTER THREE**  
***The Concept of Deviance***  
***and the Different Stigmas attached to Disability***

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**3.1 INTRODUCTION**

While most people anticipate that they will be injured or even suffer from a disease at some point in their lives, few individuals foresee that they will ever be disabled (Albrecht, 1976: 3). Pain and discomfort are therefore expected with injury and disease, but the implications of chronic incapacitation are seldom anticipated let alone understood. The onset of disability also often forces a redefinition of deviant behaviour, values, and norms. The disabled person thus discovers in a rather short time span that he or she is no longer able to conform to the values and norms of society, which have been assimilated during a lifetime of socialisation (Albrecht, 1976: 18). With a new set of data and information, the disabled person finds out that what was 'normal' for him yesterday, is no longer 'normal' for him now.

To be disabled is to be presented with problems (Blaxter, 1976: vii). In layman's terms to be disabled means: to be less 'able' than others, to be at a disadvantage in earning a living, and to be unable to participate unencumbered in the ordinary activities of daily life. In this regard, people with disabilities can perhaps best be analysed in terms of a general theory of deviance. The labelling perspective appears to offer the most fruitful orientation to understanding the social construction of the disabled identity \*. Disability thus seems to be something of a test-case for the perspective, 'since unless it is argued that societal reaction is "caused" by the biological impairment underlying the disability, which is logically untenable, it follows that the disabled identity must be a consequence of

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• *Vide supra, Chapter 2, pp. 17 – 20.*

whatever processes ensue in the wake of labelling' (West, 1985: 105). Safilios-Rothschild (in Smith, 1975: 154) extends this idea by stating that as with other deviants, it is not so much the actual physical disability that is the key, but rather society's reaction to it. For in a society such as our own, in which the *body whole* and the *body beautiful* have been ascribed high social value, the physically disabled may often be regarded by themselves, and by others, as less than normal (Safilios-Rothschild, 1970: ix). Thus confronted with the need for self-esteem and social acceptance the disabled may feel shame and inferiority at the transformation in their physical appearance.

This study focuses on people with physical disabilities. It is important to note that people with physical disabilities are generally not considered deviant. Many of them do however, experience the same societal reactions to their conditions as deviants, such as stigmatisation and social rejection. People with disabilities are therefore often isolated, segregated and discriminated against as a result of their disabilities (Clinard & Meier, 1995: 483). Hawkins and Tiedeman (1975: 45) offer W.I. Thomas' dictum: '***If men define situations as real, they are real in their consequences***' as evidence of society's power in labelling those that are in some way different from the norm. The disabled are therefore not intrinsically deviant because of their disability, but rather because of the *undesirable difference* that is imputed to them by society (Smith, 1975: 154).

### 3.2 IDENTIFYING THE DISABLED

During the 1960s sociologists working within the field of symbolic interactionism began to concentrate on the societal reaction towards disadvantaged minority groups, such as women, the disabled, and the poor. Oliver (1996: 21) maintains that some of these sociologists stressed the importance of the development of deviant identities in the labelling process and then analysed the

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different societal expectations regarding the possession of physical disabilities and socially proscribed behaviour. With the growing interest in the plight of the disabled it became important to those in both the medical and political professions to have a standardised classification of what disabilities entailed. In this regard, the Office of Population Censuses and Surveys (Oliver, 1993: 62) published a survey in 1971, which contained a threefold classification, distinguishing between: (i) impairments; (ii) disabilities; and (iii) handicaps. The World Health Organisation (1980: 27), which is also referred to as WHO, was also prompted to adopt these classifications, and as such published a manual of classifications relating to the consequences of disease.

The aforementioned developments offer proof that societies often change by providing a quasi-acceptance of phenomena that have previously been seen as 'abnormal' and therefore unacceptable (Shearer, 1981: 9). Society has defined 'the disabled' as a group that it wishes to help and an elaborate structure of services has been established (Blaxter, 1976: vii). However, the provision of these services obviously depends upon the specific definition of the clients and their needs. The terms 'physically disabled' and 'disabled' refer to all those who have been afflicted with at least some degree of residual physical impairment. Whether or not this impairment becomes or represents a social or vocational handicap depends on a number of socio-psychological factors (Safilios-Rothschild, 1970: xvi).

### **3.2.1 IMPAIRMENTS**

According to the World Health Organisation (1980: 27) an impairment is any loss or abnormality of psychological, physiological, or anatomical structure or function. Impairments are characterised by losses or abnormalities that may be temporary or permanent and they include the existence or occurrence of anomalies,

defects, and the loss of limbs (World Health Organisation, 1980: 27). Oliver (1993: 62) extends this idea by suggesting that an impairment can be defined as 'lacking all, or part of a limb, or having a defective limb, organ, or mechanism of the body'.

### 3.2.2 DISABILITIES

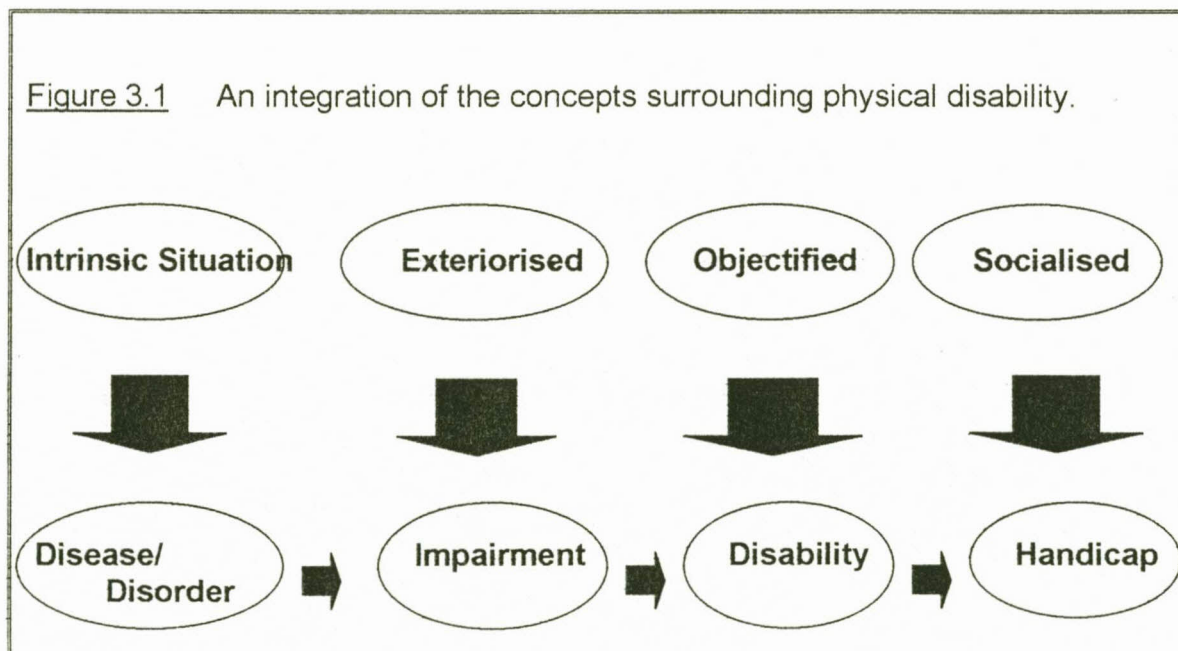
Oliver (1993: 62) claims that disability may be defined as 'the loss or reduction of functional ability'. The World Health Organisation (1980: 28) however, states that in the context of health experience a disability is any restriction or lack, '*resulting from an impairment*', of ability to perform an activity in the manner or within the range considered normal for a human being. This definition is further qualified through the statement that: 'to say that someone *has* a disability is to preserve neutrality, with nuances of interpretation in regard to his or her potential still being possible'.

Clinard and Meier (1995: 484) believe that while *impairment* refers to a physical condition, *disability* describes the nature of the loss to the person. The World Health Organisation (1980: 28) furthermore suggests that statements that are phrased in terms of '*being disabled*' rather than as '*having a disability*' tend to be more categorical and are therefore disadvantageous. The World Health Organisation furthermore, maintains that 'to say that someone is disabled, as if this were an adequate description of that individual, is to risk being dismissive and thereby invoke stigma'. In this regard, it seems that 'normals' are guilty of the stigmatisation of people with physical disabilities in every aspect of social interaction. In fact most non-disabled people automatically categorise people that are *physiologically* different to themselves as 'being disabled'. This study will thus determine the reactions of people with physical disabilities to their treatment and labelling by able-bodied individuals.

### 3.2.3 HANDICAPS

A handicap is 'the disadvantage or restriction of activity caused by disability'. In the context of health experience, a handicap is a disadvantage for a given individual resulting from an impairment or a disability that limits or prevents the fulfilment of a role that is normal for that individual (World Health Organisation, 1980: 29). A handicap is characterised by a discordance between the individual's performance or status and the expectations of the particular group of which he or she is a member. Freidson (1972: 331) has also elaborated on the idea of 'handicaps', by claiming that 'it is an imputation of difference from others, more particularly, an imputation of an *undesirable difference*'. By definition then, a person said to be handicapped is so defined because he or she deviates from what he or she and others believe to be 'normal' and appropriate. Finally, the World Health Organisation (1980: 30) has supplied a diagram (Figure 3.1) that illustrates an integration of the three concepts: Impairment, Disability, and Handicap.

Figure 3.1 An integration of the concepts surrounding physical disability.



It is also of importance to note that Oliver (in French, 1993a: 17) defines *impairment* as an 'individual limitation' and *disability* as a 'socially imposed restriction'. Similarly, not being able to walk is an impairment, whilst a lack of mobility is a disability, as it is a situation which is socially created and could be resolved through the greater provision of electric wheelchairs, wider doorways, and more ramps and lifts.

Clinard and Meier (1995: 484) make another distinction between the three classifications by stating that whilst *impairments* are physical conditions, the terms *disability* and *handicap* have social and behavioural connotations, as they refer to an inability to meet, among other things, social responsibilities and obligations. Most people, including the disabled, do not usually differentiate between 'disability' and 'handicap'. Those who prefer to show a difference between the two are often trying to demonstrate that there is more involved than can be contained in a single category (Dunham & Dunham, 1978: 12). **The disabled person is one who is structurally, physiologically, or psychologically, different from the 'normal' person because of an accident, disease, or developmental problems.** A person who is handicapped, however, feels less adequate than others do, either in general, or in a specific situation.

### 3.3 A HISTORICAL ACCOUNT OF THE STATUS OF THE SICK AND THE DISABLED

Throughout history, discriminatory practices against the sick and the disabled have varied greatly from country to country and from century to century (Safilios-Rothschild, 1970: 4). These practices have ranged from complete rejection and ostracism to semi-deification and the accordance of special privileges and honours. The history of modern Western cultures also provides examples of contrasting beliefs about disability and contrasting degrees of stigma and status

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for the disabled. Some social provisions for alleviating certain effects of disability are found in the cultures of the ancient Greeks and the biblical Hebrews (Straus, 1965: 3). In the Christian Church since its earliest days *charity*, which includes caring for the sick, has been defined as a major ecclesiastical and provincial function, and special religious orders have been dedicated to this cause. In general, it can be said that Western people have usually evidenced sympathy for the disabled or support for less fortunate fellow human beings, through organised secular or governmental approaches, only when such responses were perceived in terms of societal welfare (Straus, 1965: 3).

Another generalisation is that it appears that only victims of problems, for which remedies were known or anticipated, have been treated sympathetically. Throughout history, people disabled by problems for which there were no cure, or which did not seem to be immediately related to a broader social need, were usually subjected to a variety of harsh treatments (Straus, 1965: 3). These practices included: death, torture, ostracism, imprisonment, slavery, assignment to a caste-like separate society, and as a minimum punishment, living under a cloud of stigma and the chronic awareness of being abhorrent to their fellow man. Thus, in no time and place in the past have the disabled not been either positively, or negatively discriminated against in one or more areas of society. In modern industrialised societies, this discrimination is subtly disguised by 'civilised' humanitarian efforts and rationalisations (Safilios-Rothschild, 1970: 4).

It is however evident, that even today, in the more developed countries, two basic types of discrimination persist. According to Safilios-Rothschild (1970: 4) these are:

- (i) the unwillingness to permit the disabled to engage in the entire range of possible jobs; and
- (ii) the refusal to grant them 'normal' social interaction that would allow them



to become integrated into the 'normal' society.

At a social level the presence of disability, partially because of the limitations it imposes upon the disabled person's range of activities and behaviour, but mainly because of the reactions of the non-disabled people to the disability, renders the physically disabled "*deviant*".

### 3.4 DISABILITY AS DEVIANCE

The societal reaction perspective or labelling theory \*, stresses the importance of labels and categorisations. This perspective is influenced by concepts developed in the Sociology of deviance, which focuses its attention on the societal reception of deviant acts, rather than on their individual aetiology (Blaxter, 1976: 13). In this regard, it is argued that the disabled, like other stigmatised groups, tend to be evaluated as a category rather than as individuals. Such a societal labelling attributed to the disabled regardless of whether they define themselves as disabled or 'deviant', considerably influences interactions between the non-disabled and their disabled counterparts and thus also the latter's chances for societal integration (Safilios-Rothschild, 1970: 94).

In general, the disabled are considered deviant because they are perceived as different, as odd and as 'estranged' from the common run of humanity (Karp & Yoels, 1986: 234). When the role of the disabled in our society is analysed, it is readily apparent that there are characteristics, which fit into the societal reaction perspective. The disabled are typically stigmatised and their stigma often appears to act as a *master status*, which determines the nature of their interaction with others. Clinard and Meier (1995: 487) suggest that disability is a

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\* *Vide supra*, Chapter 2, pp. 17 – 20.

socially defined category and that it therefore forms a master status, which tends to override all other statuses. They also note that those with physical disabilities often experience 'a personally discreditable departure from a group's expectations'. Disabled people also often find that their identities are defined in terms of their handicaps, which swamp their personal differences from others.

Indeed, two stereotypes are usually involved, both of which are predominantly negative. The first describes a particular impairment, whereby disabled people are defined in terms of their disability as 'cripples', or 'spastics'. In this respect, they have become discredited, and stigmatised, as people with disabilities do not fit the normative expectations of society, and are in Sagarin's words "disvalued" (in Clinard & Meier, 1995: 487). The second stereotype is attached to the general category of 'disabled'. Freidson (in Blaxter, 1976: 13) has pointed out that the 'disabled', as a category includes only those who have been so identified, and by definition, a person said to be handicapped is so defined because he deviates from what he himself or others believe to be normal and appropriate.

The labelling, segregating and feedback processes associated with deviance are therefore applicable to the disabled, just as they are to other deviants. Furthermore, the concept of disability has been institutionalised into our social structure and people are categorised by various government and private agencies as either disabled, or non-disabled (Gove, 1976: 60). Those who are found to be disabled are then often channelled into an institutional setting that may have many of the characteristics of a total institution. Gove also stresses that a major focus of the above-mentioned institutionalisation process is getting the person to accept his disability, and to incorporate it into his lifestyle. This acceptance is clearly similar to the process of resocialisation that criminals undergo when they are sent to prison.

According to Gove (1976: 60) one of the consequences of acknowledged disability, particularly in an institutionalised setting, is the development of a subculture in which the disabled person often becomes immersed. Finkelstein (1993: 10) qualifies this statement by stating that 'if people with significant motor impairments are disabled during day-to-day encounters with the social and physical world, which is designed for able-bodied living, then their shared experiences could lead to a common identity'.

It is apparent that power allows dominant groups to define others as deviant in terms of their very being (Neubeck & Glasberg, 1996: 254). Thus, being a woman, a person of colour, a gay male or a lesbian, a person with a disability, an elderly person, or a poor person often means being defined as deviant by the dominant group in society, even in the absence of any actual behaviour that violates norms. People with physical disabilities remain socially and economically marginalised not because of their disabilities, but because of discriminatory and exclusionary attitudes and practices on the part of the able-bodied. People with disabilities are by definition considered to be deviant by many members of the able-bodied majority as they are seen as 'less-than-whole' people (Neubeck & Glasberg, 1996: 256). Disabled people are also viewed by the able-bodied, as missing important physical attributes that would render them 'normal' human beings.

### **3.5 DISABILITY AS A 'CAREER'**

Disabled people are constantly aware of their status of being 'different' from the rest of society. In essence they become identified, certified and discredited just as any other recognised deviant would be (Clinard & Meier, 1995: 504). As such, it is not surprising that being disabled can be conceived in terms of a sociological 'career'. Career disability, which can otherwise be called secondary deviance

consists of role adaptation rather than the formation of new roles. In this regard, the impact of sudden, often unexpected physical disability 'may necessitate not only considerable personal adjustment, but social adjustment as well on the part of both the individual involved and those with whom he or she normally interacts' (Safilios-Rothschild, 1970: viii).

The individual may find that in addition to coming face-to-face with the limitations imposed by the condition, acts that were previously performed automatically now represent challenges that may seem insurmountable. The disabled person may therefore be forced to change his or her concept of self as well (Safilios-Rothschild, 1970: viii). Clinard and Meier (1995: 504) also suggest that once a disability has been legitimated or medically diagnosed, an individual's role expectations may change in order to coincide with society's preconceived notions pertaining to the severity of the impairment. Societal reaction is therefore an important factor in the creation of career deviance amongst the physically disabled. It is also instrumental in the disabled person's formation of a new self-concept. Clinard and Meier (1995: 503) claim that there are three basic ways in which an individual may react to the social stigma attached to their disability:

- (i) they can deny the existence of the disability;
- (ii) they can accept it; or
- (iii) they can seek to benefit from the situation.

Safilios-Rothschild (in Clinard & Meier, 1995: 503) states that people that place a high value on their appearance may attempt to deny the existence of any impairments, whilst others may try to hide the disability. Others may view their disability as acceptable, although not ideal or convenient. These individuals are able to accept their conditions without feeling despair. Clinard and Meier also maintain that this is generally not an immediate response to stigma or to the disability. In fact, the aforementioned response is often only reached after

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experiencing denial for a certain period of time. The final category consists of those who adapt to and accept their disabilities all too eagerly. These individuals often seek to claim the benefits available to the disabled, without mourning the loss incurred because of the disability. Howards (in Clinard & Meier, 1995: 504) states that studies on federal legislation concerning the disabled discovered that self-reports of disability for disability claims were strongly related to economic conditions, and that they were the highest during economic depression when unemployment was common. Furthermore, Clinard and Meier suggest that the labelling reactions of others may take the form of extreme kindness and concern. Physical disability can therefore become a 'career' through the innocent offers of assistance provided by the able-bodied.

### **3.6 DISABILITY AND THE SOCIALISATION PROCESS**

Modern medical practice has a demonstrated capacity to prolong life. Individuals, however often experience difficulty in adjusting to these technological changes. This extension of life often implies learning to live with a chronic condition. Disability is such a condition which, whilst remaining a physical problem often requires a complete reorientation of roles by the individual and his or her family and friends. Disability therefore has a substantial impact on both the attitudes and the behaviour of the handicapped person and those with whom they normally interact (Albrecht, 1976: 4).

Albrecht (1976: 12) states that 'the physically disabled person undertakes resocialisation within the context of his own and his family's and friends' values, attitudes and behaviour, as well as those of the larger society'. Furthermore, the social context within which disability is found, which consists of the influence of norms on societal conceptions of disability, the social psychological adjustments of the disabled, and the acquisition of the sick role, is as important as the actual

physical problems associated with disability (Clinard & Meier, 1995: 501). With the exception of congenital disabilities and those experienced in early childhood that force the individual to include the disability into the formation of his or her body image, all other disabilities necessitate changes in an already established body image (Safilios-Rothschild, 1970: 94).

Safilios-Rothschild (1970: 95) states that an individual's body image includes:

- (i) a conception of appearance to others;
- (ii) a conception of physical stamina, capacities, and endurance;
- (iii) a conception of degree of attractiveness and the differential emotion attached to preferred or admired bodily characteristics; and
- (iv) a conception of what constitutes a state of physical 'normality'.

Furthermore, Safilios-Rothschild claims that disability may affect one or more of the body conceptions, and thereby oblige the disabled person to reconceive his or her previous body image, which no longer coincides with his or her current experiences. The values of achievement, independence and activity are deeply ingrained in modern society. In this regard, Clinard and Meier (1995: 502) state that a 'normal' person is judged to be healthy, youthful, beautiful, independent and productive. In fact, independence is generally considered to be something disabled people desire above all else as a person that is excessively dependent on others is forced to fit in with their schedules and plans and therefore suffers a loss of freedom and autonomy (French, 1993b: 44).

The aforementioned stereotypes seem to form the basis of many of society's attitudes towards the disabled. These stereotypes also influence people on an individual level, in that they do not allow people to be psychologically or socially prepared to become disabled (Clinard & Meier, 1995: 502). The norms of vitality and independence to which society ascribes, ensure that people often have

difficulty in coming to terms with the fact that their disability forces them to violate these norms. Clinard and Meier (1995: 502) also propose that disabled people adapt to their disabilities by going through developmental stages that are similar to those suggested by Kubler-Ross in adjusting to death and dying. These stages are denial and isolation, anger, bargaining, depression and acceptance.

Wright (in McDaniel, 1976: 74) also describes a 'mourning' reaction to illness and disability, which suggests the following symptoms:

- (i) a sudden and extensive constriction of the life space;
- (ii) the neglect of unimpaired capacities;
- (iii) a preoccupation with the loss;
- (iv) a gradual alleviation of sorrow following the reconstruction of the self-concept and the body image;
- (v) feelings of hopelessness and worthlessness; and
- (vi) the domination of perceptions by premorbid comparisons.

Wright believes that the 'mourning' response to disability is necessary and perhaps beneficial as it implies a realisation of loss. The 'mourning' response also allows for the development of new coping mechanisms and the acquisition of new motivations and values. Medical professionals and the family and friends of the disabled are important in the resocialisation process during these stages. In support of this notion, Barker (in McDaniel, 1976: 59) states that during physical illness and resocialisation to the disability process, the patient's world undergoes a great reduction in scope, and the psychological world becomes very egocentric. In this regard, former determinants of behaviour lose their strength, and influences are restricted to only a few people and needs. Barker (in McDaniel, 1976: 59) also maintains that as the individual's interests narrow, fewer stimuli exist for him or her, and this increased egocentricity decreases his or her awareness of the needs of others. Furthermore, whether or not disabled

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people and those close to them accept the disabilities and the 'deviance' labels, can modify the modes whereby they relate to the non-disabled.

This may also affect his or her interest in, and capacity to integrate into the 'normal' society (Safilios-Rothschild, 1970: 94). Physical disability that results from an accident or other similar event, as has already been mentioned, often comes as a great shock to the individual. In this regard, individuals experience many questions to which few answers are available, once it has been determined that they will survive. Answers to questions such as: '*Who will take care of me?*', '*What will my life be like now?*', and specifically '*Can I work?*' become very important to the disabled person (Clinard & Meier, 1995: 502 - 503). Clinard and Meier claim that although these questions are eventually answered, the individual must first adjust to the degree of handicap that he or she will experience throughout the rest of his or her life.

The physical limitations caused by the lack of mobility must also be adapted to. This lack of mobility, which prevents or greatly impedes the individual from participating in the important roles in his or her life, is one of the most overwhelming consequences of physical disability, and therefore requires the most far-reaching role adjustments (Albrecht, 1976: 6). Furthermore, an individual's success at adapting to this new condition is basically dependent upon his or her flexibility, and the ability to adjust to new norms, expectations and resources. In most cases, the disabled person must also begin to assume the sick role. This process is generally difficult for the disabled individual as the sick role contradicts society's social values. In fact, people are encouraged to deny their disabilities, or to act as if the disability is only going to continue for a short time span (Clinard & Meier, 1995: 502).



Dunham and Dunham (1978: 15 - 16) maintain that disability is often confused with illness, in that the sick person is in a dependent state, which requires attention and service to meet his or her vital needs. Recently disabled people that are handicapped by their condition, generally appear to be in a similar situation as those that are merely ill and may therefore prefer to view their predicaments as temporary. The discussion on disability and the sick role will be continued in greater detail later in this chapter \*.

### 3.7 CONFORMING TO DEVIANCE

Becker (1963: 9) states that '*social groups create deviance by making the rules whose infraction constitutes deviance, and by applying those rules to particular people and labelling them as outsiders*'. Deviance is therefore not a quality of the act that a person commits, but rather a result of the application of rules and sanctions to an offender by powerful people within the society. Farrell and Morrione (1975: 377) also believe that an individual may define the attitudes of significant others towards him or herself through interaction, and can thus give their actions meaning. These attitudes once internalised allow the individual to respond to others, as they respond to him or her.

People with obvious physical disabilities, such as those that are confined to wheelchairs are disadvantaged during everyday interactions, unless they constantly attempt to minimise their differences from able-bodied people (Karp & Yoels, 1986: 234). The reactions of others can therefore complicate any type of encounter. In this regard, Farrell and Morrione (1975: 377) suggest that the disabled individual may develop a heightened sense of awareness pertaining to the disability and a subsequent hypersensitivity to the reactions of others.

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\* *Vide supra*, Chapter 3, pp 74 - 76.

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As these responses occur, it becomes difficult for the individual to maintain his or her conception of 'self' based on the integration of his or her socially acceptable roles. According to Farrell and Morrione (1975: 378) this may result in a restructuring of the self around the deviant identity.

In interactions with handicapped people, it is not easy for the able-bodied to discount the obvious differences between themselves and the disabled. Particularly when one considers that most physically disabled people are believed to innately possess the following characteristics: helplessness, dependency, an inability to take on responsibility and a constant need for guidance (Neubeck & Glasberg, 1996: 204). Interaction between the disabled and their able-bodied counterparts is therefore often awkward and uncomfortable. Karp and Yoels (1986: 234) claim that the signs of discomfort felt by the able-bodied are clear and predictable from the disabled individual's perspective. In interactions with physically disabled people, the efforts made by the non-disabled to disguise their awareness of the disability often seem transparent and require so much effort that the interaction becomes feigned or artificial.

Morris (1993: 101) suggests that it is supposedly progressive and liberating for the non-disabled to ignore a disabled person's differences, because these differences have such negative connotations for the non-disabled. The handicapped person is therefore forced to take the lead in *redefining the situation* in the hope that the disability will eventually become unimportant in how the non-disabled see him or her (Karp & Yoels, 1986: 235). French (1993c: 76) suggests that there are seven reasons that provoke physically disabled people to deny the reality of their disabilities. These are:

- (i) to avoid *other* people's anxiety and distress;
- (ii) to avoid *other* people's disappointment and frustration;

- (iii) to avoid *other* people's disbelief;
- (iv) to avoid *other* people's disapproval;
- (v) to live up to *other* people's ideas of 'normality';
- (vi) to avoid spoiling *other* people's fun; and
- (vii) to conspire with *other* people's pretences.

Unfortunately, being labelled as disabled, and therefore as 'deviant' is a fact of life for all disabled people in the contemporary world regardless of their personal wishes and their attempts to convey 'normality'. As long as there is no possibility of gaining access to services or social and welfare benefits without accepting the label, there will be no possibility of maintaining that an individual or group is not 'deviant' (Finkelstein, 1993: 13).

### 3.8 STIMULUS PROPERTIES OF THE DISABLED

The routines of social intercourse in established settings allow us to deal with others without giving special thought or attention to them (Goffman, 1963: 12). Thus, the appearance of strangers in our presence enables us to anticipate and categorise the attributes that they display in order to form their social identity. Goffman claims that this phenomenon partly explains the emphasis placed on 'first impressions' in modern society. The aforementioned anticipations are then transformed into normative expectations or righteously presented demands. He furthermore, suggests that we do not become aware of these expectations until the active question arises as to whether or not they will be fulfilled. In this situation, evidence may arise of a stranger possessing an attribute that makes him or her different from others in the category of persons available and therefore of a less desirable kind.

The person may thus be reduced in our minds from a 'whole' and 'normal' person to a tainted and discounted one. This process is therefore unconditionally connected to the stimulus properties of the stigmas that are attached to people with disabilities in general. In this regard, it is of importance to note that Goffman distinguished between three different types of *stigma*, namely, those that consist of:

- (i) abominations of the body, such as physical disabilities and diseases;
- (ii) blemishes of character, which were inferred from a history of socially deviant behaviour; and
- (iii) the inheritable 'tribal stigmas of race, nation, and religion'.

Katz (1981: 2) suggests that Goffman does not devote enough attention to the differences found between the various types of stigmas as his primary intention is to show commonalities in stigma and the coping strategies employed by stigma possessors. Katz also states that '*there is a distinction between the situation of a person whose stigma is already known to others, and that of someone with a concealed stigma*'. For this reason, Katz considers the differences in the stimulus properties of stigmas as all-important. These stimulus properties determine the extent to which an observer will:

- (i) be aware of a particular stigma;
- (ii) feel threatened by the stigma;
- (iii) feel sympathy and pity for the stigma possessor; and
- (iv) hold the possessor responsible for having the stigma.

These factors become important when one considers that the standards of physical integrity and perfection as well as for beauty, appear to be deeply ingrained in the various cultures of the developed world. Douglas (in Barnes, 1996: 49) also contends that the '*ethic of invincibility*', evident in most modern cultures, is directly linked to notions of masculinity and potency, which have been

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popularised through the patriarchal structures within these cultures. The aforementioned standards and cultural ethics supply legitimate reasons for the stigmatisation of groups such as the disabled. Moreover, Safilios-Rothschild (in Katz, 1981: 20) adds that any deviation from the '*highly admirable state*' of physical and mental perfection is therefore generally met with punishments such as social stigmatisation and ostracism.

### 3.8.1 THE VISIBILITY OF THE DEFECT

People with physical disabilities differ in the degree to which they are limited. In fact some have only one life activity which is impaired, whilst others have multiple disabilities. Disabled people differ in the degree to which their disabilities are readily discernible or visible to others. Goffman (in Katz, 1981: 3) suggests that the term '**visibility**' should be used to describe not only the visible '*perceptability*' or clarity of a stigma, but also the general '*evidentness*' or obviousness of a stimulus. Katz (1981: 3) also distinguishes this '*evidentness*' from three other notions, namely:

- (i) the 'known-aboutness' of the attribute;
- (ii) the 'obtrusiveness' of the attribute; and
- (iii) the perceived focus of the stigma.

Regarding the 'known-aboutness' of the attribute Katz is probably describing the prevalence of general knowledge concerning the attribute within the society, whilst the obtrusiveness of the attribute describes the prominence or the transparency of the attribute. The last of these notions refers to the perceptions of physically 'normal' people concerning the sphere of life activity from which the possessor of a particular attribute is disqualified. The mode of information management used by those with '*damaged identities*' varies with the visibility of the status being questioned (Karp & Yoels, 1986: 235). In this regard,

Goffman (1963: 14) suggested that people with potential deviant stigmas could be divided into two categories, namely, the *discreditable* and the *discredited*. As has been mentioned in the previous chapter \*, the *discreditable* are those that can conceal their deviant traits, whilst the *discredited* are those that find it impossible to hide their deviance, such as the obese and the physically disabled. Such individuals may thus employ a variety of coping mechanisms in order to hide or minimise the effect of the deviance on their interaction with others. According to Clinard and Meier (1995: 509) these methods include:

- (i) passing;
- (ii) normalising;
- (iii) coping or covering; and
- (iv) dissociation.

Clinard and Meier (1995: 510) claim that people with disabilities often attempt to '**pass**' in order to avoid assuming the deviant role in its entirety. Passing involves the avoidance of objects or types of behaviour that could act as 'stigma symbols', and thereby inform others inadvertently of the individual's deviant condition. Another technique for passing is the use of '*disidentifiers*'. This technique requires the use of props, actions, or verbal expressions which distract the other people engaged in the interaction and mislead them into believing that the individual does not possess a deviant stigma (Adler & Adler, 1997: 233).

The second mode of information management is that of **normalising**. This technique entails the explanation of the stigma-bearing deviant behaviour, which in this case happens to be disability, in a socially acceptable manner. This disclosure may be undertaken by the disabled person for cathartic, therapeutic, or preventative reasons. In all of the aforementioned instances the individual will attempt to minimise the debilitating effects of the disability, whilst disavowing the

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\* *Vide supra*, Chapter 2, p. 35.

deviant status ascribed to it (Clinard & Meier, 1995: 510). This approach is, however, problematic in that disabled people that have been accepted by society are required to maintain their roles as 'normal' people whilst still making the small amendments to these roles that are required by their disabilities. When disabled individuals use **coping** or **covering** strategies to deal with the stigma attached to their disabilities, they generally view the 'normals' engaged in the interaction as intruders.

Coping techniques entail three types of reactions. The first of these is the retaliation of the physically disabled person, which often takes the form of biting sarcasm towards the normal. The second response involves an 'ostrich reaction', whereby the disabled individual either pretends that the disability does not exist or focuses the interaction on a different subject (Clinard and Meier, 1995: 511). The third strategy employed by the disabled takes the form of superficial conversation, which does not allow the intruding 'normal' to ask personal questions. The aforementioned coping methods may be employed in conjunction with covering techniques, whereby *accepted* others such as family members or friends, assist in the concealment of the deviant traits.

**Dissociation** is the final technique used by those with deviant identities in coping with interaction with the non-disabled. This technique entails the passive acceptance of the deviant role, and the rejection of all conventional roles and activities. In this regard, Clinard and Meier (1995: 511) suggest that physically disabled children often learn that interaction with normal children can be painful and is therefore to be avoided when possible. This technique is however also problematic, in that the disabled person's self-imposed isolation from society cuts them off from both positive and negative social experiences. With regard to the aforementioned coping strategies, it is important to remember that physical handicaps are highly visible and can therefore generally not be hidden. Karp and

Yoels (1986: 235) thus suggest that for those with such disabilities, information and the management thereof is less important than the minimising of the inevitable problems and discomforts that are part of nearly every encounter.

In this regard, Davis (1979: 158) has noted that the disabled often find interaction with children and the elderly problematic. In the first instance, the disabled may feel uncomfortable answering the bold and often tactless questions asked by children, particularly when they are in the company of other adults. The latter instance can be dubious, in that the handicapped person may find that the elderly have a tendency to indulge in patronising sympathy, which is generally unwelcome. Finally, Davis (1979: 154) mentions that the triggering of such a chain of interpersonal incidents, is more likely to occur with strangers than with those with whom the disabled have well-established and continuous relationships.

### 3.8.2 THE THREAT ATTACHED TO THE DEFECT

According to Katz (1981: 3) most stigmas contain an element of threat for those that are exposed to them, but that the kind and severity of the threat may vary greatly amongst different stigmas. Safilios-Rothschild (1970: 10) claims that this type of discrimination reflects a deep-seated prejudice, which in turn shows the persistent fear and anxiety about the loss of physical integrity and of becoming disabled experienced by everybody. Interaction with the sick and the injured may for a variety of reasons arouse apprehension in 'normals'. Such contact may 'cast doubt on the widely held belief that the world is a fair place where the innocent do not suffer', or it may serve as a reminder to the non-disabled person of his or her vulnerability to sudden misfortune.



Katz (1981: 3) furthermore, states that the aforementioned interaction may raise the prospects of becoming involved in another person's dependency, especially when one considers that most disabled people are thought to be helpless and unable to take responsibility for themselves. The non-disabled may feel a lowering of self-esteem that can be ascribed to their avoidance of the disabled. Safilios-Rothschild (1970: 10 - 11) supports this proposal by stating that the non-disabled feel repulsion and disgust for the disabled, in varying degrees of intensity, followed by guilt which is caused by the unacceptability of these feelings.

Moreover, Safilios-Rothschild claims that the non-disabled avoid coming into contact with the disabled because of this emotional conflict. Non-disabled people also fear that their aversions, if shown, may '*magically*' visit the affliction of disability upon them. It is therefore plausible that those who have conditions that are *severe and permanent* pose a greater threat to physically 'normal' people, than those with mild, curable conditions (Katz, 1981: 3). Neubeck and Glasberg (1996: 204) maintain that able-bodied people often behave as if disabilities are **contagious** because they are fearful of what they do not know, or understand. This avoidance is therefore a means of protection from the unknown, and from the embarrassing and stressful social errors that may arise during interaction with the disabled.

In this regard, Safilios-Rothschild (1970: 11) suggests that the ambiguity of the norms regulating interaction between the disabled and the non-disabled generally cause such interaction to be uncomfortable, rigid and strained for both parties. In this regard, the disabled activist Paul Hunt (in Barnes, 1996: 46) states that '*people with impairments are viewed as unfortunate, useless, different, oppressed, and sick*', and that they therefore challenge and threaten the commonly held societal values concerning 'normality'. Hunt believes that people

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with disabilities are seen as 'unfortunate' because many normals feel that they are unable to enjoy the material and social benefits of modern society. The emphasis of work ethics in most modern cultures has also resulted in the belief that the physically disabled are 'useless', as they are unable to contribute to the economic well being of the community and the country. Finally, Hunt (in Barnes, 1996: 46) claims that the disabled are singled out as members of a minority group and are viewed by society as 'different' and as 'abnormal'. The discussion of the disabled as a minority is discussed at greater length later in this chapter \*.

### 3.8.3 THE REACTIONS OF THE ABLE-BODIED TOWARDS THE DISABLED

As has already been mentioned, the societal reaction theorists, who typically see the social system as oppressing the 'underdog', view the societal procedures for processing and assisting the disabled as creating and stabilising deviant behaviour (Gove, 1976: 61). McDaniel (1976: 34) supports this notion by stating that the prejudice approach to the study of the disabled may be expressed as negative prejudgements held by the physically normal towards the disabled, concerning their personal traits. These negative preconceptions generally also include the '*devaluation*' of the disabled in the minds of their able-bodied counterparts. Yuker (in McDaniel, 1976: 35) believes that people that are prejudiced towards the disabled often presume that all disabled people are alike.

Heider (in Katz, 1981: 20) has also suggested a concept of '*cognitive balance*', whereby a person that displays a negative attribute, such as a physical defect, will tend to be seen as having other negative attributes as well. This 'spread' phenomenon allows non-disabled people to consistently create negative impressions of the disabled, who are then seen as inferior across a broad range of characteristics, simply on the basis of their visible disabilities.

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\* *Vide supra*, Chapter 3, pp 79 – 82.

Katz (1981: 4) states that **to be stigmatised is, by definition, to be deprived by society**. In this regard, Barton (1996: 8) notes that disabled people have been the recipients of a wide variety of offensive reactions by normal individuals towards their disabilities. These responses include: horror, fear, anxiety, hostility, distrust, pity, over-protection and condescending behaviour.

Barton also states that the medical vocation has been one of the most dominant influences in moulding both the professional and common sense definitions of disability. In this regard, Hahn (in Barton, 1996: 8) notes that this approach *'imposes a presumption of biological or physiological inferiority upon disabled people'*. He also stresses that the approach emphasises the individual's loss or 'inabilities', which contributes to the dependency model of disability. Barton (1996: 8) furthermore maintains that labels such as 'invalid', 'cripple', 'spastic', and 'handicapped' imply both a functional loss and a lack of worth. Accordingly, Barton claims that most disabled people experience discrimination, vulnerability and abusive assaults on their self-esteem.

Hahn (in Barton, 1996: 8) qualifies this statement by saying that *'disability stems from the failure of a structured social environment to adjust to the needs and aspirations of citizens with disabilities, rather than from the inability of a disabled individual to adapt to the demands of society'*. Alternatively, it is also important to note that people's reactions towards members of deviant groups are not always negative. In this regard, feelings of sympathy and distress caused by other people's suffering and even respect for those that strive to overcome severe handicaps can also be discerned in modern society. Katz (1981: 4) therefore maintains that there is a strong social norm pertaining to the favourable treatment of the physically and mentally disabled and that this norm is evident in the vast networks of public and private aid agencies for the disabled.

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### **3.8.4 SOCIETY'S VIEWS CONCERNING THE DISABLED PERSON'S CULPABILITY**

Few people regard those with physical disabilities as voluntary deviants, but those that hold implicit conceptions of 'normal' physical characteristics or functioning nevertheless sanction them (Clinard & Meier, 1995: 490). In this regard, whether or not a person is blamed for possessing a deviant trait will generally have important consequences for the manner in which he or she is treated by others (Katz, 1981: 5). Some disabled people are seen as being more responsible for their conditions than others, such as car accident victims that were drunk at the time of the accident, or incurably ill people, that procrastinated in seeking medical assistance and thereby aggravated their conditions (Clinard & Meier, 1995: 488).

In this regard, many marginal types of disability may be perceived not only as forms of deviance, but also as disadvantageous. These individuals are disadvantaged either because of the disabling nature of their distinctive characteristics, or by the social and economic discrimination that goes hand-in-hand with the disability. The disabled are generally cut off from the most prestigious and well-paying jobs, as well as from a wide range of interpersonal relationships with the non-disabled, because they are considered to be physically fragile, and mentally incapable of functioning at the appropriate level (Safilios-Rothschild, 1976: 42). The non-disabled tend to 'talk down' to the disabled, as if they are mentally retarded and sometimes as if they are deaf or blind, and they often tend to be surprised at discovering that the disabled are both intelligent and competent .

Inequality based on able-bodiedness, or 'ableism', is a system that treats people with disabilities as if they are defective, unwhole, or less than complete human

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beings (Neubeck & Glasberg, 1996: 204). The disability rights movement has therefore emphasised the importance of using the term '*people with disabilities*', as opposed to the term '*disabled people*' (Neubeck & Glasberg, 1996: 257). Furthermore, the movement stresses the fact that the similarities between the disabled and their able-bodied counterparts are far more significant than the differences associated with their disabilities and that their differences do not make them inferior to the able-bodied.

In this regard, it is evident that the more the disabled are singled out as a group, the more obvious the labels that are applied to them become. Blaxter (1976: 14) suggests that society's anxiety to redress this stigmatisation, by seeking out and assisting the disabled, and by providing the tools that they need to perform everyday tasks 'normally', may in fact emphasise the characteristics which make them different. Societies therefore need to find methods to influence social and affective prejudices and the discriminatory practices that result from them. If this is not done, disabled people will never be accepted and reacted to as normal people and will never succeed in becoming integrated into normal society (Safilios-Rothschild, 1970: 11).

### 3.9 DISABILITY AND THE SICK ROLE

One of the most widely quoted and deliberated pieces of sociological literature is Parsons' formulation of the role of the sick in society. Parsons (in De Klerk & Van Vuuren, 1986: 17) defined health as the '*state of optimum capacity of an individual for the effective performance of the roles and tasks for which he has been socialised*'. Health is therefore to be seen in terms of an individual's participation in the social system. Illness, on the other hand, is defined as '*a socially institutionalised role type*'. Health is thus considered to be a state desirable in itself, through which the fulfilment of role obligations is achieved,

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whilst illness becomes an obstacle in the fulfilment of the aforementioned obligations. According to Parsons (in Clinard & Meier, 1995: 488), the sick role consists of two complementary sets of exemptions. These are that:

- (i) individuals who are defined as 'ill' are released from certain responsibilities; and
- (ii) individuals who are considered to be 'ill' are not blamed for their conditions, nor are they expected to recover without any assistance.

Parsons treats sickness as a role that simultaneously justifies deviance and places the subject under the control of others. Nagi (1965: 104) states that the expectations that define this role include the exemption of the sick person from normal obligations, the viewing of the sickness as an undesirable condition which is to be relinquished as soon as possible, and the seeking of and co-operation with competent medical assistance.

According to this perspective sick people are to be viewed as being temporarily impaired in their normal functioning, and are therefore relieved of their familial, occupational, and other duties. These exemptions are accompanied by specific expectations that regulate the behaviour of the 'ill' person. In this regard, the medical advice offered by a physician reflects not only the recommendations of an expert, but also the expectations of the society in general that the sick person will attempt to occupy more conventional roles (Clinard & Meier, 1995: 488 - 489). Furthermore, individuals and groups within society generally expect sickness to be temporary, while Freidson (1965: 80) states that the illness is not allowed under any circumstances to be viewed as a permanent form of retreatism.

The sick role like all other roles is learnt. Parsons' theory therefore assumes that all people will behave in exactly the same manner when ill, regardless of the

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nature of the 'illness', or the socio-economic factors involved. Moreover, this model does not accommodate sick role variation, or the distinction between 'illness' and 'impairment' (Oliver, 1996: 20). The individual's occupation of the sick role is intended to be temporary. The same assumptions also apply to the 'impaired' role.

According to Clinard and Meier (1995: 502) a major dilemma for disabled people is the fact that their assumption of the sick role represents a relatively permanent role acquisition. The physically disabled therefore have to accept a permanent deviant status, and the fact that they did not choose this status. In this regard, many individuals are ascribed the impaired role when it is discovered that their conditions are unlikely to change, or when they are unable or unwilling to meet the first prerequisite of the sick role. Moreover, occupants of this role are said to have abandoned the idea of recovery totally and are believed to have accepted dependency. Oliver (1996: 20) also claims that this signifies that the disabled or impaired person is forced to accept the loss of their '*full human status*'.

There is however a problem that arises from this perspective, and this problem resides in the curious congruence of stigma with the social legitimacy but incurability of disability (Freidson, 1965: 80). Clinard and Meier (1995: 489) state that the ambiguous views held by many non-disabled people concerning the disabled, reflects the fact that whilst the disabled condition is considered unavoidable, it is simultaneously considered undesirable. In this regard, Freidson (1965: 81) suggests that the sick role concept lacks the ability to adequately facilitate an analysis of the stigmatised roles that are imputed to incurable deviance. Moreover, this concept does not deal with the persistence of the role itself, but rather concentrates on how improvement may take place.

### 3.10 THE DISABLED ROLE

Clinard and Meier (1995: 491) maintain that disability is a social, rather than merely a biological or behavioural fact and that it is therefore defined in terms of societal reaction. The extent to which a physical handicap is considered to be deviant thus depends on the cultural interpretation of the concept, which is reflected in the response that disabilities elicit. The social context of disability is therefore just as important as the physical problems encountered by the disabled. In this regard, the interaction between the disabled and doctors, counsellors, physical therapists and social workers is important in sculpting the self concepts of the disabled, as well as helping them to move towards career disability (Clinard & Meier, 1995: 505).

Safilios-Rothschild (1970: 73) states that from the time that the individual is expected to experience permanent residual damage to the body, from which there will be no recovery, medical personnel consign the individual to the 'disabled' role. This role is thus assigned whether or not the disabled individual wishes to assume it. Clinard and Meier (1995: 505) maintain that the aforementioned interactions with professional groups become extremely important to the disabled in terms of their future role statuses and self-conceptions. Safilios-Rothschild also notes that the way, in which physicians conceptualise the disabled role, is based on how *they* would like the disabled person to behave. In this regard, people with disabilities must either accept the socially constructed definitions of their capabilities, or they must fight to redefine these definitions on a personal level.

Safilios-Rothschild (1970: 74) has noted that an examination of both medical and sociological literature indicates that physicians, as well as rehabilitation personnel



try to encourage disabled people to behave as follows:

- On being informed by medical authorities that the degree of a disability cannot be further diminished or eliminated, the disabled person should accept the limitations imposed by the disability and start learning how to '*live with them*'.
- The disabled individual is expected to start fulfilling his or her 'normal' social roles to the utmost of his or her ability, within the restrictions set by the physical impairment, as soon as he or she has accepted the permanence of the disability.
- The disabled person's motivation, once there is no hope of further improvement in the condition, must be aimed at the effective utilisation of his or her remaining abilities in order to resume as many as possible of the 'normal' social roles that were previously occupied.
- The disabled individual with a stabilised degree of disability, is no longer legitimately exempted from the performance of his or her social roles and obligations, especially if he or she is able to move around without the assistance of others.

In light of the above-mentioned behavioural expectations that are placed on the disabled, Clinard and Meier (1995: 506) suggest that it cannot be assumed that rehabilitation agencies and other professional medical care-givers always operate in the best interests of the client. In fact disabled people have reported that their encounters with physicians and therapists did not always prepare them for the limitations posed by the handicap and that the medical staff were insensitive to their emotional conditions. It is also evident from the aforementioned expectations that the locus or responsibility for recovery and adjustment rests squarely on the shoulders of the disabled individual.

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Oliver (1996: 20) maintains that disabled individuals, consigned to the impaired role, may choose not to co-operate with medical treatment. Individuals that refuse to make any attempt to regain their health, are however forced to accept a kind of 'second-class citizenship'.

In this regard, disabled individuals are told that they are insightful, when they describe the problems that they face in the same manner as their rehabilitators, whilst they are told that they are resisting when they do not (Clinard & Meier, 1995: 505). The behaviour of the disabled person therefore gradually corresponds with the expectations of the professionals, particularly when they are placed in sheltered or isolated environments. Moreover, Albrecht (in Clinard & Meier, 1995: 506) suggests that as health care bureaucracies grow, rehabilitation becomes a profitable business, which is controlled more by economic than health care interests.

### 3.11 THE DISABLED AS A MINORITY GROUP

The disabled are not a homogeneous group, but differ greatly in the characteristics such as visibility and severity, both of which may result in discrimination (Blaxter, 1976: 14). Although negative attitudes towards the disabled have been commonplace throughout history, a strong cultural norm favouring the repression of these attitudes has also become evident. In this regard, there is some controversy concerning the issue of whether or not the disabled should be conceptualised as a *minority* group, and as to what constitutes the difference between the 'collectivity of disabled people and other minority groups' (Safilios-Rothschild, 1970: 109). Safilios-Rothschild (1976: 39) suggests that the disabled can be conceptualised as a minority group because they have a lot in common with women, the elderly, the poor and with other disadvantaged groups in that they are also treated and reacted to as a

comprehensive category of people. The paramount rationalisation for this similarity is the popular belief that disability, like old age, poverty, and the female gender, entails biological inferiority. The disabled also share with other disadvantaged groups the fact that until recently, there has been very little information concerning their self-definitions and expectations of the future. Safilios-Rothschild (1970: 110 - 111) and Clinard and Meier (1995: 507) also mention that the following characteristics and societal reactions are shared by the disabled and other minority or disadvantaged groups:

- The disabled, like many other 'deviant' or minority groups, are allocated a separate place in society. There are therefore many 'communities' of disabled people, the nature of which depends on both the participants, and on their problems (Clinard & Meier, 1995: 507). The individuals in these communities are encouraged to interact with the other community members that are afflicted with similar disabilities to their own.
  
- The aforementioned segregation, as in the case of other deviants, requires a majority group whose negative evaluation of the minority consigns them to an inferior status in the society. Safilios-Rothschild (1976: 39) states that a large proportion of the able-bodied in society consider the disabled to be less intelligent, less reliable, less realistic, less logical, and less able to determine their own lives, than the non-disabled. In light of this belief, segregation is a means of keeping a considerable amount of social distance between the disabled and the non-disabled.
  
- The segregation imposed on the disabled, by the non-disabled, is generally rationalised as being 'beneficial' to the disabled. This rationalisation is applied in light of the belief that the disabled will have a better chance of finding happiness amongst their 'own kind' than they would within the larger society.

- In this regard, disabled people are considered to be 'well-adjusted' if they perform their social roles to the best of their ability whilst restricting the satisfaction of their emotional, social and psychological needs to the segregated group of disabled people to which they are forced to belong.
  
- The disabled, as in the case of other disadvantaged groups, have various professionals connected with their rehabilitation and reintegration into '*normal*' society (Safilios-Rothschild, 1976: 40). These professionals, be they police, prison officials, social workers, or physicians are responsible for defining the self-concepts, goals, and inner motivations of the deviant individuals. With regard to the disabled, these professionals often determine the potential of their patients, without actually consulting them, or by disregarding the information provided by the disabled people themselves.
  
- The disabled, like other minority groups, are generally evaluated on the basis of their categorical membership, rather than on their individual characteristics. Their disabilities therefore overshadow all of their other traits and abilities. In this regard, disabled people are always either thought to be weak, inferior, and incapable of doing anything, or they are thought to possess exceptional capacities and abilities because they seem to function '*normally*'.
  
- The '*minority group socialisation*' of the disabled explains the emphasis placed on the acceptance of disability by the able-bodied. In this regard the disabled are either encouraged, or forced to give up their rights of self-determination and choice by the non-disabled majority.

Disabled people are therefore considered to be deviant by the '*experts*' if they refuse to give up the rights that they previously held as able-bodied members of a society (Safilios-Rothschild, 1976: 42 - 43). In general, the disabled

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like other minority groups during various stages of oppression have been unwilling to speak out on behalf of their causes. This can be explained in terms of the inferior statuses assigned to them which have been internalised to a certain degree and which may be having a considerably negative impact on their self-confidence and self-esteem as a group. Various socio-structural barriers, such as hostility from society as a result of the lack of understanding concerning disabilities, have also resulted in the rejection of the plans, ambitions and motivations of the disabled as unrealistic and inappropriate.

Finally, the disabled, like other disadvantaged groups, have been alienated from the greater society because of their exposure to contradictory advice from a variety of professionals, societal agents, and even from their significant others. People often offer this advice with very different interests and motivations, in mind, to those of the disabled person. Under these circumstances the disabled individual is generally likely to capitulate to the wishes of the most powerful expert involved, as an example of his or her feelings of worthlessness and meaninglessness, in the situation (Safilios-Rothschild, 1976: 44).

### 3.12 CONCLUSION

People with physical disabilities violate the norms for identity and appearance, which support the notion that '*wholeness*', and health are conditions that are to be striven for by the society as a whole. The negative statuses ascribed to individuals with such disabilities, result in their being disvalued as members of the society, and thus cause the permeation of the social stigma attached to the disability to continue unchecked. The disabled condition therefore illustrates the fact that deviance can be seen either as a predicament or as a type of behaviour.

Individuals with disabilities are also generally forced to accept the disabled role which places them within the power of professionals and rehabilitation agencies that do not necessarily always have their best interests at heart, particularly when one considers the fact that such rehabilitation has now become a lucrative business. The disabled are therefore forced through circumstances, to relinquish most of their independence and they are then placed in segregated homes for people like themselves and ignored by the rest of society, which places a great deal of emphasis on able-, or whole-bodiedness. In summation, it is important to reiterate that **'to be disabled means to be discriminated against'**. Moreover, it should be stressed that disability involves social isolation and restriction from the rest of the *'normal'* society. This restriction and social isolation will be discussed in detail in the following chapter, which deals with the actual experiences of people with physical disabilities in their social interaction with 'normals'.

**CHAPTER FOUR**  
**THE DISABLED EXPERIENCE:**  
**AN ANALYSIS AND INTERPRETATION**  
**OF THE QUALITATIVE DATA**

*'International Solidarity:  
Our people can be found  
In every class and race  
Of every age and nation  
Our people are awakening.  
We will not beg  
We will not hide  
We'll come together  
To regain our pride'*

- Mason, M. (in Driedger, 09/10/2001: 1).

## CHAPTER FOUR

### *The Disabled Experience:*

### *An Analysis and Interpretation Of The Qualitative Data*

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#### 4.1 INTRODUCTION

People with physical disabilities are considered to be deviant because they are perceived as different, as odd, and as estranged from the common run of humanity (Karp & Yoels, 1986: 234). They also often find that their identities are defined in terms of their disabilities and that they are the victimised in terms of stereotyping and stigmatisation by their non-disabled counterparts. Interaction with able-bodied people allows the disabled to develop personal frameworks of beliefs and values with which they selectively and subjectively attach meanings and significance to events.

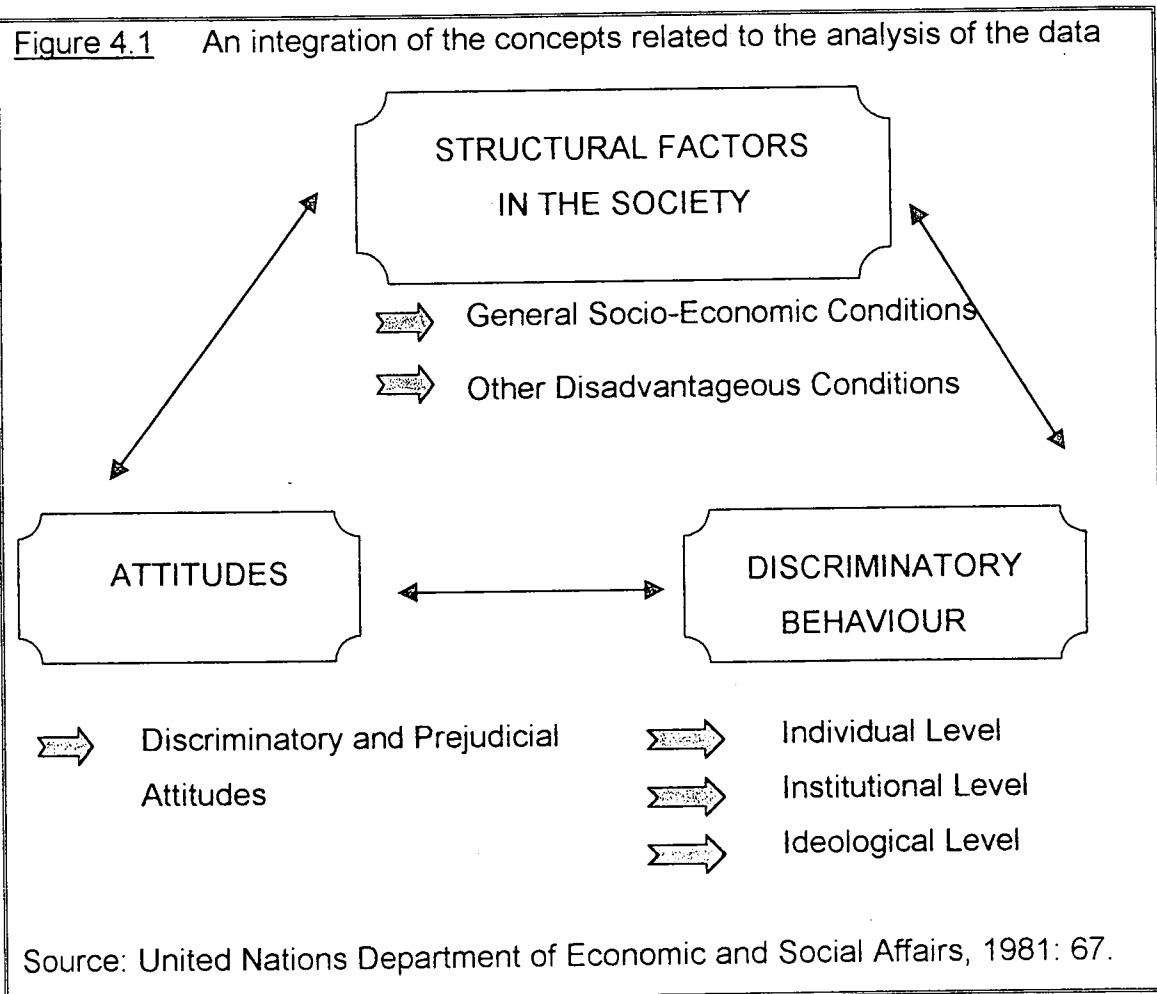
Most people are impaired at some time or another, or to some degree. It is therefore possible to state that like health and sickness, disability and 'normality' form a continuum (Blaxter, 1976: vii). Where an individual is placed on this continuum however, depends on many factors such as: social and family environment, individual characteristics, and the cultural concepts of what it is to be 'normal', as well as on clinical facts describing an impairment. According to the United Nations Department of Economic and Social Affairs (1981: 68) people with physical disabilities are the recipients of prejudicial and discriminatory treatment due to the fact that 'normals' respond primarily to their disabilities, rather than to the sum of their personal characteristics.

Furthermore, it has been noted that 'the type of social philosophy prevailing in society and the extent to which society accepts responsibility for the individual may result in the labelling and the consequent stigmatisation of the individual'

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(United Nations Department of Economic and Social Affairs, 1981: 70). In this regard, Figure 4.1 provides a conceptualisation of how the qualitative data, gathered for this study, was analysed. People with physical disabilities are forced to face **discrimination, prejudice, labelling** and, worst of all, **stigmatisation** by the non-disabled on a daily basis. These societal reactions to disability manifest themselves in every aspect of the disabled person's life, and are therefore impossible to escape from. With this in mind, this study explains how the disabled feel about their treatment, by 'normals', within the various categories offered in Figure 4.1:



This chapter contains an analysis of the qualitative data that was collected by means of in-depth individual interviews and focus group sessions, as it is important 'to see the world through the eyes of the actor to reach a full understanding of that person's behaviour' (Krathwohl, 1998: 234). **It is important to note that most of the interviewees in this study were Afrikaans-speaking, and English translations were thus included in order to assist any prospective readers that do not understand the language.** An attempt will also be made, *through the use of verbatim quotations*, to show how the physically disabled interact with others; project images of themselves, and manage the impressions of themselves when they interact with able-bodied people.

## 4.2 THE TREATMENT OF THE DISABLED BY THE ABLE-BODIED

As has already been mentioned \*, Katz (1981: 4) had noted that 'to be stigmatised, is by definition, to be deprived by society'. In this regard, Barton (1996: 8) stated that people with physical disabilities had been the recipients of a wide variety of offensive reactions, by non-disabled individuals, many of which were to be found in the data. These responses included *disdain, fear and anxiety, hostility, distrust, pity, and over-protection*.

The **disdain** that 'normals' demonstrate for the physically disabled was shown through a number of examples provided by the interviewees. Subject 1 mentioned a woman that spoke to him on a bus when he remarked about exercise and going to the gym. Her reaction to his desire to exercise was: "*Jy kan nie eers loop nie, nou waarvoor wil jy dan gaan oefen by die gym?*" [*You cannot even walk, so why would you want to go exercise at a gym?*] Subject 4

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\* *Vide supra*, Chapter 3, p. 72.

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explained that when he was engaged in conversations with 'normal' people they reacted in a manner that suggested that they were thinking: "Ag, laat diè persoon klaar praat dat ek kan wegkom hierso...ek het nog baie dinge wat ek moet doen!" [Oh, I hope this person stops speaking soon...I still have many things that I have to do!] There also seemed to be consensus that disabled people were ignored when they went shopping and that 'normal' people would jump the queues to get in front of them.

Subject 12 maintained that 'normals' ignored him when he went shopping. He claimed: "Ons is mos nie besigheid nie! Dit is soos nou die dag in {business name}. Ek sit vir ure vir help en wag, hulle loop verby my en loop help die mense wat agter my staan!" [We are not business! It's like the other day in {business name}. I sat for hours and waited for help, but they walked past me and helped the people that were standing behind me!] Many of the disabled commented on the fact that able-bodied people seem to be **anxious** and **fearful** when they come into contact with them. In this regard, Subject 6 stated: "Hulle kyk jou onderlangs...baie mense weet nie hoe om jou te hanteer nie...hulle weet nie hoe om jou te benader nie". [They stare at you furtively...many people do not know how to handle you...they don't know how to approach you.] This anxiety was attributed by Subject 12 to the fact that the non-disabled do not know what to expect when coming into contact with a disabled person for the first time.

The disabled also explained that many able-bodied individuals found it difficult to accept them, specifically when they knew them before they became disabled. Subject 8 illustrated this point well: "After the accident...when they see that you are disabled...they are not the same, because you know they are saying that...you are not the one that used to go out with them...you are not important!" Subject 10 explained this reaction by saying: "Hulle verstaan

*nie...hulle trek terug want hulle weet nie wat om met jou te doen nie!" [They don't understand...they withdraw because they don't know what to do with you!]* Katz (1981: 3) likewise suggests that interaction with the sick and the injured may, for a variety of reasons, arouse **anxiety** or **apprehension** in 'normals'. Such contact may 'cast doubt' on the widely held belief that the world is a fair place where the innocent do not suffer, or it may serve as a reminder to the able-bodied of their own vulnerability to sudden misfortune.

In light of this, Subject 12 remarked: *"Onmiddellik dink hulle 'Ag shame! Die wêreld moet hom help' en ek dink dis die groot rede...mense is bang hulle beland in daai posisie. Dis hoekom hulle onttrek, want hulle wil nie aanvaar dat dit met hulle kan gebeur nie! Onskuldige mense word mos nie gestremd nie!" [They immediately think 'Oh shame! The world has to help him' and I think that's the main reason...people are scared of ending up in the same position as us. That's why they withdraw, because they don't want to accept that it could happen to them! As you know innocent people don't become disabled!]* The fear and anxiety felt by the 'normals' may also have been the cause for some of their **hostility** towards the disabled. People with physical disabilities are discredited and stigmatised because they cannot comply with the normative expectations of society. They are therefore considered to be what Sagarin (in Clinard & Meier, 1995: 487) termed 'disvalued' individuals.

In this regard, Subject 12 had a poignant example of how he was 'disvalued' and reacted to with hostility after he became disabled. He stated that his brother's wife had known him well before his accident, and that they had been on friendly terms. After the accident, however, he claimed that she said: *"Nee, sy soek nie lam mense in haar kar nie!" [No, she did not want paralysed people in her car!]* Subject 14 also suggested that 'normal' people were hostile towards her. She stated: *"From what I know of the people outside, they are short-*

tempered with disabled people. You can just say: 'Please help me with this'...they will do it once, twice...the third time they will say: 'No man! You are sending me there and there'. So what I realised is that they are short-tempered." Some of the subjects furthermore commented on the fact that 'normals' were unwilling to assist them as they felt that they were being used. Subject 10 explained this problem by stating that: "*Hulle sien jou net mis...hulle sien jou miskien as net lui. Hulle weet nie jy wil ook graag so iets kan doen!*" [They just don't see you...it's possible that they just think that you are lazy. They don't know that you would also love to be able to do things for yourself!] Subject 14 also maintained that 'normals' had complained: "You send everyone up and down as if you are a grand woman! Go do the thing yourself!" It is therefore evident that people with physical disabilities are socially marginalised because of the **discriminatory** and **exclusionary** attitudes and practices of the able-bodied.

People with physical disabilities are, by definition, considered to be deviant by many 'normal' people as they are seen as 'less-than-whole' people (Neubeck & Glasberg, 1996: 256). This belief may shed some light on the fact that 'normal' people tend to **distrust** the disabled. From the interviews it was clear that the subjects had experienced the distrust of 'normals' and that they felt that it resulted from the fact that able-bodied people saw them as mentally disturbed or retarded because they were in wheelchairs. Subject 8 illustrated this point well: "*If um...they are new in town and don't know where to go. They are not going to ask me the directions. They are going to ask the normal person. I'm just there...I'm mentally disturbed, or I'm not important.*" Subject 13 explained the distrust that people with physical disabilities experience in this way: "*...they will ask the one who is standing...not you on the wheelchair, because you...there is nothing that you can answer! They think you are dumb.*"

Davis (in Haralambos & Heald, 1983: 549) suggests that interaction between 'normals' and the disabled may be threatened when the individual's handicap leads to displays of emotion such as **shock**, **disgust** or **pity**. Many of the interviewees in this study commented on the fact that the able-bodied people with whom they had been in contact seemed to **pity** them. According to Jagoe (09/10/2001: 2) the **pity** felt by the able-bodied, for the physically disabled, can have a negative effect on social interaction, in that, it allows the able-bodied to distance themselves from disabled through the use of the assumption that they are 'different'. This assumption thus allows 'normals' to believe that different standards, in all areas of life, apply to the disabled because of their disabilities.

From the interviews it was evident that Subject 3, Subject 4, and Subject 6 reported that people frequently said: "*Ag siestog!*" [*Oh, what a pity!*] and "*Ag shame tog!*" [*Oh, what a shame!*] to them. The interviewees also noted that such responses to their disabilities were offensive and that they resented the fact that 'normal' people pitied them. Subject 13 attributed this pity to the fact that: "...*they see a person who is ill...but we are not ill!*" In this regard, Ratzka (09/10/2001: 1) maintains that people with physical disabilities are constrained to second-class citizenship because of society's tendency to label people who are 'different' as 'sick'. He claims that sick people are not expected to work, and they are exempted from 'the normal duties of life'. He furthermore proposes that as long as the disabled are seen as 'sick', 'normals' will never understand why they require things such as the use of public transport or why they demand real jobs.

Davis (in Haralambos & Heald, 1983: 549) stated that the 'contradiction of attributes' could occur if non-disabled people were to take note of the fact that the disabled person had a job, and 'normal' interests. The physical disability and the appearance of such an individual could thus seem discordant to the

non-disabled, when compared with their apparent 'normal' abilities and interests. Such discordance could then result in remarks such as those noted by Subject 6: "*Haai, kyk sy's so 'n mooi vrou. Kyk nou sit sy in 'n rolstoel!*" [*Hey, look she's such a pretty woman, and now she is sitting in a wheelchair!*] and Subject 8: "*What are you doing in this wheelchair, you are so beautiful?*" These reactions could probably cast a pall over interaction and could embarrass the disabled person to such a degree that the smooth recovery of the interaction is indefinitely damaged. The pity felt by able-bodied people for their disabled counterparts may further hinder interaction as it can also result in the fact that they become **over-protective** of the disabled.

Such reactions were described by Subject 13: "*They take over when we do stuff...they don't treat us like we are normal, because they pity us! They are over-protective! In fact they help, but they worry too much we are going to hurt ourselves...*" Subject 14 put it this way: "*It seems to me that they want to do everything for us. You see, for them you are fragile, you will break each and every time you do something yourself.*" In this regard, the disabled reported that instead of feeling that the 'normals' avoided contact with them, they felt that they were seen as incapable of doing anything without assistance. In fact Subject 8 claimed that even the other people with physical disabilities treated her in this manner. She stated: "*I don't know if...um...they feel scared that something is going to happen to me, or if they feel like we are not supposed to go there because we are disabled.*"

This statement touches on the notion that some people with physical disabilities may feel that their conditions preclude them from taking part in certain spheres of 'normal' life. It is thus conceivable that these disabled individuals have internalised the boundaries set for them by 'normals' and are now trying to limit others to behaviour that they think will be seen as acceptable by the able-

bodied. According to Hills (1980: 3) the acceptance of the deviant self-identity does not, however, only result from official acts of labelling. Rather, these individuals may recognise the contempt felt by the general public towards people like themselves, which may compel them to structure their lives according to the consequences of the symbolic stigmas that surround them.

#### 4.2.1 THE ASSUMPTION OF MENTAL DISABILITY IN THE PHYSICALLY DISABLED

Heider (in Katz, 1981: 20) suggested the concept of 'cognitive balance', whereby individuals that displayed one negative attribute, such as a physical defect, were automatically thought to possess other negative attributes. Goffman (1963: 15) also commented on this idea by referring to 'discredited' individuals that were imputed a variety of defects or a '*spoiled identity*' because they were recognised as having one undesirable flaw. While DeLoach and Greer (1981: 7) referred to this notion as the 'twisted body, twisted mind' concept. In that this 'spread' phenomenon allows non-disabled people to consistently create negative impressions of the disabled, who are seen as inferior across a broad range of characteristics, simply on the basis of their visible disabilities.

Moreover, Adler and Adler (1997: 230) suggested that individuals, such as the disabled, were often suspected of attributes such as 'feeble-mindedness' or other such weaknesses because of their disabilities. From the interviews it was evident that the subjects generally experienced the aforementioned **stigma**, particularly regarding the fact that many 'normals' assumed that they possessed mental defects as well as physical disabilities. The following remarks made by Subject 7 illustrate this point well: "*Wel, soos ek jou sê, baie van hulle dink ons is...dis nie net ons liggame wat aangetas is nie. Hulle dink ons brein is ook!*"



*Baie van hulle dink ons is mal. Hulle sien jou 'O, dis malletjie!' Dit is dadelik wat hulle dink. As hulle jou sien in 'n stoel dan dink hulle jy is 'n malletjie". [Well, as I told you, many of them think we are...it's not just our bodies that are affected. They think our minds are also affected. Many of them think we are insane. They see you 'Oh, it's the crazy person!' They immediately think we are insane. When they see you in a wheelchair, they think you are insane.] Subject 9 explained the phenomenon in this manner: "Okay, eerste wat mense dink as hulle gestremdes sien...hulle dink jy's hierbo ook gestremd" [Okay, the first thing that people think when they see other people with physical disabilities...they think that you are also mentally disturbed]. Subject 6 put it this way: "...party mense dink jy's 'n koolkop as jy in 'n rolstoel is. Ek bedoel...dink jy kan nie kommunikeer nie". [Some people think that you are a cabbage-head if you are in a wheelchair. I mean...they think you can't communicate.]*

Subject 7 told the researcher about an instance that had stuck in his mind because the 'normal' had assumed that he was brain-damaged. He said: "Maar nou praat hy met my so: 'Jaaa en hoeee gaaan diiit?' Jy weet, so traag en...maar toe praat ek maar dieselfde met hom terug. Ag, ons het seker so 'n half-uur gesprek gevoer...maar daai gesprek...kon ons werklik in vyf minute afhandel". [He started speaking to me like this: 'Yeesss annddd hoowww arree youuu?' You know, slowly...but then I answered him in the same manner. Oh, we probably spoke for about half-an-hour...but that conversation...could have been completed in five minutes in reality.] The gentleman's wife then arrived and the subject recalled that he then spoke to her without the 'affected manner' that he had assumed when speaking to the gentleman. Subject 7 then stated: "Toe praat ek nou met haar normaal, jy weet? Toe moet jy sien hoe kyk diè ou man vir my...want nou is ek skielik normaal". [Then I spoke to her normally, you know? But you should have seen how the old man looked at me...because now I was suddenly normal.] He furthermore told the 'normal': "Jy't sò met my

*gepraat, ek het gedog jy praat so, dis waaroor ek toe maar met jou so gepraat het.*" [You spoke to me like that, and I assumed that you always spoke in that manner, that's why I answered you in the same manner.] It was also apparent in the interviews that able-bodied people often assumed that the disabled were unable to speak for themselves. The subjects explained that they were regularly ignored when in the company of 'normals' who would, for instance, neglect to introduce them to other people. It is therefore important to note that the fact that people with physical disabilities are seen in this way may explain, to a certain extent, why they are treated in a negative and, often, degrading manner by 'normals'. In this regard, Subject 8 suggests that 'normals': "*need to realise first that your brain is not dead*" before they will treat the disabled as 'normal' people.

Subject 11 stated: "*Ek persoonlik dink tog as jy 'n persoon sien...dan kan jy tog sien of diè persoon 'n geestesafwyking het, al dan nie! 'n Persoon wat hier bo nie so lekker is nie, ag jy weet...diè het mos bietjie so ander lyftaal wat hy gesels...so jy kan dit sommer sien wat my betref!*" [I, personally think that when you see a person...you can still see whether or not that person has a mental aberration! A person that is mentally unhealthy, oh you know...their body language is a little different...so as far as I'm concerned you can just see it!] The disabled are therefore often uncertain when interacting with able-bodied people about how they will be received, and this uncertainty may place strain on the interaction. The previous two excerpts suggest that the physically disabled feel that they are unfairly **judged** and accordingly **labelled** by 'normals'.

#### 4.2.2 THE TREATMENT OF THE PHYSICALLY DISABLED AS BEGGARS

Straus (1965: 3) suggested that sympathy and support for 'less fortunate' human beings were common responses to the physically disabled. He also

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noted that *charity*, which included caring for the sick, is a Christian tradition that is rationalised by humanitarian efforts. From the interviews it became evident that many of the subjects generally experienced having been treated as if they were beggars by 'normals' during social interaction. In this regard Subject 8 stated: "*They assume that...especially white people...white people...they pass you by and give you money...but if I can stand up – they are not going to give me this money! But because I am not standing up they think I am a beggar!*" This phenomenon is described within the labelling perspective, whereby disability is conceptualised as social deviance. The perspective suggests that the relationship between disability and deviance can be understood in terms of the negative reactions towards the physically disabled that are prevalent in most industrial and post-industrial societies (Kitsuse, 1987: 13).

Oliver (1996: 21) maintains that these negative reactions occur because of the 'liberal' ideas of individual responsibility, competition, and employment upon which these societies are founded. The physically disabled are perceived as unable to meet society's ideals and are therefore regarded as deviant. In this regard, Subject 7 informed the researcher of an incident that occurred when he and two of the other subjects went shopping. He claimed: "*Terwyl ons toe nou daarso sit...kom daar 'n ou oom en tannie verby geloop, en die tannie is daar in haar handsak besig en sy haal tien rand uit en sy gee vir ons die tien rand.*" [While we were sitting there...an elderly gentleman and lady walked past us, and the lady began to look in her handbag and she took ten rand out and gave it to us.] The subject then told the lady that they were not sitting there in order to beg or to collect for the disabled, they were just taking a 'smoke break' before they made their way back home.

According to Subject 7, the woman responded: "*Ooh...want ek is gewoon as ek mense sien wat so is, veral mense wat minder bevoorreg is en so...hulle is*

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*maar altyd op die uitkyk vir geld.” [Oh...because I've grown accustomed to the fact that people that are like you, specifically people that are less fortunate than myself...they are always on the look-out for money.] Subject 10 had this to say: “Soos gestremde mense...Ons steek mos net ons hande uit so...hulle dink seker hulle maak nou miskien asof dit nou 'n 'charity' is...hulle dink seker dat hulle vir jou help nê, maar hulle besef nie dat hulle maak ook vir jou seer!” [Like people with physical disabilities...We supposedly always stick our hands out for donations...they probably think that they are making us into charity cases...they probably think that they are helping us, but what they don't realise is that they are also hurting us!]*

Many of the interviewees also commented on the fact that they felt that no matter where they went people always assumed that they wanted money. Subject 4 said: *“Soos baie normale mense...jy kan sommer sien hulle verander, lyk al jy kom met geld stories”. [Many normal people, for example...you can actually see them change, it's as if they all assume that we are approaching them with stories about how we need money.]* The physically disabled have also indicated that sympathy and donations seem to be bound together when it comes to their conditions and the reactions of the 'normals', as is shown by this statement made by Subject 13: *“When they see you...they see someone who needs help with money! I tell them...I am working, I tell them I have more than them even if I am in a wheelchair!”*

#### **4.2.3 TREATMENT OF THE PHYSICALLY DISABLED AS CHILDREN OR AS INCAPABLE**

Neubeck and Glasberg (1996: 204) found that many able-bodied people found it difficult to discount the obvious differences between themselves and the disabled during social interaction. This dilemma is aggravated by the fact that

most people with physical disabilities are considered to innately possess the following characteristics: helplessness; dependency; an inability to take on responsibility; and a constant need for guidance. The disabled reported that many non-disabled people expected them to hurt themselves if they attempted to do things that were 'normal', such as drinking water without assistance.

In this regard, Subject 4 stated that his mother had said: "*Maar hoe gaan jy dit vat? Jy gaan seer kry*" [*But how are you going to pick it up? You are going to injure yourself*], when he had asked for water after his accident. The physically disabled also maintained that 'normal' people were impatient with them when they tried to do things for themselves as it took them longer than it would a non-disabled person to complete the tasks. Subject 10 illustrates this point well: "*Wel, party maal verwag hulle dat jy moet 'perfect' wees...net soos hulle! Die mense wat heel is verwag party maal dat jy vinnig die ding moet doen soos hulle dit kan doen. Jy sien, hulle sien jy's miskien stadig en hulle wil jou sommer gou help.*" [*Well, some people expect you to be perfect...like they are! People that are 'whole' sometimes expect us to do things as quickly as they can. You see, they see that you are generally slower than they are and they want to help you.*]

Moreover, many of the interviewees suggested that when they were in town, they were constantly inundated with offers of help. The aforementioned information seems to support the notion that the physically disabled are seen as helpless and dependent, and this treatment of the disabled could also partly be responsible for the perpetuation of the **stigma** surrounding disability. Regarding the notion that the disabled are unable to take on responsibility, Subject 13 maintains that: "*If I am supposed to get some promotions, they don't give it to me...I can say it is discrimination and they think we cannot take some of the responsibility, but they are aware that we can.*"

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Another characteristic imputed to the physically disabled by 'normals', according to Neubeck and Glasberg (1996: 204), is that of a constant need for guidance. Subject 10 explained this reaction in the following manner: "*Hulle dink altyd jy's dom, hulle wil altyd jou geld self uitgee. Hulle sien...jy kan nou nie miskien jou geld 'budget' nie. Jy weet mos nie wat geld is nie...en dan dink hulle, hulle kan dit gebruik soos wat hulle wil.*" [They always think you are stupid, they want to have control over your finances. They assume...that you will have difficulty in budgeting your money. You obviously don't know what money is...and then they think that they can use it as they see fit.]

Subject 13 put it this way: "*To them you are disabled and you are not able to do anything...you should be helped! Let's say I'm going with you...to the restaurant. When they bring the menus...they are going to give you two...so that you can choose for me! I won't be even able to know what I am going to eat or drink! I cannot say that we appreciate it, because it is not nice...when a person treats you like a child!*" These two excerpts indicate that the disabled are often subjected to treatment that no 'normal' adult would tolerate, yet because of their disabilities it is assumed that they require assistance in completing even the most mundane tasks.

#### 4.2.4 THE OSTRACISM OF THE PHYSICALLY DISABLED BY 'NORMALS'

As has already been mentioned \* people with physical disabilities have been subjected to a variety of harsh treatments throughout history (Straus, 1965: 3). These approaches included: death, torture, ostracism, imprisonment, and slavery, to name but a few. From the interviews it was evident that the subjects generally experienced **ostracism** by 'normals'. In this regard, Lemert (1951: 83)

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\* *Vide supra*, Chapter 3, p. 53.

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claimed that factors such as age, agility, and energy were external limits, pertaining to individual deviation that were imposed on people by society. In fact, whilst these factors seemed to emanate from age, gender, and physical differences, Lemert described them as '**putative limitations**' that were ascribed to the individual by the society. He also stated that these limitations were most obvious in the isolation reactions directed towards the physically disabled. According to Clinard and Meier (1995: 504) people with physical disabilities are also constantly aware of their status of being 'different' from the rest of society. These reactions could thus be responsible for the feelings of unconventionality experienced by the disabled. Subject 8 explained her ostracism by saying: *"Sometimes you are isolated...like at home you always feel you want to go out, but when you go out all the people they are going to stand and look at you like...you are mad or something."*

Subject 12 put it this way: *"Baie mense dink ek is iemand wat eers in 'n inrigting toegesluit moet word! As die publiek jou sien dan...hulle kyk jou aan asof 'Wie het die dieretuin nou oop gesluit?' Jy kry daai...gevoel van 'Wat soek hy nou in die dorp? Hy hoort nie hier nie!' Ek is mos 'n vreemde verskynsel!"* [Many people think that I am someone that should be locked up in an institution! When the public sees you...they look as if they are thinking 'Who unlocked the zoo?' You get the...feeling that they are thinking 'What is he doing in town? He doesn't belong here!' I am obviously a strange phenomenon!] The disabled also reported that they were stared at. They felt that the 'normals' reacted towards them as if they had never seen a disabled person before, which was both annoying and intimidating to them.

Straus (1965: 3) suggests that people with physical disabilities are forced to live 'under a cloud of stigma' with 'the chronic awareness of being abhorrent to their fellow man'. Subject 12 explains what he feels about how he is treated because

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of his disability in this manner: *"Dit laat jou afsonderlik voel. Dit laat jou voel of jy aansteeklik is! Jy weet, dat die wêreld jou nie aanvaar omdat jy in 'n rolstoel is!"* [It makes you feel as if you are different. It makes you feel as if you are contagious! You know, that the world will never accept you because you are in a wheelchair!]

From the interviews it was clear that some of the subjects had been ostracised by their own families. In this regard, Subject 14 stated: *"There was a time when I was very young and I had to go to school, then the mother...the same person that I called my mother, started to make stories that she is not my mother!"* Goffman (1963: 43) suggests that there is the tendency for a stigma to spread from the initially stigmatised individual to his or her close relations. Such a stigma is then referred to as a '**courtesy**' stigma. He furthermore notes that individuals with courtesy stigmas often feel that they are being forced to suffer the same deprivations as their stigmatised relatives do. The subject's mother in this instance could thus have been trying to protect herself from a courtesy stigma because of her daughter's disability.

In this regard, Albrecht (1976: 4) maintains that disability has a substantial impact on both the attitudes and the behaviour of the handicapped people, and those with whom they normally interact. Many of the subjects suggested that they had lost contact with people, with whom they had been close, after they became disabled. In this regard, Subject 12 suggested the following reason for his ostracism: *"Hulle soek nie 'n las in 'n rolstoel nie!"* [They don't want a burden in a wheelchair!] These losses could be seen as further complications in the resocialisation process that has to be undertaken by each disabled individual. As these people are forced to deal with both the fact that they are disabled, and the fact that other people do not understand what has happened and do not want to be forced into involvement with the disability.



Subject 10 illustrates this point well: *"My 'boyfriend' het eers by my gebly, maar toe hy sien ek is nou totaal gestremd toe haal hy homself uit die verhaal uit! Die vriende hulle het gekom, maar jy kon sien hulle wou nie eintlik daar gewees het nie..."* [At first my boyfriend stayed with me, but when he saw that I was totally disabled and that I would not recover, he removed himself from the picture! My friends came to visit, but you could see that they didn't really want to be there...] Subject 12 also reports: *"My vriende het my almal gelos. Hulle het almal terug getrek. As hulle my in die dorp sien...hulle groet my nie. Hulle loop draaie om...laat ek hulle kastig nie moet sien nie."* [All of my friends abandoned me. They all withdrew. When they saw me in town...they didn't greet me. They used to abruptly take detours so that...I ostensibly would not see them.]

This point is important because people with physical disabilities undertake the resocialisation process within the context of their own, and their family's and friend's values, attitudes, and behaviour, as well as those of the larger society (Albrecht, 1976: 12). Subject 8 had this to say about her resocialisation: *"When I first arrived here, I was so frustrated because at home I was the only one who was disabled. So when I arrived here I found that the others were also in wheelchairs and I started to feel okay. There at home I was a lonely person, but when I came here I didn't feel disabled because everyone else here is also the same as me. Here we are normal!"* This excerpt corresponds with Gove's (1975: 13) idea that many disabled or deviant individuals are channelled into contact with people that are similar to themselves, and that they generally find it difficult to return to 'normal' status once they have reached this stage of segregation. Ostracised individuals, that find groups that accept their deviance, often internalise and accept the labels that have been applied to them.

Goffman (1963: 31) suggests that stigmatised individuals, such as the disabled, often gravitate towards groups of what he termed 'sympathetic others'. These

groups consist of those that share the stigma with the individual. Furthermore, such groups may provide the stigmatised individual with support and unconditional acceptance. Whilst some people with physical disabilities experience ostracism and stigmatisation because of their disabilities, Subject 11 remarked that he had not been treated any differently: "*Kyk byvoorbeeld ek vat nou my familie...ek dink hulle sien my as dood normaalweg nog, want ek meen hulle ken my mos en so...*". [Look, if I use my family as an example...I think that they still see me as a totally normal person, because they know me...] These excerpts show that the physically disabled encounter various attitudes towards their disabilities. Moreover they suggest that the support, or lack thereof, shown to the disabled by their friends and families may have a great impact on how they see themselves once they have accepted their disabilities.

#### **4.3 THE BEHAVIOUR OF 'NORMALS' WHEN IN THE COMPANY OF THE DISABLED: RELATIONSHIPS BETWEEN THE ABLE-BODIED AND THE DISABLED**

People with physical disabilities are disadvantaged during everyday interactions, unless they constantly attempt to minimise their differences from the able-bodied (Karp & Yoels, 1986: 234). The reactions of 'normals' can therefore complicate any type of encounter. Clinard and Meier (1995: 506) noted that many people with physical disabilities had reported that their encounters with physicians and therapists did not prepare them for the limitations posed by their handicaps, and that medical staff members were often insensitive to their emotional conditions. Subject 5 gave a caustic example of this: "*Die dokter het hoeka gesê: 'Ek hoop jy't nie planne om te loop nie!'*" [As a matter of fact, the doctor actually remarked: 'I hope you haven't made any plans to walk anywhere in the future!']

In this regard, the disabled often develop what Farrell and Morrione (1975: 377) called 'a heightened sense of awareness' towards the disability, and a subsequent hypersensitivity to the reactions of others. The aforementioned hypersensitivity is a result of the fact that the disabled internalise the values of those around them in order to respond to the behaviour of 'normals'. The following remarks made by Subject 7 illustrate this point well: "*Jy kry tog mense wat jou bietjie anderste behandel in die begin, net tot...ag, dis so 'n minuut of so, jy weet? Net totdat hulle sien...Nee! Kyk diè man se gedagtes is nog heeltemal normaal.*" [You get people that treat you a little differently in the beginning, until...oh, it's just for about a minute or so, you know? Just until they see...No! Look this man's thoughts are still completely normal].

On the other hand, Subject 12 had this to say: "*Die mense...is bang as hulle hier aankom...hulle is so bang hulle sê iets wat...ons dalk verkeerd gaan opneem...mense is so bang om met ons te praat omdat hulle is so bang hulle sê iets verkeerd!*" [The people...are scared when they arrive here...they are so scared that they say something that...we possibly will take offence to...people are so scared to speak to us because they are terrified that they are going to say something wrong!] From the interviews it was evident that many of the disabled felt that 'normals' were afraid of speaking to them because they thought the disabled would take offence to *faux pas* such as references to walking or other such 'normal' activities. It was also apparent that the disabled attributed these fears to the fact that the non-disabled were uneducated about disability.

In this regard, Subject 4 suggested: "*Die een ding kan ek vir jou sê...regtig hulle het geen benul van diè lewe nie. Hulle kommunikeer nie met mense soos ons...*" [This I can tell you...they really have absolutely no comprehension of this type of life. They don't communicate with people like us...] and Subject 8

stated: *"I don't blame them that much for the way they treat us...it's a lack of education, they don't know anything about us!"*

Whilst Subject 9 put it this way: *"Hulle weet nie wat om te verwag nie! Maar ek skryf dit toe aan onkunde en daarom...sal ek 'like' dat daar baie meer bewusmaking oor gestremdes moet wees in die publiek."* [They don't know what to expect! But I attribute this to ignorance and I would therefore...like to see more efforts to promote the awareness of disability amongst the general public.] Morris (1993: 101) states that it is supposedly progressive and liberating for 'normals' to ignore the differences between themselves and the disabled, because these differences have such negative connotations for them. People with physical disabilities are therefore forced to take the lead in redefining situations, in the hope that their disabilities will eventually become unimportant in how 'normals' see them (Karp & Yoels, 1986: 235). Many of the disabled indicated that they feel that they are responsible for educating the able-bodied about disability. However, their attempts are often not accepted or appreciated by 'normals'.

This statement made by Subject 14 provides an indication of the frustration felt by some people with physical disabilities: *"If you try to learn them...basically that if they don't take their brains and sit on them...then things will be easier for us!"* Another dilemma faced by the disabled is that their identities are often swamped by their personal differences from others and that they are defined in terms of their handicaps (Clinard & Meier, 1995: 489). Regarding this notion, Subject 13 maintains: *"Everything that I do...immediately when they see you...they are concentrating on the wheelchair! Not on you as a person! They can't ignore it!"* Subject 7, on the other hand, states: *"Nege-en-negentig persent van die mense behandel jou normaalweg. Hoeveel van hulle dit nou bewustelik of onbewustelik doen weet ek nie, maar ek dink baie van hulle doen dit*

bewustelik. Hulle weet jy's gestremd, so hulle probeer om jou nie te hanteer as 'n gestremde nie." [Ninety-nine percent of the people treat you normally. I don't know whether they do it consciously or unconsciously, but I think many of them do it consciously. They know you are disabled, so they try not to treat you like a disabled person.] It is evident from the aforementioned cases that whilst some of the disabled claimed that they were treated as if they were 'normal', others felt that the non-disabled could not ignore their differences. From the interviews it was clear that the subjects generally experienced **stereotyping** that was predominantly negative in nature. Blaxter (1976: 13) suggests that people with physical disabilities are often defined, by 'normals', in terms of their disabilities as 'cripples' or 'spastics'.

In this regard, Subject 12 had an incisive account concerning how he was stereotyped. He remarked: "My meisie wat ek gehad het toe ek normaal was, het my gelos die dag toe ek my nek breek. Sy het vir my 'n brief in die hospitaal geskryf om te sê sy gaan nie met 'cripple' mense uit nie!" [The girl that I was dating, when I was still normal, broke up with me the day that I broke my neck. She wrote me a letter while I was in hospital that explained that she did not want to date cripple people!] Subject 10 maintained: "Hulle behandel my nie soos 'n mens wat soos hulle is! Hulle sien my net die meeste van die tyd soos 'n 'cripple'! Hulle sien ek lyk nie soos hulle nie, en hulle bewonder my." [They don't treat me as if I'm a person just like them! Most of the time they only consider me to be a cripple! They see that my body is different to theirs and they stare at me.]

Further evidence of prejudice against the disabled is to be found in their accounts of encounters with the able-bodied. In this host of material, the common themes of being **pitied**, **subordinated**, and **ignored** by those that are 'normal' is expressed many times over (Katz, 1981: 18). The following

observations by Subject 12 support this notion well: *"Hulle ignoreer my heeltemal. Hulle praat nie met my nie, hulle maak nie die deure oop vir my, as die dosent nie daar aan kom nie dan sit ek maar buite. Hierdie is my vyfde jaar op kampus en ek is al vier jaar met dieselfde mense in die klas, en hulle het nog niks gedoen om my te leer ken nie. Absoluut niks! Hulle stel net nie belang nie!"* [They totally ignore me. They don't talk to me, they don't open doors for me, and if the lecturer doesn't arrive when I do then I'm forced to sit outside. This is my fifth year on campus and I've been in class with the same people for four of those years, and yet they have made no attempt to get to know me. Absolutely nothing! They simply are not interested!] From the interviews it was clear that many of the subjects felt that they were ignored by 'normals'.

This treatment was attributed to disinterest in disability, however it could also have been caused by ignorance and the fact that many 'normals' are unsure of how to approach people with physical disabilities. Subject 13 tackled the aforementioned notion of ignorance head on when she addressed a group of people at an event on Women's Day. She stated: *"Good people, you know that you have invited disabled people here to your event! So here we are but now we cannot even go to the toilet! Does this mean that you are saying that we should not drink water here? We are not even able to go inside this building where you are having your event because of the stairs!"* Subject 13 also informed the researcher that she had been approached after her speech by many people that had said that they had not meant to offend her, but that they had been unaware of the problems that she, as a disabled person, would experience at the event.

It is evident that 'normals' tend to 'talk down' to the disabled, as if they are mentally retarded, and they are often inclined to be surprised at discovering that the disabled are both intelligent and competent. In this regard, people with

physical disabilities often find that their disabilities overshadow all of their other traits and abilities. They are thus either thought to be weak, inferior, and incapable of doing anything, or they are thought to possess exceptional capacities and abilities because they seem to function 'normally'.

Subject 14 pointed out that: *"Those people who are not disabled expect actually nothing from us because we are disabled. We are on top of wheelchairs...we can't do anything...and if you show them that you can do something they get amazed."* It was also suggested that 'normals' were surprised to hear that the disabled individuals had attended school. This notion seems to propose that the 'normals' are under the mistaken impression that physical disabilities preclude people from taking part in any of the activities that are considered to be 'normal'. It also stresses the fact that has already been mentioned that people with physical disabilities are considered to be incapable of doing anything for themselves.

#### 4.4 DISABILITY, DISCRIMINATION AND EMPLOYMENT

According to Safilios-Rothschild (1976: 42) the disabled are generally cut off from the most prestigious and well-paying jobs, as well as from a wide range of interpersonal relationships with the non-disabled. This exclusion occurs because they are considered to be physically fragile, and mentally incapable of functioning at the appropriate level. The following remarks made by Subject 12 explain this dilemma well: *"Sodra jy in 'stap' in 'n werk sien die mense onmiddellik jou rolstoel raak en dink jy kan nie die werk doen nie. Onmiddellik is jy afgekeur, al het hulle nog nie eers 'n onderhoud met jou gevoer nie!"* [As soon as you 'walk' into a business people immediately become aware of your wheelchair and they assume that you will not be able to do whatever the job requires. You are immediately disqualified, before you even have an interview!]

Subject 10 put it this way: *"Daar is mense wat diskrimineer as hulle nie wil hê mense wat gestremd is moet buite in die stad wees. Hulle dink ons kan nie dinge doen soos hulle kan nie. Hulle laat ons anders voel!"* [There are people that discriminate against us because they do not want us to be visible in town. They think that we are completely unable to do things that they can do. They make us feel as if we are different!] Adler and Adler (1997: 230) explain the aforementioned statement by noting that when disability becomes an individual's **master status** the individual is also thought to possess a set of auxiliary traits that are associated with the original deviant attribute. The **stigma** or negative character mark that is associated with the possession of a disability furthermore signifies doubt as to the social worth of the individual (Neubeck & Glasberg, 1996: 204). From the interviews it is evident that the disabled feel that they are discriminated against because of their disabilities, as they are treated as if they are incapable of assuming responsibility.

Subject 9 commented on this idea: *"Ek is in 'n nuwe kerk...toe gaan praat ek met die pastoor, omdat ek gewoon is hier by {home for the disabled}, ek help waar ek kan. Toe sê hy vir my: Net die feit dat jy hier is, is vir ons al klaar 'n 'blessing'! Toe dink ek agterna...hy praat die waarheid want ek is 'n voorbeeld vir die mense van...hulle moet dankbaar wees vir wat hulle het! Maar ek is 'n persoon! Ek kan nie net daar wees vir 'n 'blessing' nie!"* [I recently joined a new church...and I went to speak to the minister to ask if I could be of any assistance, because I'm used to helping where I can at {home for the disabled}. He said to me: 'Just the fact that you are here is already a blessing for us! When I thought about this later, I decided that he was telling the truth because I am an example for the people...that they must be grateful for what they have. But as a person...I can't just be there as a blessing!'] This excerpt shows that the non-disabled distance the disabled from social interaction in many different areas of life.



According to Safilios-Rothschild (1970: 9) discriminatory practices reflect the degrees of intolerance for people with physical disabilities evidenced by the non-disabled. These may vary from the point at which 'normals' do not wish the disabled to be present in public places, to an unwillingness to assist them when they go shopping, or even to admit them to 'normal' schools. Furthermore, an able-bodied person might be tolerant in the aforementioned areas, but be unwilling to employ a disabled person.

The physically disabled in this study suggested that they were **discriminated** against in that they were disqualified from 'normal' participation in employment because their employers assumed that they were incapable of completing the same tasks as their able-bodied counterparts. Subject 10 illustrated this point well: *"Jy weet soos met die {business name} wat ons hier het, ons werk vier ure elke keer, dit is om te sê ons kan nie agt ure werk soos enige iemand! Nou gee hulle vir ons hierdie vier ure en laat hulle dit lyk asof ons nie...vir agt ure kan konsentreer nie!"* [You know, it's like with the {business name} that we have here, we each work four hour shifts, it's as if they are saying that we can't work for eight hours like everyone else. They give us four-hour shifts and it makes it look as if we are incapable of concentrating for eight hours!]

Moreover, the subjects maintained that they felt that many businesses discriminate against them in that they are inaccessible due to the fact that there are no ramps for the disabled. In this regard, Nkeli (09/10/2001: 5) quotes a disabled individual as having said: *"Don't make us special, don't look at my disability, I'm a person in a wheelchair, that is not my disability, nor my paraplegia. My disability is the stairs at the Department of Health and Welfare...that disable me! Just give me an accessible environment that will make me part of South Africa!"* From this statement it is obvious that many people with physical disabilities feel that they are treated as 'special entities that

'normal' people attempt to 'push aside'.

The following comments made by Subject 9 attempt to clarify this dilemma: *"Mense probeer geld spaar waar hulle kan, maar pleks bestee hulle bietjie meer geld aan sulke goed ...want op die ou einde is dit 'n belegging!"* [People try to save money wherever they can, but if they just spent a little more money on such things...because at the end of the day it's an investment after all!] It is evident that the majority of the disabled feel that society does not make provision for them in many cases. In this regard, Lemert (1951: 81) suggested that the most immediate external limits that were imposed upon deviant or disabled individuals were those that excluded them from social participation. These barriers were said to prohibit such individuals from assuming many general, social, and economic roles within the socially respectable community.

However, some of the subjects did suggest that this problem was due to ignorance and not discriminatory practices. Subject 4 indicated that he felt that the disabled could find places that welcomed them: *"Daar's sekere plekke waar die samelewing jou nie kan uithou, soos as ons sit en sekretarisse-werk doen en al daai goed...want daar beteken dit net jy sit en skryf. Dan beteken dit 'somewhere...somehow', jy behoort 'somewhere!' Jy behoort daar!"* [There are some places that society can't ban you from participating, such as secretarial work...because it just means that you have to sit and write. This shows that somewhere...somehow, you belong somewhere! You belong there!]

While Subject 9 had some interesting ideas for prospective employers to consider: *"Baie van ons kan baie meer werd wees as 'n nie-gestremde, omdat ons twee keer meer weet waaroor die lewe gaan! Jy gaan met jou hele hart en siel in daai werk in, omdat dit nie maklik is vir jou as 'n gestremde om werk te kry nie!"* [Many of us are worth far more than the non-disabled, because we

*know twice as much about life! You put your entire heart and soul into your work, because it isn't easy for you as a disabled person to find employment!]* The Association for the Physically Disabled (20/08/2001: 1) furthermore suggests that 'people with physical disabilities are very proud to occupy ordinary jobs in the private sector and therefore dedicate themselves to their tasks'. In this regard Subject 10 had this to say: "As jy op 'n rolstoel is...dan werk jy baie hard! Ons wil altyd 'professional' wees! Ons probeer harder as nie-gestremdes as ons werk het!" [When you're in a wheelchair...you work very hard! We always attempt to be professional! We try much harder than non-disabled people do when we have 'normal' jobs!]

#### 4.5 THE REACTIONS OF THE DISABLED TO THE TREATMENT THEY RECEIVE FROM 'NORMALS'

As has already been mentioned \* Lemert (1951: 44) differentiated between primary and secondary deviance. Primary deviance is described as conduct or physical attributes that are defined by society as deviant, but that the performer does not recognise as deviant. In this regard people with disabilities are, by definition, considered to be deviant as they are seen as 'less-than-whole' people (Neubeck & Glasberg, 1996: 256). People with physical disabilities are also viewed by 'normals' as missing important physical attributes that would render them 'normal' human beings. In explanation of this notion Subject 7 had this to say about disability and deviance: "Die uh...'able-bodied' dink so, maar ons as gestremdes dink nie so nie, vir ons is dit mos normaal. Ons sien ons self as normaal! Net op ander omstandighede, maar ons sien ons self as normaal, ons leef normaal!" [The uh...able-bodied think so, but we, disabled people, don't think so. For us it's normal. We see ourselves as normal! Under different

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\* Vide supra, Chapter 2, p. 26.

*circumstances, obviously, but we see ourselves as normal. We live normally!]* According to Davis (in Haralambos & Heald, 1983: 550) people with physical disabilities are inclined to attempt to redefine themselves in the eyes of others. In this regard, they often try to 'disavow deviance' in that they present themselves as 'normal' people who happen to be disabled. As such people with physical disabilities are forced to project images, attitudes and concepts of self, which encourage the able-bodied to see them as 'normal' people.

It is therefore evident that some of the disabled believe themselves to be completely normal, even though they possess disabilities that render them 'different' from other non-disabled people. Whilst others attempt what Goffman (1963: 64) termed 'passing' whereby they talk about involvement in 'normal', everyday tasks and activities, or joke about their disabilities in order to demonstrate or imply the insignificance of the defects. Subject 12 gave the following statement in explaining why the disabled make light of their disabilities: *"Ek meen ons spot met ons gestremdhede. Dit is natuurlik...dit is menslik. Jy maak grappe daaroor omdat jy dit aanvaar, dis deel van jou lewe. Dit is 'n manier om dit aan te pak...dit is 'n manier van humor!" [I mean we joke about our disabilities. It is natural...it is human. You joke about it because you accept it, it's a part of your life. It's a way of dealing with it...it's a form of humour!]*

Secondary deviance was described as conduct that both the 'deviant' individual and the society recognised as deviant. Subject 1 illustrated this point well: *"Nee, man! Ons is gestremd! Dis mos wat ons is!" [No, man! We are disabled! That's quite obviously what we are!]* While Subject 8 put it this way: *"Um...normal? Already you can see, we are not normal! I'm not one hundred percent normal. If you don't have legs and your arms are not working, then you are not one hundred percent!"* These statements show that not all of the subjects felt that

they were 'normal'. In explaining secondary deviance Lemert (1951: 76) stated that 'when a person begins to employ his deviant behaviour or a role based upon it as a means of defence, attack, or adjustment to the overt and covert problems created by the consequent societal reactions to him, his deviance is secondary'.

In this regard, Subject 9 had this to say: "*Hulle moet my behandel soos hulle ander nie-gestremdes behandel. Dan voel ek nie gestremd! Dis hoekom ek altyd sê as iemand vir my sê: 'Sal jy reg kom?' sê nou maar om iets te dra of iets, dan sê ek: Ek is nie kruppel nie, ek lyk net so!*" [They must treat me like they treat any other non-disabled person. Then I don't feel that I am disabled! That is why I always tell people, when they ask: 'Will you manage?' for example if I have to carry something, I answer: 'I'm not cripple, I just look like I am!'] This form of biting sarcasm could be seen as a coping technique that the subject has adopted in order to deal with the societal reactions that he has experienced.

It may also be a form of what Goffman (1963: 28) called 'hostile bravado' that is intended to disguise the individual's discomfort during interaction with 'normals'. In essence, secondary deviance entails the responses of 'deviant' individuals to the problems created by the societal responses to their deviance. Subject 4 reacted to the responses of 'normals' to his condition in this manner: "*Die een het vir my kom sê van hy negatief dink van my. Dan sê ek vir hom: 'Wel as ek 'n probleem is, dan is ek seker jy is 'n groter probleem!' So diè wat negatief dink teenoor gestremdheid, dis om te ignoreer!*" [One person came up to me and told me that he had a problem with me as a disabled person. So I replied to him: 'Well if I'm a problem, then I'm sure that you're an even greater problem!' So those that are negative about people with disabilities are just to be ignored!]

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Subject 7 also had some thoughts on the matter: "*Ag, maar sonder-dat jy hulle aanvat daaroor. Dit help nie jy kry 'n argument daaroor nie. Speel jy saam...met hulle laat hulle self uitvind, kyk...hulle het nou letterlik die woord 'gat' van hulleself gemaak, en dan onthou hulle dit vir die res van hulle lewe!*" [Oh, but without attacking them about it. It doesn't help to argue with them about it. You play along...with them and let them find out for themselves. Look...then when they realise that they have literally made 'asses' out of themselves, they remember it for the rest of their lives!] These two excerpts illustrate the different responses of the physically disabled to the societal reactions to them. The first shows that some of the disabled challenge the views of the able-bodied directly, whilst the second suggests that some of the disabled allow 'normals' to discover that their assumptions concerning the disabled have been unfounded and incorrect.

According to Page (1984: 9) there are two methods through which individuals may come to realise that they have been subjected to a **stigma**. The first manner is through self-recognition. Moreover, most members of society gain some understanding of the various types of prevailing stigma as a result of socialisation. They are thus able to compare their own behaviour or physical appearance with these prevailing types of stigma. If they find that their appearance or conduct reflects a specific stigma, it is feasible that they may come to the conclusion that they suffer from a stigma. In this regard, the aforementioned comments made by Subject 8 \*: "*I'm not one hundred percent normal. If you don't have legs and your arms are not working, then you are not one hundred percent...*" concerning being 'normal' are evidence that some of the disabled in this study have realised that they possess stigmas through self-recognition.

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\* *Vide supra*, Chapter 4, p. 113.

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The second way in which individuals may come to recognise that they have a stigma is through the reactions of others (Page, 1984: 10). These reactions may be of a direct kind, or of an indirect kind, in that 'normal' people may obviously be uncomfortable in the presence of the disabled or stigmatised individual. Furthermore, 'normals' may avoid interaction with stigmatised individuals and in so doing may show them that they are considered to be different. Subject 8 also illustrated this point well: *"I went to {business name} and there was a guy who came with a car. He looked at me and he never looked at the road and he almost crashed, then that woman I was with said to me: 'He has never seen a disabled person, he was looking at you!' But I don't know why he was looking at me, so you have to ask yourself: 'Why was he looking at me? Was he looking at the wheelchair or me or what?'"* From these two statements made by Subject 8 it is evident that some of the disabled come to realise that they possess stigmas through a combination of self-recognition and the reactions of others.

Goffman (1963: 132) has also suggested that it is possible for the stigmatised individual to define himself as being no different from other human beings, whilst he and those around him, may simultaneously define him as someone set apart from the rest of society. Subject 8 had this to say on the matter: *"Okay, I see myself as a human being that is disabled! I can think normally, I can do anything! I don't need any special treatment!"* Subject 11 put it this way: *"Ek het mos nog my brein, so ek kan nog my mens-wees voortsit! Kyk al is die liggaam nou gestremd, daar is dinge wat ek kan doen, maar ek kan darem nog vir myself dink...so ek is nie 'n totale gestremde nie!"* [I obviously still have the use of my mind, so I can continue to function and develop as a human being! Look, even if my body is disabled, there are things that I can still do. At least I can still think for myself...so I'm not completely disabled!]

In this regard, Goffman (1993: 82) suggested that stigmatised individuals, such as the disabled, whose failings are openly visible to the rest of society because they are discredited, would feel uncomfortable in the company of 'normals'. It was however evident that this was not the case with these subjects. If anything they sought interaction with 'normals' because they felt that they were 'normal' themselves, just under other circumstances. Subject 8 explained why she sought interaction with 'normals' by saying: *"It is important because I live with them! Everywhere I go...they are there! I won't be able to get away from them or live without them!"*

Whilst Subject 5 put it this way: *"It makes you think that people are not looking down at you!"* From the interviews it was clear that some of the subjects experienced difficulties when they interacted with children. Davis (1979: 158) noted that this type of interaction was often problematic for the disabled. He suggested that the disabled would feel uncomfortable answering the bold and often tactless questions asked by children, particularly when they were in the company of other adults. Subject 9 explained this dilemma by saying: *"Jy sien die mense kyk vir jou. As jy op die straat is...jy sien mense...kinders kyk jou...selfs grootmense kyk na jou!"* [You see people staring at you. When you're out in town...you see people...children stare at you...even adults stare at you!]

Subject 10 also stated: *"Hulle vra: 'Hoekom is jy so?' Klein kinders vra my: 'Van wanneer af sit jy nou op die rystoel? Ons het jou dan nog nooit gesien loop?' Jy moet net die hart hê om vir die klein kinderjies te sê: 'Ek is siek, jy's nou heel omdat jy nog nooit siek was nie!"* [They ask: 'Why do you look like this?' Small children ask me: 'How long have you been in a wheelchair? We have never seen you walk?' You just have to be strong enough to tell them: 'I am ill, you are 'whole' because you've never been sick!'] According to the subjects the children that they had interacted with were not intentionally hurtful, they felt that the



questions that were directed at them were the result of curiosity and not malice.

#### 4.6 DISABILITY, 'STIGMA' AND THE CONCEPT OF 'NORMAL'

Theoretically speaking, the term 'normal' should be a value-free word merely meaning that which is common, and to be different from 'normal' would therefore not necessarily provoke prejudice. In practice, however, the word is inherently tied to ideas about what is 'right', what is desirable, and what 'belongs'. In this regard, many non-disabled people see people with physical disabilities as abnormal (Morris, 1993: 101). As has already been mentioned, people with disabilities are often isolated, segregated, and discriminated against as a result of their disabilities (Clinard & Meier, 1995: 483).

Subject 12 reacted to the aforementioned treatment by saying: "*As hulle jou net aanvaar vir wat jy is...jy is nog steeds 'n mens! Jy het net wiele vir bene, dis al! Ek wil soos 'n normale mens behandel word! Hulle moet verby my rolstoel kan kyk! Hulle moet hom nie eers kan raaksien nie, want die rolstoel is maar net vir my 'n manier om oor die weg te kom, verder is ek 'n mens!*" [If they would just accept you for what you are...you are still a person! You just have wheels for legs, that's all! I want to be treated like a normal person! They must be able to over-look my wheelchair! They must not even notice it, because the wheelchair is just my means of transport, other than that I am still a human being!]

Furthermore, people with physical disabilities are obliged to adopt the able-bodied definitions of 'normality' as standards to which they must aspire, or indeed, regard as something worth having. Becker (1963: 15) suggests that social class, ethnicity, occupation, and culture provide individuals with distinguishing characteristics. The different environments in which they exist, their personal histories, and the traditions that have been passed on to them

therefore lead to the evolution of various sets of rules or norms. The heterogeneous nature of most societies also ensures that the many diverse groups need not share the same rules. Moreover, insofar as the norms of the various groups contradict one another, there is bound to be disagreement concerning the type of behaviour that is to be considered proper in any given situation.

Becker (1963: 16) explains the aforementioned notion by claiming that people condemned by society may feel that they are being judged according to rules that they do not accept. Subject 10 illustrates this point well: "*Ek sien myself soos enige mens! Ek kan enige ding doen net soos hulle dit kan doen, maar dit gaan my net langer vat! Ek kan dink net soos hulle kan...my kop het nie probleme nie!*" [I believe I'm just like any other person! I can do anything that they can, it's just going to take me a little longer! I can think just like they can...my mind has not been affected!] In fact the physically disabled wish for nothing more than to be treated as equals by the non-disabled. Regarding the dilemma of 'normalcy' the subjects also noted that they felt that it was a 'label' that could not easily be applied to any individual, as every person would fail to qualify in some way.

The following remarks made by Subject 9 clarify this point: "*Man, wie van ons is nou regtig heeltemal 'normaal'? Vir my is daar nie so 'n ding soos normaal nie! Elkeen van ons het iets wat verkeerd is met ons...lopend of nie-lopend...dalk nie 'n fisiese gestremdheid nie, maar nog wel 'n gestremdheid!*" [Man, who is really completely normal? As far as I'm concerned there is no such thing as normal! Every single one of us has a defect of some sort...able-bodied or disabled...it may not be a physical disability, but it is still a disability!] Safilios-Rothschild (in Smith, 1975: 154) extends this idea by stating that as with other deviants, it is not the actual physical disability that is the key, but rather

society's reaction to it. For in a society such as our own, in which the **body whole** and the **body beautiful** have been ascribed high social value, the physically disabled may often be regarded as less than 'normal'.

Safilios-Rothschild (1970: ix) therefore suggests that the disabled may be confronted with the need for social acceptance, and may feel shame and inferiority because of the transformation in their physical appearances. From the interviews it was however evident that the subjects did not experience the aforementioned shame or inferiority. In this regard, Subject 6 illustrated this point well: *"Ons is net so! Ons kan die lewe net geniet soos 'n gewone mens, al is ons in 'n rystoel. Ek meen dis net ons liggame wat iets makeer, maar nie ons verstand nie!"* [We are just like you! We can enjoy our lives just like any other normal person, even if we are in wheelchairs. I mean it's just our bodies that are affected, not our intellects!] Moreover, Subject 14 stated: *"Some of them...they don't recognise...that I'm normal. But that is not a problem because I know that I am normal! The only problem with me is that I can't walk!"*

While Subject 13 put it this way: *"I see myself as normal...It's just that I am not able to walk! That is what I am saying to people that if they are looking at me they should not look at my disability...they should look at my abilities! It's just that I am not able to walk. Therein lies the difference between you and me!"* These two excerpts show that the disabled feel strongly about the fact that they are no different to able-bodied individuals. Disability may affect one or more of the body conceptions, and thereby oblige the disabled person to reconceive his or her previous body image, which no longer coincides with his or her current experiences. The values of achievement, independence, and inactivity are deeply ingrained in modern society. In this regard, 'normal' people are judged to be healthy, youthful, beautiful, independent, and productive (Clinard & Meier, 1995: 502). From the interviews it was however evident that the subjects did not

feel that they were forced by society to strive towards the aforementioned ideals. In fact, they suggested that their disabilities had not affected the manner in which they saw themselves.

#### 4.7 EXPERIENCING DISABILITY

As has already been mentioned \*, the impact of sudden and often unexpected physical disability may necessitate not only considerable personal adjustment, but social adjustment as well on the part of the disabled individual (Safilios-Rothschild, 1970: viii). The individual may discover that in addition to coming face-to-face with the limitations imposed by the disability, acts that were previously performed automatically now represent challenges that seem insurmountable. From the interviews it was evident that many of the disabled had experienced the problems posed by the aforementioned limitations. The following remarks made by Subject 5 illustrate this point well: *"I've got that feeling that I can't do what I usually could do. The impression is that when you try...when you see someone else doing what you could do, you think to yourself: Hell! I could do that! Now I'm sitting with this! You're inclined to think: Gee...am I still the man that I was?"*

Subject 12 put it this way: *"Dis nou klein simpel voorbeeldjies, maar as ek honger is, kan ek nie opstaan en gou-gou winkel toe hardloop nie! 'n Simpel ding van as jy warm kry gooi jy jou oop, of as jy ongemaklik is draai jy om...ek kan nie. Dis sulke klein dingetjies waaraan mense nie dink nie, maar wat vir hulle 'second nature' is!"* [These are small, simple examples, but if I'm hungry, I can't just quickly run to a shop! Simple things such as uncovering yourself when you're too warm, or turning over if you're uncomfortable...are completely

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\* *Vide supra*, Chapter 3, p. 57.

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*impossible for me. It's trivial tasks such as these that able-bodied people don't think about, but that are second nature for them!]*

These two excerpts suggest that most of the actions that 'normals' complete automatically are either very difficult, or entirely impossible for the disabled. As such the physically disabled are disadvantaged in that they are placed in precarious positions due to the various expectations of the able-bodied. The disabled are supposed to desire independence and 'normality', but at the same time they find themselves unable to meet the standards set for them by society. In this regard, Clinard and Meier (1995: 504) suggest that once a disability has been legitimated or medically diagnosed, an individual's role expectations may change in order to coincide with society's preconceived notions. Societal reaction is therefore instrumental in the formation of the disabled individual's new self-concept.

Moreover, Barker *et al* (in McDaniel, 1976: 59) claim that during the resocialisation process, the disabled person's world undergoes a dramatic reduction in scope, and while their former behavioural determinants lose their strength, their influences also become restricted. From the interviews it was evident that many of the subjects did not feel that they needed to mourn their 'normal' lifestyles, which had been changed due to their disabilities. Subject 7, however, seems to suggest that these ideas are incorrect: *"Dit is vir my meer interessant om daaroor te dink, om my in daai persoon se skoene te sit...om hulle te probeer ontleed. Toe ek nog kon loop sou ek nie vyf minute gemors het om daaraan te dink...ek het te veel ander dinge gehad om te doen!"* [I find it interesting to consider it, to put myself in the other person's shoes, and to attempt to analyse them. When I could still walk I wouldn't have wasted five minutes on thinking about it...I had too many other things that I had to do!]

According to Clinard and Meier (1995: 504) individuals might react to the social stigmas attached to their disabilities by accepting them, or by viewing their disabilities as acceptable, although not ideal or convenient. Subject 4 explained the first notion by stating: *"Dis jou tweede geboorte. Dis hoekom ek sê ek kyk vorentoe om vir baie te wys dat ek nog 'n goeie voorbeeld is vir die samelewing al is ek gestremd! Daar's niemand wat vir jou, jou hand gaan kom vat en sê nou kom ons stap saam die lewe in...jy moet dit self doen!"* [It's like your rebirth. That's why I say that I always look to the future, so that I can be a good example for the society, even though I'm disabled! Nobody's going to come and take your hand and say that they will always be there for me...I have to learn to rely on myself!]

While Subject 7 provided an illustration of the latter idea: *"Ag, ek mis baie dinge wat ek...toe ek 'able-bodied' was...wat ek gedoen het, wat ek vandag nie kan doen nie. Maar dis nie dinge wat my werklik tot nadenke laat 'worry'! 'Okay' ek kan nie meer gaan visvang nie, en ek kan nie meer bietjie uitgaan nie! Maar 'so what' ek het dit gedoen, ek het dit geniet, en ek het daai lewe gehad, en dit is iets van die verlede!"* [Oh, I miss many things that I used to be able to do, when I was still able-bodied. But they aren't things that really make me worry much! Okay, so I can't go fishing anymore, and I can't go out when I want to! But...so what...I've done all of that, and I enjoyed it at the time, and I've had that life, and now it's something of the past!] Instead, many of the subjects showed that they had accepted their disabilities and themselves, and regarded their disabilities as challenges that were to be overcome, rather than insurmountable problems. Some of the subjects also indicated that although they missed their 'former' lives, they did not feel that they should dwell on the past.

In this regard, Subject 6 had this to say: *"Ek wil nooit weer terug kyk...jy weet ek voel dis soos 'n boek wat ek wil toe maak in my lewe!"* [I never want to look

*back at my past...you know, I feel that it is a chapter in my life that should remain closed forever!]* The aforementioned responses contradicted the ideas put forward by Clinard and Meier (1995: 502) who claimed that people with physical disabilities adapted to their disabilities by going through various stages of mourning.

The aforementioned response was also believed to make provision for the development of new coping mechanisms and for the acquisition of new motivations and values. Wright (in McDaniel, 1976: 74) suggested that the mourning response could consist of feelings of hopelessness and worthlessness and the domination of perceptions by premorbid comparisons. The following remarks made by Subject 14 illustrate this point thoroughly: *"According to me they are now released, because it seems for me I was a big burden...before I came here I was very lonely and I thought of killing myself! I tried three times, but I couldn't die! But actually I didn't have a problem with disability! I accepted it, but the way people treated me...I wanted to kill myself!"*

The aforementioned excerpt shows that while some of the disabled were able to accept their disabilities without feeling despair, others found their conditions were burdens that they had difficulty bearing. With this in mind, Subject 12 had this to say about his disability: *"Jou hele lewe basies is 'n raaisel van wat gaan gebeur. Ek sal my ergste...my 'worst' vyand op die aarde sal ek dit nie eers toe wens nie! Ek sal nie, want dis hel op aarde! Jy's 'basically' 'n 'prisoner' van jou eie liggaam!"* [You entire life is basically a mystery, because you never know what's going to happen. I wouldn't even wish this lifestyle on my worst enemy! I wouldn't...because this is hell on Earth! You are basically a prisoner and you are held captive by your own body!]

## 4.8 CONCLUDING REMARKS

In South Africa, people with disabilities are faced with extreme levels of inequality and discrimination. Social, economic, and political barriers interact in order to create conditions of underdevelopment, marginalisation, and unequal access to the resources enjoyed by the rest of the population (Policy Paper from the South Africa Human Rights Commission 1997 #5, 09/10/2001: 1). People with physical disabilities, in South Africa, are stigmatised and discriminated against because of the attitudes of able-bodied people. As such, the disabled are denied the opportunity to participate in 'normal' interaction, as equals in society for a variety of reasons, which have already been discussed\*.

From the interviews it was evident that the subjects felt that they had been the recipients of various offensive reactions, by non-disabled individuals. In this regard, the subjects suggested that they were ignored and pitied by 'normals', and that their disabilities seemed to arouse anxiety, distrust and hostility in their able-bodied counterparts. The physically disabled attributed these reactions specifically to the fact that 'normals' were unsure of what to expect of them, and generally to the fact that the 'normals' were very ill informed about disability on the whole. Some of the subjects thus indicated that they felt that they were 'discredited' by their physical disabilities, because they were unable to comply with the normative expectations of society.

The subjects also affirmed the deductions made in the literature study\* regarding the fact that 'normals' are forced to doubt the belief that the world is a fair place, where innocent people do not suffer, when they come into contact with people with physical disabilities. In this regard, it was suggested that

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\* *Vide supra*, Chapter 4.

\* *Vide supra*, Chapter 3, p. 68.

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physical disabilities serve as a reminder to the able-bodied of their own vulnerability to sudden misfortune. From the interviews it was also clear that the non-disabled had reacted to some of the subjects with hostility. These subjects ascribed the hostile reactions to the aforementioned notion that the able-bodied feel vulnerable when they come into contact with people with physical disabilities. Furthermore, these reactions to physical disability in general may be one of the reasons that people with physical disabilities are socially marginalised by 'normals'.

The social marginalisation of the physically disabled could provide an explanation for the fact that they are distrusted by 'normals' in that, the able-bodied distance themselves from the physically disabled through the use of the assumption that they are 'different'. From the interviews it was apparent that some of the subjects had experienced the distrust shown by the non-disabled for those that were not physiologically similar to themselves. In this regard, the subjects claimed that the able-bodied assumed that they are mentally disturbed, retarded or feeble-minded because they are in wheelchairs. The subjects also claimed that the non-disabled treated them as if they were unable to function 'normally' by asking other people questions about them when they were present, or by ignoring them in company.

Conversely, many of the subjects indicated that the able-bodied demonstrated pity for them. This pity was attributed to the fact that the 'normals' see physical disability as an illness. From the interviews it was evident that the subjects found this type of response to their physical disabilities offensive. The subjects also maintained that they resented able-bodied people that pitied them, as this response was seen as part of the reason that they were constrained to second-class citizenship. They also indicated that sympathy and donations seemed to be connected in the minds of most 'normals'. In this regard, most of the subjects

claimed that they felt that no matter where they went people generally assumed that they wanted money.

Moreover, the physically disabled claimed that the pity felt by 'normals' could result in the fact that they became over-protective of people with physical disabilities. The subjects thus reported that 'normals' often treated them as if they were incapable of completing even the most mundane of tasks, such as drinking water, without assistance. From the interviews it was evident that the subjects felt that 'normals' were impatient with them when they attempted to do things for themselves. In this regard, the subjects suggested that the fact that they were seen as helpless and dependent by 'normals' perpetuated the stigma surrounding their physical disabilities. From the interviews it was apparent that some of the subjects had internalised the boundaries set for them by 'normals', in that they attempted to limit the behaviour of others in the group \* to what they thought would be acceptable to the able-bodied in the community. It was therefore noted that some of the subjects might have recognised the contempt and discomfort felt by the general public towards people such as themselves. In this regard, some of the subjects seemed to structure their lives according to the consequences of the symbolic stigmas attached to their physical disabilities.

A few of the subjects indicated that that they were encouraged to internalise the values of those around them in order to respond to the behaviour of 'normals'. The subjects also seemed to display a heightened sense of awareness towards their physical disabilities and the reactions of 'normals'. It was evident that many of the subjects felt that 'normals' were afraid of speaking to them or interacting with them. These subjects attributed the aforementioned fear to the assumptions made by able-bodied that the disabled would take offence to

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\* *Vide supra*, Chapter 1, p. 8.

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references to 'normal' activities such as walking. From the interviews it was also clear that many of the subjects believed that the fear felt by many non-disabled people, during social interaction with the disabled, was due to the fact that they were uneducated about physical disability.

Some of the subjects, on the other hand, seemed uncertain when interacting with able-bodied people, as they were unsure of how they would be received. A few of the subjects also felt that 'normals' reacted to them as if they had never seen a disabled person before. From the interviews it was clear that the subjects found this type of reaction both annoying and intimidating, as it reinforced their insecurities concerning the fact that 'normals' saw them as 'different' or 'deviant'. In this regard, many of the subjects indicated that they felt that their identities, as individuals, were often swamped by their personal differences from others and that they were defined and stereotyped in terms of their handicaps.

A few of the subjects suggested that they were discriminated against, with regard to employment, in that they were disqualified from 'normal' participation in employment activities. These subjects attributed the aforementioned discrimination to the fact that prospective employers assumed that they were incapable of completing the same tasks as their able-bodied counterparts. Moreover, some of the subjects indicated that they felt that they were unfairly judged, labelled and ostracised by their non-disabled counterparts. On the other hand, some of the subjects suggested that they had not been treated any differently by the able-bodied after they became physically disabled. These two conflicting ideas seem to propose that the support, or lack thereof, shown to the physically disabled by non-disabled people may have a great impact on how they see themselves once they have accepted their physical disabilities.

From the interviews it was evident that the majority of the subjects felt that society 'disabled' them by not making provision for them. They therefore indicated that barriers such as the lack of ramps, and wheelchair accessible entrances, prohibited them from assuming many general, social, and economic roles within the community. In this regard, the interviews showed that while some of the subjects challenged the views of the able-bodied directly, others allowed 'normals' to continue with their assumptions concerning disability until they realised that they were mistaken. It was apparent that many of the subjects rejected the notion that stigmatised individuals would feel uncomfortable in the company of 'normals'.

On the contrary, these subjects indicated that they sought interaction with 'normals' because they felt that they were also 'normal'. In this regard, the subjects suggested that their physical disabilities just created different circumstances within which they had to live. Some of the subjects also stated that the label of 'normalcy' was not applicable to anyone. They maintained that every person, able-bodied or disabled, would fail to qualify in some way. Finally, from the interviews it was evident that the majority of the subjects had accepted their physical disabilities and their 'new' lives, and that they regarded their disabilities as challenges that were to be overcome, rather than insurmountable obstacles. People with physical disabilities thus just need to be given the opportunity to fulfil the 'normal' roles that they previously occupied in society, by their non-disabled counterparts.

## 4.9 CONCLUSION

Having said that the disabled require nothing but 'normal' treatment and courtesies from the non-disabled, it is important to note that Oliver (1993: 62) maintains that if physical disability is seen as a tragedy, then people with physical disabilities will be treated as if they are victims of some tragic event. Conversely, if disability is defined as social oppression, the disabled will be seen as collective victims of an uncaring or unknowing society, rather than individual victims of circumstances. It is therefore of great importance that 'normal' people take note of the statements made by the physically disabled in this study in order to facilitate a better understanding, and a better quality of life for the physically disabled.

Moreover, the various statements made by the physically disabled all suggest that the manner in which they are treated, and/or reacted to by the able-bodied is of cardinal importance in order to understand the interaction that occurs between the non-disabled and people with physical disabilities. Non-disabled people should bear in mind that people with physical disabilities wish for nothing more than to be treated as equals by the non-disabled. The following quote thus aptly describes how most people with physical disabilities feel about their disabilities, and their positions within society: ***"If by giving me a wheelchair you are taking away my dignity, you might as well have your wheelchair back, and let me have my dignity, my respect, my rights...and nothing but my rights"*** (Nkeli, 09/10/2001: 5).

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## SUMMARY

### (ENGLISH AND AFRIKAANS)

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In general, people with physical disabilities are not considered deviant, however many of them do experience the same social reactions to their conditions as deviants, such as stigma and social rejection. People with physical disabilities are therefore often isolated, segregated, and discriminated against as a result of their disabilities. Moreover, whether it is a visible mark or an invisible stain, stigma acquires its meaning through the emotion it generates within the person bearing it, and the feeling and behaviour toward him, of those affirming it.

The aforementioned two aspects of stigma are therefore indivisible from one another, as they each act as a cause or effect of the other. Stigma might therefore best be considered to be the negative perceptions and behaviours of so-called 'normal' people to all individuals who are different from themselves. This idea is extended through the idea that as with other deviants, it is not so much the actual physical disability that is the key, but rather society's reaction to it. For in a society such as our own, in which the *body whole* and the *body beautiful* have been ascribed high social values, the physically disabled may often be regarded by themselves, and by others, as less than normal.

In this regard, W.I. Thomas' (in Hawkins & Teideman, 1975: 45) dictum: '*If men define situations as real, they are real in their consequences*' provides evidence of society's power in labelling others. The disabled are therefore not intrinsically deviant because of their disability, but because those around them label them 'deviant' since they impute to them an undesirable difference. In layman's terms to be disabled means: to be less 'able' than others, to be at a disadvantage in earning a living, and to be unable to participate unencumbered in the ordinary activities of daily life. The physically disabled can thus best be analysed and explained in terms of a



general theory of deviance. In this regard, the labelling perspective appears to offer the most fruitful orientation to understanding the social construction of the disabled identity.

Having said that the disabled require nothing but 'normal' treatment and courtesies from the non-disabled, it is important to note that if physical disability is seen as a tragedy, then people with physical disabilities will be treated as if they are victims of some tragic event. Conversely, if disability is defined as social oppression, the disabled will be seen as collective victims of an uncaring or unknowing society, rather than individual victims of circumstances. It is therefore of great importance that 'normal' people take note of the statements made by the physically disabled in this study in order to facilitate a better understanding, and a better quality of life for the physically disabled.

Moreover, the various statements made by the physically disabled suggest that the manner in which they are treated by, and/or reacted to by the able-bodied is of cardinal importance in order to understand the interaction that occurs between the non-disabled and people with physical disabilities. Non-disabled people should bear in mind the fact that people with physical disabilities wish for nothing more than to be treated as equals. The following quote thus aptly describes how most people with physical disabilities feel about their disabilities, and their positions within society: ***"If by giving me a wheelchair you are taking away my dignity, you might as well have your wheelchair back, and let me have my dignity, my respect, my rights...and nothing but my rights"***.

Hoewel mense met fisiese gestremdheid oor die algemeen nie as afwykend gesien word nie, ervaar baie van hulle dat hulle behandel word asof hulle wel afwykend is deurdat hulle gestigmatiseer en verwerp word. Mense met fisiese gestremdheid word dan ook as gevolg van hul gestremdheid dikwels geïsoleer, afgesonder, en teen gediskrimineer. Wat meer is, stigma (of dit sigbaar of onsigbaar is) verkry betekenis deur die emosie wat dit in die gestigmatiseerde persoon opwek, maar ook in die gevoel en optrede van ander wat dienooreenkomstig teenoor hom/haar optree.

Die voorgenoemde twee aspekte van stigma kan nie sonder meer van mekaar geskei word nie want die een dien as 'n oorsaak en/of gevolg van die ander. Stigma kan gesien word as die negatiewe persepsies en gedrag van sogenaamde 'normale' mense teenoor almal wat 'anders' as hulle self is. Soos in die geval van ander afwykendes, is dit nie fisiese gestremdheid *per se* wat die sleutelfaktor is nie maar eerder die samelewing se reaksie op gestremdheid. In samelewings waar die 'heel liggaam' (*body whole*) en die 'aantreklike liggaam' (*body beautiful*) hoë sosiale waarde het kan fisiese gestremdes, deur hulle self, maar ook deur ander as minder normaal gesien word.

In die verband dien W. I. Thomas (in Hawkins & Teideman, 1975: 45) se uitspraak: '*If men define situations as real, they are real in their consequences*' as bewys van die samelewing se mag om ander te etiketeer. Gestremdes is derhalwe nie vanweë hul gestremdheid inherent afwykend nie, maar word as afwykend geëtiketteer op grond van ongewenste verskille. Die opvatting is dat gestremdes minder kan vermag as nie-gestremdes en gekniehalter word in die generering van 'n inkomste, asook in die deelname aan daaglikse aktiwiteite. Sò gesien kan die fisiese gestremde suksesvol aan die hand van 'n omvattende teorie van afwyking verklaar word. Vanuit hierdie perspektief bied die etiketteeringsbenadering 'n bruikbare perspektief waardeur die sosiale

konstruksie van 'n gestremde identiteit verstaan kan word.

Gestremdes verlang dus net dat nie-gestremdes hom/haar as 'normaal' en met bedagsaamheid moet behandel. Indien fisiese gestremdheid as 'n tragedie gesien word sal mense met fisiese gestremdheid as slagoffers van 'n tragiese gebeurtenis behandel word. As gestremdheid as sosiale onderdrukking gedefineer word, kan gestremdes gesien word as kollektiewe slagoffers van 'n samelewing wat nie omgee nie, of nie van beter weet nie – eerder as dat gestremdes individuele slagoffers van omstandighede is. Dit is daarom belangrik dat 'normale' mense sal kennis neem van dit wat fisiese gestremdes in die studie gesê het want dit kan tot groter begrip vir gestremdes lei en waarskynlik tot 'n hoër lewenskwaliteit wedersyds bydra.

Bowendien dui die uitlatings wat gestremdes maak daarop dat die manier wat nie-gestremdes hulle behandel en/of teen hulle optree van kardinale belang is om die interaksie tussen nie-gestremdes en mense met fisiese gestremdheid te verstaan. Nie-gestremde mense moet in gedagte hou dat mense met fisiese gestremdheid niks meer verlang as om as gelykes behandel te word nie. Die volgende aanhaling is tekenend van hoe fisies gestremde mense hulself in die samelewing sien en hoe hulle oor hul gestremdheid voel: **“As mense vir my 'n rolstoel gee om my waardigheid van my af weg te neem, kan hulle net so wel hul rolstoel terugneem en vir my, my waardigheid, respek, en regte gee”**.

**KEY TERMS:**

Physical Disability

Able-Bodied

Stigma/Stigmatisation

Labelling

Goffman

Social Interaction

Societal Reaction

Stereotyping

Discrimination

Deviance

Ostracism