



CONTENTS

<i>Acknowledgments</i>	vii
<i>Foreword</i>	ix
1 Handicapism <i>Robert Bogdan and Douglas Biklen</i>	1
2 Disability, Pain, and the Politics of Minority Identity <i>Tobin Siebers</i>	17
3 Historicizing Dis/Ability: Creating Normalcy, Containing Difference <i>David. J. Connor and Beth A. Ferri</i>	29
4 Lost and Found in Space: The Geographical Imagination and Disability <i>Brendan Gleeson</i>	69
5 Musical Becoming: Intellectual Disability and the Transformative Power of Music <i>Licia Carlson</i>	83
6 Lomax's Matrix: Disability, Solidarity, and the Black Power of 504 <i>Susan Schweik</i>	105
7 Toward a Postcolonial Neurology: Autism, Tito Mukhopadhyay, and a New Geo-Poetics of the Body <i>Ralph James Savarese</i>	125
8 (Im)Material Citizens: Cognitive Disability, Race, and the Politics of Citizenship <i>Nirmala Erevelles</i>	145
<i>List of Contributors</i>	177
<i>Index</i>	181



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CHAPTER I

HANDICAPISM*

Robert Bogdan and Douglas Biklen

Handicapism Update (2013): We wrote “Handicapism” more than 35 years ago. We were young scholars who were also activists for societal change for people who were labeled “disabled.” That article and others we wrote with a similar theme were meant to clearly and forcefully contribute to reframing the discussion of disability from questions like “what’s wrong with people with disabilities,” to “what are the social forces that determine people with disabilities’ chances in life.” We wanted to push the discussion of disability beyond the approach that dominated the special education literature, the clinical approach, toward a stance that allowed people in the field to examine what was going on around them—attitudes, behaviors, and public policies that kept people with disability captured in a state of unfair and unequal treatment. We were not the first to champion this social point of view. Without using the term handicapism a few scholars, mainly in the field of sociology, had used a similar approach in their work. The implications of handicapism were making their way into public policy discussions, the courts, activist organizations, and popular culture. With “handicapism” we were just a few of the voices challenging the notion that disability was predominately a medical condition.

Did our approach tell the whole story? Did we neglect the clinical, behavioral, technical, and physical aspects of disability? Did we disregard people with disabilities voicing their own agendas? Our slant was not meant to be balanced in the sense of covering all aspects of disability; our intent was to champion a neglected arena of inquiry, to make people take notice of the civil rights, discriminatory, and stereotyping aspects of people’s experience. By using what was then a new and explosive word “handicapism,” we meant to be controversial. Confrontational yes, but deceptive no. We did not think our analysis was false or exaggerated, or that placing people with disabilities in the realm of a discriminated-against minority group was a conceptual stretch. Over the years since we wrote about handicapism, the ideas

that it encompassed have been embraced by people in the Disability-Rights Movement as well as by scholars. Handicapism may not have launched the Disability Studies Movement but it certainly fits the line of inquiry in that field.

A lot has changed since 1977. "Handicapism in American" is both an historical document and a yardstick by which to measure where we are now. In 1977 being a scholar with a clear stated point of view was unusual; now it is quite acceptable and, in some circles, required. Some forms of stereotyping and discrimination have lessened. For example, exclusion from schools altogether is rare, the percentage of students attending regular classes has increased, and more students with disabilities are finding their way into higher education. Yet many negative practices still exist on a broad scale, including: the tendency of charities to infantilize and speak for people with disabilities; persistent widespread segregated schooling in many states; discrimination in employment; and belief by many in age-old myths (e.g., that people with autism prefer to be alone, and that adults can have "mental ages" of children). Moreover, for some segments of society, the lack of change is severe. For example, African American children and youth are twice as likely as their Caucasian peers to be labeled emotionally disturbed or intellectually impaired and significantly less likely to be included in regular classes once labeled.

In retrospect, the biggest gaps in our explication of handicapism in that article were in three areas as follows:

- *Voice. The article did not focus sufficiently on the importance of supporting self-advocacy movements and the "nothing about us without us" theme of disability rights. That is one of the changes that has occurred since publication of "Handicapism In America"—although we ourselves had begun to work on this issue as early as the 1970s. People with disabilities have an expanded, if still too isolated, voice on social issues and professional practice that affect their lives.*
- *Political Economy. We could have said more about the political economy of disability services, for example by revealing the ways in which there has been profit: in segregating, isolating, silencing people with disabilities; in making disability the territory of specialists alone; and in funneling funding to programs rather than to people with disabilities directly.*
- *Double Discrimination. We should have emphasized the especially intense, even magnified form of handicapism experienced by people who were the targets of racism. Racial minorities were more vulnerable than others were in 1977—as they still are today—whether it be*

in housing discrimination, rates of school exclusion, labeling within the categories of emotional disturbance, and intellectual disability.

Thomas Szasz (1961), Erving Goffman (1963), Thomas Scheff (1966), Robert Scott (1969), and Dorothea and Benjamin Braginsky (1971) taught us to understand “handicap” categories as well as the term “handicap” itself as metaphors. They laid the groundwork for thinking about so-called handicapped people as societally created rather than as a natural or objective condition. These same authors and their associates in the interactionist or labeling school pointed to the importance of the quality and nature of how labelers interact with the labeled as a prerequisite for understanding handicap (see Davis, 1963; Goffman, 1961; Lemert, 1967; Wiseman, 1970). The interface of human service agencies and clients became an area in which social researchers could develop theoretical perspectives on how labels and definitions were applied (also see Bogdan, 1974; Gubrium, 1975).

While these researchers worked, parallel events occurred in the social action and political arenas. It is not clear who borrowed from whom, but the social construct/labeling school approach to handicap was manifested in a concern for issues of legal and human rights of those labeled handicapped (Gilhool, 1973; Kitzie, 1973). Now a strong “total institution” abolition movement is afoot and various peoples have formed handicap liberation groups. These include Disabled In Action, Mental Patients’ Liberation, National Federation of the Blind, The Center On Human Policy, The Mental Health Law Project, and the National Center for Law and the Handicapped (Biklen, 1974; Mental Health Law Project, 1973; National Committee for Citizens in Education, 1976).

In the field of human services, consumer activism and a new professional consciousness have spawned moral and legal imperatives such as due process, “least restrictive environments,” the right to treatment, delabeling, and normalization (Abeson, 1974; Wolfensberger, 1972; Wolfensberger and Zauha, 1973). At present, however, neither the social researchers/theorists nor the social activists have developed an adequate conceptual scheme by which to examine collectively labeling, the moral and legal developments, and the structural and cultural aspects of differential treatment of people defined as handicapped.

Our purpose is to introduce the concept of *handicapism* as a paradigm through which to understand the social experience of those

who have previously been known as mentally ill, mentally retarded, deaf, crippled, alcoholic, addict, elderly, deformed, deviant, abnormal, disabled, and handicapped. Handicapism has many parallels to racism and sexism. We define it as a set of assumptions and practices that promote the differential and unequal treatment of people because of apparent or assumed physical, mental, or behavioral differences.¹ Three terms—*prejudice*, *stereotype*, and *discrimination* are inherent in our analysis.²

Prejudice is any oversimplified and overgeneralized belief about the characteristics of a group or category of people. Prejudice toward the so-called handicapped is indicated by such indicting assumptions as: they are innately incapable; they are naturally inferior (the mind set is “Thank God, I’m not you”); they have unique personalities, different senses, and different tolerances than the run-of-the-mill citizen; they have more in common with each other than with non-handicapped persons and, therefore, they like to be with their own kind (see Goffman, 1963; Wright, 1960). These beliefs are the background assumptions for action toward people labeled handicapped; these beliefs are the essence of handicapism.

Whereas “prejudice” is the general disposition, *stereotype* refers to the specific content of the prejudice directed toward specific groups. The mentally retarded, for example, are believed to be childlike, to enjoy boring routine work, and to be oversexed (Wolfensberger, 1975). The elderly are said to have deteriorated intelligence and are presumed to be unhappy and undersexed. The mentally ill are expected to be erratic in their behavior, are considered dangerous and bizarre, especially during the full moon (see Biklen, 1976; Scheff, 1966). The deaf are considered terrific painters; the blind are supposed to be melancholic (see Jernigan, 1975; Scott, 1969); and supposedly, once an alcoholic always an alcoholic. While sets of stereotypes are often contradictory, they are nevertheless seriously regarded by a number of people and are used to justify particular modes of treatment. Thus, the retarded can be treated like children, the elderly ignored, and the mentally ill locked up.

Although inaccurate, a stereotype is often steadfastly maintained. The maintaining processes are themselves part of handicapism. First peers and culture support the transmission of stereotypes and therefore constantly reinforce them. Second, groups like the handicapped are isolated, have few opportunities for intimate relations to develop between themselves and the so called normal people, and

consequently have little chance of disproving the stereotypes. Last, and perhaps most important, handicapped people are treated in ways that correspond to their stereotypes and are rewarded for living up to others' image of them (see Lemert, 1951). Thus they learn the role of the handicapped and fall victim to the self-fulfilling prophecies (Merton, 1957).

"Prejudice" and "stereotype" point to the cognitive and ideological substance of handicapism. The concept of *discrimination* provides the structural and behavioral aspect. Unfair and unequal treatment of individuals or groups based on prejudice and stereotypes translates into discrimination. Standards of fairness and unfairness vary from society to society and from time to time as the social criteria for equality or discrimination change in accordance with social values. At one time, it was considered the natural state of slaves to labor in the fields for the economic benefit of others, and for married women to serve their husbands; the treatment they received was not thought to be unfair. Similarly, handicapped people are generally thought to experience relative equality in this society especially since the advent of various categorical social service programs. They are considered to occupy their rightful place and to receive deserved treatment. For example, few people question the practice of rescinding drivers' licenses, fingerprinting, and taking mug shots of people admitted to state mental institutions despite the fact that there is no evidence that former patients of state mental hospitals are involved in any more accidents or commit more crimes than typical citizens (Ramadas, 1975; Scheff, 1966). It is equally common for public-school districts to segregate handicapped children into special classes and even separate "special" schools although there is no empirical evidence to support any benefit, either educational or social, that results from segregated services. These kinds of policies and practices discriminate against people with disabilities. They are part of handicapism.

In the remaining pages we will demonstrate how handicapism manifests itself in personal interaction, in the organizational structure of the larger society, and in human service policy and practices. Our purpose is to identify and illustrate handicapism in these spheres, and to demonstrate the usefulness of the concept as a paradigm for social scientists. We have based our discussion largely on current lawsuits, studies reported in the professional literature, and our own research and experiences in the area of social policy and disability.

Handicapism in Interpersonal Relations

Handicapism arises in the contacts between handicapped and so-called typical people as well as in the private conversations of typical people when the handicapped are not present. In face-to-face contacts, labeled and nonlabeled persons characteristically display anxiety and strain about how each will be perceived by the other (see Davis, 1961; Goffman, 1963; Wright, 1960). “The stigmatized individual may find that he feels unsure of how we normals will identify him and receive him” (Goffman, 1963). And the so-called normals feel that the stigmatized individual is too ready to read unintended meaning into our action. This self-conscious uneasiness results in a number of handicapist practices. For example, nonhandicapped persons avoid contact with “nonnormals.” When they are forced into contact they tend to seek the earliest possible conclusion. When there is contact there is also the tendency for the disability (the alleged difference) to take on tremendous significance in the nonhandicapped person’s mind: it becomes the master status (Davis, 1961). This often results in the nonhandicapped person either being overly gracious and overly sympathetic (“It must be hell to go through what you go through”) or patronizing (“What a lovely belt, did you make that all by yourself?”) or in some other ways be insensitive or ignore people with disabilities. One such behavior is to treat them like what Goffman (1963) calls “nonpersons.”

In casual contacts with the handicapped, normals tend to measure them against the stereotype and such contacts reinforce common stereotypes. An example may help to demonstrate this process. Recently a number of typical skiers observed a blind skier coming down the slope. They spoke about him and his “amazing feat.” They commented on how “truly remarkable” that he could have the courage and fortitude to do what must be exceptionally difficult for a person with no eyesight. From the tone of their comments it was clear that they did not perceive this person as any ordinary blind person. The sighted skiers did not question their stereotypes of the blind as physically inept. Instead, they confined the stereotype by classifying this skier as an exception to the rule—as “amazing.” If he were not skiing but sitting in the lodge next to the fire, one might expect to hear passers-by whispering to each other something to this effect: “It’s a shame that blind people have to miss out on so much fun.”

Handicapism is also manifested and perpetuated between normals when not in the presence of disabled people. Stereotypes and

prejudice abound in daily conversation: “*Poor Aunt Jane is going blind.*” “I’d kill myself if I were as disabled as Luke.” Our casual interpersonal conversation is heavy with handicapist phrases: “Did you hear the one about the *moron* who threw the clock out the window?” “It’s like the *blind* leading the *blind*.” “You must think I’m *crazy*.” “You babbling *idiot*.” “What are you, *deaf*?” “Some of the students are real *retards*.”

Handicapism at the Societal Level

To understand handicapism at the societal level one must analyze the culture and structure of basic institutions for manifestations of prejudice, stereotypes, and discrimination. Further, one must examine the legally sanctioned and illegal systematic mistreatment of people because of alleged physical, mental, and behavioral differences. Moreover, as in personal interaction, one must study how major societal institutions routinely reinforce and perpetuate prejudice and stereotypes. Since this brief article can only introduce the handicapism paradigm and not exhaustively elaborate it, societal level handicapism is portrayed in only four of the many possible areas: (1) images of the handicapped in the media; (2) physical and literacy barriers to participation; (3) discriminatory laws, rules, and regulations; and (4) exclusion from basic organizations.

Media Images

To what extent does the mass media present prejudicial and stereotypic images of the handicapped? What is the specific content of that imagery? What effect does it have on those who look at it? Impression and data suggest as starting hypotheses that mass media present prejudicial and stereotypic images of the handicapped. After reviewing images of mental illness in the media, Scheff (1966) concludes that mental patients appear stereotypically as bizarre and dangerous. Needleman and Weiner, two researchers who examined the relationship between physical attractiveness and crime in various media, found (1974) that physical ugliness and physical differences are often associated with violence and other forms of crime, as shown in the media. Our own study of horror movies, which are experiencing renewed popularity on the American scene, reveals a clear association of physical and mental handicap with acts of violence and hate. In children’s stories there are inevitably hunchbacks,

trolls, and other deformed and therefore supposedly frightening people hiding under bridges and in forests to grab pretty children who might be passing by. Disney, for example, frequently promoted handicapist imagery. The wicked witch who gives the beautiful Snow White the poison apple has to change from a beautiful woman to a hunchbacked, wart-nosed old lady to accomplish her terror. Dopey has Down's syndrome-like features and lives with the other child-like dwarfs in the forest. Then there is evil Captain Hook with the patched-eyed pirates of *Peter Pan* fame.

In addition to movies and children's stories, cartoons appear to be important carriers of handicapist images. "Stupid idiot," "moron," "dumb," and "crazy" dot the landscape of comic strip captions. Key offenders include prestigious syndicated strips such as "Beetle Bailey" and "Archie." These comics not only confirm prejudicial and stereotypic attitudes toward people with disabilities, they also reveal that everyday words that refer to specific groups have become general curse words.

Handicapism takes more direct forms in the media as well. Often newspaper articles link crimes with various disabilities as if the disability was the cause of the crime. For example, in an Associated Press release published across the country a murderer who was scheduled for execution was referred to as "an alcoholic and mentally incompetent psychotic who was mentally retarded." Further, the media promote images of the handicapped as helpless by selectively covering certain events and refusing to cover others. For example, when Kenneth Jernigan, president of the National Federation of the Blind, called a press conference for one of his group's highly political conferences, newspaper and television reporters ignored the political organizational content, for they wanted, instead, to view corporate exhibits of walking aids, lead dogs, and other stereotyping symbols of blindness (Jernigan, 1975). The media promote images of the helpless handicapped by reporting regularly on charity drives that feature posters of crippled children. Telethons promote the same imagery. Their human interest features more often than not proclaim that the handicapped can be helped by charity, thus really reinforcing an image of dependence. One public service advertisement on mental retardation that appeared nationally in newspapers and magazines carried the headline: "He'll be eight years old the rest of his life." The picture was of a child in front of a birthday cake with eight candles. The message was direct and stereotyped; it portrayed the retarded as childlike.

The effect of images of the handicapped in media on audiences has not been studied, perhaps because of the difficulty in isolating such influences. One can hypothesize, however, that it is an important part of handicapism.

Physical and Literacy Barriers

If you were told that because of your race or sex you were not allowed to enter buildings and to use public toilets, sidewalks, and mass transit, you would claim discrimination. People in wheelchairs are denied such access. The degree to which society's constructions and accessways unnecessarily impede participation for a significant segment of our population can be regarded as a primary indicator of handicapism. Recently cities have begun to establish access ordinances, but that did not save the New York City police from an embarrassing handicapist situation. There was a demonstration launched by Disabled in Action in which many of the protestors, who incidentally were in wheelchairs, blocked a road and refused to move. The demonstrators were about to be arrested for a clear violation of state law when the police realized that the jails were not accessible to wheelchairs.

In much the same debilitating fashion that architectural barriers deny access to the physically disabled, written directions (i.e., for tests, applications, forms, and signs) can provide untold obstacles for the person who cannot read and write. Some people leaving state schools for the mentally retarded, for example, report that their inability to read and write creates obvious barriers for their mobility in a society that relies so heavily on written communication. Most bus signs, maps, and street signs require the ability to read. People who cannot learn or simply were never taught to read and write have an extremely difficult time with the many forms such as income tax, employment applications, credit applications, and registration for school (see Dexter, 1964, for a complete discussion). Because it is generally assumed that everyone can and should read, it is terribly embarrassing as well as difficult for people who do not have such abilities to live independently.

Discriminatory and Exclusionary Laws, Rules, Etc.

For many years it has been common practice for business employers, insurance companies, colleges and universities, and similar organizations to require applicants to identify their disability. The result was

discrimination: so much so that the 1973 Vocational Rehabilitation Act mandated no discrimination against disabled workers by agencies that are federally funded. Similarly, some states have passed legislation to end discrimination by all employers and educational institutions (e.g., The 1974 Flynn Act, otherwise known as the Disability Amendments to the Human Rights Law in New York State). Also, the 1973 Vocational Rehabilitation Act established affirmative action requirements for federally funded employers. None of these developments suggest that discrimination has ended: merely that widespread discrimination is now acknowledged. Jobs often require physical examinations that automatically exclude disabled people from passing; however, the courts have ruled that all special requirements must reflect the actual nature of the job. Barriers may not be perpetuated simply for the purpose of arbitrarily excluding people with disabilities.

Education, another basic institution in most people's lives, also practices exclusion. Until the 1971 *PARC v. Commonwealth of Pennsylvania* case (Lippman and Goldberg, 1973), the various states freely excluded many handicapped children from public education. While federal legislation has since mandated the right to public education for all children with disabilities (P.L. 94-142, the Education for All Handicapped Children Act), a private research/action group (The Children's Defense Fund, 1974) reported that over one million disabled children still remain out of school altogether, ostensibly because of their disability or, more accurately, because of exclusionary policies.

Still another area rife with exclusionary policies is transportation. Clearly physical barriers create the greatest impediment to disabled people's use of mass transport, but certain modes of transportation have excluded disabled people unless accompanied by an aide. This was the case for several air carriers until a recent challenge by Judy Heumann, a member of the Senate Labor and Welfare Committee and, incidentally, a person whose physical disability requires that she use a wheelchair.

Service Delivery

Ironically, handicapism manifests itself even in the organizations and institutions that have as their official duty the rehabilitation, care, and processing of people who are allegedly handicapped. It seems that most systems that are operating today for the handicapped are

based on handicapist principles. Even those that serve clients' specific clinical needs often perpetuate handicapism. First, although the Supreme Court has ruled that separate is inherently unequal, most programs for the handicapped are segregated from the mainstream of society. Not only has society provided state institutions for the retarded, deaf, blind, and emotionally disturbed, but governments too have financed segregated schools, recreation programs, and sheltered workshops. The large residential institutions and smaller day-service facilities bring together large numbers of labeled people. Alternative integrated placements are usually unavailable. While this separation of the handicapped from the typical population has been recommended by some professionals to facilitate the delivery of services and thus improve the quality of life, research observations contradict this handicapist assertion. Research on the efficacy of separate classes for handicapped children, for example, does not show that children in separate classes achieve any better than children in regular classes (Bennett, 1932; Blatt, 1956; Cain and Levine, 1963; Cassidy and Stanton, 1959; Goldstein et al., 1965; Hottel, 1958; Pertsch, 1936; and Wrightstone et al., 1959). On the other extreme, testimony in recent court cases involving state schools for the mentally retarded (e.g., Willowbrook, NY; Partlow, AL; Pennhurst, PA; Belchertown, Fernald, MA) gives vivid and definitive evidence of the dramatic regression of skills among people who have been institutionalized.

The culture and structure of service systems for the disabled often work to support handicapism. People are herded, kept waiting, and regimented in barren surroundings designed and maintained to facilitate custodial concerns of cleanliness and efficiency of plant operation (Biklen, 1976; Blatt, 1973; Bogdan et al., 1974; Goffman, 1961; Gubrium, 1975; Wolfensberger, 1975). The handicapped are forced to take endless numbers of examinations. The residential treatment centers including nursing homes, state mental hospitals, and state schools exaggerate handicapist patterns in that residents are often denied personal possessions, have few rights, few opportunities for sexual and other expression, are dressed in ill-fitting clothing, and are often addressed by their diagnosis (i.e., mongoloid, senile, schizoid, low grade).

A cornerstone to the handicapism of professional systems is that services to the disabled people are considered a gift or privilege rather than a right. The American public gives billions of dollars each year to charity, much of which is solicited in the name of

helping the handicapped. This system of collecting funds demeans its recipients by supporting the prejudice that the handicapped are inferior people. Moreover, professionals who require charitable contributions to support their programs tend to distort the image of the handicapped in order to play on the public's pity. Thus, the crippled child becomes a poor soul whose disability evokes pity and guilt and the spirit of giving, but also lessens the possibility that disabled people can be regarded as people with personalities, with individual aspirations, and with an interest in being perceived as ordinary people.

The other major funding source for special services is the federal and state governments. However, here too the money system promotes handicapism. In order to be eligible for state and federal funds, schools and other human services personnel must label children according to clinical disability categories for which there is reimbursement. They must list the name and diagnosis of the handicap and thereby begin people in their careers of being labeled mentally retarded, learning disabled, autistic, etc. (see Bogdan, 1976; Schrag and Divoky, 1975). In that kind of system the disabled become commodities and agencies become headhunters. In every instance where funds become available for a particular disability group, the number of people so labeled soars geometrically (see Schrag and Divoky). People whose disability might not ordinarily be thought of as a handicap suddenly find themselves labeled; they are pawns in the struggle for agency survival and growth, for they are the essential requisite by which agencies receive government funds. Not too long ago side shows were popular. Deviants were sought out and paraded for a price. While the system we have evolved does not parade its clients, except perhaps during telethons, it does promote labeling and it does thrive on the segregation and exaggeration of the nature and extent of the problem.

New Starting Points for Disability Research and Policy

Civilizations have always created such categories as "handicapped" and "race" and, along with them, fostered prejudices, stereotypes, and discrimination. Some theorists have suggested that these serve real functions such as allowing us to find targets for our hostility, to find excuses for what goes wrong, to pinpoint people's fear, and to enjoy self-approval in the knowledge that we do not belong to the disapproved of groups (see Barzun, 1965; Erikson, 1966). Barzun

suggests that the urge to classify and categorize people is reinforced in modern societies by the belief that scientific theories and systems of facts can account for and explain distinctions between people, differences in temperament and ability, and variation in bodily features and mental habits. By conducting research and formulating theory on commonsense notions of differences between preconceived categories, and by emphasizing statistically significant differences rather than the range within populations and overlapping of characteristics between categories, social science has done much to reify categories and therefore to entrench prejudice, stereotypes, and discrimination (see Bogdan and Taylor, 1976). Professionals and disability-related fields have followed a research tradition that has hindered the questioning of basic concepts in disability research. A disturbing number of handicapist assumptions have been taken as givens, as starting points for research.

We hope that the handicapism paradigm will enable researchers and practitioners to begin to reassess their assumptions concerning segregated service, differential treatment, the real source of the disability problem, labeling and language patterns, and funding mechanisms tied to labeling. Moreover, the concept of handicapism can facilitate research that will result in policy-related data. While we have not yet explored the full ramifications of handicapism, we have attempted to provide the foundation for conceptualizing the experience of handicaps in a way that will not perpetuate prejudicial notions, but rather will help reveal and eradicate injustice.

Notes

*Originally published in *Social Policy*, March/April 1977, pp. 14–19.

1. Authors who have discussed handicapped categories as minority groups include: Dexter, 1964; Wright, 1960; Yuker, 1965; and Gellman, 1959.
2. See Yinger, 1965 and Allport, 1954 for a discussion on the use of these terms in the study of ethnic relations.

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INDEX

- Action T4, 41–2
 American Coalition of Citizens with Disabilities, 106–7
 Americans with Disabilities Act (ADA), 147
- Barnartt, Sharon, 108
 barriers, 9–10
 Bell, Chris, 105
 Billups, Dennis, 109
The Black Panther, coverage of
 504 occupation in, 109, 110, 111, 114, 115
 Black Panthers
 COINTELPRO programs against, 113
 George Jackson Clinic, 111
 involvement in 504 Occupation, 117
 “serve the people” programs, 111, 114
 sickle-cell activism of, 113–14
 Ten-Point Platform, 111
 black power, 105, 115
 Bowe, Frank, 107
 Breslin, Mary Lou, 107, 108
 Briggs, Laura, 106, 117
 Brown, Elaine, 116
Brown v. Board of Education, 43, 52
 Butterfly Brigade, 108
- Califano, Joseph, 107, 108
 caregiving, 93
 Carter, Jimmy, 106, 107
- Center for Independent Living
 in Berkeley, 112, 119
 in East Oakland, 113, 116
 citizenship, 146
 cognitive ableism, 84
 cognitive/severe disability, 147, 171
 composer, 91–3
 The Education for All
 Handicapped Children Act, 48
 Cone, Kitty, 107, 108
- Delancey Street, 108
 “dilemma of difference,” 147, 148, 172
 disability, 30–2, 44–5, 50
 discrimination, 4, 5
 double discrimination, 2
 drapetomania, 37
 DREDF (Disability Rights Education Defense Fund), 105
- 1882 Undesirables Act, 33
 eugenics, 37–9
 exclusion, 150, 151, 155
- Fiorito, Eunice, 107
 First Great Migration of African Americans, 38
 flourishing, 85, 99
 fluidarity, 117
 frame analysis, 109
 “freak shows,” 41
 Fultz, Michael, 116, 119
- Galloway, Donald, 112, 116
 geographic, 72

- geography, 76–7
 Glide Church, 108
- handicapism, 4
 Heumann, Judith, 107
 Hilliard, David, 114
 historical-materialist, 165
 Hoover, J. Edgar, 114
 Huggins, Ericka, 110, 114, 120
- identity politics, 17
 intellectual disability, 84, 88–9
 intelligence, 32–3
 IQ, 89
 Irvine, Margaret, 110
- Jackson, Chuck, 110–11
 Johnson, Jane, 110
 Johnson, Roberta Ann, 106
- Kelley, Robin D. G., 106
 Kittay, Eva, 91, 93
- Lacy, Johnnie, 113
 Lester, Mary, 112
 Leubking, Scott, 119
 listener, 90–1
 Lomax, Bradley
 critical role in 504 Occupation, 111, 115–17
 founding of East Oakland CIL by, 112–13
 “Report on Brad to Huey”, 115
 work with George Jackson clinic, 111
- Marcel, Gabriel, 97
 Marxism, 74, 165
 media images, 7
 mental health, 73
 mental retardation, 44
 minority identity, 17
 minority pain, 20
- Mission Rebels, 108
 Moore, Leroy, 116
 music therapy, 86
- Nelson, Alondra, 114, 115
 Nelson, Diane, 117
 neurocosmopolite, 127
 neurodiversity, 129
 neurotypical, 126
 Newton, Huey, 112, 114, 117
 NIMBY, 73
 1904 World’s Fair, 34
 No Child Left Behind Act of 2001, 54
 Nyeshia, Kiilu, 113
- Oe, Hikari, 91
 Oka, Bruce, 110
 O’Toole, Corbett, 107, 110–11
 overrepresentation, 55–6
- performer, 89–90
 Perlstein, Daniel, 113
 postcolonial, 126, 131, 138
 prejudice, 4, 5
 proprioception, 132, 135
- race, 31–2
 race and disability, 32, 38, 41, 57
 Regular Education Initiative (REI), 49–50
 Rehabilitation Act of 1973, 10, 47, 106
 Roberts, Ed., 108, 112
 Roth, William, 122
- Scotch, Richard, 108
 Section 504
 regulations, 105
 relation to 1964 Civil Rights Act, 106
 occupation, 106, 117
 Snow, D. A., 109
 social location, 24

social science, 70–1
space, 71–2
stereotype, 4
special education, 30
synesthesia, 139, 141
universal reason, 156, 157

Washington, Ron, 107
Weeks, Cece, 115
“White disability studies,” 105
Williams syndrome, 89–90

Zames, Frieda and Fleischer,
Doris Zames, 47