

Nothing To Do With Me: Everything To Do With Me Disability, Self and Identity

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Abstract

Drawing on categories of imposed and intrinsic relevances developed by Alfred Schutz, as well as on affirmative model definitions of impairment and disability, this article develops an argument proposing the usefulness of disability identity. Disability is not just about what people with impairments are prevented from doing and being, but about what they are required to do and be instead. Whether this involves taking on roles as passive recipients of others' benevolence or involvement in demonstrations of the unimportance of impairment, either way negates the lived experience of impairment and signifies the desirability of normality. It is suggested that embracing rather than attempting to disassociate the impaired self from disability identity – recognising disability as oppression and absurdity and resolving to face this - enables this self to claim impairment as valid and ordinary human experience and to resist the invalidating requirements of the disabled role.

Introduction

People have expected me to take the nicely paved path laid out for the disabled. They expected me not to try, not to accomplish, and not to succeed. That map was tossed out long ago. I have followed my own path as a person, a woman, who happens to have a physical disability (Hyatt, 2008:unpaged).

In this article I characterise disability identity as a choice, a narrative, a series of decisions to be made about how we respond, as people with impairments, to situations in which, within the midst of life, we find ourselves. Drawing on Alfred Schutz' ideas of imposed and intrinsic relevances, I will argue that taking on a disabled identity necessitates involving ourselves in acts of transgression and in making assertions about both the right to be different and the ordinariness of difference. It involves making and constructing affirming decisions and meanings about the embodied experience of impairment and a rejection of contemporary pressures to define the self primarily in terms of one's own individuality.

Drawing also on affirmative model definitions – identifying impairment as physical, sensory, emotional and cognitive difference to be expected and respected on its own terms, and disability as an invalidating role encountered by and imposed upon people with impairments in their dealings with everyday life (Cameron, 2010) - I shall identify disability as a productive as well as a restrictive relationship. While the social model offers an analysis of disability as an oppressive social relationship and allows discussion of disability in terms of what people with impairments are prevented from doing and being as a result of physical and social barriers (Oliver, 2009), the affirmative model allows us to consider disability in terms of what people with impairments are required to do and be instead. It provides a framework within which to assert rather than to seek to deflect attention from impairment, to regard impairment as part of ordinary human experience rather than in negative terms as 'lack' or 'defect' (UPIAS, 1976); to acknowledge that while impairment may indeed sometimes involve pain and discomfort, this by no means defines the whole subjectivity of people with impairments but should neither be downplayed or regarded as something to be overlooked.

I suggest that taking on disability identity involves a rejection of the thinking expressed typically in Glenda Hyatt's words above. Claims for recognition in terms of personhood and individuality, as people 'who happen to have a physical disability', involve a response to the experience of impairment in a disabling society that is just as predictable, stereotyped and conformist as the passive lifestyle usually rejected. Hyatt's is a position which involves an attempt to live with a sense of one's own difference as undesirable misfortune, but hopes to compensate well enough so that others will tolerate or ignore impairment. It is a position which takes pleasure when people say "I never think of you as disabled, I just see you as you," and gives assent to a dominant cultural view which measures

impairment against non-impairment and categorises impairment as 'useless difference' (Michalko, 2002:97). It articulates what Rod Michalko has described as 'person-first' ideology (Michalko, 2002:10). Within person-first ideology impairment is downplayed and regarded as distinct from primary experience as a person, as a secondary feature of identity.

Is there anything to be gained by identifying as disabled?

Answering this question involves addressing the conflicting meanings that people have in mind and the conflicting models they hold when they use the term disability. Anselm Strauss notes that:

the point is not whether or not (an individual) can be wholly indifferent to his name but that an extensive range of reaction can be evoked by his imaginings of what he must look like to certain audiences if he bears the name that he does (2008:18).

Outlining what he means by the term interpellation, Louis Althusser likens this process to being hailed "*You there!*" in the street by a policeman:

The hailed individual will turn round. By this mere 180 degree physical conversion, he becomes a subject. Why? Because he has recognised that the hail was 'really' addressed to him (Althusser, 2008:48).

It is through ideology that individuals acquire and articulate their sense of selves as social beings: who they are, what they represent and how they act. Ideology interpellates individuals into particular forms of subjectivity which they assume or internalise as 'natural'. Through countless everyday practices interpellation involves the naming of individuals so that they are consistently and subtly recruited as subjects. Being interpellated as disabled constructs the impaired subject as the disabled subject and bears distinct kinds of expectations around roles and horizons. When somebody who is impaired hears the word 'disabled' she recognises herself and the subject she is expected to be. Even when the term is rejected it is a name that she knows, by and large, will have been applied to her in medical model terms as a description betokening inferiority.

Alfred Schutz uses the term *imposed relevances* to describe

situations and events which are not connected with interests chosen by us, which do not originate in acts of our discretion, and which we have to take just as they are (Schutz, 1970:114).

Imposed relevances such as barriers preventing equal participation within community life, inadequate and badly designed housing, lack of access to public transport, substandard education, few employment opportunities, lack of information, lack of control over personal decision-making processes, inaccessible leisure facilities, experiences of oppressive care and unwelcome intrusion, of being objectified as objects of pity, compassion, curiosity or hatred, being made the subject of stereotyping judgements and condescending assumptions, are part and parcel of the experience of being disabled. This is the case for people with impairments whether they accept or reject disability as a basis for constructing identity.

Schutz suggests that

we have no power to modify them by our spontaneous activities except by transforming the relevances thus imposed into intrinsic relevances (Schutz, 1970:114).

Intrinsic relevances he describes as

the outcome of our chosen interests, established by our spontaneous decision to solve a problem by our own thinking, to attain a goal by our own action, to bring forth a projected state of affairs (Schutz, 1970:114).

I contend that there is much to be gained by identifying as disabled if this involves transforming imposed relevances into intrinsic relevances in order that these can be addressed. Involved here is a process Paulo Friere has described in terms of agents singling out elements from their 'background awareness' and reflecting upon these, making them objects of consideration and objects of action and cognition (Friere, 1974:56). This requires an altered subjectivity and a naming of disability as oppression, and is part of a process that Simi Linton has called 'claiming disability' (Linton, 1998). It requires a conscious acknowledgement of the processes by which people with impairments are interpellated as disabled and a conscious decision to adopt a subversive stance towards these.

Disability Politics

For so long as disability is rejected as a foundation on which to build identity people with impairments are unable to resist oppression. Oppression is unrecognised as such but is rather treated as a natural part of experience, being the ordinary outcome of impairment. Imposed relevances remain 'unclarified and incomprehensible' (Schutz, 1970:114). Each disabled person continues to internalise ideological conventions and requirements and then unconsciously uses these as standards against which to measure and modify both identity and physicality (Cameron, 2008).

It is not considered part of the role of disabled people to regard society critically. Disabled people are not regarded as a minority with its own distinctive way of life, like women or ethnic groups, who it is acknowledged perhaps do have reasonable grounds for viewing society from a different perspective, but are viewed by the non-disabled majority as being:

just like us – but less: 'disabled'... unable; defective... 'failed normals'... merely that.
A disabled person (is) nobody but our uncle who had the bad luck to be injured on the assembly line, our sister (with) multiple sclerosis (Johnson, 2003:124).

Pressures to discourage people with impairments from identifying collectively are embedded within everyday life practices. Those who complain about injustice are labelled as *complainers*... *who cannot deal with the problems related to their disabilities* (Murphy, 2005:161) and are identified and treated as bitter people who have just not come to terms with their limitations.

Nevertheless, the past four decades have witnessed the emergence of a new social movement of disabled people who have organised around the social model and campaigned across a diverse range of areas: through the establishment of centres for inclusive living and for the right to direct payments to meet support needs; for anti-discriminatory legislation; through the establishment of coalitions which have raised consciousness around the planning and delivery of public services; through the development of representative national and international lobbying bodies; through the growth of Disability Arts as a cultural practice reflecting the experience of living with impairment in a disabling society; through the establishment of Disability Studies as an academic discipline addressing issues concerning not just the meaning of disability but the nature of society (Campbell and Oliver, 1996; Swain, French and Cameron, 2003; Cameron, 2009). While it is perhaps true that, for a number of reasons, the disabled people's movement has been less vocal in recent years than earlier (Oliver and Barnes, 2006), there are clear signs of a resurgence of the anger and collective mobilization of disabled people working together in order to challenge benefit cuts imposed by government and to assert their rights to autonomy (TFN, 2011; ILiS, 2011).

To say, with conviction rooted in a social model understanding, *I am a disabled person* – as opposed to *I am a person who happens to have a disability* - is not to say *I have an impairment* but is to make a statement about the situation of people with impairments in a disabling society. Furthermore, to say *I am disabled* collectively with other disabled people as an expression of anger turns this into a statement of pride:

By modifying the frame from one of innate deviance to one of oppression, individuals may come to feel angry not only because the system is unjust but because they have been made to

feel ashamed... The activated feeling of anger propels stigmatized individuals into public space to behave collectively, and feelings of pride emerge (Britt and Heise, 2000:257).

Transforming imposed relevances into intrinsic relevances in this context involves a realistic appraisal of one's material situation. It involves bringing the surroundings within which one experiences life to the forefront of consciousness and critically holding them up for interrogation.

This is, however, not always an easy process for, as Henri Lefebvre observes:

in good faith, the individual – be he bourgeois or proletarian – can deny his experience of social classes since objective social reality functions beyond his own 'subjectivity', beyond his own private consciousness (Lefebvre, 2008:165).

It is the easiest thing in the world for the impaired individual to deny his experience of disability as a social relationship for the same reason. Paulo Friere comments that

As long as the oppressed remain unaware of the causes of their condition, they fatalistically 'accept' their exploitation. Further, they are apt to react in a passive and alienated manner when confronted with the necessity to struggle for their freedom and self-affirmation (Friere, 1974:40).

Simon Stevens distinguishes between 'real' disabled people and politically active disabled people involved in 'the movement':

I would argue from experience that many disabled people do not understand the social model or become involved in the politics of disability because they are too busy getting on with their lives (Stevens, 2008:10).

It is, however, at the everyday level – at which people busily get on with their lives – that oppression is experienced. The misrecognition of oppression does not mean that oppression does not exist. Iris Young argues that:

The conscious actions of many individuals daily contribute to maintaining and reproducing oppression, but these people are usually simply doing their jobs or living their lives and do not understand themselves as agents of oppression (Young, 1990:42).

In its nature as structural oppression disability operates subtly through the everyday practices of and interactions with disability industry professionals, family members, media producers, strangers (well-meaning or not), and is therefore difficult to recognise. The cultural imperialism of the non-disabled permeates disabled people's lived experience so thoroughly that the possibility of its contestation either goes unnoticed or is explicitly denied. While the disabled people's movement has been an important force in the lives of many – transforming lives of self-loathing into lives of assertive resistance – there are many more whose lives remain characterised by the experience of oppression and dependence.

Internalised oppression is a term that has been used by writers in Disability Studies to describe something which happens:

when individuals in a marginalised group in society internalise the prejudices held by the dominant group... This form of oppression is most effective when acting at the subconscious level, affecting the self-esteem of the individual in addition to shaping their thoughts and actions (Reeve, 2004:87).

While disability is characterised by the social model as 'something imposed on top of our impairments by the way we are unnecessarily isolated and excluded from full participation in society' (UPIAS, 1976:14), there is involved an implication that disability is always something *done to* people with impairments. There is also implied a passive reception, as if people with impairments will

inevitably be disabled. Drawing upon Reeve's definition of internalised oppression, I want to argue that disability can also be thought of as something that people with impairments act out or perform. Disability is a form of oppression which acts at the subconscious level, shaping the thoughts and actions of the individual with impairments. However, it is certainly not the case that all people with impairments are disabled or that all people with impairments who are disabled are disabled all the time. I suggest there is a need to recognise the possibility for agency.

Disability as Performance

I draw here upon Judith Butler's arguments identifying gender as performative:

There is no gender identity behind the expressions of gender; that identity is performatively constituted by the very 'expressions' that are said to be its results (Butler, 1990:25).

I would argue that we can similarly understand disability as performatively constituted. If, like gender, disability is performatively produced and compelled by regulatory practices then it can only be seen in its effects. There is an important distinction between stating that disability is compelled by regulatory practices and that disability is something imposed on top of our impairments by the way we are unnecessarily isolated and excluded from full participation in society. The former statement suggests active intent; the latter only necessarily suggests omission to include. Disability is about more than just about what people with impairments cannot do and be, it is about what people with impairments *are required* to do and be.

Borrowing a term from Simon Charlesworth, I want to suggest that disability is an oppressive relationship that is *encountered* (Charlesworth, 2000:90). Encounter with disability involves being situated within

definite contexts of meanings carried in the ineffable details of the comportment we acquire from those around us, through which the world becomes meaningful as a subjective space (Charlesworth, 2000:90).

The 'ineffable details of the comportment we acquire from those around us' Charlesworth speaks of include the actions, gestures, and attempts made by people with impairments to prove just how 'normal' they are. Disability involves people with impairments being taught to want to act, and wanting to act, and attempting to act in ways which conform to the social expectations of people who do not have impairments; regarded in terms of normative and taken-for-granted orders (Titchkosky, 2003) as requirements of eligibility to participate in the social mainstream. It also involves a requirement of people with impairments to disavow ways of doing things which might suit their personal needs and a sense of shame and inadequacy when such ways of doing things are necessary or unavoidable, in private as well as in public.

For a person with an impairment to perform a life function or task in her own way, to get from one place to another in his own way, to communicate with a friend in their own way, to access information, to make herself understood, none of these makes a person disabled. Disability appears only when such things are measured against socially valued ways of achieving the same ends. Disability appears when, in order to gain approval, doing things in ways that work is discouraged by others or eschewed by self in favour of attempting to do these things in ways that suit other people.

Carol Thomas argues that as well as the social barriers recognised by social modellists as externally imposed restrictions of activity

there are also social barriers which erect 'restrictions' within ourselves, and thus place limits on our psycho-emotional well-being: for example, feeling 'hurt' by the reactions and behaviours of those around us, being made to feel worthless, of lesser value, unattractive, hopeless, stressed or insecure (Thomas, 1999:47).

In order to address the omission of personhood or agency that she identifies as lost in the materialist social model, Thomas offers a reworked social relational definition of disability:

Disability is a form of social oppression involving the social imposition of restrictions of activity on people with impairments and the socially engineered undermining of their psycho-emotional well-being (Thomas, 1999:60).

What I find compelling in Thomas' definition is her re-incorporation of disability as part of embodied experience. This is a position which allows us to speak of disability as being something from without which, in a sense, comes to possess individuals: in so far as names and identities are socially given and privately owned or resisted, this sense of being disabled is one that is felt and lived out in everyday practice. People with impairments are not just socially oppressed by physical and social barriers but respond to these as emotional human beings.

I want to move beyond Thomas' position to suggest that disability is a personal and social role imposed on people with impairments. Understanding disability in this way we can think of it as something acted out in the social contexts in which people with impairments find themselves located. It is a part people with impairments are expected to play which is fixed by the roles and identities of those around them situated as non-disabled people, whether closely connected to them, for instance family members or disability industry professionals; or others whose influence is more distant and impersonal, such as media producers or celebrities.

As Sheldon Stryker notes, roles underlie the stability of social structure (Stryker, 2002:76). The role of disability, materialised in and lived through the embodied experience of people with impairments, has a functional purpose in stabilising and maintaining existing patterns and relationships of social interaction within contemporary society. I propose that disability is a role that validates the subject position of being normal or non-disabled by invalidating the lived experience of impairment in terms which mean that this can only be experienced as personal tragedy.

Such a role becomes difficult to escape other than in terms which explicitly address disability *as* a role because any other form of response involves compliance *with* that role. Narratives of overcoming and rising above impairment (*I am a person who happens to have a disability*) validate the ideal of normality as effectively as those of passive dependence. Distancing the self from the idea of disability or from disability identity involves affirming the supposition that to be socially located as disabled is undesirable. The personal disavowal of status as disabled is an intrinsic part of the disabled role. As Sarah, a participant in my PhD research at Queen Margaret University, put it:

I don't think I have accepted that I am a disabled person to be honest... saying that's a bit weird, but to be honest, I don't think I have... because I still get pissed off... and it's not like I don't accept it like I hate it, it's just that... I'm never going to be comfortable with it, I'm never going to be... erm... sort of, what people expect... I suppose that's why I've done so many things like... that people go 'wow!' ...cos people just don't assume... and I certainly know that's the reason I did the sky-dive, it was just cos, like, I wanted to do something totally random and, like, just... something completely... I'd always wanted to do it, but it was, like, people said "Oh, I don't know if she should do it" ...so I thought fuck it, I'm going to do it...

The imposition of the idea of impairment and disability as personal deficiency is resisted by those who do not consider themselves personally deficient, but unless this resistance acknowledges the structural relations which are served by this idea, it is empty protest. To say "I don't see myself as disabled" does not mean either that one does not experience physical barriers or escapes being patronised and condescended to. However, it does involve a distancing of self from disability as an identity, which confirms the idea that to be disabled is not something one would want.

If we accept this understanding of disability as role we can begin to think of disability as part of the embodied experience of people with impairments, materialised not only in their exclusion from ordinary community life but in terms also of what they are expected to do with their lives instead: not just in terms of being passive (as recipients of charity) but also in attempting to demonstrate that they are not passive (by doing sky-dives).

As Sheldon Stryker notes, the language of roles cannot be used without at least implicit reference to counter-roles (Stryker, 2002:58). From a culturally dominant perspective, the counter role to being disabled is understood as that of being able-bodied. Able-bodiedness and being non-disabled can be understood as descriptions of the same subject position but viewed from within different discourses. While a hegemonic discourse equates able-bodiedness with normality, Simi Linton notes that within the disabled people's movement the term 'non-disabled' is used to describe the position of those who do not experience disability as oppression, a strategic use of language which centres disability in order to look at the world 'from the inside out' (Linton, 1998:13):

centring the disabled position and labelling its opposite non-disabled focuses attention on both the structure of knowledge and the structure of society (Linton, 1998:14).

The invalidation of impairment serves to bolster the able-bodied role, to reinforce the naturalness and desirability of this position. The disabled role involves validation of the subject position of being non-disabled because it involves acting out impairment, conceived as inadequacy and incompetence, striving to be something it is not: able-bodied. It is a role which confirms the position of able-bodiedness as neutral, normal and natural.

If the social structure is shaped by interaction, it is social structure that shapes the possibilities for interaction and so, ultimately, the person. Conversely, if the social person creatively alters patterns of interaction, those altered patterns can ultimately change social structure (Stryker, 2002:66).

I suggest that in order to begin to change social structures as these exist to shape the experience of impairment there is a need to awaken from what Pierre Bourdieu has described as 'the somatisation of social relations of domination' (Bourdieu and Wacquant, 2007:24):

People are 'pre-occupied' by certain future outcomes inscribed in the present they encounter only to the extent that their habitus sensitises and mobilises them to perceive and pursue them (Bourdieu and Wacquant, 2007:26).

While habitus is creative and inventive, this is within the limits of its structures which are 'the embodied sedimentation of the structures which produced it' (Bourdieu and Wacquant, 2007:19). Once it has become possible to step back and recognise those structures *as* structures, it becomes similarly possible to try and act upon these structures.

If we grant that symbolic systems are social products that contribute to making the world, that they do not simply mirror social relations but help constitute them, then one can, within limits, transform the world by transforming its representation (Bourdieu and Wacquant, 2008:14).

This is what has been achieved through the social model of disability, a transformed representation of the world which has made it possible to regard disability as an oppressive relationship, or as a structure of domination, rather than as individual limitation. The adoption of this model by the disabled people's movement as an organising principle has enabled a start to be made in transforming the world in terms of opportunities for the participation of people with impairments in ordinary life.

I suggest that the affirmative model can similarly be used as an analytical tool for transformed representation of the world in terms of describing the function that disability as role has to play in sustaining established social relations. The affirmative model definition of disability takes into account descriptions by people with impairments of their experiences of being actively turned into

disabled people (Cameron, 2010). It recognises the ways in which disability does not just exclude, but places a requirement on people with impairments to behave, think and speak in ways which acknowledge the superiority of normality and acquiesce in their own oppression. Disability is a role imposed on people with impairments to strengthen dominant social relations which require conformity.

If the disabled role convinces people with impairments that the only way of achieving valued future outcomes is through overcoming or deflecting focus away from their limitations as individuals, then however successfully this is achieved on personal terms, disabling social structures will remain unaltered. People who have overcome profound impairment effects may be held up as role models or inspirations (we consider here forthcoming media focus on the 2012 Paralympics [Gilbert and Schantz, 2008]) but leave disabling social structures untouched.

Conclusion

Taking on a disability identity is not a once-and-for-all event or a ‘happy ever after’ story. As Ken Plummer points out:

Everywhere we go, we are charged with telling stories and making meaning – giving sense to ourselves and the world around us. And the meanings we evoke and the worlds we craft mesh and flow, but remain emergent: never fixed, always indeterminate, ceaselessly contested (Plummer, 1997:20).

Identifying as disabled is not a decision that suddenly somehow means everything is all right, but involves a new understanding of the relationship between the impaired self and the physical and social contexts in which the impaired self is located. It makes possible different stories, which identify as the site for struggle the environment in which the impaired self lives rather than the physicality of the impaired self, but it does not imply there is no longer a need for struggle. We can either say that *disability has nothing to do with me*, hoping that if we are successful in maintaining a competent public presentation people around us will recognize and value us for our other personal characteristics, but at the same time leaving disabling barriers and structures unchallenged; or that *disability has everything to do with me*, acknowledging that our conditions of being, the contexts in which we experience who we are and who we might become, are shaped and structured by the physical world and by the other people around us who make up that world.

There is a pressing requirement for us to be able to relate critically to current cultural conventions and media exhortations which encourage us to prize our individuality above all else. We must resist what we have learned to be, and acknowledge our constitution as thoroughly social creatures. While contemporary culture encourages each marginalized person to shoulder herself the weight of unequal structural relationships, and to treat these as though they reveal something deficient about her, there is a need for each to relate differently to the structures that oppress.

I want to finish by drawing upon a number of personal recollections which I hope will illuminate my argument.

Having been knocked down by a car doing 40 mph at the age of nine in 1974, and having been fairly badly smashed up on a long-term basis as a result, I spent until around my mid-20s resisting identification as disabled. I spoke slowly and walked with a limp and had a shaky right hand, but in my own eyes I had just been knocked down by a car. I was not disabled. During my teens I got picked on (and in turn I started picking on another boy). I fell behind with school work and became a disruptive trouble-maker. I got sexually assaulted by a man on a train. I recall a girl friend’s mother telling her daughter she shouldn’t go out with me because I was ‘half-baked’. I became angry with myself and those around me, but rationalised such experiences as the probably inevitable, if unpleasant, outcome of being situated as I was. When, after leaving school, my father used to advise me “I think you should consider becoming registered as disabled,” I would react negatively. Disabled

people were those people on *Blue Peter*. I had nothing to do with them and they had nothing to do with me (Swain and Cameron, 1999).

The day Geoff Armstrong of the National Disability Arts Forum outlined the social model of disability to me I underwent something like a religious conversion. It became clear that, contrary to the discourse of special needs, impairment is quite ordinary really. It is how society responds to impairment that is the disabling issue. Once this had been explained I was able to relate differently to the things I had experienced. I was now able to put into words a different explanation of what had been the matter. I embraced my disabled identity: it gave me strength and an understanding of where to focus my energies in order to bring about change: not just for me personally, but for other people with impairments with whom I now identified. As Allan Sutherland has stated:

We break through the idea, presented to us by the medical profession and disability charities in particular, that our situations are different and unrelated, and come together not as *the blind* or *the deaf* or *the epileptic*, or *the spastic* or *the arthritic*, but as disabled people (Sutherland, 2005).

At the age of 29 in 1994, while employed as development worker for the Northern Disability Arts Forum in Newcastle upon Tyne, an official from the Sports and Arts Foundation whom I had just escorted to the site of his next meeting (I was heading that way anyway), pressed a £1 coin into my hand and earnestly told me “Buy some chocolate, son.” I was slightly taken aback and puzzled as to why he should consider this an appropriate thing to do and say, but concluded that presumably he assumed I had learning difficulties (even if I had had learning difficulties this gesture would have been inappropriate, but that is another matter). I resisted the temptation to tell him to get stuffed, politely gave him back his £1, and walked off, inwardly laughing at him. Having taken on a disabled identity I was able to transform this imposed relevance – this imposition of disability – into an intrinsic relevance and to recognise the problem in this situation as being his not mine. Had I still been distancing myself from disability identity, faced with such an encounter I would undoubtedly have been infuriated and have carried this around with me for days, regarding it as offensive but having no framework with which to interpret it other than as just one of those things that happen.

In the words of Donald, the partner of one of the participants in my PhD, disabled people often see the world at its stupidest. The social model has enabled us to identify disability as an oppressive social relationship which excludes, and to talk of disability in terms of social justice. The affirmative model enables us to identify disability as an oppressive role, and to talk of disability as an absurd requirement. The Sports and Arts Foundation official was simultaneously affirming his own identity as normal as he attempted to define me as a charity case. In this he was attempting to impose meaning on the situation that confirmed the dominant medical model discourse, and required my acquiescence. Affirming my own identity as an impaired man, through the actions of giving him back his £1 and walking away inwardly laughing, involved me in transgressing and subverting this discourse. To me it doesn't matter what he thought as I walked away. He may well have scratched his head and thought to himself “Poor chap.” If, however, as the existentialist philosophers tell us, we become who we are through what we do and what we claim, as well as through what we repudiate and reject (Blackham, 1991), it is what I did in this situation that matters for me. We are ultimately only responsible for our own actions and for who we become. The world may be full of non-disabled twits, but that is something they have to deal with.

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