UNMAKING THE OTHER?

Discourses of Intellectual Disability in Contemporary Society

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Unmaking the Other? is a qualitative sociological analysis of the discourses of intellectual disability present in contemporary Australian society. It attempts to reveal the ways that people with intellectual disabilities ‘are’ for Australians. This is important because people with intellectual disabilities have a long history of being seen as ‘other’ or ‘not one of us’. For many years they were kept ‘out of sight, and out of mind’ on the margins of our communities, locked in institutions or hidden in sheltered workshops. Yet, during the last few decades there has been a concerted effort to bring people with intellectual disabilities back into society. Institutions and sheltered workshops closed, and policies of inclusion, normalisation and community living were vigorously pursued. People with intellectual disabilities are now equal citizens in the eyes of the law.

But how readily have we accepted that people with intellectual disability are ‘one of us’? Have community living reforms overturned deep cultural dispositions that cast people with intellectual disabilities as ‘lesser’, ‘defective’, and lacking personhood? This thesis investigates recent community living reforms, especially the assumption that inclusion and education would radically transform our conceptualisations of people with intellectual disabilities. To do this, it draws on contemporary social and political theory to explore how the meanings of disability are created and maintained, focusing on the Foucauldian concept of discourse. This Foucauldian theorisation of discourse, power and knowledge informs a methodology devised to provide a more detailed and sophisticated analysis of the meanings of intellectual disability than previous investigations. Texts from three key social arenas are analysed for the way in which our society constructs intellectual disability, and these analyses lead to a number of theoretical and practical conclusions.

Specifically, the main contributions of this thesis are: the identification and analysis of fourteen distinct discourses of intellectual disability, the theoretical explication of their relations to one another, and theoretical discussion of what their presence reveals about intellectual disability in today’s Australia. The findings of a variety of discursive constructions of intellectual disability suggest a complex picture in which discourses of inclusion and membership have emerged that are consistent with community living reforms, while at the same time there has been a continuation of discourses that view people with intellectual disabilities as defective humans. Drawing on theory and empirical evidence, possibilities are suggested for further political and educational interventions into the discursive construction of people with intellectual disabilities. The problems posed by our attempts at liberation through community living reforms are major; this thesis contributes to this task by revealing the complexity, contradictions, and resistances
inherent in this task. What is more, it sees these findings not as causes for dismay, but as reasons for cautious hope.
ACKNOWLEDGEMENTS

I am greatly indebted to a number of people who provided the much-needed inspiration and support to complete this thesis. Their influences range from the off-the-cuff comments of co-workers, to an explanation of the etymology of ‘idiot’ from a Greek scientist half a world away. Although it is not possible to thank everyone individually, each contributed in some way to the final shape of this thesis. However, several people require more thanks, and I hope that these brief acknowledgements reveal my immense gratitude to them.

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Second, my thanks to Ann Penhallurick for convincing me of the necessity of social and cultural analysis of intellectual disability. Ann provided me with speaking opportunities where I saw how social analyses can help practitioners and family members in the intellectual disability field make sense of the world around them, and inform their efforts to change it. Her critical questioning of accepted knowledge, and passion as an ethical practitioner, provides me with hope that fragile social ‘solutions’ for people with intellectual disabilities and their families can be found.

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DECLARATION

This thesis contains no material which has been accepted for the award of any other degree or diploma, except where due reference is made in the text of the thesis. To the best of my knowledge, this thesis contains no material previously published or written by another person except where due reference is made in the text of the thesis.

Signed

Date
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CHAPTER 1: ORDINARY CITIZENS? UNMAKING THE OTHER

Changing the Social Construction of Intellectual Disability

In recent years there has been an increasing awareness that a better deal for people with intellectual disabilities involves more than a change in the mode of human services, but a change in our society and its communities. That is not a matter for a vague and distant future but concerns us all today (Burton, 1996: 8; emphasis added).

The Nature of the Problem

The term ‘idiot’ comes from the Greek word ‘idiotēs’, which means ‘a person who does not take part in public life’ (Clark and Marsh, 2002: 4). The word ‘idiot’ has long been associated with people with intellectual disabilities. They have an extensive history of being seen as ‘others’, excluded from public life and cast out of society. Whether locked in institutions or kept secluded in the family home, people with intellectual disabilities have long been kept out of our communities or on its margins: out of sight, and out of mind.

However, during the last few decades a series of community living reforms have transformed the mode and location of services delivered to people with intellectual disabilities. Institutions were opened up, sheltered workshops closed, and a host of reforms embarked on that sought to bring people with intellectual disabilities back into society. The lives of many of the approximately 40,000 Victorians with an intellectual disability registered as clients of services were transformed by changes in the mode, location and delivery of services (Nielson Associates, 1987; Australian Institute of Health and Welfare, 1997; Better Health Channel, 1999). Broader social changes were also sought, with formal integration of people with intellectual disabilities into mainstream schools, workplaces and accommodation settings. Overall, community living reforms resulted in the increased presence of people with intellectual disabilities living, working and studying in society.
Yet are people with intellectual disabilities seen as of society; as people who are equal citizens? This is a question raised repeatedly since the shift to community-based services for people with intellectual disabilities. Many of the legislative, policy and practice reforms have actively emphasised the personhood, human rights and equal citizenship of people with intellectual disabilities. Moreover, an essential assumption of the shift to community-based services and processes of deinstitutionalisation, mainstreaming, and integration, was that belief that the presence of people with intellectual disabilities in the community would lead to more understanding about what intellectual disability is, and eventually greater acceptance and valuing of people with intellectual disabilities within society. It was envisaged that the community’s fear, stigmatisation and ignorance of intellectual disability would give way to understanding, acceptance, and recognition of people with intellectual disabilities (Lewis, 1988: 165).

Despite these high hopes, numerous commentators have pointed to problems that undermine the gloss of the reformist community living agenda (Ryan and Thomas, 1980; Lewis, 1988; Bruggemann, 1995; Cummins, 1993; Blenkiron, 2003). They argue that people with intellectual disabilities are in but still not accepted or understood as part of their communities. Furthermore, it is evident that people with intellectual disability still face social problems that other disability groups do not. For example, a recent report into the effectiveness of the Disability Discrimination Act (Commonwealth, 1992) found that the law had been least effective in reducing discrimination against people with intellectual disabilities than for people with physical disabilities (Productivity Commission, 2003a, 2003b).

**Current Knowledge**

The main concerns of the thesis are located in response to the key debates and assumptions about the role that community living reforms have played in transforming the lives of people with intellectual disabilities, their families and allies, and the broader society. For the purpose of this thesis, ‘community living reforms’ are conceptualised as a cluster of legislative, policy and practice reforms since the late 1960s. They sought to bring people with intellectual disabilities into mainstream society in ways that recognise their equal citizenship and fundamental human rights. These reforms include
specific policies of deinstitutionalisation and community care, the establishment of supported residential units within community settings, integration of people with intellectual disabilities into mainstream employment and educational contexts, supporting services and anti-discrimination legislation, as well as an array of similar policy, legislative and practice changes. The specific aim of this thesis is to go beyond these reforms to identify what the social meanings and discourses of intellectual disability are in contemporary society, and explore what they reveal about the broad social ambitions of the community living reforms.

At the present time, much of the literature focuses on the limited successes of community living reforms in achieving their ambitious goals. In general, two main accounts have been offered to explain the apparent restricted achievements of community living reforms. In the first account, commentators have focused on resource and funding issues as posing fundamental obstacles to achieving the proper policy implementation required to bring about broader social and cultural changes (Bigby and Ozanne, 2001; Bowman and Virtue, 1993). Certainly, this is an important point to acknowledge, especially as many people with disabilities are still waiting to get in to the community. Many remain confined in institutions, inappropriately accommodated in aged care nursing homes, or living with elderly parents (Young People in Nursing Homes, 2003; Bostock and Gleeson, 2001; Australian Institute of Health and Welfare, 2002a; Intellectual Disability Services Task Force, 1995). Some still are unable to access the community because they do not receive adequate support to do so (Attendant Care Coalition, 1999; Australian Institute for Health and Welfare, 2002a; Beart, Hawkins, Stenfert Kroese, Smithson and Tolosa, 2001; Temby, 1996; DisAbility Services Victoria, n.d.[2001]). However, a crude, causal theoretical explanation tacitly informs this account, with social and cultural changes in the meanings of intellectual disability conceptualised as automatically flowing from a certain level of material resources. This is a highly problematic assumption because it fails to offer any evidence or analysis of how such changes are to take place.

In the second account, community living reforms are seen as hampered by the negative community attitudes, perceptions, habits, and lack of knowledge about disability and people with disability (Gething, 1986; Young, 1997). In response, community education has attempted to educate the community about disability, dispel stigma and
misunderstandings, and promote positive social and cultural understandings of intellectual disability and people with intellectual disabilities. Community education has assumed that given the correct knowledge, people will become more positive in their views of people with disabilities (Koh and Fox, 2003; Commonwealth Department of Health and Aged Care, 1998). While this tradition of research and practice is insightful, it uncritically preserves an implicitly normative, naturalised and often-medicalised definition of what disability ‘is’. More significantly in terms of this thesis, this tradition of research and practice fails to address ongoing debates about the personhood of people with intellectual disabilities and to account for why stigma and discrimination persists, especially amongst those health professionals who possess accurate clinical knowledge about disability (Finklestein, 1993; Carr and Halpin, 2002: 20).

The overwhelming emphasis that Australian researchers, activists, and community educators have placed on identifying and responding to material and attitudinal barriers to community participation, inclusion and belonging is understandable. Unfortunately, this focus has meant that the social and cultural meanings of intellectual disability in contemporary society have been largely ignored, crudely theorised, and under-researched. Yet, an increasing number of commentators have begun to pose critical questions about how deeply the social understandings, meanings, and expectations of people with disabilities have been transformed during the community living reform period (Ryan and Thomas, 1980; Lewis, 1988; Goodey, 1996, cited in Parmenter, 2000; Barham, 1992; Fulcher, 1989a: 30; Hazelton, 1993: 149, 152; Law, 1991: 16-22). They ask such fundamental questions as: How are we to conceive of people with intellectual disabilities now that they are in the community? How do we now know them? Has there been a marked break with the negative and stigmatising ways of understanding people with an intellectual disability that once dominated? Have practices, programs, thinking, talking and actions in relation to people with intellectual disabilities in contemporary society fundamentally altered? What uncertainties, ambiguities, and conflicts exist about the new social constructions of people with intellectual disabilities as equal members of the community?
Thesis Aims

Given the substantial financial and existential hopes invested in community living reforms, urgent work is now needed in order to more adequately understand what the social and cultural meanings of intellectual disability are, and to provide more detailed and theoretically sophisticated analyses of how they relate to the community living reforms. In response to the dearth of research on contemporary social and cultural construction of intellectual disability, this thesis draws on the broad intellectual tradition of social constructionist thinking that has been strongly influential in diverse sociological studies of disability and social policy development (including Goffman, 1961, 1963; Ingstad and Whyte, 1995; Murphy, 1995; Oliver, 1990, 1996a; Shakespeare, 1998). The aim of this thesis is, therefore, to answer the following key questions: What meanings are given to intellectual disability in contemporary society? How are people with intellectual disability constructed? How dominant is the view that people with intellectual disability are ‘one of us’? Has their construction as ‘other’ been transformed during this time of reform? And, if not, why?

Theoretical and Methodological Framework

While these research questions appear straightforward, they necessitate a critical overview of historical social responses to intellectual disability, identification of the implicit assumptions and implications of community living reforms, explication of the main intellectual and theoretical traditions in social and political theory most relevant to this analysis, and identification of a suitable theoretical and methodological framework. With the purpose of providing a more theoretically complex and comprehensive analysis of the range of meanings of intellectual disability and constructions of the personhood of people with intellectual disabilities, this thesis draws on a Foucauldian theoretical conceptualisation of discourse. Foucault’s theoretical work on discourse is useful because it assumes that social phenomena such as intellectual disability exist as complex and variable socio-cultural constructions. Foucauldian theorising is also able to make sense of, rather than exclude, ongoing debates over the meaning and significance of intellectual disability. Moreover, the application of Foucauldian theory to empirical analysis of the social construction of intellectual disability in contemporary society helps to further explicate the benefits of this theoretical framework (Avdi,

Plan of Thesis

The plan of the thesis is as follows. The next chapter, Chapter 2, places our recent attempts to bring people with intellectual disabilities back into our communities in historical context. It discusses how intellectual disability has historically been seen, and identifies the considerable cultural barriers that have faced, and will most likely continue to face, proponents of community living and social inclusion. This chapter critically discusses assumptions about how the inclusion and presence of people with intellectual disabilities in the community, combined with education strategies, would reshape the social identities and personhood of people with intellectual disabilities. It also examines the divisions and contentious debates between those who are optimistic about change and those who are pessimistic; debates that are all too often excluded from the academic policy literature and played out in the margins of newspaper editorials (Riddiford, 1994; Morris, 1994; Guy, 2003: 11; The Australian, 2003: 12).

Chapter 3 draws on a broader body of disability literature to offer a deeper theoretical discussion of what determines and shapes social and cultural values, meanings, ideas and beliefs about intellectual disability. It does this by reviewing how the social construction of disability is explained in key intellectual and theoretical traditions. In doing so, it cautions against essentialist and deterministic assumptions about social and cultural change that are implicit in community living reforms, policy and education strategies, and some social theories of disability. The problem with such assumptions is that they often fail to acknowledge the historically and culturally entrenched nature of existing social constructions of intellectual disability, and consequently also fail to adequately conceptualise what is required to change how intellectual disability is socially understood and constructed.

Chapter 4 further develops the notion of intellectual disability as a complex and contested socio-cultural phenomenon. It offers an account of discourse theory and explores how the Foucauldian concepts of discourse, power and truth are relevant to the task of exploring the socio-cultural constructions of intellectual disability, including
their breadth, scope and situatedness, that have rarely been empirically explored in any
detail (Fulcher, 1989a; Johnson, 1998a, 1998b; Cocks, 1997). The Foucauldian theory
of discourses described in this chapter assumes that there are many versions of what
intellectual disability ‘is’ that are layered and embedded in our culture, and that these
are intertwined with social power, claims to truth, and knowledge relations. The
implications of discourse theory for understanding, effecting or reflecting on social
change are distinct. This theory encourages us to look beyond superficial changes in
policy, legislation, practice, terminology and rhetoric to investigate the complex truths
and power relations inherent in how intellectual disability and the social identities of
people with intellectual disabilities are constructed in the local context. Indeed, without
detailed analyses of these discourses, their power to construct intellectual disability in
particular ways will remain invisible and difficult to contest.

The task of identifying, problematising and challenging dominant discourses of
disability has begun (Meekosha, 1998a, 1998b; Oliver, 1990; Shakespeare, 1994;
Cashling, 1993). However, much of this work is at a high level of theoretical
abstraction focusing exclusively on dominant discourses, rather than providing full
descriptions and analyses of the local context. It is therefore of limited relevance to the
task of trying to make sense of what the socio-cultural discourses of intellectual
disability are and how they have changed in the period following the cluster of
community living reforms that brought people with intellectual disabilities back into the
community. In response, Chapter 5 describes a methodology, research design, and the
specific methods developed to identify the discourses of intellectual disability present in
the local context of the State of Victoria. It explains and justifies how discourse
analyses were undertaken of social texts drawn from three key social arenas. It details
how the texts were treated as data that offer insights into the way in which
contemporary society constructs, interprets, represents, and understands intellectual
disability.

Chapters 6 to 8 describe the discourses of intellectual disability identified in the three
case study arenas. The case studies arenas were interviews with lay young people,
Victorian government disability services Annual Reports, and mainstream newspaper
reports. Chapter 6 reports the discourses identified in lay people’s discussions about
intellectual disability. It reveals considerable ambiguity about people with intellectual
disabilities, but ultimately maps out a polarising trend in the discourses that inform lay people’s discussions. Discourses of inclusion that emphasise the social membership of people with intellectual disabilities compete with discourses that cast people with intellectual disabilities as fundamentally different and outside of society.

In identifying the discourses of intellectual disability present in the Annual Reports of government disability services departments over the ten-year period 1990 to 2000, Chapter 7 reveals a clear movement in the dominant discourses of the era. Discourses that were overtly concerned with rights and social justice for people with intellectual disabilities were subtly displaced with the rise of discourses in the mid 1990s that emphasised choices in a market, efficiency and cost reductions. These latter economic and managerialist discourses were, in turn, transformed by the more recent emergence of a discourse that sought to mediate between the market and essential citizenship rights of people with disabilities in democratic societies. Chapter 8 reports on the discourses identified in reporting in the Melbourne daily newspaper *The Age* throughout 1998. A broad spread of colluding and competing discourses are identified and described, including discourses that challenged the Economic-Rationalism that was dominant in government Annual Reports for the same period.

Chapter 9 concludes the thesis. It brings together the theorizing and empirical exploration of the socio-cultural discourses of intellectual disability in contemporary society, and explores their implications for further research and practice. It draws out how the discourses identified in this study relate to, and extend upon, existing theories and research findings, how they further explicate Foucauldian discourse theory, and what the patterns of discourses identified suggest about how people with intellectual disabilities are seen in society. While a superficial examination of policy, legislation and practice over the past 30 years would suggest an overly optimistic view of how the meanings of intellectual disability have changed (Lewis, 1988: 165), it is anticipated that the fruits of this thesis will be a more complex picture of change.

**Thesis Contextualisation**

Before continuing, further contextualisation is required. This has not been an easy thesis to write. In many ways it goes against the grain of what is expected of work on
intellectual disability. It eschews a direct focus on services and conventional material and attitudinal explanations of the limits of community living reforms in favour of a detailed, exploratory discourse analysis of the socio-cultural construction of intellectual disability in contemporary society. This approach is justified because of the lack of sustained research in this area, and the dire need for more sophisticated analyses of the social impacts of community living reforms. In identifying and explicating the socio-cultural constructions of intellectual disability in contemporary society, this thesis seeks to make an important contribution to existing theory, research and practice. In doing so, it seeks to provide a means by which to better analyse and assess the impact of community living reforms in the State of Victoria, Australia. It also seeks to build on and extend previous theoretical and empirical work on the discourses that shape and constrain contemporary thinking, practices and habits, including our efforts to effect change. Indeed, understanding discourses is essential to initiating and evaluating liberatory efforts to bring about further changes for people with intellectual disabilities. By exploring the fundamental ways in which intellectual disability is understood in this context, this thesis will contribute to more transparent, critically reflexive, and fruitful debates and practices in the intellectual disability field. Certainly such debates are necessary if we are to deliver on the many promises that have been made to people with intellectual disabilities and their families for a more inclusive society.

Next Chapter

The following chapter will provide an historical overview of how intellectual disability has been seen. Outlining the various social responses to intellectual disability will reveal insights into the meanings and value of people with intellectual disabilities in society. Against this background, the social goals and hopes of the community living reforms, including deinstitutionalisation, integration and inclusion, will be described. Core assumptions about how broader social change would occur in the community living phase are then identified and subject to extensive critique.
CHAPTER 2: FROM ‘EXCLUDED OTHER’ TO ‘ONE OF US’?

Phases in Intellectual Disability Policy and Practices

Over the past two hundred years, medical and psychological scientific discourses have imposed various layers of social identity onto people with intellectual disability... The basis for policy and social attitudes toward people with intellectual disability has varied with each new layer of social identity (Williamson, 2000: 3-4; emphasis added).

[A] person needs not only to be in but also of the community (Wolfensberger, 1972: 49; emphasis in original).

Introduction

The history of people with intellectual disability is often portrayed as a path from oppression and exclusion, to a more recent enlightened humanitarianism characterised by policies of community living, integration and inclusion. Certainly, over the last three decades there have been concerted efforts to improve the lives of people with intellectual disabilities through major reforms in human services, new legislation and policy that explicitly acknowledges the human rights and equal citizenship of people with intellectual disabilities (Intellectually Disabled Persons Services Act, Victoria, 1986; Disability Services Act, Commonwealth, 1986; Guardianship and Administration Board Act, Victoria, 1986). However, many of these community living reforms were premised on the assumption that there would also be broader social and cultural changes in how people with intellectual disabilities were seen, perceived and understood within society. It was expected that social and community understandings, beliefs, and attitudes could and would become more accepting of, and positive about, people with intellectual disabilities (Lewis, 1988: 165; Young, 1997; Small and Associates, 1998; Gething, 1986). Yet, there is a need to critically question the impact of community living reforms, and explore if their prescriptions, processes and practices have influenced the meanings and discourses of intellectual disability within the society. This is the major task of this thesis.

This chapter sets out the historical context and policy background to the thesis. It begins by providing a brief history of intellectual disability, and social responses to
people categorised as having an intellectual disability. It focuses on three major phases over the last 150 years up to the present day in Australia. This culminates in a detailed discussion of the most recent community living phase. Particular attention is paid to considering the impact of community living reforms, policies, ideologies and practices on the broader social and cultural conceptualisations of people with intellectual disabilities. Four tacit assumptions of the community living reforms are identified and critically considered. Against the backdrop of this critical discussion of the community living reforms, the key research questions of the thesis are identified regarding the meaning and discourses of intellectual disability within contemporary society.

**From Exclusion to Enlightened Humanitarianism?**

Throughout history and across cultures people with disabilities have been seen in many different ways. Social responses to disability have also varied over time and across cultures (Ingstad and Whyte, 1995; Stiker, 1999; Fine and Asch, 1988). It is clear, however, that there is a long and continuing history of people with intellectual disabilities being disadvantaged, excluded, discriminated against, isolated, and being placed in demeaning and devalued social roles (Oliver, 1990; Dalley, 1988; Stone, 1998; Wolfensberger, 1972). They have been objectified and disempowered by the social expectations and assumptions made about them, the labels assigned to them, and the social controls exercised over them (Ryan and Thomas, 1980). Ryan and Thomas (1980) argue that:

> ... (Western) society has been ... unwilling to accept and integrate mentally handicapped people, whatever their differences, and ... has treated them in ways which have tended to maximise rather than minimize the differences (Ryan and Thomas, 1980: 14).

The beginnings of capitalism and modernity have been identified by a number of writers as intensifying the processes whereby people with disabilities came to be seen as problems to themselves and society (Foucault, 2001; Dalley, 1988; Oliver, 1990; Hughes and Paterson, 1997). Dalley (1998), for example, traces the social devaluation of people with disabilities in contemporary society back to their nineteenth century categorization as deserving, but unproductive dependents (Dalley, 1988: 2). Oliver (1990) makes a similar point, identifying the economic imperatives and individualist ideologies associated with the rise of capitalism as leading to the social ostracism of
people with disabilities and their families, and the concomitant rise of institutions (Oliver, 1990: 25-60). Foucault (2001) and Hughes and Paterson (1997), however, see the greater emphasis on individual rationality associated with the rise of modernity as the key reason for the social exclusion of people with mental disabilities. Hughes and Paterson contend that social responses to people with disabilities in modernity have been essentially

... anthropoemic: disabled people have been cast in the role of the other and cast out; imprisoned by what Foucault (1967) called "the great confinement" and excluded from and denied access to many of the key sites of power and privilege (Hughes and Paterson, 1997: 325; emphasis added).

Overall, although these writers differ in their views of the fundamental causes of social exclusion and marginalisation, they agree that the result was essentially the same. People with disability came to be cast as other to the productive, rational and independent individual. To be other in this way was to be incapable, unproductive or unable to fit into the dominant mode of humanity, often to be made subject to a range of social controls, and usually to be cast out of everyday society.

Reform Phases in Intellectual Disability Services

Ideas are elusive. They can be difficult to define and their histories and influences are often difficult to identify (Alaszewski and Nio Ong, 1991: 33).

There has, however, been considerable diversity in the social responses to people with intellectual disabilities, and more recent challenges to weight of history that cast them as other. Cocks (1997) identifies three main phases of service provision and reform over the last 150 years, based on differing assumptions about the nature of intellectual disability and the social identities of people with intellectual disabilities. These phases are Custodialism (1850s-1950s), Education and Training (1960s), and Community Living (late 1960s to present day). In each of these periods intellectual disability was constructed differently, with dramatic consequences for how people with intellectual disabilities were regarded and dealt with by society. As we shall see, the post-World War 2 period was a time of substantial changes in thinking about and attitudes towards people with intellectual disabilities, and views about what society should do for them.
The following discussion will draw primarily on Cocks’ (1997) division of historical phases to draw out the key assumptions made about the personhood and social identities of people with intellectual disabilities within each phase, and how these changed over time. However, before proceeding further it is important to acknowledge that Cocks does not view each of these phases as mutually exclusive. For instance, while the Community Living phase may currently dominate, with service provision taking place largely in community settings, the remnants of earlier phases may still be present shaping how people with intellectual disabilities are seen in the broader society today.

On this point Cocks offers the following cautionary note:

We … know, of course, that vulnerable people often get trapped in the ideas and service provisions of the past, so there are still people with disabilities whose lives are dominated by the physical environments and even the thinking of the 19th century (Cocks, 1997: 10; emphasis added).

This suggests that the different phases have each contributed different layers of social identity to people with intellectual disabilities. Given the multi-layered nature of the social identities of people with intellectual disability even our most progressive attempts to stress their equal rights and citizenship may not prevent earlier, less progressive identities from being invoked and imposed on people with intellectual disabilities in contemporary society. Therefore, it is relevant and enlightening to examine the successive character of past and present phases, and their specific implications for people with disability and their social identities, while also keeping firmly in mind that the past has not simply disappeared from contemporary culture.

Custodialism – 1850s-1950s

The Custodial phase of institutionalising people with intellectual disabilities prevailed in Australia for at least a century (Cocks, 1997: 10). Cocks argues that the Custodial phase was based on a consistently negative view about people with intellectual disabilities. It was assumed that they were less than full humans, and this resulted in them being treated as if they lacked human feelings. This assumption was reflected in institutional practices, such as the locking of doors, a lack of privacy and personal property, and constant supervision. It was even present in the structure and architecture of the buildings. On this point, Wolfensberger argues that such practices speak volumes
about the negative ways in which people with intellectual disabilities were seen. He writes how:

... putting a drain in the middle of a living room floor (as in some institutions) *interprets the person who lives in such a room as an animal who must be 'kept' and cleaned as in a zoo*. A non-enclosed toilet says that its user has *no human feelings of modesty*. Bars on the windows, or even an isolated location of a building suggest that the building’s inhabitants are a *menace to society* (Wolfensberger, 1972: 40; emphasis added).

The construction of people with intellectual disabilities as less than human was also reflected in the language used to diagnose new inmates. Williams (1996), for example, in her historical study of admissions to institutions in New South Wales between 1889 and 1923, found that the view of people with intellectual disabilities as subhuman or incapable of human feeling was common in diagnosis notes:

Value judgements and negative stereotypes were common in the records. For example, “*more like an animal than a human being*”, “*is dull, stupid and a degenerate*” were typical entries in the scheduling forms (Williams, 1996: 265; emphasis added).

Such practices and definitions of intellectual disability served to heighten the differences between people with intellectual disabilities and non-disabled people. It also serves to homogenize all people with intellectual disabilities as in need of institutionalisation.

It was also assumed during the Custodial phase that people with intellectual disabilities lacked any developmental potential, and that they required ongoing care and needed protection from society (Cocks, 1997: 10). Surprisingly, this pessimistic view ran counter to the optimism of the early nineteenth century reformers who had immediately preceded the Custodial phase. These reformers had sought to establish pedagogical institutions that sought to rehabilitate ‘idiot children’ (Parmenter, 2000: [4]). Indeed, most of North America’s first institutions were built in an era of optimism about the role that education could play in ameliorating the consequences of intellectual disability (Wolfensberger, 1972: 15). In contrast, the strong pessimism of the Custodial phase can be seen as a backlash against the limited successes of the earlier educational reformers, even though they only had sought to educate a select group of people with intellectual disabilities and return them to society (Ryan and Thomas, 1980: 14).
Finally, the Custodial phase also came to incorporate the eugenic assumption that people with intellectual disabilities were ‘moral defectives’ and ‘threats to the species’, from whom society needed protection (Cocks, 1997: 10). This view of people with intellectual disabilities arose in the late 1800s and early 1900s along with eugenic concerns about the links between social deviance, moral degeneracy, and hereditary threats to the species. Lewis (1988) aptly sums up how views of people with intellectual disability subtly changed to become more negative at this time:

> Where the animality of idiots had previously been seen simply as an absence of rationality, it was now seen as the menacing potential of the lower of instinctive part of man which civilised society struggled to control (Lewis, 1988: 143; emphasis added).

In short, people with intellectual disabilities were transformed from animals to menacing, base humans.

This view was compounded by the fact that some people with intellectual disabilities frequently associated with other deviant groups, such as prostitutes and drunkards. As a result, they became prime targets for segregation and control during the eugenic alarm period for exclusion from society (Judge and van Brummelen, 2002; Judge, 1987). Significantly, the term ‘mental defectives’ was coined to distinguish people with intellectual disabilities from other kinds of so-called ‘defectives’ and ‘deviants’ that were also perceived as threatening the well being of society (Wolfensberger, 1972: 15). The degree of influence the eugenic movement had on Australian society and services for people with intellectual disabilities is indicated by the dramatic rise in institutional populations during the early decades of the twentieth century. Institutions became agencies of social control by legitimating social exclusion, and institutional admissions increased at a far greater rate than that of the general population (Williams, 1996: 266).

Within institutions, men and women were strictly separated due to the belief that people with intellectual disabilities were inherently promiscuous. The reproductive capacities of women with intellectual disabilities was particularly feared by regulators in Western countries, as the following statement illustrates: ‘There is probably no class of persons who are more fitted and apt to spread disease and moral evil than these girls’ (Bullard, 1910 cited in Wolfensberger, 1975: 34; emphasis added). In New South Wales this assumption led to the emergence of single-sex institutions, such as the all-female

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Stockton and all-male Rabbit Island (Williams, 1996: 268). Segregation came to be one of the main functions of the institution during the custodial phase, ‘providing a convenient and culturally legitimate alternative to coping with “intolerable” individuals’ (Williams, 1996: 266). Overall, the Custodial phase can be summarised as concerned with the secure control and exclusion of those who were seen as dangerous, defectives that threatened society.

**Education and Training – 1960s**

Cocks contends that the post World War Two period marked a new phase that emphasised the potential of people with intellectual disabilities to benefit from education and training (Cocks, 1997: 11). During the Education and Training phase, which began in the early 1960s, intellectual disability was still seen as an intrinsic quality of the individual. However, educational psychologists were increasingly optimistic that many of the learning deficiencies of people with intellectual disabilities could be prevented or reversed with appropriate education and training (Parmenter, 2000: [4]). This marked a radical shift from the Custodial phase that had seen people with intellectual disabilities as inherently limited, and a return to an optimism about the developmental potential of people with intellectual disability (Parmenter, 2000: [4]). The emphasis on developmental potential resulted in the emergence of new professional ideologies, such as normalisation and the least restrictive environment. However, it is telling that the Education and Training phase of the 1960s maintained the institution as the location of its practices. The object of professional interventions remained people with intellectual disabilities, who were seen as having the potential to become more functional. Society and its norms were not, however, problematised in this phase. People with intellectual disabilities continued to be seen as requiring segregation and protection from the pressures of the world outside the institution, and the broader society was not seen as having any need to understand those who lived in institutions. Yeatman (1996) contends that this is understandable given the rigid role expectations that permeated throughout society at this time.
Chapter 2: From Excluded Other to ‘One of Us’?

Community Living – Late 1960s onwards

The Community Living phase began in the late 1960s, and emerged more strongly during the 1970s and 1980s on the back of what the Australian Journal of Mental Retardation in 1970 described as ‘the clamour for individual civil liberties’ (cited in Lewis, 1988: 159). New assumptions about the equal rights and personhood of people with intellectual disabilities were enshrined in the United Nations Declarations of Rights of Disabled Persons (1975) and the Rules on the Equalisation of Opportunities for People with Disabilities (1994), and incorporated into services and anti-discrimination legislation (Cocks, 1997: 12). Bigby and Ozanne (2001) contend that the central principles in these United Nations documents informed local policy emphases on ‘the achievement of developmental opportunities, dignity, choice, inclusion and participation of people with intellectual disability and the provision of support to obtain a quality of life equal to that of other citizens’ (Bigby and Ozanne, 2001: 178; emphasis added). Unlike prior phases, the Community Living phase emphasised the rights of people with intellectual disabilities to live in society and be part of their communities. There was explicit recognition that they had the same basic rights as other citizens, and it was encoded in law that these rights and freedoms could not be arbitrarily ignored as they had previously been in many institutional settings (Guardianship and Administration Board Act, Victoria 1986). A timeline of significant intellectual disability reforms throughout the Community Living phase to the current time, from 1980 to 2003, is included as Appendix I.

The Community Living phase was not just concerned with rights, but also emphasised the important role played by the broader environmental and social contexts in which intellectual disability was experienced. There was a shift to viewing disability issues as, at least in part, ‘social issues’ rather than seeing them as wholly ‘individual’ or ‘medical’ problems. This is evidenced in debates over policy, services, citizenship, community inclusion and equal opportunity, where a substantial amount of theoretical and political literature has been produced from a critical perspective (Pilgrim, Todhunter and Pearson, 1997; Barton, 1993; Loxley and Thomas, 1997; Michailakis, 1997). Many areas previously understood wholly in terms of an individualised conceptualisation of ‘disability as problem’ came to be seen as having appropriate social policy responses. Oliver (1996b), for instance, views the recent enactment of progressive disability legislation in many Western countries as reflective of a
‘… pragmatic attempt to identify and address issues that can be changed through collective action rather than medical or other professional treatment’ (Oliver, 1996b: 38; emphasis added). Unlike in other periods, social discrimination, isolation, poverty, and negative attitudes towards people with intellectual disabilities were reframed as social problems.

Accordingly, there has been considerable optimism about the benefits of deinstitutionalisation and the capacity of even the most vulnerable people with intellectual disabilities to benefit from living in community-based settings (Nicholas, 1983: 18; Cummins, 1993; Owen, Cooper, Barber, Picton and Fredrico, 1994; Cummins, Polzin and Theobald, 1990a, 1990b). Locating services within the community was to provide a number of benefits for people with intellectual disabilities, including personal skills development, increased participation in the activities of the community, improved functional skills, and a better quality of life (Young, Sigafoos, Suttie, Ashman and Greville, 1998; O’Brien, Thesing and Tuck, 2001: 67-69). However, researchers and commentators have expressed concerns about whether or not the move to services located in community settings and participation in the community actually brought about greater levels of interaction and social relationships between people with intellectual disabilities and unpaid, non-disabled, and non-family members of the community (O’Brien et al., 2001: 68; Bruggemann, 1995; Trowbridge, 1991; Guy, 2003). Cummins (1993), for instance, has expressed concerns that the character of the institution has been maintained, and has been relocated on a smaller scale in community residences. Nonetheless, deinstitutionalisation and the relocating of accommodation, work and recreational services for people with intellectual disabilities within local communities came to be seen as overwhelmingly positive for people with intellectual disabilities and it promptly became formal government policy.

There were a number of influences and rationales driving this Community Living phase. These included a strong parent advocacy movement, new professional ideologies such as normalisation and the least restrictive alternative, international human rights and advocacy movements, the identification of major problems with institutional environments, and evidence of the high cost of institutional care (Cocks, 1997: 11; Dalley, 1988: 2). Sociological studies of the detrimental impact of institutional environments for their residents and increased community awareness of abuse in local
institutions also added compelling weight to the view that institutions created more problems than they solved (Goffman, 1961; Nicholas, 1983; Anleu, 1999). In contrast, early studies of deinstitutionalisation, revealed that people with intellectual disabilities fared as well, or better, in community-based accommodation settings (Cummins, Polzin and Theobald, 1990a, 1990b).

Taken together, evidence and lobbying shattered the belief that the institution was a place of protection from the harsh and uncaring outside world. High costs and overcrowding also challenged economic arguments that institutions were the best and most cost-effective way of delivering support (Victorian Committee for the International Year of Disabled Persons, 1982). A growing number of voices were added to calls for community-based accommodation to be established and deinstitutionalisation processes pursued. Indeed, a 1983 New South Wales government inquiry into health services for the ‘Psychiatrically Ill and Developmentally Disabled’ called for the establishment of community care to be made the number one priority of government (Anleu, 1999: 221). Irrespective of whether or not the latter has been accomplished, the Community Living phase certainly began the process of attempting to break down the physical and attitudinal walls that had kept people with intellectual disabilities segregated from the rest of society and its communities.

**The Broader Context – Changing Society**

The Community Living phase has undoubtedly had major impacts on the lives of people with intellectual disabilities, their families, legislation and policy, and service systems. Yet this phase also posed a more fundamental challenge for the wider society to change to become more accepting, understanding, and appreciative of the diversity in humanity. Branson and Miller (1992) view the challenge of community living as requiring that society:

> ... acknowledge the existence, the humanity and the human rights of the ‘disabled’ and to receive them into their daily lives as functioning and rightful members of the community. The challenge is far from simple (Branson and Miller, 1992: 18-19; emphasis added).

This section will critically examine the relationship between the goals of the Community Living phase, on the one hand, and its efforts to bring about broader social
change, on the other. While there have been many forces for change in the way society sees intellectual disability and people with intellectual disabilities, it is far from clear what impact the Community Living reforms have had on how the wider society views and understands people with intellectual disabilities. Answers to such questions tend to be overlooked or marginalised in the literature because of the strong research focus on the functional aspects of the lives of people with intellectual disabilities to evaluate the success of community living. Research into the broader cultural meanings and understandings of intellectual disability also appears to have been deemed unnecessary because of the strong tacit assumption that ‘as the lives of the retarded became more like those of other people, they would find community acceptance’ (Lewis, 1988: 165).

Yet, are people with intellectual disabilities now understood in terms of membership, as equal citizens of society? Or are they still seen as other? Lewis (1988) contends that these are serious and important questions that proponents of the Community Living phase have failed to adequately address:

Undoubtedly any movement away from subhuman living conditions was to be welcomed because those people living under such conditions too often came to be seen as such. But it was the responsibility of proponents … to explain how normal society itself would change in such a way that the mentally retarded would become more acceptable (Lewis, 1988: 165; emphasis added).

This is an important task that goes to the heart of better understanding the relationship between the considerable efforts of the Community Living phase to improve the lives of people with intellectual disabilities by including them in the mainstream society. However, as Lewis rightly points out, insufficient attention has been directed to critically questioning the prevailing assumptions of the Community Living phase, and finding answers to such questions.

In reviewing the broad literature on Community Living reforms, four tacit assumptions were identified about how these reforms would, or have, reshaped the broader society’s beliefs, views, and understandings of intellectual disability and people with intellectual disabilities. These assumptions are that:

1) the presence of people with intellectual disabilities in the community leads to their social acceptance;
people with intellectual disabilities will be socially valued and accepted if they approximate ‘normal behaviour’;

3) members of the community will no longer fear or maintain social distance from people with intellectual disabilities if they have accurate information about them; and

4) negative views of people with intellectual disabilities are shaped by language, labels and representations, but that these can be changed.

Each of these assumptions have been subject to various degrees of individual criticism. Yet, these assumptions have not previously been jointly criticised to form a more integrated and sustained critique of the social change goals of the Community Living phase. It is to this task that we shall now turn.

1) Presence and Community Acceptance

The first assumption was that the presence of people with intellectual disabilities within communities would result in their recognition, acceptance and valuing as ordinary members of the community (Lewis, 1988: 165). Rosenau (2004) contends that this view was common amongst practitioners, including herself, during the 1970s. It is rare to find such a clear articulation of this view, and on this point Rosenau is worth quoting at length:

"[I]n the organization where I worked in the 1970s during the heady days of deinstitutionalization, we were acculturated to know that institutions were wrong, that we were part of a revolution, and that we could get people with disabilities out of institutions into the community if we pushed them through the barricades … We saw the environment as an adversary (clearly it often was and is), but we did not theorize too much about why seemingly nice community members would act unwelcoming and uncivilly … Our operating theory assumed that historical absence explained it and that the presence of people would change their minds. In the urgency of our mission, we did not “waste” time exploring how that would come about. It would just happen. In truth, it did, sometimes. Some bad guys came over to the good guys side; and sometimes they did not (Rosenau, 2004: [3]; emphasis added)."

Certainly, the transfer of institutionalised people to community settings and the prevention of institutionalisation for a younger generation, has resulted in a significant decline in institutions and their populations, and a corresponding increase in people with intellectual disabilities living in community settings (Wen and Madden, 1998: 10-14). Yet, the impact of deinstitutionalisation on social understandings of people with
intellectual disabilities cannot be inferred from official statistics, as they only show the quantitative movement of people from one location to another. Statistics do not address the fundamental question of whether or not changes in location bring about changes in the social meanings and understandings of intellectual disability.

Despite much critical debate about the quality of life in the community for people with intellectual disabilities, it is only in relatively recent research that the claim has been made that presence in the community is insufficient to bring about the wider involvement of people with intellectual disabilities in their communities. A recent study of people with disabilities’ experiences of belonging, friendship and recognition within the community identified a perceived lack of community understanding and acceptance (DisAbility Services Victoria, n.d. [2001]). Another study in New South Wales similarly found that ‘simple contact with neighbourhood residents cannot be relied on to produce their subsequent acceptance or integration’ (cited in Anleu, 1999: 222). Other research has shown that deinstitutionalisation and non-institutionalisation processes have had undesirable and unanticipated outcomes, such as exacerbating the social isolation of people with intellectual disabilities. For example, opportunities for friendship groups to develop amongst people with disabilities have largely disappeared in the move to community settings due to the loss of disability-specific formal meeting places (Quibell, 2004: 165). In another study, people with intellectual disabilities described the pain of repeated rejection within community settings, leading some researchers to conclude that people with intellectual disabilities remain outsiders in the community despite the new opportunities offered by Community Living reforms (Johnson, Hillier, Harrison and Frawley, 2001: 69-71). Overall, then, there is little evidence that physical integration of people with intellectual disabilities into the community has led to their social integration, understanding, acceptance and valuing. Rather, there is surmounting evidence that they remain isolated and marginalised in their communities.

Critics have also pointed to the flawed assumptions about ‘community’ to explain why anticipated social changes have not eventuated as planned. In this critical vein Green writes:

The “official” view of community inherent in the policies of community care may have always been romantic, but it served the purpose of both reducing institutional care and transferring responsibilities to families
and individuals and local areas. In the last two decades of the twentieth century governments and policy makers confidently assumed that most of the functions previously conducted by institutions would be carried by families, neighbourhoods, local public services and the community based agencies. In this way the complexity and demanding nature of housing, healing, caring and protecting young people and adults in community settings has been consistently underrated (Green, 2004; emphasis added).

Parents of people with intellectual disabilities have similarly argued that the ideology of community living is not matched by its reality:

Are we happy with this so-called community utopia? No we are not. I have lost count of the times I have been asked by young adults living in the CRU [Community Residential Unit]: “Why can’t our friends live in the same street?” But families who have witnessed these glaring problems in some aspects of the community care ideology, and battled for the rights for their sons and daughters for years, have largely been ignored (Guy, 2003: 11; emphasis added).

Critics argue that an inclusive community does not exist, but is an utopian vision premised on the notion of a community where all its members are valued, irrespective of their differences. Critics, however, seriously question whether or not the real communities of late modernity could ever accept and value the differences of people with intellectual disabilities, especially given that the dominant social values are ones of materialism, individualism, hedonism, and ‘belief in the perfectibility of human beings’ (Cocks, 1997: 6; Bryson, and Mowbray, 1980; Bruggemann, 1995; Guy, 2003). Somewhat surprisingly, such criticisms have typically come from those very groups that have traditionally been proponents of equal rights and social change, such as left or feminist circles (Dalley, 1988; Finch and Groves, 1980). For these groups, their opposition to practices of deinstitutionalisation and community living reforms is founded on concerns that women will be exploited as they are expected to act as unpaid carers to people with intellectual disabilities (Dalley, 1988). Consequently, critics have characterised community living reforms as ideological or utopian, with deinstitutionalisation and community living portrayed as a quick rhetorical fix that fails to truly deal with the difficult problems of social exclusion of people with intellectual disabilities.

2) Normalisation and Social Valuing

The second assumption of the Community Living phase was that people with intellectual disabilities would gain social acceptance and valuing if they minimised their
differentness to the dominant social norms and played out socially valued roles (O’Brien, Thesing and Tuck, 2001: 78; Wolfensberger, 1972). Indeed, the case for deinstitutionalisation and community living was bolstered by the emergence of a service theory of normalization that advocated this. Normalisation began with Bank-Mikkelson’s humble goal of ‘letting the mentally retarded obtain an existence as close to normal as possible’ (cited in Wolfensberger, 1972: 27) and Nirje’s belief that service delivery should seek to make ‘available to the mentally retarded patterns and conditions of everyday life which are as close as possible to the norms and patterns of mainstream society’ (Nirje cited in Wolfensberger, 1972: 27). However, the social engineering goals of Normalisation became more ambitious in the hands of its later proponent, Wolfensberger. Wolfensberger sought to develop normalization into an universal scientific theory for human services practice (Wolfensberger, 1972; 1980; 1985: 4). He defined it more formally than his predecessors as:

Utilization of means which are as culturally normative as possible, in order to establish and/or maintain personal behaviours and characteristics which are as culturally normative as possible (Wolfensberger, 1972: 28; emphasis added).

Wolfensberger emphasized the importance of social systems in shaping the lives of people with intellectual disabilities. He viewed the main problem they faced as the social stigma attached to disability that, in turn, resulted in their negative stereotyping, deviantisation and devaluement, and marginalisation from mainstream society. Surprisingly, though, his solution focused on changing the stereotypes and social devaluing by changing people with intellectual disabilities to make them conform better to the norms of society. He saw normalising processes, such as behaviour modification, as having the potential to reshape the way that people with intellectual disability were seen. He argued that the main objective of any normalization reform should be:

... the creation, support and defense of valued social roles for people who are at risk of devaluation, because if a person’s social role is a societally valued one, then other desirable things will be accorded to that person almost automatically, at least within the resources and norms of his/her society (Wolfensberger, 1985: 5; emphasis added).

The idea that service providers could work to create greater social acceptance of people with intellectual disabilities was widely accepted and justified radical changes in everyday practice. Indeed, the implementation focused mostly on changes to the lives of people with intellectual disabilities, whereby they were trained and encouraged to
imitate nondeviant behaviours (Wolfensberger, 1972: 35). They should look, live and act in ways that were valued in society in order to change the way society looked and acted towards them.

Wolfensberger’s form of Normalisation was highly influential, but an inherently conservative and pragmatic response that failed to identify and challenge the social norms that cast people with intellectual disabilities in such negative roles. As a result, considerable problems have been identified with the notion that social acceptance within normalisation theory is contingent upon the effective denial or erasure of the differences of people with intellectual disabilities (Branson and Miller, 1992: 17-28). It adopts a pragmatic, and some argue ‘ideological’, approach to changing individuals with intellectual disabilities to fit in to society, rather than the other way round (Wolfensberger, 1972: 35-38; Branson and Miller, 1992). As a consequence, it also fails to problematise how so-called normal behaviour is defined according to the dominant values in society. In response, critics of normalisation have questioned the standard of normality that rests at the conceptual heart of normalisation, and the ethics and effectiveness of making people with intellectual disabilities conform to the dominant values of society (Parmenter, 2000; Chappell, 1998; Söder, 1991; Riddiford, 1994: 6-7; Morris, 1994: 7; Hattersley, 1991; Brown and Smith 1992a, 1992b, 1992c). Riddiford (1994), for example, criticises proponents of normalisation for conceptualising society as largely homogeneous with a set of mutually agreed upon values (Riddiford, 1994: 6). Morris, reflecting on her experience of normalisation (or Social Role Valorisation) training, points to a similar problem:

I was particularly offended by their choice of ‘values’ and what they considered ‘devaluing’. Instead of fighting the prejudices of the community they are only further entrenching them by pandering to those things that rich, white Christians in this world feel are right ... By elevating those they saw as right, they ‘devalued’ every person who attended who believed in something different (Morris, 1994: 7; emphasis added).

Opponents of normalisation have argued that major changes need to occur in how difference is regarded in our society if the Community Living reform project is to be truly successful. Branson and Miller (1992), in opposition to normalisation, espouse this latter position. They argue that:

What are currently perceived as the most severe ‘disabilities’ can be accepted as normal, not normal in the current sense but rather in the sense that they are part of the accepted diversity of humanity, involving
the acknowledgement and acceptance of difference (Branson and Miller, 1992: 18; emphasis added).

They also point out that the valuing of people with disabilities is preferable to a world where all differences are devalued and seen as pathological. In contrast, normalisation practices appear somewhat sinister as they have ‘robbed us all of our difference, our society of its sensitivity to diversity and thus of true tolerance, and our culture of its potential richness, all to serve ultimately the interests of a privileged minority’ (Branson and Miller, 1992: 18; emphasis added). As we shall see in the following chapter, this alternative view of ‘intellectual disability as difference’ informs an emerging theoretical and political tradition around the politics of difference (Young, 1990).

3) Community Education and Accurate Information

The third assumption of the Community Living reforms was that negative attitudes of lay people, with little knowledge or personal experience of disability, are the major barriers to the participation of people with disabilities in society. However, community education begins from the assumption that these attitudes can be changed. In the sociological literature on disability and mental illness, it is often taken for granted that lay people have negative perceptions of disability and people with disabilities (Miles, 1981: 90-116; Goffman, 1963: 1-40). It is widely agreed in this literature that lay perceptions of disability are based upon myths, fears, misinformation, and misunderstandings (Murphy, 1995; Fulcher, 1989a, 1989b; Commonwealth Department of Health and Aged Care, 1998: 3; Sane Stigma Watch, 2000), and that these result in the stigmatisation of, discrimination against, and marginalisation of people with disabilities, particularly those with mental and intellectual disabilities. Consequently, attitudes, beliefs, and media reporting practices in relation to disability have been viewed as problematic barriers to community inclusion of people with disabilities and targeted for change (Fulcher, 1989a: 29-30; Morris, 1991: 38; Miles, 1981; Sane Stigma Watch, 2000: Carr and Halpin, 2002).

To achieve this end, there have been a number of community education campaigns aimed specifically at changing young people’s attitudes towards disability and mental illness (Commonwealth Department of Health and Aged Care, 1998: 3; Hastings, 1994a, 1994b; Sane Stigma Watch, 2000). Many such community education strategies
have sought to change negative attitudes towards disability through the provision of accurate information about disability and campaigns that emphasised the essential humanity of people with disabilities (Sane Stigma Watch, 2000; Commonwealth Department of Health and Aged Care, 1999). Such efforts to change community attitudes to disability are premised on notion that lay people misunderstand and lack accurate information about disability and people with disability, and that this is what explains their negative attitudes (Koh and Fox, 2003: 1). The assumption is that when given the accurate information they will come to have less fear and apprehension of people with disabilities, and no longer see having a disability in a negative light.

There are, however, several problems with this conceptualisation of the problem and the community education solution. First, it implies that lay people as a group are consistent and homogenous in their patterns of thinking about disability issues. Second, community education initiatives neither acknowledge debates about the nature disability, nor explore their impact on lay people (Rapley, Kiernan and Antaki, 1998; Oliver, 1990, 1996a, 1996b). Disabled academics, such as the British sociologist Michael Oliver (1990: 20), have long argued that definitions about what are, and are not, the ‘facts’ about disability are socially constructed and, as such, are subject to ongoing contestation by those drawing on different theories, perspectives and discourses (Hazelton, 1993: 144-153).

Third, while knowledge may change in response to the provision of new information about disability, this may not necessarily result in a more positive evaluation of people with intellectual disability by lay people in the wider community. Lewis (1988) points out that community education that provides accurate clinical definitions and explanations often involves making lay people conform to psychological views. This may not make their attitudes more positive or more accepting of people with intellectual disabilities. Rather, the concern for accuracy may in fact undermine attempts to build more positive attitudes to people with intellectual disabilities, especially where it is stated that intellectual disability is a problem or lack manifest in an individual, such as the following explanation of intellectual disability that appears in a Victorian Government community education statement:

People with intellectual disability are those who have shown:
- Significantly below average intelligence level (based on an IQ test)
Chapter 2: From Excluded Other to ‘One of Us’?

- Significant difficulties with the personal skills needed for everyday living (identified before they are 18 years old). (Better Health Channel, 1999; emphasis added).

Such definitions, while clinically accurate, may effectively reinforce individualised notions of intellectual disability as deficit and lack, thereby maintaining negative views of people with intellectual disabilities.

While the expressed attitudes of some lay people may change, evidence suggests that a discrepancy between positive attitudes and negative behaviour may still persist. While some changes have been noted, this does not mean that lay people more positively evaluate people with disabilities or that their behaviour has changed. Finkelstein (1993) makes a very similar point:

> If despite all efforts attitudes remain negative, then we need to question the assumption that ignorance or misunderstanding leads to negative attitudes. On the contrary, perhaps there is some sense in negative attitudes towards disabled people because this reflects the actual negative status of disabled people in society (Finkelstein, 1993: 11; emphasis added).

Overall, it seems much easier to change knowledge levels and expressed attitudes than to positively shift established meanings and behaviour patterns (Small and Associates, 1998: 104). While attitudinal change is important, this discussion of its limitations suggests that socio-cultural change in broader society will require more than change within individuals.

4) Language, Labels and Representations: A Problem of Representation?

The fourth assumption of the Community Living phase was that language, labels and representations of people with disabilities reflect and shape how people with intellectual disabilities are seen within society. The labels and terminology historically associated with people with intellectual disabilities have conveyed negative evaluations of them, and constructed intellectual disability as an overwhelmingly negative experience. It has been assumed, however, that the use of neutral language would shape and engender more positive social understandings of people with intellectual disability. In response, new terminology and anti-labeling strategies have been adopted, along with guidelines for representing disability in the media (Carter, Parmenter and Watters, 1996; Sane Stigma Watch, 2000).
Most community education does not assume that the language used to describe or the images used to represent people with intellectual disabilities is neutral and transparent. Rather, stereotypes, names, descriptions and images are seen as having the potential to harm. Take for instance the following example taken from a community education document about intellectual disability:

Expressions such as ‘mentally retarded’ or ‘mentally handicapped’ are misleading and negative, and cause community ignorance, which further isolates people with intellectual disabilities (Better Health Channel, 1999: emphasis added).

Negative language and stereotyped representations of people with intellectual disabilities have been seen as a reflection of how society views them, and as reinforcing their continued social exclusion and rejection (Carter, Parmenter and Watters, 1996; Wolfensberger and Thomas, 1983; Ryan and Thomas, 1980: 20). It is argued that medical labels given to people with intellectual disabilities, especially when used as a term of derision in non-clinical settings, can serve to reinforce stereotypes that deny or ignore the humanity of people with intellectual disabilities. Wolfensberger has argued that labels, in particular, detrimentally affect social integration by constructing people with intellectual disabilities as deviants (Wolfensberger, 1972: 49-50).

In response to these problems, attention has been focused on using more positive language, labels and images to describe and represent people with disabilities. Government campaigns have focused on positive labelling strategies that emphasise the similarities of people with disabilities to non-disabled people, such as the person first terminology. ‘Person with an intellectual disability’, rather than the ‘intellectually disabled’ has become the common term used in Australia, with the former term emphasising the individuality and personhood of people with intellectual disabilities, rather than their being identified by in terms of impairment or membership of a diagnostic category. There has also been a change in disability nomenclature, where attempts have been made to phase out the use of historical terms for intellectual disability that have become insults. Similarly, ‘intellectual disability’ has replaced a host of clinical and historical terms, such as mental retardation, moron, idiot, and mongoloid. Bigby and Ozanne also point out that the change in language from ‘client’
to ‘consumer’ has been noted and gradually embraced by stakeholders in the Australian context (Bigby and Ozanne, 2001: 179-180).

Language and media representations of people with intellectual disabilities have also been seen as an indicator of the social and cultural impact of the Community Living reforms beyond changing policies and legislation. The broader socio-cultural impact has been judged by the type of representations of people with intellectual disabilities that feature in the mass media. However, the findings of such analyses of the ways ‘intellectual disability’ is reported in the media have been pessimistic about the degree of change in the broader society. Several Australian studies have found that the use of inappropriate or pejorative language is still commonplace in reporting of intellectual disability issues in the print media (Carter, Parmenter and Watters, 1996: 173-198).

A number of problems have been identified with these representative and language use strategies, as well as studies of the media that depart from similar assumptions. Critics point out how these strategies assume that the uptake of new disability terminology and an associated absence of derogatory labels, indicates a shedding of the historical and cultural baggage attached to intellectual disability. The notion of correct terminology assumes that a meaningful distinction can be made between ‘appropriate’ and ‘inappropriate’, or ‘positive’ and ‘negative’ language, imagery or theme (Carter, Parmenter and Watters, 1996: 174-5). Yet, critics counter that socio-cultural representations and language use are more complex than this binary opposition suggests and that the entire notion of a positive label, image or representation is suspect and highly problematic (Shakespeare, 1996: 197). Moreover, those who endorse such an approach to social and cultural change have often failed to adequately investigate or theorise what is actually happening when a new label enters common usage or an older label disappears. Kilham (2001: 29), while commending efforts to ensure that our words reflect policy efforts for social inclusion, poses the important question of whether or not the new terms have truly shed their old baggage. He writes:

Are these amendments to terminology merely window dressing? Will we simply wait until ‘intellectual disability’ has time to garner sufficient odium, then start the politically correct word circus again? It will be interesting to see what happens to the term in the next few years, as it could be a litmus test of inclusive practices (Kilham, 2001: 31; emphasis added).
Kilham’s comments suggest that where an alternative label is given to disability it may only indicate superficial and normative change occurring (Söder, 1989: 121).

Overall then, there has been a failure of research and community education practice to be critically reflexive about the assumptions of how labels, representations and language can effect and reflect social change. This points to the need to critically examine the broader context and theories about how meanings are produced, circulate and change in contemporary society. This task will be taken up in more detail in the following chapters.

**Community Living, Meanings and Ordinary Citizens?**

In the previous section, the main arguments about broad social and cultural change during the Community Living phase were reviewed and problematised. This section will now briefly turn to more general concerns about social change that have been expressed by critics of Community Living reforms. A number of commentators have identified the failures of the Community Living phase to live up to its promises. Some have raised serious doubts that the meanings, understandings and expectations of people with intellectual disability would change during the Community Living period (Ryan and Thomas, 1980; Lewis, 1988; Goodey, cited in Parmenter, 2000: [4]; Fulcher, 1989a; Barham, 1992). Many of these commentators support the broad goals of the Community Living phase, but express disappointment at its actual achievements, particularly in terms of socio-cultural change. Bruggemann contends that ‘... we find is a significant difference between what we hoped for and what has eventuated’ (Bruggemann, 1995: 22; emphasis added). Barham and Hayward (1995) similarly point to a disparity between the rhetoric of community membership and the actual sense of confusion experienced by the general public. Despite the Community Living phase’s vocabulary of *one-of-us* membership, Barham and Hayward argue that the general public remain unclear about ‘*who it is* that has emerged from the asylum’ (Barham and Hayward, 1995: 2). They argue that historical cultural reflexes that cast people with mental disabilities as *Other* and *not-one-of-us* have not simply disappeared with the demise of institutions, but continue to taint today’s social understandings and relations (Barham and Hayward, 1995: 2). In a similar vein, Goodey asks the more fundamental question of whether, despite our best intentions, our society has
... the ability to include people with the severest learning disabilities, to the point of not noticing, or not being anxious about, the difference between Wittgenstein and them? (Goodey, 1996: 96 cited in Parmenter, 2000; emphasis added).

The arguments of these commentators suggest that Community Living reforms will never achieve their broader goals of socio-cultural change unless changes are based on a more sophisticated understanding of how intellectual disability and the personhood of people with intellectual disabilities are currently made sense of within contemporary society. Crucial work is still needed to more adequately understand, critically engage with, and change the range and type of socio-cultural meanings of intellectual disability that are circulating in our society. However, the discussion in this chapter has illustrated that our understanding of the relationships between social change and current socio-cultural understandings of intellectual disability has a long way to go. More research is needed that goes beyond the current constellation of assumptions and approaches outlined in this chapter, particularly their crude theorisations of how change occurs.

Chapter Summary

Our efforts to bring about change depend very much on the assumptions we have about what is the problem and whether, or not, it is amenable to change (Beilharz, 1987; Fulcher, 1989a). Over the three decades, it has been assumed that changing a variety of practices would bring about a reconstruction of the social identities of people with intellectual disabilities in the broader society in such a way that this, in turn, would lead to real changes in the practices and behaviours of community members, policymakers, support workers, and so on. These strategies included changing the location and appearance of people with intellectual disabilities, educating the public, and changing the ways that people with intellectual disabilities were spoken about and represented. In essence, the Community Living phase threw out challenges to the broader community to ‘incorporate as normal those human beings who have been dismissed as other’ (Branson and Miller, 1992: 25; emphasis added).

However, this chapter has identified problems with the four main ways in which it was assumed the social identities of people with intellectual disabilities would be socially
manipulated and reconstructed. Despite commendable goals, substantial efforts, and a climate of debate and change surrounding the Community Living phase, this chapter has illustrated that we can not be clear if, and how, social understandings, meanings and constructions of intellectual disability have changed, and more importantly the effect of these changes on actions and practices. Serious problems have been identified with the assumptions that underpin the Community Living phase’s strategies to bring about broad changes in the social and cultural perceptions of people with intellectual disabilities. Therefore, we cannot assume that the remnants of other historical phases, and their meanings, understandings and practices have simply disappeared in the Community Living phase (Cocks, 1997: 10). At present, there remains a gap in our knowledge of how intellectual disability is constructed and understood in contemporary society in the State of Victoria. Changes in Australian communities may be occurring, but the precise nature of what are they and how deep they run are unknown. This leads us logically to question: What impact have commitments to the inclusion and integration of people with intellectual disability during the Community Living phase had on how intellectual disability and people with intellectual disability are understood in contemporary society? Are we really unmaking the other?

**Aim and Questions**

This chapter has highlighted the need for more research that explores the social meanings of intellectual disability. In light of the ambitious social goals and assumptions of the Community Living phase, fundamental work is warranted to explore the meanings and social constructions of intellectual disability in contemporary society. This thesis will take up this task. It seeks to make a specific contribution to knowledge through the identification and discussion of the meanings of intellectual disability and the construction of the social identities of people with intellectual disabilities within contemporary society. It will explore the following questions: *What are the meanings of intellectual disability in contemporary society? How are the social identities of people with intellectual disabilities seen? What are their implications? Are they constructed as ‘one of us’ or as ‘other’?*
Extensive debates over the nature of disability and its meanings have occurred within social and political theorising and research about disability. Disabled academics, in particular, have long argued that what are the ‘facts’ about disability are contested, socially constructed, and amenable to social change. Therefore, the following chapter will explore how the social meanings of disability have been theorised in relevant intellectual traditions in order to refine the research questions and the theoretical approach adopted in this thesis. It will explore theories of disability that help illuminate the complexity of disability meanings in society, including how they are produced, and how they inform existing social relations of disability and power within society. This chapter also offers a critical exploration of disability and sociological theories, and identifies the importance of key conceptualisations of intellectual disability, power, knowledge and social change. It will also seek to explicate the explanations these traditions give for resistance to socially progressive ways of seeing disability and people with intellectual disabilities. This provides the grounding theoretical impetus for questioning the taken-for-granted assumptions, ideas, meanings and arrangements of intellectual disability in contemporary Victoria.
CHAPTER 3: THEORISING DISABILITY

The Naturalistic and Social Theoretical Traditions

The concept of disability itself *must not* be taken for granted (Ingstad and Whyte, 1995: 7; emphasis added).

Introduction

What intellectual disability ‘is’ is often taken for granted in contemporary Western societies (Ingstad and Whyte, 1995: 7). The commonsense view is that intellectual disability is a damaged or slower intellect, which is the natural consequence for those individuals that have a biological or functional impairment of the brain. Moreover, the way in which people with intellectual disabilities are seen in contemporary society is often believed to be simply the consequence of the way that they ‘are’; a hard and unpalatable, but essentially unchangeable, reality of life. Yet, a range of social theorists argue that there is nothing natural about the social and cultural meanings, understandings and relations that surround people with intellectual disabilities. Instead they emphasise the various social processes that construct and shape the lives of people with disabilities and the meanings of disability within contemporary society. These two opposing arguments – the commonsense and the social – essentially underpin the two main intellectual traditions that have emerged around disability theory and research and that have, in turn, informed disability policies and practices. These are the Naturalistic and Social intellectual traditions (Shakespeare, 1996; Bigby and Ozanne, 2001: 178).

This chapter sets out the Naturalistic and Social intellectual traditions, and examines their relevance to the specific concern of this thesis. It assesses whether these traditions shed light on how to understand and explore the understandings, meanings and constructions of intellectual disability and people with intellectual disability, particularly whether or not the essentialist and othering constructions have been changed, challenged or subverted in the recent decades of the Community Living phase. The chapter is structured in four parts. First, the Naturalistic tradition is introduced and
its core assumptions identified and critiqued. Second, the broad Social tradition is introduced. Third, each of the specific schools of theory and research within the Social tradition are discussed, including Deviance and Social Reaction theories, Social Model theories, and Socio-cultural and Discourse theories. Particular attention is paid to how theorists in each tradition conceptualise the social and cultural meanings of disability, and how they account for the specific character of the lived experiences of people with disabilities. The aim of the thesis is then refined and re-articulated in light of the theoretical issues and concepts identified in the critical discussion of these intellectual traditions.

**Naturalistic Tradition**

Works in the Naturalistic tradition see disability as synonymous with impairment caused by damage to an individual’s mind or body, or as the social consequences of having an impairment. All limitations experienced by people with disabilities, particularly those with intellectual disabilities, are seen to stem from the brute facticity of their impairments. This explanation holds a strong commonsense appeal that may be summed up as follows: *People with disabilities are limited because they have impairments. Of course they cannot do certain tasks because they are disabled.* This has also been termed ‘biology as destiny’ (Rosenau, 2004: [4]).

The Naturalistic tradition appeals to commonsense, science, nature and medicine to understand and explain the causes and consequences of disability. Indeed, the Naturalistic tradition encompasses a broad range of individualistic, essentialist, biologically-determinist and medical models, theories, concepts, and practices of disability. For example, Naturalistic assumptions about disability are implicit in orthodox and medical interpretations of disability and associated practices, such as rehabilitation, corrective surgery, normalisation, the provision of aids and other equipment that usually seek to help the individual with the disability ‘approximate normal behaviour’ (Finkelstein, 1993: 10).

Implicit in the theories, models, and medical and psychological practices of the Naturalistic tradition is the notion that a clear-cut distinction can be made between normal and abnormal bodies and minds, with people with impairments and disabilities
falling into the abnormal category. By default, naturalistic theories depend on a set of assumptions about the abilities of so-called ‘normal’ bodies and minds. Indeed, for a person to be considered disabled by their impairments, it assumes there is a certain standard of normality that they do not meet (Shakespeare, 1996: 96). Moreover, critics of the Naturalistic tradition contend that this distinction has important consequences for how disability is seen and given meaning in the broader society, and how the lives of people with disability are lived. They argue that the binary opposition between normal and abnormal bodies and minds that underpins medical practices is not actually so clear-cut, but culture-bound. They challenge the notion that there is, in fact, an objective, constant, or universal standard of normality from which people with disabilities deviate. They argue furthermore that there is no universal standard that any of us can or do meet all the time (Goffman, 1963; Oliver, 1990; Fulcher, 1989a, 1989b).

The Problem of Meaning

Despite the arguments of critics, the social and cultural meaning of disability has not been problematised within the Naturalistic tradition. This is because disability as a condition is taken as an obvious given within the Naturalistic tradition and its practices: ‘Disability is the condition of having a body [or mind] that is a problem. Thus, disability is stripped of any social location or social significance. It simply is’ (Titchkosky, 2000: [10]; emphasis added).

Indeed, diagnoses of, and treatments for, disability are usually portrayed as neutral responses to ‘it’. Yet implicit in the Naturalistic tradition is the conceptualisation of disability as error, abnormality and tragedy that requires treatment, cure or prevention. This is apparent in the interventions that may be undertaken for the sake of normalising the appearance of the person with the disability, even where there is little medical justification or functional benefit for the individual with the disability. An example of this is plastic surgery for people with Down’s Syndrome to lessen their distinctive facial features and make them look more like the ‘norm’ (Wolfensberger, 1972; Morris, 1994: 7). The stakes of such interventions are now somewhat higher given recent advances in genetic research and emerging practices of prenatal testing. As a result, the assumptions of the Naturalistic tradition are not just about superficial appearances, but may also inform preventative practices in the real world that prevent the birth of people with intellectual disabilities, as the following example illustrates:
The ante-natal screening test offered to doctors by at least one major Australian pathology service includes an estimate of ‘Down risk’. The results come accompanied by comments, including the words: “The chosen cut-off for Down risk is 1 in 405”. Presumably this means that when the risk exceeds 1 in 400, the recommendation is that baby should be aborted (Jago, 2000: 8).

While prenatal genetic testing practices are unlikely to result in the prevention of all disabilities, they are likely to have social consequences for how people with disabilities are viewed within society (Shakespeare, 1999). It is likely that such practices will further confirm negative views of disability within society, as they corroborate the view of disability as an error, or abnormality that should be prevented. While the Naturalistic tradition, and associated models and concepts, have often yielded beneficial practices for people with disabilities, these new practices of genetic testing run counter to the claims of disability rights movements and government commitments to Community Living and recognition of people with disabilities as equal citizens (Shakespeare, 1999: [1]). As a result, there are contradictory claims and meanings of disability circulating in the public domain that are competing for our allegiances.

**Criticisms**

Critics argue that practices in the Naturalistic tradition shape the meaning of disability as an individual deficit, and that these meanings are so dominant within society that they are thoroughly naturalised and taken for granted as the truth (Oliver, 1990). They argue that such naturalistic notions of disability are furthered in individual and medical models of disability that underpin day to day practice in medicine, psychology, the media, social policy, and the implementation of the law including anti-discrimination legislation (Oliver, 1990; Finkelstein, 1993; Barnes, 1992). Even in sociological research, it is commonly accepted that intellectual disability is a natural phenomenon (Goodley, 2001: 212). Finkelstein contends that such assumptions have been maintained even in recent legislation that asserts the rights and equal citizenship of people with disabilities:

> The medical approach towards disabled people has been much discussed and criticized ... but it still dominates current legislation and provides the main criteria for defining categories of people who shall have access to services and benefits. The overriding political feature of interventions administered by medical practitioners is that it brings all disability groups together under a single medical interpretation of the cause behind their marginalised position in society ... (Finkelstein, 1993: 14-15; emphasis added).
Critics, such as Oliver (1990) and Shakespeare (1999), challenge the notion that there is, in fact, such a natural correspondence between disability and its meanings. Rather, they argue that disability only becomes meaningful in a social context, and that this means that the meanings of disability are socially constructed. Oliver is worth quoting at length on this point:

The social world differs from the natural world in (at least) one fundamental respect; that is, human beings give meanings to objects in the social world and subsequently orientate their behaviour towards these objects in terms of the meanings given to them... As far as disability is concerned, if it is seen as a tragedy, then disabled people will be treated as if they are the victims of some tragic happening or circumstance. This treatment will occur not just in everyday social interactions but will also be translated into social policies which will attempt to compensate these victims for the tragedies that have befallen them (Oliver, 1990: 2; emphasis added).

Following on from this, critics argue that there are a range of problems that people with disabilities face that stem from the culture-bound meanings and practices of disability. They maintain that practices informed by Naturalistic theories fail to recognise this, and thus disempower people with disability by focusing on individual solutions to ‘what is wrong with them’ rather than addressing the systematic nature of social discrimination. For example, Dowling (2002) argues that an individual medical conceptualisation of disability may result in a focus on factors intrinsic to an individual and a failure to consider the role of extrinsic social and environmental factors. She writes that individual and medical models:

... may blinker professionals from seeing disabling social, cultural and environmental barriers... The focus on diagnosis may divert attention away from enquiring into what [disabled] children's worlds might be like, or from asking what life is like for their parents (Dowling, 2002: [1]).

It is argued that medical models, in particular, overlook many of the life experiences shared by people with disabilities, irrespective of their specific type of impairments such as shared experiences of poverty, exclusion and dependence (Shakespeare, 1996: 96).

**Naturalistic Summary**

Within the Naturalistic tradition, disability and its meanings are understood as either an individual’s biological or physiological impairment, or as its consequences. Unfortunately, the Naturalistic tradition fails to clearly engage with issues of how disability becomes meaningful in society, or what consequences such meanings may
engender. Intellectual disability is taken as a given. The irony is that Naturalistic tradition’s notion of disability is itself a type of meaning. This discussion of the Naturalistic tradition has illustrated how naturalistic assumptions may inform professional practices surrounding disability, and how such meanings may become sedimented as layers of commonsense truths within society. Clearly, then, even naturalistic meanings need to be addressed as part of an investigation into the impact of the Community Living phase and its impact on changing social understandings of intellectual disability. To further understand these issues we will next turn to the diverse Social tradition of research and theory.

**Social Tradition**

The Social tradition emphasises that impairment is always lived within a social and cultural context, and that this context plays an important role in constructing and shaping the lives of people with disabilities. At its most basic level, speaking of intellectual disability as a social construction is to emphasise that it is a social phenomenon, with a social history, rather than simply an individual problem with a natural or medical history (Barham and Hayward, 1995: 3). Moreover, disability, its meanings, and its social relations are not fixed, but vary within and between different societies, eras, and cultures (Ingstad and Whyte, 1995; Porter, 1987; Oliver, 1990). What intellectual disability is perceived to be, and the social responses to it, varies greatly within and between cultures throughout human history (Whyte, 1995; Stiker, 1999). In short, there is nothing natural or inevitable about how people with intellectual disabilities are defined or responded to in our society.

Work in the Social tradition problematises the social, cultural, political and historical practices and factors that result in, and stem from, particular conceptualisations of disability. However, the Social tradition is a broad church, encompassing a wide variety of models, theories and concepts of disability. Titchkosky (2000), for instance, contends that the sociological study of disability is not new but has more recently developed into a broad ‘rubric of critique’ of ‘professionally generated disability-knowledge’ (p.[17]). Certainly, work in the Social tradition has informed many of the recent attempts to reform services for people with intellectual disabilities and activism to effect social change over the past decades.
Many commentators, researchers, and activists now subscribe to the view that disability is a contested social construction, socio-cultural phenomenon or understanding (Shakespeare, 1996: 95). Yet Williamson argues that most mainstream Australian researchers of intellectual disability issues have not drawn on this Social tradition of theorising. She contends that

The main body of research and debate concerning intellectual disability does not engage with contemporary theorising about disability ... Despite significant changes over the past twenty years in disability studies, intellectual disability issues remain 'specialised', individualised and separate from the study of oppression of disabled people (Williamson, 2000: 5-6; emphasis added).

Moreover, a similar criticism has been made of sociological and epidemiological research, where the construction of intellectual disability has rarely been seen as a topic for research in its own right (Shakespeare, 1998; Dingham, 1968, cited in Goodley, 2001: 212). As Dingham (1968) put it

What should concern us is the mystifying fact that so many social scientists ... do not regard mental retardation as a social and cultural phenomenon. I say mystifying, because nothing in the probabilistic world of social scientific reality is more certain than the assertion that mental retardation is a socio-cultural problem through and through (Dingham, 1968 cited in Goodley, 2001: 212; emphasis added).

Given this thesis’ focus on exploring issues of meaning and understanding, it is necessary to further explore the nature and contributions of the non-Naturalistic tradition to the study of disability, particularly intellectual disability. In the remainder of the chapter, the three main sub-traditions in the Social tradition will be reviewed and assessed in terms of their relevance to the current study of the meanings of intellectual disability in contemporary Australia. The three sub-schools explored are a) Deviance and Societal Reaction, b) Social Model, and c) Socio-Cultural and Discourse schools. Significantly for this thesis, each school differently conceptualises how the meanings of disability are created and perpetuated which, in turn, have implications for understanding and studying changes in how the personhood of people with intellectual disability was viewed during the Community Living phase. However, it is important to acknowledge that these schools are not permanently fixed because some ideas and concepts overlap between them, and some commentators have moved between schools as they have changed their theoretical understanding of disability over time (Shakespeare and Watson, 2000). Nonetheless, it is possible to outline the three
schools. We will now turn to discussion of the Deviance and Societal Reaction tradition.

**Deviance and Societal Reaction Tradition**

Sociological research on disability first emerged from the Deviance and Societal Reaction tradition. This tradition, especially during the 1960s and 1970s, emphasised the primacy of human interaction, societal reactions to the ‘abominations of the body’ (Titchkosky, 2000: [6]), and the social production of meanings about disability. Research in this tradition examined community understandings and practices and how these impacted on the lives of people with disabilities (Mulvany, 2000: 583). For example, Murphy (1995) contends that:

> The greatest impediment to a person's taking full part in his society is not his physical flaws, but rather the tissue of myths, fears, and misunderstandings that society attaches to them (Murphy, 1995: 140; emphasis added).

The Deviance tradition devised concepts including labelling, stereotyping, involuntary deviance, and discrimination to explain how societal reactions to people with disabilities served to ‘socially-make’ or cast them as deviant, rather than deviance being a quality intrinsic to the personhood of people with disabilities.²

**The Problem of Meaning – Disability as Problem**

The meaning of an impairment or blemish is not seen as natural within the Deviance and Societal Reaction tradition, but as the result of social interaction where an individual’s impairment is seen as an ‘undesired differentness’ (Titchkosky, 2000: [7]). One of the main benefits of this work for this thesis is that it shows that the meaning of disability is not natural and automatic, but social and context-dependent. Titchkosky highlights this in the following brief explanation of Goffman’s work on stigma:

> “Stigma” is a social phenomenon for Goffman in that the meaning of a mark of difference (attribute) is generated between people. The mark becomes a stigma through interaction, thus marks of difference are not treated by Goffman as ipso facto leading to stigma. Depending on context and its interactants a mark of difference is regarded by others as a stigma which can eventually lead to the social construction of stigmatized people (Titchkosky, 2000: [6-7]; emphasis added).
However, disability can also become a master status when a ‘powerful and obtrusive trait’ is extended to all of the other aspects of the person (Titchkosky, 2000: [8]). Disability has become a master status for many people with disabilities, which in some contexts overrides their other lived identities as man or woman, son or daughter, mother or father, worker or relative. Similarly, labelling processes can aid the creation of a master status, as medically-applied labels may be near impossible for people with intellectual disabilities to resist. As Levine and Langness (1986) write: ‘The definition of retardation … and some of the consequences of being thus labelled are concomitants of social life’ (Levine and Langness, 1986 cited in Goodley, 2001: 212; emphasis added).

The Deviance and Societal Reaction tradition’s way of thinking about the meaning of disability as an artefact produced and reproduced during social interaction represents a significant break from the Naturalistic tradition’s view of the meaning of disability as automatically stemming from the impaired body, brain, or mind. In focusing on the processes by which meanings are produced in social interactions, the Deviance and Societal Reaction tradition challenges the dominant orthodoxy of the Naturalistic tradition that sees ‘… problems associated with disability … [as] the direct outcome of individually based impairment and/or medical conditions’ (Barnes, 1996: 44). Instead, it focuses attention on the relationship between people with disability and a broader social world that constructs disability as an inherently negative experience (Barnes, 1996: 44). As a result, at the time the Deviance and Societal Reaction tradition emerged it developed new topics and innovative concepts for the social analysis of disability, such as meaning, identity, involuntary deviance, and labelling (Goffman, 1961, 1963; Scott, 1970; Titchkosky, 2000).

The Deviance and Societal Reaction tradition of research and theorising disability is relevant to the thesis’ research concerns because it focuses on identifying social processes by which the meanings of disability are produced in particular patterns. In making explicit the interpersonal processes that disable people, this tradition created opportunities for them to be further researched and redressed in social policy and practices, such as deinstitutionalisation, the least restrictive alternative, and community living. This tradition implicitly informs the community education practices discussed in the previous chapter that assume that giving correct information and changing labels
will change social constructions of intellectual disability based on negative attitudes, fear and stigma to better and more correct ones.

**Criticisms**

However, a number of criticisms have been levelled at the Deviance and Societal Reaction tradition. First, this tradition treats stigma and negative reactions as the expected reaction for ‘normals’ who come in contact with those who differ so significantly from the norm that they shatter the ‘normals’ expectations (Titchkosky, 2000: [12]). Normalcy is thus uncritically accepted as the ‘unmarked site from which people view the stigma of disability’ (Titchkosky, 2000: [8]). While work in this tradition emphasises that disability is a social construction ‘occasion’, it also tacitly accepts the naturalistic notion that disability is a ‘thing’ with a biological base (Titchkosky, 2000: [8-9]). In this sense, it accepts the Naturalistic tradition’s over-determined notion of ‘disability as problem’: as body, brain or mind ‘gone wrong’. It maintains that

... *disability is a problem* ... Involuntary deviance, stigmatised master status, management of spoiled identity, passing, coping, etc., are some of the most systematic representations of *disability as a problem* produced by sociologists ... (Titchkosky, 2000: [4]; emphasis added).

Consequently, there is too much emphasis on the ‘disabled individual as problem’, or on how they cope with being treated as such within society (Bogdan and Taylor, 1994; Edgerton, 1979, 1984, 1993). While there is an implicit criticism of society in this work, critics contend that there is insufficient direct criticism of the dominant norms, or explication of how they have emerged and how they are maintained (Titchkosky, 2000; Anleu, 1999: 31-32). As a consequence, Titchkosky argues that the Deviance and Societal Reaction tradition would therefore better be characterised as ‘the interaction between culture’s dominant and unquestioned representations of difference as these interact with normal’s perception and treatment of difference’ (Titchkosky, 2000: [12]). While Goffman did argue that there was a need to unpack our dominant norms of identity (Goffman, 1963: 128), much work in the Deviance and Societal Reaction tradition has failed to explicitly problematise the construction of normality and disability, and the social, cultural and political processes that collude to negatively construct disability. Sociologists may have learnt much about the social processes by which people with disabilities are negatively treated and stigmatised, but Titchkosky
argues that the Deviance and Societal Reaction tradition ‘tacitly functions as a form of maintenance for the status quo while providing exotic details on disabled people’s lives’ (Titchkosky, 2000: [13]). Indeed, research in this tradition has typically treated people with disabilities as ‘problem objects’ to be studied, thus reinforcing the power of professional knowledges about disability that view it as an individual problem (Titchkosky, 2000: [3-5]).

Second, critics also argue that many of the relativist social responses to the problems identified by this tradition were ‘crude and unsophisticated’ (Mulvany, 2000: 583). The assumptions that non-labelling or the provision of accurate information would result in a change in social relations between disabled and non-disabled people are problematic, as illustrated in the previous chapter. Other commentators (Söder, 1989; Riddell, 1996) argue that social work practice that seeks to reduce disability to a socially constructed occasion and deny its ongoing reality as lived by people with disabilities may, in turn, be used to justify the abolishment of specialised provision. Consequently, it may be co-opted by policy makers in search of cheap options. As a result, Riddell sees practices in this tradition as having potentially ‘negative consequences for those wishing to defend welfare provision and positive action for those with special education needs/disability’ (Riddell, 1996: 86).

Third, this tradition does not adequately explain why generally negative meanings are still attributed to disability in contemporary society even in the face of recent Community Living reforms and community education campaigns. For instance, why does stigma continue in the face of accurate information or the absence of labels? There has been a lack of contemporary work in the Deviance and Societal Reaction tradition that explains the maintenance of stigma, labels and exclusion, particularly amongst professional groups who are well-informed about disability, such as health professionals (Sozomenou, Mitchell, Fitzgerald, Abd-Malak and Silove, n.d.: 2).

Summary
The Deviance and Societal Reaction tradition has contributed an analysis of how social reactions to people with disabilities create disability as a negative status and negatively shape the lived experiences of people with disabilities. However, it fails to offer a more radical analysis of how disability and its meanings originate, are created, reproduced
and circulated within society. It does not examine how disability itself is socially, politically, economically and culturally structured within society (Titchkosky, 2000: [2]; Barnes, 1996: 45). This has led one recent commentator to conclude that the Deviance and Societal Reaction sub-tradition is an underdeveloped way to study disability (Titchkosky, 2000: [3]). Given these limitations, this tradition on its own is insufficient to theorise the meanings of intellectual disability and how they change and circulate. As we shall see below, broader and more critical stances have been adopted in the two recent Social strands of disability theorising and research.

The Social Model of Disability
The second social sub-tradition is the Social Model. The Social Model offers an analysis from the critical standpoint of people with disabilities, rather than society. Its proponents identify disability not as a quality of individuals, but rather as the structural, material and ideological barriers that people with impairments face. They view the dominant medical and administrative definitions of disability as social constructions that are, in turn, manifestations of the individualist ideologies present in capitalist societies that serve to naturalise the social disadvantage experienced by people with disabilities. For example, Blakemore and Drake (1996) contend that:

In few areas of contemporary life do disabled people enjoy equality of opportunity with their non-disabled counterparts ... Their disadvantage is in part a result of the way in which disability is defined and understood (Blakemore and Drake, 1996: 137; emphasis added).

Naturalising and individualistic definitions of disability are seen as ideological barriers to social change. Negative social attitudes similarly remain negative because disability is constructed amongst non-disabled people because disability is largely portrayed as an individual problem (Oliver, 1990). The Social Model is concerned with overturning this view, while also providing a systematic account of why it arose. It is to this aspect that we shall now turn.

Explaining Oppression
The insights of Deviance and Societal Reaction theorists into the social relations of disability have been very influential in the development of the Social Model tradition of theorizing disability (Barnes, 1996: 44). However, the Social Model is significantly
different from the Deviance and Societal Reaction tradition because it seeks to provide a theory of the systemic social oppression experienced by people with disabilities, and the associated social and cultural relations it engenders. The Social Model develops the original insights of Deviance and Societal Reaction theorists, but takes a structural-conflict, Marxist-informed perspective on the conceptualisation of disability, problems and proposed remedies (Bury, 1996: 25). The Social Model is therefore concerned with providing a systematic explanation of how disability is produced as a negative and marginalised status within capitalist societies and lived out as oppression by people with disabilities.

The Social Model originally emerged alongside the disability rights movements as a critique of the individual, medical and psychological ideas and interests that had dominated meanings and understandings of disability up to that time (Oliver, 1990, 1996a, 1996b; Finklestein, 1993; Barton, 1993, 1994, 1996). Within the Social Model tradition, disability is defined as an oppressive relationship between impaired people and a discriminatory society. Impairment is not seen as the cause of disability. Rather, disability is seen as caused by society:

> It is *not individual limitations*, of whatever kind, which are the cause of the problem but *society's failure* to provide appropriate services and adequately ensure the needs of disabled people are fully taken into account in social organisation (Oliver, 1996a: 32; emphasis added).

Instead of accepting that there is a direct correspondence between an individual’s impairment and the social restrictions they experience, proponents of the Social Model view the social disadvantages and restrictions experienced by people with disability as the result of socially-structured and institutionalised oppression. The social disadvantages and restrictions experienced by people with disabilities are seen as wholly social factors that are additional to, or overlaid onto, an individual’s impairment-related limitations. For example, Oliver in the following illustrates the pervasiveness of the ways in which disability is constructed in the organisation, environment and attitudes of society, ranging from

> ... individual prejudice to institutional discrimination, from inaccessible public buildings to unusable transport systems, from segregated education to excluding work arrangements, and so on. Further, the consequences of this failure *do not simply and randomly fall on individuals but systematically upon disabled people as a group* who experience this failure as *discrimination institutionalised throughout society* (Oliver, 1996a: 33; emphasis added).
This reconceptualisation of disability breaks the ‘natural’ nexus between biology, impairment and disability, and shifts the focus to the role of society in creating disability. This challenges existing ideas of disability as a ‘personal trouble’ arising from an individual’s impairment or inability (Bury, 1996: 24-25). By focusing on social, rather than individual, restrictions and disadvantage, it provides a radically different way to understand disability and the position of disabled people in society. As a result, disability is reconceptualised as a public, social and political issue of the oppression of people with disabilities. This reconceptualisation of disability has had profound implications for many people with disabilities’ identity, activism, self-image and self-esteem (Crow, 1996: 56; Oliver, 1996b: 29; McNamara, 1996: 197-198). Oliver, for instance, contends that the Social Model has led to a politicisation of people with disabilities:

> For the past fifteen years the social model of disability has been the foundation upon which disabled people have chosen to organize themselves collectively. This has resulted in *unparalleled success in changing the discourses around disability*, in promoting disability as a civil rights issue and in developing schemes to *give disabled people autonomy and control in their own lives* (Oliver, 1996b: 29; emphasis added).

Similarly, the Social Model has also had profound consequences for disabled people’s self-perceptions, as the following quote from a disabled writer illustrates:

> My life has two phases: before the social model of disability, and after it. Discovering this way of thinking about my experiences was the proverbial raft in stormy seas ... This was the explanation I had sought for years. Suddenly what I had always known, deep down, was confirmed. It wasn’t my body that was responsible for my difficulties, it was external factors, the barriers constructed by the society in which we live. I was being *dis-abled* (Crow, 1996: 56; emphasis added).

The Social Model opened up opportunities for change and activism on disability issues, including the development of a group identity shared by people with disabilities irrespective of the nature of their impairments, permitting them to reshape their self-perceptions, and encouraging the emergence of political consciousness about disability issues and their solutions. It opened the way for political solidarity between groups of people with different impairment types. McNamara (1996), for example, contends that it drew attention to the social aspects of mental illness that result in psychiatric disability:
It is the combination of personal and institutionalized prejudices that create disabling environments. People who have been through the mental health system or have otherwise acquired a psychiatric history often find their access to employment, housing and other necessities to a good life barred by others’ subtle and not-so-subtle discriminatory behaviour ... People with mental distress are disabled (McNamara, 1996: 197-8; emphasis added).

Examples such McNamara’s and Crow’s highlight the extent to which the Social Model radically redefined disability for people with disabilities. The shift in their self-perceptions is akin to the Marxist notion of the working class having the veil of false-consciousness removed, thus allowing activism to bloom in its wake.

Social Model theorists have been involved in a number of critical practices. They have drawn attention to the everyday social and structural, rather than individual, barriers that people with disabilities confront and how these restrict their lives, including economic, political, environmental and social barriers. Mulvany (2000) argues that the Social Model approach has also alerted sociologists to the ‘sites and the mechanisms of institutionalised oppression’ (Mulvany, 2000: 585). Disability activists and sociologists have also offered critiques of social and welfare policies, including how their assumptions reinforce individual deficit and dependency notions of disability, and identifying their implications for the lives of people with disabilities (Oliver, 1990; Mulvany, 2000: 585). They have also engaged in the task of lobbying for better policies.

The Problem of Meaning – Individualist Ideologies
Within the Social Model tradition, the economic base of society is seen as the primary determinant that shapes and structures the oppression of people with disabilities, irrespective of their impairment. People with disabilities are not marginalised and dependent wholly because of their individual impairments and limitations, but because of the web of economic, social and political practices that cast them as such and exclude them from functional and meaningful roles within society. Even the meaning of disability is seen as shaped by this economic base and the social organisation that it engenders. Finkelstein, for example, states ‘I believe that the meaning of disability is determined by the way our society is organised’ (Finkelstein, 1993: 11). Indeed, much of the work in the Social Model tradition has adopted a critical materialist stance,
following a Marxist line about how capitalist society organises work, generates meanings, and structures the role of the state (Bury, 1996: 25-6).

At the heart of this Marxist-informed explanation is the assumption that the existing social, cultural, economic and political relations that marginalise and oppress people with disabilities are generated and held in place by the capitalist economic mode of production. Branson and Miller (1992) espouse this view when they state that: ‘Capitalist relations of production ... demand commitments to able-bodiedness, to the ‘normal’ worker, to equity between individuated and alienated units of labour power, which run counter to the politics of difference’ (Branson and Miller, 1992: 25; emphasis added). The status quo of the exclusion of people with disabilities is then justified and naturalised by individualist ideologies of disability that have emerged under capitalism (Oliver, 1990: 43-54). Within these ideologies, the discrimination, exclusion and isolation experienced by people with intellectual and other types of disability are explained away as the natural consequences of impairment. Moreover, Oliver argues that these individualist ideologies are not merely ideologies that compete with other ideologies within a pluralist society, but rather have become dominant and powerful because of their hegemonic status as taken-for-granted and natural truths about individual autonomy, rationality, and able-bodied and able-minded normality (Oliver, 1990: 43). He contends that they are further reinforced, perpetuated, and kept in place through the everyday professional ideologies and practices of powerful groups, such as the state, doctors, lawyers and allied professionals (Oliver, 1990: 43-54).

The Social Model presents a direct challenge to the individualist ideologies by directing theorising and research to identify, expose and address processes of social and political oppression, discrimination and exclusion (Mulvany, 2000: 584). In particular, work in this tradition seeks to identify and challenge the individualist ideologies and practices of disability that are taken for granted within non-disabled society, and posit the Social Model understanding as a meaningful alternative for people with disabilities. The Social Model shifts the focus of interventions from the individual to the society that produces ‘disability as the outcome of disabling barriers imposed by environmental and policy interventions’ (Shakespeare, 1996: 97). Since disability is seen as inherently a social construction, the remedy is seen as the removal of all barriers and the establishment of inclusionary practices. This goal has been explicitly pursued through social, political
and policy action that emphasises the common oppression of people with disabilities and recognises their equal rights. It has also been pursued through the development of disability rights movements and identity politics.

Individualist ideologies may, however, undermine such efforts at progressive change. For example, while Community Living policies and legislation in Australia explicitly acknowledge the equal value of people with disabilities, this recognition may be undermined, subverted or diffused of its radical purpose by ideologies of individualism that emanate from the capitalist base (Oliver, 1990; Branson and Miller, 1992: 23). Indeed, while Social Model proponents celebrate change, they also draw attention to the ways that the ideological assumptions of individualism are still present and may undermine even the most progressive legislation (Barnes, 1992). This alerts us to the continuing barriers that persist and the need to critically question the impact of progressive changes that may only be superficial or window-dressing that fails to change the fundamentals of society.

Criticisms
The critical task that the Social Model and its proponents are engaged in is far from a simple one. Yet there a number of criticisms of the Social Model tradition that are relevant to this thesis’ study of the social and cultural construction of intellectual disability. Amongst some people with disabilities and theorists during the last decade there has been a rejection of the oppression and emancipation metanarrative of the Social Model, particularly its apparent denial of difference, its truth claims, and its deterministic view of oppression.

The first set of criticisms relate to the view that the Social Model has failed to address fundamental questions of differences amongst people with disabilities and the associated complexity of the social restrictions that they face. The Social Model stresses the shared nature of people with disabilities’ experiences of oppression. Yet in emphasising such similarities the Social Model runs the danger of glossing over self-definitions that arise from differences in the lived experiences amongst people with disabilities, differences that often run along impairment and pain lines. This point is illustrated in the following by Barton (1993):
By ignoring impairment differences amongst disabled people, the Social Model may replicate the silencing of the voices of people with disabilities within society, and replicate the denial that they possess the authority to speak about their own lives and experiences. Commentators have also identified problems with the Social Model’s failure to attend to related issues of selfhood, identity politics, diverse lived experience of disability and impairment, and how these shaped and are shaped by socio-cultural constructions of disability. While acknowledging that the Social Model has been a crucial tool in shifting the context of debate from ‘biomedically dominated agendas to discourses about politics and citizenship’ (Hughes and Paterson, 1997: 325), critics argue that the central propositions of the Social Model may impede further progress. For instance, a critique advanced by feminist disability scholars, such as Morris (1991), has drawn attention to the failure of the Social Model to examine the significance of multiple bases of oppression, including class, race, gender, sexuality and intellectual ability (cited in Oliver, 1996a: 39.) Barton (1993) is one of the few proponents of the Social Model to acknowledge the problems still to be confronted in relation to these issues. He details them as being

... the extent of the difficulties disabled people within the disability movement have still to engage with over questions of disability and race, the position of disabled women, disabled people and their sexual orientations and their relationship to people with learning difficulties (Barton, 1993: 245; emphasis added).

Moreover, a serious consideration of invisible and hidden impairments, such as mental illness, psychiatric disability and intellectual disability, in terms of disability theory has been conspicuously absent. Research in the Social Model tradition has failed to adequately examine the lived experiences of people with non-physical impairments, such as those with intellectual disabilities. Chappell (1998), for example, contends that the Social Model reproduces the marginalisation of people with intellectual disability within society, rather than challenging it. In terms of people with intellectual disabilities, Goodley (2001) also contends that Social Model theorising has had little impact on breaking down socially-imposed barriers and meanings about intellectual
disability because it remains ‘tacitly conceived as biological deficit’ (Goodley, 2001: 211). Gillman et al. (1997) point to similar problems:

> It could be argued that whilst the disability movement has fought the colonisers of disability (e.g. the medical and allied professions) for the right to define disability on their own terms, *the fight against the colonisers of learning difficulty is of a different order*; it is a fight against the *denial of humanity* itself; hence, this group[’s] insistence on being perceived as *people first* (Gillman et al., 1997 cited Goodley, 2001: 218; emphasis added).

This denial of the diversity of lived differences amongst people with disabilities also runs counter to the strong trend of identity politics that actively acknowledges diversity in lived experiences. In this way, the Social Model departs from other contemporary debates and social movements that are about difference. For example, in race, gay, queer and feminist theories there is an embracing and claiming of difference as part of identity politics (Nicholson and Seidman, 1995; Young, 1990). In contrast, the Social Model seeks to emphasise the sameness of people with disabilities to non-disabled people, thereby minimising their differences, rather than claiming them as a badge of pride. Hughes and Paterson (1997) contend that this is the result of the conceptual distinction between impairment and disability which is at the heart of the Social Model, which they contend involves denying rather than claiming impairment and disablement.

They are worth quoting on this issue:

> The social model of disability proposes an untenable separation between body and culture, impairment and disability. While this has been of enormous value in establishing a radical politics of disability, the cartesianized subject that it produces sits very uneasily in the contemporary world of identity politics (Hughes and Paterson, 1997: 326; emphasis added).

Hughes and Paterson view the epistemological concerns of the Social Model and contemporary sociology as going in opposite directions. They contend that sociology has become more interested in concepts of embodiment and the body in light of post-modernist concepts, while the Social Model of disability has made grand claims to truth and rationality.

The second criticisms of the Social Model relate to its truth status. The Social Model is a critical tradition that assumes a dichotomy can be made between the truth and falsehoods about the world. It assumes that the truth about disability is mystified or hidden by individualist and normative ideologies. It seeks to give information to people
with disabilities so that the true nature of their oppression and its sources can be seen to them. Yet, the truth claims of the Social Model are not accepted by all people with disabilities. For example, Pinder (1995) in her study of the workplace inclusion experiences of people with chronic illnesses and disabilities, found a more mixed range of individual responses to the Social Model. Some participants

...with painful experiences of deprivation and childhood institutionalisation, have found solace – and liberation – in the social model of disability ... Others, including one informant severely impaired since early childhood, have some difficulty in relating to it; yet others were uncomfortable with it (Pinder, 1995: 613; emphasis added).

This highlights the variety of possible responses to the experience of disability, and requires us not to dismiss views opposing the Social Model as ‘false consciousness’. Pinder points to the possible unintended consequences of failing to critique Social Model definitions and their impact on the disability movement. She argues that the truth status of the Social Model may effectively marginalise or silence the voices of people with disabilities who challenge its assumptions:

It would be tragic if the entrenched definitions and inflated language which sometimes characterise the increased militancy of the Disability Movement hampered the progress already made – a concern shared by some informants in the study (Pinder, 1995: 607-8).

Such experiences and voices must be acknowledged, otherwise the Social Model runs the danger of appearing as a new way to dismiss the experiences of people with disabilities as ‘false consciousness’. In doing so, the Social Model may itself become an instrument of ideological oppression that rules out alternative possibilities for people with disabilities to be in the world. Shakespeare similarly argues that many of the criticisms about a privileged truth position levelled at feminism, apply equally well to the Social Model of disability. The problems this truth status poses for progressive social movements are clearly summarized in the following statement from Boswell (2001):

Recognition of ableism, like racism, ageism, classism, heterosexism, and other forms of habitually imposed ethnocentric oppressions, constitutes a central component of feminists’ struggle against patriarchal dominance. Yet, those who resist ableism, like advocates fighting other “isms”, often call feminist movements to task, and argue that these movements sometimes perpetuate the dominant discourses they seek to dislodge, by themselves closing out the “others” (Boswell, 2001: 47; emphasis added).
While seeking to contribute to the development of a theory of disability, writers in the Social Model tradition have been modest in acknowledging the limitations of the Social Model. Oliver, for example, views his work as a way to re-define disability and raise issues, not as a grand theory. He acknowledges the validity of critiques of the Social Model of disability regarding its failure to address issues of impairment, but argues that these issues lie more appropriately within the domain of a theory of impairment (Oliver, 1990: 42). This response, however, suggests a degree of unhelpful pragmatism to Social Model proponents in their unwillingness to recognise and respond seriously to alternative modes of theorising and forms of identity politics that seek to grapple with issues of impairment and disability, their inter-relatedness and implications.

The third set of criticisms, which are somewhat related to the previous two, relate to the Social Model’s structural theoretical explanation. It has been perceived as too deterministic and unsophisticated in its explanation of ‘why things are the way they are’ (Riddell, 1996: 103). The grand narrative of the Social Model has been criticised for overgeneralising the nature of the oppression that people with disabilities experience. For example, the Social Model locates the fundamental cause of the oppression of disabled people within Western capitalist countries in the economic mode of production and the resultant individualist ideologies. Yet, the traditional assumption of Marxist cultural analysis that a determining economic base determines the superstructure has been problematised by recent Marxist cultural theorists, such as Williams (1980). Williams argues that we cannot assume a fixed determining relationship between the economic base and the superstructure, even though there may well be a relationship of some sort. He contends that

... we cannot ascribe to that [the base] process certain fixed properties for subsequent translation to the variable processes of the superstructure ... We have to revalue ‘determination’ towards the setting of limits and the exertion of pressure, and away from a predicted, prefigured and controlled content. We have to revalue ‘superstructure’ towards a range of cultural practices, and away from reflected, reproduced or specifically dependent content (Williams, 1980: 34; emphasis added).

Similarly, critics argue that wholesale oppression is not by necessity the only outcome of the capitalist mode of production. Branson and Miller (1992) contend that relations of consumption within capitalism may actually support and stimulate the political movements for the celebration of difference that lies at the heart of recent Community
Living policies (Branson and Miller, 1992: 25). They claim that the relations of consumption will often reflect

... the contradictions between capitalism's ideological commitments and the realities of capitalist production ... Those contradictions produce the cultural responses to variable and unequal material conditions of existence which include ... the seeds of class consciousness, black consciousness, feminist consciousness, and so on (Branson and Miller, 1992: 25; emphasis added).

Indeed, the Social Model and the activism for social change that it promotes can be seen as the fruits of an emerging group consciousness of disability oppression and economic and social marginalisation.

While Social Model proponents acknowledge the conscientisation of people with disabilities (Oliver, 1996b), they still fail to ask more critical questions about social and cultural hegemony, how it is determined and how it is changed. For instance, what is the specific character of disabling cultural hegemony, and how it is maintained or transformed in the face of opposition by theorists, activists and policy makers? Can contingent, situational and lived experiences, definitions and meanings be generalised from the Social Model’s structuralist theory of oppression? Titchkosky, also writing on disability theory, poses similar questions when she asks ‘just how dominant is this dominant ideology? Who has succumbed to it? Who has not?’ (Titchkosky, 2000: [14]). Proponents of the Social Model fail to adequately account for such issues, and do not come to terms with the specific character of the socio-cultural aspects of oppression. This draws attention to the need to critically investigate the Social Model’s theoretical claims about individualist ideologies and to explore its actual contribution in everyday society. Consequently, there is a need to explore the various social and cultural constructions of disability present in society, rather than assuming that they will simply be structurally determined from the economic base (Shakespeare, 1996; Pinder, 1995; Hughes and Paterson, 1997). Generally speaking, it appears that there are potentially more fruitful realms of analysis that address themselves to exploring the diversity of experiences and meanings of disability within society.

**Social Model Summary**

The Social Model of disability illustrates the importance of questioning the definitions and meanings of disability that circulate in contemporary society. Its theory of
disability as oppression identifies the unities and commonalities in disabled people’s lived experiences, regardless of impairment, and contends that their oppression is intricately connected to the capitalist mode of production that organises contemporary society. Its proponents argue that the oppression of disabled people is obscured by ideologies of individualism and professional practices. As a result of this critical stance, the Social Model tradition has been very influential, informing collective disability rights activism, contributing to policy reform, and other identity practices amongst disabled people.

Many criticisms have been made of the Social Model’s analysis, assumptions about truth, falsity, and social change, and the unreflexive and reified practices it may lead to. Work in the Social Model tradition has failed to engage with more complex and variable issues, such as debates within the disability rights movements over identity politics, such as how people with different disability types are seen. The Social Model also does not explicitly address how the social and cultural hegemony of individualist ideologies may change over time, even though it promotes activism and analyses that expose and critique these ideologies. In terms of the current thesis the Social Model literature fails to address if social policy and legislative change can temper the ideological determinism of the economic base, even though it promotes and endorses changes in policy and legislation. Such questions and criticisms draw attention to the limited and deterministic way in which the Social Model tradition conceptualises the social and cultural meanings of disability and how they are produced, reinforced and circulated (Shakespeare, 1996; Meekosha, 1998b). Therefore, in response to these criticisms of the Social Model, this thesis will seek to identify the diverse constructions and meanings of intellectual disability and to understand how they work to confirm or challenge the existing social order.

Overall, these issues highlight the limitations of the Social Model of disability in terms of the current study’s aims to explore, describe and understand the range of ways that intellectual disability is constructed in the contemporary post-deinstitutionalisation, Community Living phase. In an attempt to transcend the problems of the Social Model, a new tradition of theorising and research is emerging drawing on poststructural and social constructionist theoretical perspectives (Mulvany, 2000: 586). The limitations of the Social Model have led at least one of its proponents to seek an alternative theoretical
tradition in the emerging Socio-Cultural tradition (Shakespeare, 1996). It is to a
discussion of this tradition, and an assessment of its relevance to the current study, that
we will now turn.

Socio-Cultural and Discourse Tradition – Rival Interpretations and Truth Claims
The third school in the Social tradition is the recent body of work that focuses on
identifying and describing the ways in which disability is socially and culturally
constructed, and the implications of these constructions for the lives of people with
disabilities. This emerging tradition understands disability as a complex social and
cultural phenomenon with a social history embedded in a network of social and power
relations. Drawing on poststructuralist and postmodernist theoretical assumptions, work
in this tradition begins from the assumption that there are many possible sources,
constructions and meanings of disability. In this sense, disability is not a purely
biological, natural or social problem, but an interaction of all these elements and
influences. Consequently, this emerging school focuses on identifying, exploring, and
analysing how disability and its meanings are constructed in specific times and places,
rather than deducing them from a structural model (Fulcher, 1989a). This practice is
seen as essential to challenging of the status quo by questioning the permanance and
adequacy of existing foundational categories, and exposing ambivalences and
uncertainties, thereby potentially informing new strategies for social change (Prakash,
1992: 168-184). Shapiro, for example, contends that:

If we want to politicize the concept of disability, that is to interrogate the
norms for responsibility, authority and power embedded in discourses
that contain it, we must reflect on the ways that disability is constituted
in utterances (Shapiro, 1981 cited in Fulcher, 1989a: 24; emphasis
added).

Theorists and researchers in the Socio-Cultural and Discourse tradition do not share the
Social Model’s assumptions about truth and ideology, or its commitment to a single,
grand liberatory narrative. They identify problems with the Social Model tradition’s
investment in an agenda of grand social change prefaced on a structural explanation of
oppression, particularly its failure to explore the conflicting interpretations, meanings
and discourses around disability. Those in the Socio-Cultural and Discourse tradition
do not presume that the experience of having a disability by necessity results in uniform
social oppression, and are interested in understanding contradictory experiences and
meanings. Consequently, work in this tradition does not seek to offer a meta-theory of disability in society and social change, but to attend to difference, otherness, and multiple voices (McDermott, 1996: 8-9). This may be by identifying and documenting the many conflicting interpretations of disability and its meanings, and exploring how these shape the lives and identities of people with disabilities. Its researchers and theorists direct attention to the need to theorise and analyse the complexity and multiplicity of the social processes of oppression, the range of social and cultural meanings, understandings and practices of disability within society, and how these enframe and shape the lived experiences of people with disabilities (Shakespeare, 1994, 1996; Tremain, 2001).

The Problem of Meaning – Diversity and Complexity

While the Social Model tradition continues to dominate much contemporary theorizing and writing, the Socio-Cultural and Discourse tradition of disability is emerging as an important new field. Indeed, Shakespeare contends that recent strands of such work in cultural studies and feminism potentially offer more productive theoretical options than previous intellectual traditions in the disability area (Shakespeare, 1996). Researchers and theorists in this vein, like their predecessors in the broader social construction tradition, see the meaning of intellectual disability as socially constructed. However, they differ from the Social Model because they emphasise the contingent, situational, multiple, and discursive, rather than ideological, aspects of this social construction. Rice and Ezzy contend that ‘[p]oststructuralists refuse to accept that there is only one correct way of looking at the world … and point to other possible understandings’ (Rice and Ezzy, 1999: 211). This has led researchers in this theoretical tradition to analyse the processes by which disability is variously constructed and constituted as a social and cultural category in order to understand the character of disability in contemporary society (Shakespeare, 1996: 98).

In particular, theorists and researchers in this emerging tradition have recently begun to identify the many different, sometimes conflicting meanings, themes and narratives of disability. There is now a growing body of work theorising, documenting, and analysing the socio-cultural construction of disability, including identifications and explorations of the discourses relating to disability, care, and mental health reform (Corker, 1998a, 1998b; Chenoweth, 1998; Fulcher, 1989a; Hazelton, 1993, 1997;
This work begins from the assumption that the analysis of how people ‘create reality by naming and giving meaning to it’ (Yeatman, 1990: 155) is an important analytic task. Titchkosky argues that identifying conflicts and ambivalences over the meaning and interpretation of disability within contemporary culture is a very important task for social researchers (Titchkosky, 2000: [17]). She is worth quoting on this point:

Regardless of falsehood or truth, the question of meaning remains: what meaning can we glean from the truth claims which surround the study of disability? What meaning can be gleaned from analysing the constitution of conflicting interpretations? If we do not rely on the true/false dichotomy, and its necessary assumption that one side is mystified by its own ignorance, what other possible ways come to the fore in order to arbitrate these conflicting interpretations of the study of disability? (Titchkosky, 2000: [6]; emphasis added).

The discourse analysis strand of the Socio-Cultural tradition answers these questions by looking at how the language used to describe disability and disability issues indicates discourses, and how the very practices of disability construct it in particular ways. While there are various definitions of discourses, for the purposes of this discussion they can be fruitfully understood as ‘a set of meanings, metaphors, representations, images, stories, statements … that in some way together produce[s] a particular version of events’ (Burr, 1995: 48). Instead of a True/false dichotomy informing the research, the focus is on identifying, documenting, and mapping the multiple and conflicting interpretations present in language, texts, and practices. Discourse analysis assumes that multiple and historical interpretations or discourses of phenomena such as intellectual disability, will always be present shaping and constraining our contemporary thinking, practices and habits, and potentially limiting social change. Moreover, these discourses are usually manifest in the material practices and conditions of the world beyond language, texts, and representations of the phenomenon.

The analysis of discourse has become increasingly popular in applied research and theorising about disability because it exposes the subtle and complex workings of power through disability-knowledges that have become the accepted orthodoxy within given sites of society. For instance, recent intellectual disability researchers have sought to explore and understand the varying meanings of intellectual disability and the field of discourses that construct and enframe these (Fulcher, 1989a, 1989b; Cocks and Allen, 1996; Chenoweth, 1998; Johnson, 1998a, 1998b). Rather than viewing oppression as
wholesale and constant, discourse theorists and analysts see power and knowledge as varied in and between different arenas of society. For example, Barton (1996) in the following example highlights how people with disability have been excluded from academic and popular arenas of power by virtue of the way they are constructed within, and their voices excluded from, the dominant discourses of these arenas:

One of the significant aspects of discrimination is the extent to which the voices of disabled people have been excluded from both academic and popular discourses within society. This is not because they have nothing to say, but rather, it is either a question of being subservient to the significance of professional articulations or not something which a disabled person can be expected to do. These sort of assumptions reinforce a deficit view, one which ultimately regards those involved as less than human (Barton, 1996: 235; emphasis added).

Accordingly, research in this tradition identifies and, often critically, examines the constructions and associated meanings of disability created and perpetuated in particular discourses, and how they shape and often reinforce power relations within society (Fulcher, 1989a). Such analyses of discourses identify the way power operates through the knowledges they produce or reaffirm. This offers a considerably ‘richer and more complex picture of disability’ than previous theoretical traditions (Shakespeare, 1996: 98). Similar analytic, discourse, and deconstructive approaches have also been adopted in feminist, race, psychology, environmental, state, and postcolonial studies (Naffine, 1997; Mills, 1997; Wetherell and Potter, 1992; Prakash, 1992; Lloyd, 1984; Pusey, 1991; Plumwood, 1993; Hare-Mustin and Marecek, 1990; White, 1992).

The assumptions of the Socio-Cultural and Discourse tradition have informed sophisticated analyses of how particular discourses govern people with disabilities, including how these discourses are maintained or challenged by government policy reforms and representations of disability in the media (Johnson, 1998a, 1998b: 375-387; Hazelton, 1993: 141-154; Rapley and Ridgway, 1998: 451-471; Potter and Collie, 1989: 62; Meekosha and Dowse, 1997; Cashling, 1993: 203-210). Another strand has explored the implications of social meanings and discourses of disability for the self-and social-identities of people with disabilities, such as investigations into how disability is understood by people with disabilities and their families (Fullagar and Owler, 1998: 441-450; Davies and Jenkins, 1997: 95-109; Todd and Shearn, 1997: 341-366).
Overall, theorists and researchers in this emerging tradition direct our attention to issues of power and resistance inherent in how intellectual disability is constructed in a range of sites, and how competing and powerful discourses may complicate and impede social change in several ways. A couple of examples serve to illustrate this work. Potter and Collie (1989) illustrate how the language of ‘community discourse’ engendered a greater acceptance of deinstitutionalisation amongst British lay people than other, professional discourses. They contend that this is because ‘community’ has strong connotations of organic and close-knit relations. Bryson and Mowbray (1980), in a critical discussion of the use of term ‘community’ in social policy in Australia, have advanced a similar argument. Potter and Collie argue that ‘community discourse’ was near resistant to criticism because critics invoked the positive connotations of community every time they attempted to point out problems with community care practices.

In the Australian context, theorists, researchers and commentators have argued that the meaning of disability is structured according to a broader range of discourses that constrain meanings of disability to particular patterns. Fulcher (1989a: 26-31), for instance, has identified five main discourses that compete and combine to inform contemporary disability practices: Medical, Charity, Rights, Lay, and Managerialist discourses. Each discourse emphasises different practices and constructs disability differently. More recent commentators have argued that a Rights discourse, emphasising the equal rights of people with disabilities, arose to policy dominance under Community Living reforms (Law, 1991). However, many acknowledge that it has since been subordinated to a Managerialist discourse, or distorted by the emergence of an Economic-Rationalist discourse that prioritised savings to government over the rights of people with intellectual disabilities (Bowman and Virtue, 1993; The People Together Project, 1998).

Johnson (1998a, 1998b), for example, in her ethnographic study of deinstitutionalisation found that both Rights and Managerialist discourses were present in the deinstitutionalisation process, but that in the end those who had final control over the deinstitutionalisation process ultimately drew on the Managerialist discourse. Johnson’s work on deinstitutionalisation reveals how both Rights and Managerialist discourses maintained overt commitments to Community Living in principle, but
translated notions of ‘community’, ‘rights’, and ‘choice’ in very different ways. This had marked differences for practice, leading one of the closure project team managers to negatively evaluate the deinstitutionalisation process as: ‘This was a quick and dirty process. It was not deinstitutionalisation. It was institutional closure’ (Johnson, 1998a: 149; emphasis added).

In this sense, the failure of the Rights discourse stems from its lack of institutional bases of support, a view that was foreshadowed by Fulcher almost a decade earlier (Fulcher, 1989a: 26). Overall, these researchers and commentators have been particularly important in identifying the rise of Economic-Rationalist and Managerialist discourses, and in unravelling their consequences for people with intellectual disability and the intellectual disability sector (Bigby and Ozanne, 2001: 179; Parmenter, 1999: 145), without distorting the complexity of this picture with reference to a systematically determining economic base.

**Strengths**

This body of work has three main strengths. Its first strength has been in ‘exploring the cultural landscapes which we inhabit’ (Boswell, 2001: 50), without seeing them as simply artefacts determined by the economic base. In seeing the social and cultural meanings and discourses of intellectual disability as less simplistically determined by the economic base, this body of work calls on us as theorists, researchers and practitioners to attend to the different meanings and discourses in society, and the varying ways in which they shape practice for different individuals and groups.

Secondly, abandoning the Truth/Falsity dichotomy has allowed researchers to expose the degree of conflict and contestation over the dominant social and cultural categories by which disability is made sense of. For example, Pinder’s (1995) research has shown that people with disabilities are required to enter into complex negotiations about the wider social and cultural significance of impairment, pain and difficulties at work, such as a discourse of ‘unease’ surrounding pain and disablement. Exposing the existence of this discourse problematises simplistic notions of discrimination. Discrimination is no longer a clear-cut case of the discriminator’s negative attitudes and their resistance to the presence of people with disabilities in the workplace, but rather a failure to effectively negotiate around the discourse of unease. Pinder found that some of the
participants with disabilities in her study, and their employers and co-workers were more open to identifying and challenging the dominant discourse of unease. This openness to negotiating around unease was significant in terms of people with disabilities successfully accessing and remaining in the labour market:

Despite the ambiguity in their relationships with the world of work, there is no mistaking, in Sally's case, the growing confidence in 'working around things', and challenging the discourse of unease. In turn, such a process is reflected by, and itself informs, the growing collective discourse of integrating disabled people at work (Pinder, 1995: 623; emphasis added).

Thirdly, exploring diverse meanings and discourses allows us to better understand how they shape practice and this, in turn, enables us to contemplate alternatives. Naffine (1997), for example, writing on meanings of rape argues that there is a need to identify and explore the range of social and cultural meanings given to rape, and the subject positions these meanings and discourses make possible. Only then, she argues, will we be in a position to question...

... hard cultural facts that ensure that this is how things must be for woman, or that this is how women invariably view their condition ... By sharing how meaning works, we can help change meaning. We can bring what was on the outside to the centre (Naffine, 1997: 104; emphasis added).

Schram (1993) makes a similar case, arguing that a focus on discourse can provide ways to ‘rethink and resist questionable distinctions that privilege some identities at the expense of others’ whilst also ‘highlighting how policy discourses and public policies themselves are implicated in the construction and maintenance of identities in ways that have profound implications for the allocation of scarce resources’ (Schram, 1993: 249; emphasis added). Boswell also stresses the importance of such analyses for attempting to unlearn our own privileged positions and adopting more reflexive approaches in the pursuit of social justice. She writes:

I have come to see my negotiation of my “disabled” status to be linked to my negotiation of my status as a woman in a sexist society – and this is a complex process, with many overlapping issues which sometimes require complex responses. One thing seems clear to me, though – we need to become conscious of how our interactions can become part of a growing movement for justice. One way we can do this is to realize that the categories are arbitrary and constructed (Boswell, 2001: 50-51; emphasis added).
By exposing the diversity of views and meanings within society, discourse analysts may assist in more reflexive debates about personal and collective action, including agency and policy development. These themes will run throughout this thesis.

**Criticisms**

The Socio-Cultural and Discourse strand of theory and research emphasises the importance of identifying and exploring the various discourses that constitute the meanings of disability circulating within contemporary culture. Yet the postmodern and poststructuralist theoretical assumptions have received criticism for failing to advance emancipatory action or explicitly commit to a single mode of activist practice (Oliver, 1996a; McDermott, 1996). Oliver (1996a), for example, wrote the following of Cashling’s (1993) use of narrative theory in exploring understandings of disability:

> [I]t remains to be seen if post-modernist thinking, as Cashling suggests it might, ends up explaining the oppression of disabled people as simply a manifestation of society’s hatred of us, whether that will take us as far as the social model in challenging oppression (Oliver, 1996a: 40; emphasis added).

It has also been argued that research that identifies and describes discourses that are unpalatable and negative of people with disabilities may lead to nihilism and inaction. This is a key criticism and will be addressed in more detail in the following chapter. However, in reply to this criticism it is necessary to emphasise that exposing the complex, contingent and multiple constructions of disability should not by necessity lead to ‘a sense of nihilism and impotence’ (McDermott, 1996: 8-9). On the contrary, it may be an added impetus for more diverse, innovative and sophisticated social action to challenge oppression in its various forms: material, cultural, social or otherwise. Knowing the broad range of alternative positions from which to speak may also bolster the capacity of researchers to stand back to better evaluate and criticise what they find. Indeed, qualitative researchers, irrespective of their theoretical tradition, should seek to be reflexive about their findings and embrace the role of ‘moral criticism’ (Denzin cited in Rice and Ezzy, 1999: 212).

A further problematic aspect of work in this tradition is the tendency to over theorise without identifying, documenting and describing the local context. Some work on disability discourses departs from theoretical assumptions without paying attention to how they relate to the specific details of the local context. For instance, much has been
written about the dominant discourses such as the rise of Economic Rationalist discourses and its implications for welfare state practices. However, there has been very little research evidencing this discourse in the policy literature on intellectual disability, and an associated lack of comment about its specific implications for people with intellectual disabilities (with notable exceptions of Johnson, 1998a, 1998b; Cocks and Allen, 1996). Most work in this area is at the level of theoretical abstraction, and fails to question or expand upon the conceptual schemas of dominant discourses. Phillips (1998), writing on the discourse of Thatcherism, has reached similar conclusions, arguing for more empirical, applied discourse analyses (Phillips, 1998[1-4]). Clearly, more applied work is needed in this area before we can better evaluate the implications of this emerging theoretical tradition.

**Socio-Cultural Tradition Summary**

The Socio-Cultural and Discourse strand of theorising and research encourages us to explore the situatedness, complexity, and multiplicity of social constructions of disability (Shakespeare, 1996: 98). Its proponents contend that it is necessary to explore how understandings of disability are constructed as part of any liberatory social project. In short, we need to understand these meanings and discourses, even as we strive to change them. Given the substantial investment many of us have in challenging and changing the meanings and discourses surrounding intellectual disability, such as through legislation, policy and community education, empirical exploration of such meanings and discourses are topics worthy of analysis. Overall, the emerging Socio-Cultural and Discourse strand suggests that discourse analysis of the conflicts, multiplicities, and possible alternative meanings of disability may yield more fruitful understandings of the problems of social exclusion, and also more creative ways of finding alternatives. While there are strong criticisms of the potential nihilism that this emerging tradition may engender, there is also sufficient incentive to explore the possibilities it presents. Only then will we be in a position to evaluate the speculation surrounding what this intellectual tradition can or cannot do for social change.

In terms of this thesis, reviewing the Socio-Cultural and Discourse tradition has shown that it is insufficient to simply identify the meanings of intellectual disability, without understanding the various and shifting discourses that enframe and shape them. Analysis of the discourses that construct intellectual disability is essential to the
analytical task of understanding if we have ‘unmade’ people with intellectual disabilities from their status as other. In particular, we need to understand why particular meanings and discourses may be conducive or resistant to the recognition of equal rights and citizenship claims promoted during the Community Living phase. The goal of this thesis, therefore, cannot be just to identify the meanings of intellectual disability in contemporary society. Indeed, this discussion has refined the scope of this study to a focus on exploring, identifying and understanding the discourses that meanings of intellectual disability are embedded within and shaped by, and how these discourses relate to the goals of the Community Living phase. However, in order to do this the theoretical assumptions of this emerging intellectual tradition require more explication than the brief overview provided in this chapter. For this reason they will be taken up in more detail in the following chapter.

Chapter Summary

This critical review of the intellectual traditions of research and theorising disability issues has exposed the various fundamental assumptions about what disability is, how its meaning is created, and how social relations surrounding it are maintained, challenged, or changed. However, not all the traditions were equally suited to exploring issues of meaning and social construction. The emerging Socio-Cultural and Discourse tradition offered the most fruitful way of understanding the ways in which intellectual disability is constructed in contemporary society, how meanings circulate in society, and the role they may play in impeding or facilitating social change. This has led to a refinement of the theoretical framework underpinning this thesis by locating it in the Socio-Cultural and Discourse tradition. As a result, the case has been made for further exploratory research to explore the meaning and discourses of intellectual disability in contemporary society.

Next Chapter

The concept of discourse and its implications will be further elaborated in the following chapter. It further explicated the theoretical basis of discourse, providing the basis for the development of a methodological approach to conduct empirical research. The
Foucauldian branch of discourse theory is discussed along with its methodological implications for revealing the discourses that are present in society, what possibilities they create and how they constrain understandings of the personhood of people with intellectual disability.
CHAPTER 4: THEORETICAL FRAMEWORK

Foucault, Discourse Theory and Analysis

We are not born free; we are always already thrown into some configuration of power. Hence what one should study in history are the anonymous deep configurations that determine the ways we are classified and grouped – the deep history of the constitution of our “polities” (Rajchman, 1985: 62; emphasis added).

The shift allowed by Foucault is an important one, because it involves a shift away from the “planners” to their discourse, its constitutive elements and technologies (Beilharz, 1987: 393; emphasis added).

Introduction

In recent years, the concept of discourse and the discussion of various discourses have become increasingly important in theoretical writings and applied research in the social sciences, particularly in studies of disability (Fulcher, 1989a, 1989b; Johnson, 1998a, 1998b; Price, 1995; Wetherell and Potter, 1992; Foucault, 1972, 1980; Weedon, 1987; Stewart, 2002). Discourse, however, is a difficult concept to define, not least because it has been used in a diverse range of ways. Indeed, it now has a range of possible theoretical and general meanings (Mills, 1997: 3, Burr, 1995: 2; Hooks, 2001). This chapter further elaborates the theoretical notion of discourse introduced in the previous chapter, including how the relationships between discourse, power, knowledge, and resistance are conceptualised in discourse theory. The discussion will be limited to a discussion of Foucault’s theorisation of discourse, drawing on the work of disability theorists and researchers who have utilised this concept. The objective in undertaking this task is not to review Foucault’s work in full, but to identify and discuss those concepts that are most relevant to the current study’s focus on exploring the various discourses of intellectual disability in contemporary society, and their shaping of social practice and social identities. It is argued that exploring the role of discourse in constructing intellectual disability is crucial for enabling critique and theorising of the status quo, and informing further activism to change intellectual disability practices, knowledges and experiences. Overall, the discussion in this chapter seeks to draw
together relevant theoretical themes and explore their implications for studying the various discourses and meanings of intellectual disability in contemporary society.

**Discourse Theory**

Theorists and researchers influenced by Foucault’s writings contend that what disability ‘is’ is struggled over in everyday social practice (Munford and Sullivan, 1997: 21; Fulcher, 1989a; 1989b). For Foucault, it is discourses that shape how we see and speak about the world, including intellectual disability. The following quotation from Lupton and Barclay (1997) is particularly instructive in this respect:

> Discourses … are understood as ways of representing – talking about or visually portraying - phenomena and the practices of material conditions associated with these presentations. Discourses are expressed in texts (whether written, oral or visual) and in social and embodied practices … Discourses may be regarded as assemblages of knowledge that serve to produce notions of the human subject (Lupton and Barclay, 1997: 5; emphasis added).

This quotation identifies a number of central characteristics of discourse. First, discourses are ways of mutually representing, constructing and constituting what is real for us. They offer a ‘take’ on how the world is, and persons and objects within it. Another way of putting this is that each discourse is a ‘network with its own history which proscribes and enables what can be said’ (Wicks, 1995: 125; emphasis added). Phillips (1998) similarly sees discourse as a ‘mode of action in dialectical relationship with other aspects of the social … Discourse represents an important type of social practice that constitutes identities, social relations and representations of the world and both shapes and is shaped by other practices’ (Phillips, 1998: [3]). Medical discourse, for example, understands the reality of the world as something that can be accessed through neutral observation. It is implicit in medical discourse that intellectual disabilities are within the body deficits, even where only their symptoms are observable. Consequently the social identities of people with such disabilities are cast in terms of impaired physiological, cognitive, and behavioural functioning, and this in turn has implications for how they are seen and ‘treated’. One of the advantages, then, of a discourse approach is that it serves to explicate the mutually interdependent conceptual, linguistic, material and practice elements at the centre of theoretical analysis.
Secondly, discourses may be manifest in a range of linguistic, social and material practices (Hooks, 2001). A range of social practices and embodied habits may be indicative of particular discourses. For example, talking about, rather than to, a person with an intellectual disability is a social practice that may derive from a discourse that understands intellectual disability as resulting in lack and inability to take part in a conversation. Language has often been seen as an important site where discourses are made manifest and identified. It is, though, by no means the only site. Nonetheless, Foucault, following Heidegger, acknowledged the important building role of language in shaping reality, but he did not use the words ‘discourse’ and ‘language’ interchangeably (Harvey, 1996: 83). While a particular discourse may be manifested or indicated by language expression, such as the style, patterns, and conventions of a given text, Foucault did not conceptualise discourse as simply reducible to, or the same as, linguistic patterns or language use. Indeed, Hooks argues that ‘against a pan-textualism which might claim that everything can be analysed as a text, as a language, Foucault points out that the power in language links to, and stems from, material and tactical forms of power’ (Hooks, 2001). Contrary to those who see discourse as a form of linguistic determinism, Foucault offers a more complex conceptualisation of discourse as an interrelationship between material, linguistic and practice conditions. This conceptualisation of discourse does not simply equate changes in language as changes in discourse.

Theorising the existence of discourses assumes the existence of a more complex relationship between ‘words’ and ‘things’ and ‘practices’ than most disability policies and community education strategies have assumed. Indeed, in conceptualising discourses in this way, Foucault was countering the hierarchy of the materialist paradigm that sees material things as real and true, and stable and transparent in the world (Barrett, 1992: 202). In contrast to such materialist thinking, Foucault’s approach assumes that we cannot gain access to a true material ‘thing’ or social phenomena outside of the discursive frameworks we use to understand it. Discourses will always be present, shaping our very understanding of the thing or phenomena, and underpinning our established ways of thinking, acting and speaking in the world. Moreover, the discourses available to us at a particular ‘historical moment’ will further limit our notions of what is real and true in the world (Lupton and Barclay, 1997: 5).
Chapter 4: Theoretical Framework

Intellectual Disability and Discourses

At the time this thesis was commenced there was very little published work on disability informed by the Foucauldian conceptualisation of discourse (Fulcher, 1989a, 1989b; Chadwick, 1994, 1995, 1996; Easthope, 1993; Hazelton, 1993). However, there has since been a proliferation of work in this area. Discourse has increasingly emerged as the central concept in theoretical and applied research exploring a range of topics, including the history of disability, policy development, disability politics, the disabled self, deinstitutionalisation, governance and so on (Corke, 1998a; Fullagar and Owler, 1998; Abbott-Chapman and Easthope, 1998; Corke and French, 1999; Hazelton, 1997; Hedlund, 2000; Simpson, 1999; Shakespeare, 1998; Tremain, 2001; Meekosha, 1998b, 2000; Johnson, 1998a, 1998b; Cocks and Allen, 1996; Chenoweth, 1998). This thesis seeks to build on and contribute to this developing and exciting body of theory and analysis.

Although Foucault did not write specifically about intellectual disability, his conceptualisation of discourse is relevant to this study because it enables us to think about the many ways in which intellectual disability is known and given meaning in contemporary society. Moreover, identifying these discourses also may allow us to explore how they reflect or challenge the goals of the Community Living phase. In this way, discourse analysis may enable a form of research that may facilitate the task of critique. Critique, Foucault commented,

... is a matter of pointing out on what kinds of assumptions, what kinds of familiar, unchallenged, unconsidered modes of thought the practices that we accept rest (Foucault, cited in Ransom, 1997: 5; emphasis added).

Indeed, Foucault himself undertook such a critical task in his works on madness, sexuality, the transformation of discipline, and the birth of medicine (Foucault, 1978, 1984a, 1984b, 1993, 2001). For example, *Madness and Civilisation* (2001) is not concerned with defining madness, but rather with identifying how Western culture has responded to it, and in doing so, constructed it in particular ways. This work, as Hirst and Woolley (1982) have written, ‘... makes it clear that there is no single and objective condition, ‘madness’, that exists independently of its ‘surfaces of emergence’’ (Hirst and Woolley, 1982: 194). In undertaking this task, Foucault dereifies what is taken for granted about madness. While madness is often thought of as a natural and unitary
phenomena within the ‘mad individual’, in Foucault’s work there is a rejection of the notion that

... madness is one thing, that it is positive rather than negative; on the contrary, its existence as a phenomenon is dependent on the forms in which it is apprehended and constructed (Hirst and Woolley, 1982: 194, original emphasis).

In this way, Foucault’s work is similar to the critics of Naturalistic notions of intellectual disability. Like Foucault, this study will attempt to reappropriate intellectual disability as a dynamic socio-cultural process, rather than as a static, natural ‘thing’ within an individual. This does not mean engaging in a form of social reductionism or idealism that denies intellectual disability exists (Barham and Hayward, 1995: 5). Nor, contrary to popular belief, did Foucault engage in such a ‘denial of reality’ (Barrett, 1992: 202). Rather, it begins from the position that intellectual disability, like madness and chronic mental illness, may have real social, biological, and medical aspects and implications, but that it does not exist in a raw or static state that is independent of society and culture. Porter (1987), writing on madness, makes a similar point when he writes that ‘[w]hat is mental and what is physical, what is mad and what is bad, are not fixed points but culture-relative’ (Porter, 1987: 10).

Within this mode of theorising, it is assumed that intellectual disability is a dynamic, discursively malleable phenomena that is experienced in historically, socially and culturally specific circumstances shaped by particular sets of discourses. In theorising discourse and intellectual disability in the manner outlined thus far, the following questions in relation to intellectual disability become both possible and significant: What are the discourses that shape what counts as intellectual disability in our contemporary culture? How do they shape meanings and practices? What kinds of assumptions, modes of thought and practices do they rest upon? However, a Foucauldian understanding of discourse does not just emphasise multiplicity, but forces us to account for how discourses shape the meaning and reality of intellectual disability in relations of power.
Discourse, Knowledge and Power

Discourses are conceptualised as assemblages of constitutive and constructive knowledge practices, linguistic and otherwise, that ‘systematically form the objects they speak’ (Foucault, cited in Barrett, 1992: 202). By this Foucault means that discourses construct what we think is real and true in the world, as well as how we think about others and ourselves. Much of Foucault’s work is concerned with the mutually shaping relationship between power and knowledge, and ‘how existing social reality has been shaped by this nexus’ (Cheek, Shoebridge, Willis, and Zadoroznyj, 1996: 174).

Discourse is a key component in this nexus as any claims to knowledge and authority are shaped and constrained by particular discourses, and such discourses are effectively claims to power (Cheek, et al., 1996: 174). While there may be many such assemblages of knowledge, some discourses may be invested with more authority, or more widely accepted as the truth, than others. This indicates that there may be a power hierarchy of discourses within any given society. These interrelationships of power, knowledge and discourse are what Kendall and Wickham (1999) have called the ‘extra dimension’ contributed to social interpretation by Foucauldian scholarship (Kendall and Wickham, 1999: vi).

Power, in the Foucauldian sense, is not simply the capacity to make others conform to the will of an individual, professional or nation through force. Rather it is much more complex. First, while dominant discourses may appear entrenched and institutionalised, power in Foucault’s conceptualisation is always understood as operating in a ‘capillary’ fashion, rather than as a one-sided oppressive force. There is always the potential that powers may be exercised and also resisted in multiple ways. As Foucault (1980) has written

... one should not assume a massive and primal condition of domination, a binary of structures with ‘dominators’ on one side and ‘dominated’ on the other, but rather a multiform production of relations of domination (Foucault, 1980: 142).

In analysing the relationship between power, knowledge and discourse, it is useful to draw on the more subtle explication of power offered in Foucault’s works, rather than the more traditional materialist or structuralist accounts such as the Social Model tradition. Unlike earlier analyses of power, for instance, Foucault does not conceive of power as a simple force used to coerce (Ransom, 1997: 11). Discourses are not simply
at the ‘beck and call’ of those who we conventionally think of as ‘powerful’. In traditional materialist and structuralist accounts, it is the ‘usual suspects’ that harbour power: the government, the medical system, the courts, and so forth. In contrast, in poststructuralist accounts

... the over-determining role of the state or political economy is rejected. Whilst their influence or role is conceded, stable or predictable causal patterns are not. Thus a priori essentialism is challenged (Pilgrim and Rogers, 1994: 524).

It is acknowledged that social institutions may provide the bases for particular discourses and their practices, such as medicine, law and psychiatry and their institutional bases in universities, courts, written law, and hospitals. Yet, in Foucault’s work, power is not simply a thing that is stable, held, grasped and wielded as one grasps a hammer. This is because the proponents of these discourses and the institutional bases for them are ‘in’ the networks of power along with us, and power is always up for grabs. However, certain groups may successfully protect the dominant discourses from challenges because they are committed to the truth claims of such dominant discourses, and possess the institutional backing, resources, and training to actively maintain and replicate them.

Second, power may also be manifested in the ‘effects of truth’ that some discourses produce. That is, some discourses become dominant because their truth claims about a phenomena, act, or object are accepted, implicitly or explicitly, as fact. This acceptance fails to acknowledge that the truth offered by such discourses may be partial or contested, and based on claims to knowledge and authority, rather than universal truths about the world (Harvey, 1996: 95). For example, Medical discourse has often been criticised as being a resource of power because its knowledges claim to be universal truths. While medicine is often seen as value-free and apolitical, such claims fail to acknowledge that it is always the doctor that is constructed as the knower, and other claims to knowledge are rejected (Gillman, Heyman and Swain, 2000; Cheek et al., 1996). Even research funding often prioritises medical discourses through emphasising cure and prevention of intellectual disability, rather than community education and social and cultural change (APEX Foundation for Research into Intellectual Disability, 2000). Critics argue that medical discourse and its practices are at the top of the hierarchy of truth claims in contemporary society, and that this results in an exclusion or
marginalisation of competing discourses that does not share its metaphysical assumptions about the world (Fulcher, 1989b: 44; Cheek et al., 1996: 174).

In addition to discrediting other ways of knowing, dominant discourses regulate the way people in the broader society understand intellectual disability and people categorised as intellectually disabled. While this is a point that will be elaborated on later in this chapter, suffice it to say that these discourses may result in, and offer further ‘effects of truth’ to support, assumptions of intrinsic ‘lack’ and ‘inability’ being made about individuals categorised as having a disability (Munford and Sullivan, 1997: 22; Fullagar and Owler, 1998). They serve to symptomise and dehumanise. All in all, critics of such dominant discourses contend that the knowledge that informs a discourse is not derived from an objective, neutral and unbiased site outside of discourse but is, as Hunt and Wickham have argued, ‘a major resource of power’ (Hunt and Wickham, 1994: 13).

Third, power is conceptualised as always relational and situated. An example of this is found in Chadwick’s micro-analytic of power inherent in normalising classifications of disability (Chadwick, 1999). Chadwick identifies how power may be manifested in the categorical relationship a discourse assumes between ideals of what is ‘normal’ and what is ‘not normal’. If a sharp distinction is assumed (as in the case of many medical models of disability), rather than a continuum, then people with disabilities will be seen within that discourse as ‘abnormal’, and this classification is an exercise of power on which many other exercises of power will depend. He goes on to identify the originating source of these ideals as the key bodies of knowledge in contemporary society, stating that

... medicine, social science, psychiatry and popular culture provide a set of meanings [or discourses] that shape, make sense of and order our individual and social lives. Power in this sense relates to the classification, organisation and control of biological, moral, physical and psychological characteristics of groups and individuals. The building material of this form of power is language and meaning – hence the phrase ‘Power / Knowledge’ (Chadwick, 1999).

The ideals assumed in discourses can shape the social behaviour of the categorised and categoriser, and in doing so, govern all people, but with particular consequences for people with disabilities. For example, in Johnson’s (1998a) study of the closure of an institution, she identified the repressive consequences of how parents and staff constructed the subjectivities of institutionalized women with intellectual disabilities in
ways that denied their personhood and gender, and constructed them as ‘failed women’ (Johnson, 1998a: 64-78). In what she terms the ‘discourse of intellectual disability’, the women’s unusual, often violent, behaviour was constructed as unmeaningful ‘challenging behaviour’, resulting in the women themselves being constituted as ‘the problem’. Moreover:

Once the woman was labelled, her removal to the locked unit ensured that the behavior would become the focus of staff attention and surveillance ... My observation suggested that this discourse served to provide a way of ‘knowing’ the women which contained them, and it served in some instances to sustain and even to exacerbate their behaviour (Johnson, 1998a: 77).

The similar power exercised in institutional contexts was illustrated in Chapter 2 in the discussion of the rise of eugenic practices in Australia, and also in the discussion of Williams (1996) work on the diagnoses of people with intellectual disabilities entering Australian institutions in the late 19th century.

The Making of Subjects

It is therefore clear that Foucault did not view human nature as something fixed, natural, or essential, but rather as something that is produced and developed from a ‘plurality of influences, both internal and external’ (Ransome, 1997: 7). Despite the subtle exercise of micro and macro powers that Foucault’s theory describes, power is not conceptualised as an intolerable repressive force that is simply exercised down upon the powerless, but a force that may be productive and enabling of individuals as well as repressive. Indeed, the freedom of individuals to shape their selves and the selves of others is captured in Foucault’s concept of ‘governmentality’. He defines governmentality as:

... the whole range of practices that constitute, define, organize, and instrumentalize the strategies that individuals in their freedom can use in dealing with one another. Those who try to control, determine, and limit the freedom of others are themselves free individuals who have at their disposal certain instruments they can use to govern others. Thus, the basis for all this is freedom, the relationship of the self to itself and the relationship to the other (Foucault, 1997: 300).

Clearly, this ambivalence of power in governmentality accords with the explanation of power outlined above. Moreover, it extends to the role discourses play in the production of selves. For Foucault, the discourses available within society at a given time play a central role in the creation and regulation of the subjectivities of
individuals. Indeed, the ways in which our subjectivity is constituted within discourse is a key source of power because it influences how people see themselves, the world around them, and possibilities for action. For example, if people see themselves simply as disempowered in their workplaces, they will only see limited possibilities for action, even though a wider range of actions may be possible (Hazelton, 2002: 20-21). Certainly, this affirms elements of the traditional sense of power as repressive.

Yet, the power implicit in discourses may be enabling of a broader range of social actions. Foucault theorised that the different discourses may ‘make us’ different types of subjects. As discourses compete and combine, many different potential subject positions are possible. One discourse may shape an individual’s subjective state in a particular manner at a given time, while other, contrary discourses may shape how others see them. There may be disparities between how individuals are ‘seen’ and ‘known’ by others, and how individuals see themselves. One insight that stems from the notion of governmentality – and related notions of freedom, technologies of the self, and self-conduct – is that subjectivities are not simply stamped on an individual by a single discourse external to the individual. Moreover, such disparities suggest that discourses are not closed and that there are spaces for resistance. However, this theoretical claim of spaces of resistance remains to be empirically evidenced concerning people with intellectual disabilities. Indeed, existing theoretical work on disability discourses suggests that people with disabilities are known in very limited and narrow ways, and that resistance remains a largely theoretical notion (Meekosha, 1998b, 2000; Johnson, 1998a, 1998b).

Much of the liberatory potential of discourse theory stems from the view that we may resist or intervene into the discourses that construct us as particular kinds of subjects. Yet, Foucault himself did not explicitly address the issue of human agency and intervention into the discourses that construct us until his later work. As a result, some discourse theorists have seen the individual subject as simply an ‘epiphenomenon of discourse’ (Phillips, 1998: [3]). Yet, Foucault did seek to demonstrate in his final study, *The History of Sexuality, Vol 3: The Care of the Self* (1984), that an individual may play an active role in shaping or resisting dominant discourses, and the subject positions that they make possible. In Foucault’s conceptualisation, the power exercised from outside the individual is never complete and totalising. Rather, he theorised that the individual
could have an active role in the construction of their own subjectivity and that of others, and through this, their own self-governance. In this sense, people have the potential to be both ‘the products of and producers of discourse’ (Philips, 1998: [3]; Nehamas, 2000), even if they do so within the terms of existing discourses. From this stance, the construction of the subjectivity of people with intellectual disabilities within some discourses may be recognised as thoroughly disabling, with some discourses of universal reason denying that they have a ‘self’ at all (Williamson, 2000: 17). However, a single discourse is not an inescapable iron-cage. It is theorised that the discourses in circulation within society are not monolithic oppressive forces, but are productive of a range of subject positions. As Lupton (1995) has argued

If it is acknowledged that discourse formations and subject positions are not bounded systems, but are open to dispersal, contradiction, contestation and opposition, then the opportunity to construct alternative discourses and subject positions is facilitated (Lupton, 1995: 161; emphasis added).

This does not mean, however, that people are free to construct new, alternative and counter-discourses simply as they please. Indeed, they are largely constrained by existing discourses and material practices. As Phillips more eloquently puts it ‘the speaking subject is both “master and slave of language” since she can combine words in unique and creative ways but has to use existing words… the terms of existing discourses’ (Phillips, 1998: [3-4]). Indeed, this statement reveals both the opportunities and constraints on individuals and new social movements to resist the status quo. It does, however, render it more open to change than structural and materialist theories suggest.

Moreover, for Foucault, power is only viewed as unbearable when ‘it masks a substantial portion of itself’ (Foucault, cited in Ransom, 1997: 4) and we are unaware of it. Therefore, part of any liberatory project is becoming aware of the constraints we face and experience. For instance, we may not realise that we can only say and think certain things at certain times, not because we have been told to, but because we share a discursive reality that ‘rules out’ alternatives. Analysing the discourses of intellectual disability, however, may enable us to see how power is exercised through particular discourses. When we come to realise how existing social reality has been shaped, defined, and constrained, we may critique the processes by which certain roles, knowledges and techniques are valorised while others become unthinkable and
unspeakable. In doing so, portions of the mask of power are revealed. This task is particularly significant given the social goals of the Community Living phase for people with intellectual disabilities.

**Discourses – Dominance, Multiplicity, Conflict and Collusion**

Discourse theorists contend that discourse shapes our understanding of phenomena and our notions of reality. There is, however, never one discourse, but many. Discourses are distinguishable from one another because they each say something different, they each offer us a particular ‘way of seeing’ or ‘take’ on the world. There may be a variety of discourses that relate to any one person, object, or phenomenon. Moreover, as Lupton and Barclay (1997) point out, there have been different discourses available during different historical moments that have constructed and constrained the way we think, understand, talk and act in relation to particular phenomena. Consequently, an individual may draw on the multiple discourses available in a given period to understand the same event or phenomena (Alvesson and Skoldberg, 2000; Fulcher, 1989b). This means that there are multiple understandings of what ‘is’ that can develop. This, in turn, suggests that there will be multiple discourses and power relations surrounding intellectual disability, some colluding, some conflicting, but each influencing our ability to think, speak, and act. Certainly, several theorists have conceptualized a number of different discourses of intellectual disability in Australian society that compete and combine to inform current policy, legislation and practice (Fulcher, 1989a; Cocks and Allen, 1996; Easthope, 1993; Abbott-Chapman, 1998; Hazelton, 1993). In this sense, power is less the direct application of power wielded necessarily by one individual or group, and more a many-sided productive relation.

**Dominant Discourses**

While it has been theorised that there are many different discourses circulating, this does not mean that power is always shifting. Indeed, those writers seeking to extend upon Social Model theories of disability have increasingly adopted the concept of dominant discourses. In these theoretical and conceptual works an identification of the dominant discourse has been incorporated into reconceptualisations of the Social Model understanding of disability (Meekosha, 1998a, 1989b; Newell, 1999: 9-10). Some, such as Meekosha (1998b), have concluded that the dominant discourses in the public sphere
of contemporary Western societies must be negative and exclusionary of people with disabilities: ‘With few exceptions, the public sphere is saturated with discourses which use disabled people as metaphors for horror, evil, fear and distress’ (Meekosha, 1998b: 27). In such writings, negative discourses of disability are presumed to dominate contemporary society, resulting in negative consequences for people with disabilities (Barton, 1996: 235; Meekosha, 1998b).

Unfortunately, the danger of such work based on general theoretical claims is that it fails to test and further advance such claims by exploring actual discourses and instances of their workings in everyday life. While identifying dominant discourses in the public sphere enables academics and activists to take a critical stance in opposition to them, it does not allow us to better understand how these discourses achieved or continue to maintain their dominant status. Indeed, it seems that we now have more implicit theoretical conceptualisations of what the characteristics of the dominant discourses of disability are, than we have actual examples of what and where they are, and how they work (Fairclough, 1995: 53; Phillips, 1998).

However, the focus of disability theorists and researchers on identifying the characteristics of the dominant discourses within society is not surprising given that many of the discursive power relations surrounding disability do appear to be so strongly taken-for-granted and institutionally entrenched that they exclude any alternative discourses. As Burr points out: ‘some discourses, some ways of representing the world, appear to receive the label “truth” or “commonsense”’ (Burr, 1995: 15). For example, as Ryan and Thomas argue that

... the changing definitions of difference constitute the history of mentally handicapped people. These definitions have always been conceived of by others, never are they the expression of a group of people finding their own identity, their own history. The assertion of difference between people is seldom neutral; it almost always implies some kind of social distance or distinction (Ryan and Thomas, 1980: 13).

In such cases, there seems a very clear-cut distinction between the powerful and the powerless, and little room for a resistance to powerful discourses. In this climate, identifying and challenging the dominant discourse is an overtly political act.
Dominant discourses, commonsense and expert claims, ‘dominant knowledges’ and ‘technologies of power’ (Munford and Sullivan, 1997: 22) may produce effects of truth that enframe or constitute intellectual disability and its issues in what appear to be patterned or pre-established ways. This gives the appearance that there are stable, structural patterns of power and domination, especially since some discourses have institutional knowledge bases (Weedon, 1997: 109). An example of this is how various medical and scientific claims about intellectual disability have been institutionalised in Australian society. As Fulcher has written of Australian disability discourses, the medical discourse of individual deficit is so completely naturalised that even those who take up a rights position, ‘often fail to separate clinical from political issues’ (Fulcher, 1989b: 42).

However, there is also the danger that the word ‘discourse’ has simply replaced the word ‘ideology’, without attention being paid to the differences in the theoretical modes. In adopting a discourse approach there is the need not only to identify the characteristics of the dominant discourses, but also to question how they maintain their power in the face of multiple and often competing discourses. If one of the key insights of Foucault’s work is that discursive reality is always a ‘site’ of struggle, then we should not assume that the dominant discourses of a given era are simply accepted by all (Whyte, 1995), or that there is one simple truth opposed to ‘ideological’ untruths. Rather we should focus on identifying alternatives and seek to explain how dominant discourses gain acceptance of their ‘truth claims’ and exclusion of alternative discourses.

**Contesting and Colluding Discourses**

What some have seen as stable, structural patterns, Foucault saw as the result of many separate discourses colluding or conflicting. The dominant truths about disability in contemporary society, then, may be the product of a number of discourses working in conflict or concert, rather than simply the product of powerful individual discourses that work as ideology. In Foucault’s theorisation, the dominant discourses are the fragile product of conflicts or collusions between discourses resulting in the formation, reflection and replication of dominant notions of what disability ‘is’. An example of collusion may be that the truth claims of medicine may inform legal practice (and vice versa), such is the case in medical negligence cases. Thus certain sets of discourses that
are mutually reinforcing in some circumstances may, as a result, be afforded authority within contemporary society. This more fragile alliance may then give the appearance of an overarching dominant discourse.

However, the conflict between discourses is also essential to Foucault’s conceptualisation of power as always entailing resistance. Law and medicine, for instance, may draw on mutually reinforcing truth claims about intellectual disability, but may also draw on different claims about the nature of the world. In this sense, overarching patterns of dominance regarding intellectual disability may remain, but the many discourses that maintain these patterns are in a continual state of possible contestation, collusion, change and development. If they do not change, it is not because they are ‘fixed’, but because they are so mutually reinforcing that any options for development and redevelopment are slim. In this sense, Foucault’s analysis of power does not preclude patterns of dominance and powers, but rejects the notion that there is a predictable, straightforward chain of causality at work (Pilgrim and Rogers, 1994: 524). Many of Foucault’s works have grappled with such issues through an exploration of the constraining and liberating effects of discourse, and by addressing the ‘question of what can be said, when, and by whom’ (Barrett and Phillips, 1992: 7). For Foucault these discourse concerns are also implicated in the networks of power relations that constitute the very minds and bodies of individuals (Weedon, 1987: 108).

In focusing only on what appear to be the dominant meanings of disability in contemporary society, we run the risk of losing sight of the tensions that exist between discourses, and the possible opportunities that these tensions present for resistance and the creation of alternative discourses. Indeed, Fox argues that we should focus our efforts on identifying, comparing and contrasting how different discourses produce effects of truth, and how dominant truth discourses deal with competing claims to ‘knowledgeability’ of a given situation or experience (Fox, 1993: 9). This is a task that is gradually being undertaken, with a multiplicity of disability discourses being identified and explored in recent typologies of disability discourse. These are summarised in Table 4.1 below, which reveals the range and specific types of disability discourses conceptualised in five recent typologies.
Table 4.1: Typologies of Disability Discourses proposed in Five Australian Studies

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* Fulcher’s (1989) categories of disability discourse relate to disability as a socio-culturally constructed category. Her typology of disability discourses is theoretical, but based on analysis of international disability and education policies.

b Chenoweth’s (1998) categories of disability discourse relate to intellectual disability and were based on how people with intellectual disability were constructed in media reporting of institutional closure.

c Johnson’s (1998) categories of disability discourse relate to intellectual disability and how it was constructed in the deinstitutionalisation process.

d Hazelton’s (1993) categories of disability discourse relate to his study of how mental health and psychiatric disability were constructed in the papers of a mental health conference.

e Easthope’s (1993) categories of disability discourse were relate to disability in general and were theoretically devised, but based on his studies of disability in Higher Education in Australia.

f This discourse, which Easthope terms the ‘discourse of disadvantage’, does not fit neatly within one of the existing overarching categories. For this reason it appears twice under the categories of ‘Rights’ and Administrative’ discourses.

At present many of our insights about intellectual disability discourses stem from abstract generalisations of theory. Yet there is the need for further research that extends upon what is currently known and theorised about intellectual disability discourses. A recent turn in the literature has been to explore and contrast the truth claims made by proponents of different disability discourses (Shakespeare, 1999). However, this is yet to occur in relation to intellectual disability discourses, where more research is needed to empirically identify, evidence and explore the intellectual disability discourses and how they are expressed in daily life. This is particularly important because different discourses create intellectual disability in distinctive ways, and with these constructions of personhood come unique possibilities for resistance and struggle. It is to a consideration of this aspect of discourse that we now turn.
Resistance, Creativity and Development

Foucault’s theorisation of discourses as productive of different subject positions, in competition with one another, may be a source of liberatory potential for people with intellectual disabilities. For Foucault, as Rajchman (1985) writes,

... freedom lies in our capacity to find alternatives to the particular forms of discourse that define us by reference, among other things, to universal humanity. Instead of finding enlightenment in universal Reason or Society, he finds it in uncovering the particularity and contingency of our knowledge and practices (Rajchman, 1985: 60; emphasis added).

While the available discourses may limit the scope for competition, this theorisation of power, discourse, knowledge, and subjectivity as particular and contingent potentially creates the space for rethinking what is taken for granted. From this emerge possibilities to engage in agency and resistance to the dominant discourses (Silverman and Gubrium, 1989: 8; Larbaleister, 1996). Commensurate with this understanding is the view that exposing the diversity, ambivalence, and contingency of intellectual disability discourses, especially the disjunctions between them, highlights the constructed and relative nature of the ‘truths’ upon which the dominant discourses are based. In this way, the workings of power may be exposed. Once the discourses of intellectual disability are known, they may be rejected, resisted, or subverted, thus providing the grounds on which other alternatives become possible. Identifying discourses and exposing the assumptions on which they are founded may also create the potential to engage in active critique, allowing people the space to rethink their identities. As Nehamas puts it: ‘Since power is a productive, the subjects it produces, being themselves forms of power, can be productive in their own right’ (Nehamas, 2000: 177).

Strengths and Limitations

The ideas of Foucault represent a marked departure from established modernist theoretical traditions and their assumptions about language, self, power and knowledge. This departure from established theoretical traditions has not been uncritically accepted. In terms of the current study there are a number of theoretical criticisms that need to be examined and responded to.
Unsympathetic readings of Foucault have continued to associate his work with the denial of mental illness found in the writings of the anti-psychiatry movement (Hirst and Woolley, 1982). Unfortunately, this unsympathetic reading of Foucault has resulted in his theorisation of discourse being seen as merely an inversion of a crude structuralist-materialist theoretical perspective, and thus a flight into idealism, subjectivism, or nominalism. Adopting a discourse approach, however, does not equate to denying the existence of phenomena or suggesting that all there is to reality is ideas (Wetherell and Potter, 1992: 65). Clearly, we are ‘in the world’, but according to Foucault’s approach what is to count as ‘reality in the world’ is contested. We cannot gain access to a pre- or post-discursive understanding of the world. The meaning the world has for us is created and mediated by cultural and social life, particularly through the discourses constituted and manifested in language use.

Alternatively, a focus on discourse and discursive practices appears to some as insignificant in light of ongoing and well-documented material and physical concerns that people with disabilities face in their daily lives, such as insufficient income support and physical and sexual abuse (Pilgrim and Rogers, 1994; Brady, 1999). However, as argued in previous chapters, the emancipation envisaged by disability activists will entail more than just material and legal solutions, but also social and cultural changes in how people with intellectual disabilities are understood. While material needs and physical threats to the well-being of people with disabilities may appear to be the most pressing concerns to address if we are serious about working towards the broad social goals of community living reforms, there is also the need to explore the positive and negative aspects of power that may be embedded in discourses that define them. Foucault’s conceptualisation of discourse, power, knowledge and ‘truth effects’ may offer an important, alternative approach to investigating disability that complements an academic body of work dominated by Societal Reaction (interpretivist) and Social Model (structural and materialist) explanations of disability.

Another major criticism of Foucault’s work on discourse is that it does not provide clear answers about what to do to ensure liberatory change. Indeed, Foucault himself further annoyed his critics by stating that he did not believe that it was the theorist’s or analyst’s task to tell people ‘what is to be done’. Rather, he thought they should pose this as a question of themselves. He stated that his objective was
Precisely to bring it about that they no longer know what to do, so that the acts, gestures, discourses which up until then seemed to go without saying become problematic, difficult, dangerous. This effect is intentional (Foucault, 1981: 12, cited in Silverman and Gubrium, 1989:8; emphasis added).

Even the concept of resistance in Foucault’s work does not lend itself to instrumental or practical change. As Kendall and Wickham (1999) write

Resistance … is not a source of despair or celebration. The tasks of analysts … is to describe the way in which resistance operates as part of power, not to seek to promote or oppose it (Kendall and Wickham, 1999: 51).

In this way, Foucault’s conceptualisation stops short of giving obvious directions for collective emancipation that is found in other critical accounts of power and social change (Cheek et al., 1996: 183). Some have suggested, as a result, that Foucauldian theorising may be disabling for practice (Silverman and Gubrium, 1989: 8). The strength of Foucault’s theoretical approach, however, lies precisely in breaking the nexus between ‘what is’ and ‘what ought’ (Ransom, 1997: 1-5). His theorisation of discourse promotes analyses that show how power operates through discourse. In doing so, he defends the task of critique in its own right (Ransom, 1997: 3). What his analyses do is to remind us about the importance of questioning the taken for granted and also not to mistakenly endorse it in our pursuit of the revolutionary transformation of society.

The approach Foucault endorses may seem too modest, or lacking in a normative component. However, if we fail to explore these discourses about the role of theory and research, we risk accepting commonsense assumptions within activism, research and theory. Moreover, we will not be in a position to criticise, evaluate or be reflexive about these assumptions. We cannot avoid being entangled in webs of discourse, however, we can seek to make them known and then undertake criticism of the difficulties they pose. The key advantages of Foucault’s conceptualisations of power, knowledge, and discourse concern power and resistance. Firstly, if power operates as a complex and multi-sided relation, rather than a coercive force, there are multiple points for resistance. Foucault’s conceptualisation of power means that, as Silverman and Gubrium put it, we are not ‘dealing with an unchallengeable Leviathan’ (Silverman and Gubrium, 1989: 8). Secondly, if there is no appeal to a pre- or post-discursive truth,
then the key site of resistance will be made by becoming aware of the discourses that operate and the identification of the ways in which their most detrimental elements can be rearticulated (Silverman and Gubrium, 1989: 8). This exposes the assumptions on which they rest, and allows their implications for people with intellectual disabilities to be explored and critiqued. Such is the task of this thesis.

**Chapter Summary**

The Foucauldian conceptualisation of discourses assumes that there are many versions of what intellectual disability ‘is’. Foucault’s theoretical work on discourse challenges us to question and explore the deeply embedded social and cultural discourses and the understandings, assumptions, modes of thought, and practices they foster that we usually take for granted. An emerging tradition of researchers and theorists are exploring the fruits of the Foucauldian theoretical conceptualisation of discourse, power, knowledge and resistance. In this chapter it was argued that discourse theory offers a new, and potentially more sophisticated, way of understanding how intellectual disability is given meaning, how people with intellectual disability are conceptualised in contemporary society, and the power relations inherent in these discourses. In terms of the focus of this thesis, discourse theory can provide unique insights into whether or not the goal of unmaking people with intellectual disabilities as other in our society has succeeded.

Yet, although the role of discourses are frequently theorised, there are few empirically grounded analyses of the discourses present in different arenas of society (Phillips, 1998). In response, this chapter argued that more empirical studies of intellectual disability discourses are needed in order to fully test and evaluate the utility of discourse theory for the study of disability. The task of identifying discourses of disability per se has begun, but more work is needed that pertains to intellectual disability discourses in the local contexts. Rather than a distant, abstract theoretical analysis, we need a better sense of how discourses shape our immediate lived context and understandings. It is this task that the thesis seeks to further. Consequently, the main aim of this thesis was refined in light of these arguments to be concerned with the empirical identification, documentation and exploration of the discourses that shape what counts as intellectual disability in contemporary society.
Next Chapter

Drawing on sociological and disability studies research, along with Foucauldian theorising, the following chapter will outline a methodology and research design in order to identify, describe and explore the discourses of intellectual disability in contemporary society. As an exploratory study, the research design proposed will seek to devise and expand upon existing theoretical and conceptual models of intellectual disability discourse. In doing so, the thesis seeks to shed light on the impact of Community Living reforms and assess how they have impacted upon the range of things that can and cannot be said about intellectual disability within contemporary society.
CHAPTER 5: METHODOLOGY

Poststructuralism, Discourse and Qualitative Research Design

A methodology is a theory and analysis of how research does or should proceed; it includes accounts of how the general structure of theory finds its application in particular scientific disciplines (Harding, 1987: 3).

All my books ... are little tool boxes. If people want to open them, to use a particular sentence, a particular idea, a particular analysis like a screwdriver or a spanner ... so much the better! (Foucault, cited in Prior, 1997: 77).

Introduction
The main purpose of this study is to identify, describe and explore the discourses of intellectual disability in contemporary society. In doing so, it seeks to critically address claims that during the Community Living phase there has been an unmaking of people with intellectual disabilities as other. The current study seeks to achieve this aim by broadening the application of ideas and concepts drawn from discourse theory to an empirical analysis of the discourses of intellectual disability in the immediate local context of the State of Victoria. This is particularly relevant in order to better understand what has happened to the socio-cultural construction of intellectual disability in the context of a long-running program of community living reforms. It is also important given that there has only been limited exploration of the impact of community living reforms in the State of Victoria on the broader social meanings and discourses of intellectual disability (Johnson, 1998a, 1998b). The goal of this chapter is to address this by outlining how Foucault’s theoretical notion of discourse has been utilised in the research design and analysis of this thesis.

This chapter is structured in three parts. First, it identifies the methodological implications of discourse theory for the empirical study of intellectual disability discourses in contemporary study. Second, it describes the methodological assumptions that inform the development of a multi-arena research design to explore the discourses of intellectual disability across three key social arenas in contemporary society. Third, it details and provides the rationale for the three specific case studies undertaken of the
discourses of government disability department’s annual reports, newspaper media texts, and in interviews with non-disabled lay people. Fourth, it describes how texts from each of these arenas were inductively analysed for indicators of discourses of intellectual disability, including dominant and marginal discourses. Overall, the chapter identifies Foucauldian discourse theory’s novel methodological implications and describes their incorporation into the research design of this study.

Methodological Assumptions

Sociological research draws on a spectrum of varied theoretical traditions. Differing notions of reality underpin these theories, resulting in a range of methodological positions from naïve realism to extreme relativism and scepticism (Rice and Ezzy, 1999: 31-34). Before we can begin to undertake a discourse analysis, we need to understand the distinct methodological and analytic implications of Foucault’s theorisation of discourse, power, and knowledge. The choice of Foucauldian theory to inform this study has significant consequences for how to explore the role of discourse in constructing and constituting the reality of intellectual disability in contemporary society.

While Foucault’s work offers directions and ideas for research, he never offered a specific methodology for the sociological identification of discourses in empirical data. Although Foucault did provide a methodological overview for identifying structures of power (Foucault, 1986), the closest he came to articulating a methodology specifically for the identification of discourses is in his rules for isolating and identifying a ‘discursive formation’ in the *Archaeology of Knowledge* (Foucault, 1972: 38). As a result, Prior acknowledges that:

> It is not, of course, always easy to translate Foucault’s work into a set of methodological precepts that can be followed by the empirical researcher … [H]owever, I can do no better than Foucault himself. ‘All my books’, he stated, ‘are little tool boxes. If people want to open them, to use a particular sentence, a particular idea, a particular analysis like a screwdriver or a spanner … so much the better!’ (Prior, 1997: 77).

Consequently, at the time of writing, the distinct methodological and analytical implications of Foucauldian theorising of discourse for empirical research are still being
worked out (Rice and Ezzy, 1999: 31). Consequently, there is much diversity in Foucauldian-informed empirical research.

Nonetheless, it can be said that Foucault’s work does articulate fundamental theoretical assumptions about the world that are central to informing the research design and method for this study. Indeed, sociological research conducted in the Foucauldian theoretical vein can be situated as part of a broader theoretical critique of positivist and essentialist understandings of the society and the world. There is a view of reality articulated in Foucault’s work, it is just that this reality is a constructed one, and as such contingent, situational, and unstable. The fundamental methodological premise in Foucault’s work is that discourses, as knowledge and truth claims, play a significant role in making what is ‘real for us’. The reality of intellectual disability is as much constructed in the processes through which we speak, write and act about intellectual disability as it is ‘out there’ existing independently (Rice and Ezzy, 1999: 22, 31). Within Foucauldian discourse theory there is a rejection of a single, eternal, universal truth about phenomena, such as intellectual disability. In this sense, there is no one true intellectual disability waiting to be uncovered, but the multiple truths about it are contained in the discourses that need to be identified and explored. Consequently, any empirical work must also be informed by a methodology that de-realisers unitary truths about objects, subjects, and categories (Rajchman, 1985: 58), and instead seeks to identify and describe their ‘plural social realities and the precarious nature of knowledge claims’ about them (Pilgrim and Rogers, 1994: 524). The logical application, then, of Foucauldian discourse theory is a focus on examining the varying constructions of the reality of intellectual disability and people with intellectual disability within society, and how these constructions are communicated in material and social practices.

In order to identify and describe discourses of intellectual disability, it is emphasised that both a critical openness to multiple truths and scepticism of all truth claims are necessary (Neuman, 1997; Hooks, 2000). Titchkosky argues that such an approach

... requires that I regard my “preliminary assumptions” (Arendt, 1994: 310), and how they are rejected by others, as food for thought and not simply as an occasion to argue about truth and falsehood (Titchkosky, 2000: 6).
That is, we must remain open to a range of claims without dismissing them as falsehoods about the world, while also being sceptical of anything that we take for granted as a fact about the world. Thus, the resulting methodological position is one that seeks to study the many truths about how the world around us ‘is’, and explore the consequences of these truths. This situated analytic relativism does not, however, entail an absolute relativism where all discourses of intellectual disability identified must be viewed as necessarily equal. Discourse analysis permits the identification of various discourses and the consequences of what is taken to be real and true within them, including submerged and marginalised truths, but may also enable the researcher to take a stance on them (Munford and Sullivan, 1997). In this way, discourse analysis may facilitate criticism of the varieties of truth and power that operate through different discourses of intellectual disability (Lupton, 1995: 161). In short, the methodological imperative is that the researcher needs to be open to many discourses and their knowledge and truth claims in order to identify and describe them, but this does not render the researcher unable to assess or critique the truth claims and practices of those discourses (Denzin, in Rice and Ezzy, 1999).

Most research broadly informed by poststructuralist theory has sought to incorporate its methodological assumptions into a range of established qualitative research practices (Rice and Ezzy, 1999: 24). As qualitative methods have usually been used in research that focuses on individuals and how they make meanings, they are similarly well-suited to studying the socially constituted and constructed nature of reality that Foucault’s work on discourse presupposes (Denzin and Lincoln, 1998: 8; Pilgrim and Rogers, 1994). While most conventional qualitative analyses have usually been humanistic in focus, taking the individual as the central focus of study (Pilgrim and Rogers, 1994: 523), discourse analysts have primarily focused on unspeaking objects, texts, or practices that are, in turn, treated as markers of the discourses of the social arenas from which they are drawn. Prior, for instance, argues that qualitative methods can be fruitfully extended to analyse ‘objects that cannot speak, yet bear messages’ (Prior, 1997: 77) such as texts, architecture, material and social practices, and so on. Pilgrim and Rogers similarly contend that

The methodological implications of Foucauldian research are novel – empirical knowledge claims are of interest not (only) to produce knowledge in itself but also to read and re-read or deconstruct that knowledge. The task is near to interpretive sociology (so both could be
placed in a hermeneutic framework) but focuses on discourses not individual actors, or only rarely (Pilgrim and Rogers, 1994: 524; emphasis added).

The important point here is that adopting a Foucauldian-informed methodological approach to qualitative research entails a conceptual shift from viewing individuals as the producers of meanings, to seeing the unspeaking objects, the indicators of discourses, and knowledge and truth claims contained within them, as an important objects of analysis in their own right. What this means is that existing qualitative research procedures may be drawn on to generate or gain access to data, and analyse it for discourses that construct phenomena and their meanings. Munford and Sullivan (1997) contend that such analyses of contemporary society are essential to realising the potential of a disability politics based on discourse and difference:

In order to realise the possibilities for social change which the social theory of disability creates, a number of concepts which show how disability and disabled people are created at both conceptual and practical levels of day-to-day practices need to be addressed. These sites include the relations of power and oppression, ... the meaning of identity politics in relation to notions of ‘difference’, ‘the other’, and the politics of resistance (Munford and Sullivan, 1997: 21; emphasis added).

Research Design – Multiple case studies
While Foucault’s theorisation of discourses, power and knowledge provides insights into the role of intellectual disability discourses in society and their relationship to one another, it is no substitute for an empirical exploration of the discourses of intellectual disability actually present in society. Consequently, the aim of this study is to empirically identify and explore the discourses of intellectual disability present in contemporary society.

However, it is practically beyond the scope of any study to examine all data sources in which discourses of intellectual disability may be present. As a result, most previous empirical explorations of disability discourse in contemporary society have tended to be confined to discourse analysis within one key socio-cultural arena: ethnographic field data (Johnson, 1998a, 1998b), policy texts (Price, 1995; Fulcher, 1989a, 1989b), survey responses (Chadwick, 1994), historical documents (Cocks and Allen, 1996), or cultural texts drawn from the Western canon (Stiker, 1999). However, there are problems with this focus on only one socio-cultural arena. First, it fails to examine the ways in which
the discourses identified in one arena may be taken up, contested, negotiated, or rejected in other arenas of the same society (Lupton, 1999: 299; Whyte, 1995). This serves to tacitly preserve the assumption that the discourses in official documents carry more weight and influence than discourses in other sites. Second, it also comes at the expense of failing to explore the discursive trends and relationships of dominance and marginality across socio-cultural arenas. A focus on a single arena fails to ask and answer questions of whether or not the discourses of disability that dominate in government documents, for instance, also dominate in the media or in everyday life. Lupton contends that even Foucauldian-informed analyses of governmentality have limited their insights by only offering analyses of those discourses found in official policies (Lupton, 1999: 299). Overall, the outcome of such omissions is to limit the depth and breadth of analysis.5

In contrast to previous applied discourse analyses, a wider empirical focus was adopted in this study’s research design by undertaking case study discourse analyses of textual data drawn from three key socio-cultural arenas. In doing so, the research design sought to actively explore Foucault’s theory of multiple powers, albeit in a limited way constrained by the size and time restraints of the doctoral thesis. It does, however, endeavour to take Foucault’s theory of power seriously by exploring what the discourses of intellectual disability are, and also how they compete, contest, and collude within and across socio-cultural arenas.

Clearly, though, not all arenas available for analysis will be of equivalent salience and value to this exploratory study of the discourses in contemporary society. In devising the research design and selecting the three key socio-cultural arenas for discourse analysis, the following advice from Candlin (cited in Fairclough, 1989) was followed. Candlin recommends that researchers would be wise to

... address our talents as explorers and explainers to those texts which evidence crucial moments in discourse where participants may be placed at risk during the communication, suffering disadvantage in consequence of the inequalities of communication (Candlin, cited in Fairclough, 1989: ix).

In keeping with this advice, three strategic socio-cultural arenas were identified to explore Foucault’s theoretical claims about power and the complexity of discourse relations where people with intellectual disabilities are potentially placed at risk by the
discourses of that arena. These were a) non-disabled lay people’s discussions of disability issues, including their knowledge of intellectual disability, and their experiences of people with intellectual disabilities compared to other disabilities, b) newspaper reports featuring key intellectual disability terms, where people with intellectual disabilities are represented for a general readership, and c) Victorian government department’s annual reports on disability services, where the way in which people with intellectual disabilities are constructed has implications for the provision of services and resources.

These three arenas were purposively selected for this exploratory study because each is also a crucial arena that may indicate the degree of success attained during the Community Living phase in changing thinking and practices about intellectual disability and people with intellectual disabilities. Annual reports and media reporting have been conceptualised as leading and/or reflecting changes in society. Similarly, lay people have been identified as the target of community education campaigns because they are seen as having negative attitudes based on misinformation about disability, particularly mental illness, psychiatric disability and intellectual disability. Disability theorists have suggested that the impact of governing discourses, resistance to them, and earlier historical discourses would be found in the discussions of lay people about disability (Whyte, 1995; Fulcher, 1989a). Overall, it was anticipated that discourse analysis of these three key arenas would provide some indications of whether or not people with intellectual disabilities have been ‘unmade as other’ in contemporary society.

Of course, it would be possible to examine many more textual arenas in exploring the social and cultural meanings of intellectual disability. The primary justification for restricting discourse analysis to these select arenas is because this is an exploratory study, with each of the arenas requiring substantial analysis. In-depth analysis of further arenas would not have been possible within the constraints of the current study.

A further decision was made to focus on texts from each of these arenas as the data for discourse analysis. Applied discourse analysis provides the opportunity to explore claims about social and cultural changes in the construction of intellectual disability and people with intellectual disability. A range of different types of data could have been sampled from each of these arenas and used as data in studies drawing on Foucault’s
insights on discourse. Discourses have been identified by analysing practices, as well as studying oral and written communications (Lupton, 1992: 146-149; Stiker, 1999; Johnson, 1998a, 1989b; Chadwick, 1994). However, at the present time there have been few applied textual discourse analyses undertaken in this local context. This is surprising, especially considering that language and texts (including oral texts) have been treated as central in the emerging tradition of contemporary discourse analysis (Parker, 1995; Wetherell and Potter, 1992; Stiker, 1999). It is, therefore, important to extend discourse analysis to an analysis of Victorian texts because, as Cocks and Allen remind us, the

... history of intellectual disability is, to a great extent, a history of language, knowledge and power. It recalls the languages used to describe, classify and thus constitute certain members of society as ‘disabled’ (Cocks and Allen, 1996: 282).

Fairclough (1989, 1995) similarly argues for the analysis of texts, maintaining that there is the need to examine the workings of power that would normally not come to our attention (Fairclough, 1995: 54). Yet, despite the acknowledgement of the importance of language, and more specifically, texts, there has been no discourse analysis of how intellectual disability is constructed and constituted in texts drawn from the local context of the State of Victoria during the Community Living phase. In response, a sample of texts from each of the three arenas was subject to discourse analysis. By subjecting texts from each of the three socio-cultural arenas to discourse analysis this thesis will seek to extend upon current understandings of the discourses of intellectual disability in the local context of the State of Victoria. The following sections will provide specific details of the case studies undertaken of the three key arenas.

**Private Arena – Lay Interviews**

The way non-disabled lay people, with no professional disability training, understand disability has long been considered an obstacle to the realisation of equal citizenship and full participation in society by people with disabilities. Most social science research indicates that lay people’s perceptions of disability and disabled people are negative and discriminatory, and are based on myths, fears, misinformation, and misunderstandings (Oliver, 1990: 1-20; Miles, 1981: 90-116; Goffman, 1963: 1-40; Harris, 1995: 166; Murphy, 1995; Fulcher, 1989a, 1989b; Commonwealth Department

In response, there have been several large-scale, government-funded public awareness campaigns aimed at changing lay people’s attitudes to disability. These include television commercials with ‘positive out-take messages’ and publications that offer general principles for speaking and writing about people with disabilities (Commonwealth Department of Health and Aged Care, 1998: 3). Many of these large-scale, public awareness initiatives assume that lay people are consistently negative, ignorant, or homogenous in their patterns of thinking about intellectual disability, or even in agreement about what constitutes an intellectual disability. Moreover, there is a lack of evidence that such strategies change the understandings, attitudes or behaviour of lay people towards people with disabilities (Finkelstein, 1993).

Moreover, discourse analysts, despite being informed by a Foucauldian model of power that views discourses as a function of power relations and stresses the importance of examining resistance and ‘micro-sites of power’ (Wicks, 1995: 123), have not readily addressed the analysis of everyday lay talk (Lupton, 1999; Wetherell and Potter, 1992). Consequently, in theoretical discussions of the discursive construction of subjectivity, the reflexivity of individual agents in their relationship to discourses is often overlooked or downplayed. Whyte (1995: 268) for example, problematises the ways in which the dominant disability discourse, as an objectifying and subjectifying process, is perceived as unproblematically determining how disabled people experience themselves.

Although there have been some investigations of the effects of terminology and policy rhetoric (such as ‘community care’) on public perceptions of and attitudes towards people with disabilities, few have attempted to identify or explore lay people’s discourses of disability and their implications for policy, community education and research (Eayrs, Ellis and Jones, 1993: 111-120; Potter and Collie, 1989: 57-63). Despite the many frequent theoretical and applied discussions that stress the importance and significance of examining texts, the analysis of lay people’s discussions of disability has been overlooked. However, given concerns over lay people’s
stigmatisation of, and discrimination against, people with disabilities, it is appropriate in this study to explore the discourses of intellectual disability in the speech of lay people.

This discourse analysis will seek to go further than previous research by comparing the discursive constructions of intellectual disability identified in the discourses of lay people with their constructions of other specific disability types and disability as a general category. Accordingly, it will seek to explore the discourses that lay people draw on in their discussion of intellectual disability, psychiatric disability and mental illness, physical disability, and the general category of disability. The goal is to obtain a clearer understanding of the lay people’s discursive constructions of intellectual disability relative to other disability types.

**Lay Interviews as Data – Sample Justification and Details**

This case study sought to explore the discourses about intellectual disability constituted in the talk of lay people (Wetherell and Potter, 1992). As an exploratory study, a purposive sample of 22 non-disabled lay people was recruited to take part in a semi-structured, conversational interview about disability issues. The relatively small size of this sample reflects the thesis’ requirement to obtain access to rich, detailed data in order to explore the discourses of intellectual disability present within lay people’s talk. The sample size was added to until the point where no more new discourses were identified in the analysis of subsequent interviews. While this resulted in a relatively small sample, it should be acknowledged that small samples are a widely accepted aspect of qualitative research practice, and consistent with the Australian National Mental Health and Research Council (NHMRC) Guidelines on Qualitative Research:

> Sampling procedures are designed to yield a rich set of data on smaller samples than in most quantitative studies. The logic of qualitative sampling rests not so much on generalisability, nor on representativeness, but on notions of ‘saturation’, that is, the point at which no new insights are likely to be obtained (NHMRC, 2001).

There were several reasons for selecting young people within the age range of 18 to 30 years. First, previous research has found that younger people have the least entrenched attitudes and are more easily influenced (Commonwealth Department of Health and Aged Care, 1998: 3). It was, therefore, anticipated that they would draw on official discourses of community education campaigns that target them. Second, it was also thought that the discourses that this cohort use to constitute intellectual disability may
have also been shaped by them having matured during a period of significant social change regarding government policy on disability and community living reforms, including the increased presence of people with intellectual disabilities in the community due to social inclusion and integrated schooling.

Of the 22 participants who took part in the present research, there were 11 men and 11 women. The participants were all Australian citizens, ranging in age between 20 and 26 years, with a mean age of 23 years. In order to obtain access to diverse ways of speaking and thinking about intellectual disability, the sample included participants who had attained secondary and tertiary level qualifications as their highest level of educational achievement and those in a wide range of employment or vocational roles. Just over half of the sample (12 out of 22) had completed secondary schooling as their highest level of educational achievement, while just under half (nine out of 22) had completed a university or TAFE qualification. Participants were sought from a variety of occupational backgrounds, including 14 in full-time paid work, six full-time students, one participant that combined part-time work and study, and one participant that was unemployed at the time of interview. The participants’ age, gender and occupational characteristics are summarised in Appendix II.

**Sourcing Participants**

Initial volunteer participants were recruited via advertisements calling for participation that were placed in education facilities, such as neighbourhood houses, TAFE and universities, as well as cafes and shops around the eastern Melbourne metropolitan area. Further participants were recruited by using a snowball method, where participants passed information about the project on to friends and associates. As an exploratory, qualitative study, no attempt was made to select a representative sample as this was not commensurate with the research goals.

Recruitment materials made clear that the voluntary involvement of non-specialists aged 18 to 30 years was sought, and that participants were to have no professional involvement in the disability services or medical services pertaining to disability and/or rehabilitation. Confidentiality of involvement was stressed and participants were offered a transcript of their interview.
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**Interview Protocol**

The interviews aimed to generate data that could be analysed to identify the discourses that participants’ drew on to inform discussions of intellectual disability (Wetherell and Potter, 1992). The interview protocol was designed specifically for this study to elicit conversation about disability issues and experiences, including personal experiences, awareness of government disability policies, and perceptions of media reporting of people with disabilities. Participants were asked a number of direct and indirect open-ended questions that required them to relate their understandings and knowledge of the broad categories of physical, psychiatric, and intellectual disability to the researcher. While this approach runs the risk of invoking official discourses that participants may not usually draw upon, it was stressed to participants that the study was interested in exploring their understandings, including rejections of, these categories. Participants were also asked to discuss ‘disability issues’ at length, including recounting media reports about ‘disability’ and their own social contact (either passing or sustained) with people who they considered to experience ‘disability’. The interview schedule is detailed in Appendix IV.

**Data Collection Procedures**

The researcher personally interviewed all participants at the location of their choice, most often their own homes and outside of work hours during late 1997, throughout 1998 and in early 1999. Conducting the interviews at the end of the 1990s was important in order to evaluate the policy impacts of the earlier decades. This timing of the interviews also allowed the lay data to be compared to the Annual Report data and the newspaper data from 1998. On average, most interviews went for between one and two hours. Two interviews were an exception in that they went for less than 30 minutes, despite the extensive use of prompts by the researcher. All participants agreed to the interview being taped, then later transcribed. Participants were also asked if they would like a transcript of their interview sent to them. Most took up this offer.

**Ethical Considerations**

There were several ethical considerations to take into account when interviewing young lay people. The main concern was to assess if there could be any psychological harm that could arise from discussing disability issues. Indeed, in the screening process the researcher asked each participant if they felt comfortable discussing disability issues,
and sought to ensure that if a participant knew anyone with a disability that they felt comfortable talking about their experience of knowing that person. In the two instances where this was the case, participants felt that they and their friend or relative could benefit from this research being done and wanted to participate in the study. Each participant was informed that they could contact the researcher for more information if they wished to reflect upon the interview and wanted further advice.

Steps were also taken to assure participants that their identifying information would be treated as confidential and that their anonymity would be ensured by using pseudonyms if a direct quotation from their interview data was used. The researcher informed each participant several times that their involvement was voluntary, including at the time of their interview. Each participant was also informed that they could stop being interviewed at any time they wished. Participants were asked to sign a consent form, agreeing that the conditions of involvement had been adequately explained to them and that they understood them. This consent form is included as Appendix III.

**Official Arena – Annual Reports**

Many public statements about people with disabilities and community living reforms are carefully constructed claims and prescriptions. Cocks and Allen (1996) argue that such examinations of official intellectual disability documents are essential in spite of overtly progressive and inclusive rhetoric. They contend that official documents will still discursively reflect the societal desire ‘to put deviance away from it, even while the opposite is stated’ (Cocks and Allen, 1996: 309).

The advantage of extending applied discourse analysis to the annual reports on disability services of State government departments is that its provides an opportunity to reveal the assumptions implicit in the discursive construction of identities, problems and solutions within key official documents, including a politics of inclusion and exclusion (Beilharz, 1987; Fulcher, 1989b; Hogwood and Gunn, 1984; Yeatman, 1990: 155). Moreover, examination of such documents over time seeks to identify any changes or continuities in the construction of people with intellectual disabilities and the role of government. Examination of disability services annual reports, then, is an important test for the overt legislative commitments to the equal rights and citizenship of people
with intellectual disabilities in the State of Victoria. Moreover, applied discourse analysis of official documents, in concert and comparison with analysis of other key sites, may offer valuable insights into how intellectual disability discourses are linked to political practices, knowledge and power in the construction of otherness.\(^9\)

**Annual Reports as Data – Sample Justification and Details**

A purposive sample of all the Annual Reports of Victorian Government Departments\(^10\) responsible for providing services to people with an intellectual disability was selected from 1989/90 to 1999/2000. Annual Reports were selected for analysis because they constitute an important, ongoing, and official response from government that is annually released into the public domain. They are reports to the parliament and to the citizens of Victoria on how legislation and policy was implemented throughout the year. Communicated in these reports are the ways in which successive governments have interpreted legislative obligations to people with intellectual disabilities and also reported on progress in a number of key areas. A full list of the Annual Reports included in the sample is detailed in Appendix V.

Annual Reports are clearly an example of the ‘crucial moments’ that Candlin refers to (cited in Fairclough, 1989: ix). Annual reports are relevant to the concerns of this study because they may be, in part, shaped by broader institutional conditions, legislative commitments and other practices. Within their pages intellectual disability is written about, decisions about funding are reported, and progress on supports and services are made known. People with an intellectual disability may be placed at risk by being defined in particular ways, or by having their needs and wants stated by others.

Annual reports over the period 1990-2000 form the sample data upon which the discourse analysis is based. Annual Reports from this time period was taken to allow analysis of the official intellectual disability discourses of the State of Victoria, as well as exploration of changes and continuities in these discourses over the course of the decade. These reports varied considerably in their focus, character, presentation and length. Reports for 1990 to 1991 were lengthy and focused exclusively on intellectual disability services. However, led by changing State and Commonwealth legislation,\(^11\) State government departments began to focus more on the generalised and collective category of disability. This was reflected in the reorganization of government
departments, with reports from 1991 also describing services offered to people with sensory and physical disabilities, in addition to people with intellectual disabilities. Most post-1991 reports still made specific references to people with intellectual disabilities, but the generic disability legislation and policy direction clearly had implications for how intellectual disability was constructed in these reports. Post-1993 reports also contained less text, and more graphs and bullet-point strategies. What these discursive changes suggest, and their consequences for the construction of intellectual disability, will be explored throughout Chapter 7.

**Public Arena – Newspaper Articles**

Newspaper articles are, quite clearly, written with a different audience in mind and for different reasons than are the annual reports of Victorian Government Departments. Newspaper articles may be written for various reasons, including to report on incidents, inform the public, describe government policy, sell newspapers, and so on. In doing so, however, intellectual disability or one of its pseudonyms is named, and particular meanings and discourses constructed. Moreover, the media is generally acknowledged as having a crucial role in society, and has been identified as a major site of socio-cultural reproduction and change (Phillips, 1998: 4).

A recurring theme in theoretical articles about the portrayal of disability is the assumed power of the news media to socially construct ‘disability’ in negative ways and convey this to readers (Marks and Cook, 1997; Clear, 1999). While debate continues over the degree of influence that the mass media has on viewers (Tulloch and Lupton, 1997: 6; Cumberbatch and Negrine, 1992), it is clear that many people rely on media information in those areas of life with which they have no empirical engagement (Bessant, 1997: 23). Lupton, for example, argues that ‘[p]eople tend to rely on media accounts … to construct their knowledge when they have little personal experience of the issue or event’ (Lupton, 1995: 501). For people who have limited contact with people with intellectual disabilities, media coverage may be strongly influential in their framing of disability issues, problems, attributions of blame, constructions of the identities of people with intellectual disabilities and their social relations, positing solutions, and placing issues on the agenda for public discussion (Fairclough, 1995: 55; Lupton, 1995: 501).
In response to concerns over the media’s representation of people with disabilities, there have been various attempts to control or use the mass media’s portrayal of disabled people in the media (Barnes, 1992; Carter, Parmenter and Watters, 1996). Most Australian states have now issued guidelines to the media as part of their broader community education campaigns on disability (Queensland Department of Families, Youth and Community Care, 1998). Yet, Tulloch and Lupton (1997) have argued that such a strategy is problematic because it depends upon a form of mass communication that we do not fully understand and have limited control over (Tulloch and Lupton, 1997: 6). Both media reporting guidelines and mass media community education strategies depend on an oversimplification of the complex relationships between media practices and the production and circulation of cultural meanings.

Overall, it seems that how people with intellectual disability are represented in the discourses of the media poses risks as well as opportunities for them. An applied discourse analysis of current media texts is needed to explore this claim, and more fully explore the breadth and diversity of media discourses of intellectual disability. It will also place us in a better position to develop and understand the consequences of mass media community education strategies.

Newspaper Articles as Data – Sample Justification and Details
A purposeful sample of newspaper articles was selected from the major Melbourne newspaper, *The Age*, over a one-year period from 1/1/98 to 31/12/98. *The Age* newspaper, one of two major daily Melbourne newspapers, was chosen for a number of key reasons. First, and foremost, *The Age* was chosen because it has a reputation as a progressive, social thinking newspaper. If the new meanings and discourses of disability associated with the Community Living phase are circulating in contemporary society, then they are likely to be indicated in an analysis of *The Age*. Secondly, and unlike its daily rival *The Herald-Sun*, *The Age* has a history of running media campaigns that highlight the plight of marginalised people. For example, in relation to people with intellectual disabilities it has reported supportively and extensively on the *International Year of Disabled Persons* (1981), the closure of institutions, and ran ‘The Minus Children Campaign’, a fundraising campaign to support children with intellectual disabilities (The Age, n.d. [1981]; Crossley and McDonald, 1984). This indicates a
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particular and long-held interest in reporting issues relating to people with intellectual disabilities.

An extensive purposive sample of 118 newspaper articles in *The Age* newspaper, from 1 January 1998 to the 31 December 1998 was sampled. The rationale for including articles from throughout 1998 was three-fold. First, the closing years of the 1990s were an important time to evaluate the policy impacts of the earlier decades. Second, the 1998 time-period overlapped with the period in which the lay interviews were conducted. Third, it was expected that media data from 1998 would reveal dissent or agreement with the ruling Kennett-Liberal Victorian Government’s program of economic reform.

The sample was obtained by identifying all articles from 1998 though a search of *The Age* CD Rom database. Articles were included in the sample if they featured one or more of the following key search terms: intellectually disabled; intellectual disability; intellectual disabilities; intellectually impaired; intellectual handicap; mental retardation; mentally handicapped; mental handicap; mentally retarded. Letters to the editor and duplications of articles were excluded from the final sample. A full listing of the articles included in the sample is detailed in Appendix VI.

This sampling technique yielded a wide range of articles, including those where references to intellectual disability were incidental, rather than the central concern of the article. It included articles on genetics, abuse, government responsibilities, competitive tendering, exclusion and discrimination, people with intellectual disabilities as parents, access to resources, the voices of parents of people with intellectual disabilities, risk, film reviews, management, and so on. Casting the net for articles more broadly than those specifically about people with intellectual disabilities was of central importance to the study, especially given that discourses are theorised as permeating discussions of all sorts of topics, and not just those where an author has sought to deliberately and consciously write about intellectual disability issues.
Multiple Arenas – Summary

Each of these arenas included as a case study in the research design has also been conceptualised in previous research, policy, and educational campaigns as significant, strategic or ‘crucial moments’ in the construction of intellectual disability practices, definitions and beliefs. The strategy of exploring the discourses within and across three key arenas of contemporary society seeks to add depth and breadth to the empirical exploration of the discourses of intellectual disability. It should also offer a fuller understanding of how power circulates through competing and colluding discourses within texts, and across arenas. The following section will describe how the textual data was analysed.

Data Analysis

The texts from all three arenas were subject to detailed analysis to identify the indicators of discourses within them. This section describes how the process of analysis proceeded. It also discusses the criticisms that have been made of discourse analysis methods in general, and locates the specific type of analysis adopted in this thesis in relation to the various methods of discourse analysis.

The identification and analysis of discourses requires interpretation of data in such a way as to be sensitive to what is said and done in a given context, as well as those things that are not said or done. However, Fairclough (1995) has argued that discourse analysts should not follow a pre-set coding list, but to be sensitive to the presences and absences within a text and to ‘weigh presences against possible alternative’ (Fairclough, 1995: 18). While there are various ways in which discourse analysis may be undertaken, most researchers have followed Foucault in identifying indicators or symptoms of different discourses, such as recurring objects, styles, statements, objects, and thematic choices (Ball, 1988: 150). Central to this study’s discourse analysis is the exploration of how the discourses

... specify truth as it is known at any particular time in history (for example the nature of intellectual disability) and ... also specify what can and cannot be said in relation to the subjects which they are concerned (Johnson, 1998a: 15; emphasis added).
Deductive and inductive approaches to the analysis of data have been used in discourse analyses. Some have relied on existing theoretical schemas to code indicators of discourses in their data (such as Chenoweth, 1998 drawing on Fulcher, 1989a), others have inductively derived their categories from the data (Johnson, 1998a, 1998b). Yet a number of qualitative analysts warn against making too sharp a distinction between these modes of analysis, arguing that inductive analysis typically involves both processes as the researcher will have some categories of analysis ‘forestructured’, consciously or unconsciously, from reading other research findings (Riessman, 1993; Patton: 1990). Consequently, in this study an awareness of previous work on disability discourses informed the analysis, but these categories were not simply used as a matrix to analyse the data. Rather, evidence was weighed against known discourse categories, and as it often did not fit neatly within these, a number of new categories of intellectual disability discourse were identified and elaborated.

Most analysts, whether adopting an inductive, deductive or combined approach, concur that the analysis of discourse necessitates a rich and deep engagement with the data in order to identify the discursive processes and indicators, rather than the following of a set of rules to categorise data. Hooks argument for his analytic approach is worth quoting at some length to illustrate the methodological implications of his argument:

The methodological imperative stemming from these [Foucault’s] formulations [of discourse] is an unrelenting skepticism towards all those rationales, explanations and statements that would validate themselves on the grounds of their proximity to a supposed truthfulness … This is a methodological tactic which will not only make overt certain conditions of possibility (certain contingencies underlying ‘the truth’), but that will likewise prove a vital means of sensitising the analyst to the pervasiveness of the power-knowledge complex.

... To be clear, what is being called for is not some naïve debunking of the ‘truthful’ for its own sake ... A skepticism of truth here defers not to a ‘baseless’ relativism, but instead to a carefully delineated set of conditions of possibility under which statements come to be meaningful and true (Hooks, 2001: [4]; emphasis added).

Viewing intellectual disability as a complex socio-cultural and socio-biological phenomenon, rather than purely an unchanging biological one, is central for analysing texts. It entails accepting that there is nothing normal or natural about intellectual disability, or how ‘it’ is currently spoken about, or responded to. ‘To contend that the “truth” about disability”, write Cocks and Allen (1996) ‘is established via discourse, entails a rejection of the view that disability is an unchanging, natural phenomenon’
(Cocks and Allen, 1996: 287). This stance helps to explicate how different discourses construct versions of ‘what we know about intellectual disability’ and ‘what is to be done about people with intellectual disability’.

Discourses may be indicated through the methods of description used in a text, such as how some ‘descriptions’ or ‘versions’ become ‘established as strong, real and independent of the speaker’ (Potter and Wetherell, 1995: 81). Ball (1988), for example, identifies how such constructions fail to be seen as mere descriptions and take on a discursive power that is ‘largely impervious to disconfirmation’ (Ball, 1988: 135). In his writings on schooling discourse in the United Kingdom, Ball states that the Conservative discourse, and its critique of comprehensive schooling, was generally accepted because it drew on a commonsense discourse of ‘what we all know about school’. Furthermore, because of the interdependence between the Conservative discourse and other ‘commonsense’ themes, the discourse of conservatism on schooling had to be either accepted in its totality or completely rejected. Hence, there appeared to be no way of only accepting part of the broader discourse (Ball, 1988: 135).

Moreover, greater sensitivity to interpreting the text means that it becomes the object of analysis in its own right, rather than merely a medium for gaining access to what lies beyond its language, such as the author’s intentions, attitudes, beliefs, or behaviours (Alvesson and Skoldberg, 2000: 194). Rather than being primarily concerned with the individual psychological action happening beneath, or underpinning the text, discourse analysis focuses on what is said. Wetherell and Potter (1992), for example, argue ‘… it is possible to do perfectly coherent analyses of discourse and its consequences without considering how far actors are in control of what they are doing’ (Wetherell and Potter, 1992: 93). This is not to say that there is no psychological component to discourses as they are implicated in how we construct our selves and the selves of others, but rather it is to focus on identifying the discourses that permeate us as individuals without reducing to them to emotions, attitudes, and so forth (Johnson, 1998a: 15). Indeed, in undertaking a discourse analysis it is not necessary to understand the intent of an actor, or to gain access to their thoughts (Prior, 1997: 77). In conducting a discourse analysis, then, one should not attempt to ‘read into’ the psychological intent of the actor, but focus on the language they use in relation to intellectual disability.
Chapter 5: Methodology

Relevant Elements and Indicators of Discourse
Discourse analysis entails finding a balance between being sensitive to the way the character of language may indicate diverse discourses, and the broader social and material indicators of discourses within a given society (Hooks, 2001: [14]). Several writers have argued that a crucial methodological distinction in discourse analysis should be made between the ‘textual’ and ‘contextual’ levels of a given text (Lupton, 1992: 145, Hazelton, 1993: 144). On the textual level, analysis pertains to examination of grammar, such as rhetorical devices, the use of metaphors, syntax, and the overt meaning and content matter of a text (Lupton, 1992: 145). On the contextual level, the analysis relates to investigating the discursive framing of the text. A particular concern of this level of analysis is to examine how elements of a text work to reproduce and, or reinforce a set of existing power relations or particular construction of reality. Applied discourse theorists, Potter and Wetherell (1995) make similar points, although they use the terms ‘resources’ and ‘practices’, instead of ‘text’ and ‘context’. ‘Resources’ are akin to the linguistic qualities of the text, whereas discourse ‘practices’ concerns how social practices are sustained via the use of language (Potter and Wetherell, 1995: 81).

The basic distinction to be made between the analysis of the textual/resources and contextual/practices level are that the former is concerned with the substantive content of the text, such as rhetoric, narrative characters and interpretive repertoires, while the latter is concerned with the social meanings sustained by the text, and how these textual characteristics relate to the wider societal and cultural practices (Potter and Wetherell, 1995: 81). The textual/resource dimension results in analysing texts for linguistic structures, topics and key themes (Lupton, 1992: 145). The contextual/practices level focuses analysis on the meanings produced and their social functions or purposes. In the case of contextual/practices, Hazelton (1993) argues that discourse analysts should explore each text for indicators of the reproduction of ‘hegemonic social relations of domination and subordination’ (Hazelton, 1993: 144). In the case of this study, texts were analysed on each level, and indicators noted. This enabled categories of discourse to be devised to describe the textual/resource and contextual/practices indicators identified in the texts.

An example of how these analytic tools informed the analysis of the data in the subsequent chapters is relevant here. The following example is taken from Chapter 8.
It illustrates how the analytic distinctions between the textual/resource and contextual/practices levels informed the analysis of a sub-set of the media data, resulting in the identification of the Psy-Developmental discourse. On the textual/resource level, people with intellectual disabilities were repeatedly constructed in numerous newspaper articles as children via metaphors, comparisons with children, and in straightforward descriptions of their bodies or behaviour. On the contextual/practice level, people with intellectual disabilities were constructed as lacking ‘normal’ adult skills, such as being incapable of caring for themselves, making poor decisions, lacking moral judgement, being gullible, and needing practices that would protect them from their own inabilities and those that would deliberately exploit them. Together, the indicators of each analytical level pointed to the presence of the Psy-Developmental discourse, a discourse that casts people with intellectual disabilities as child-like and in need of protection. Within this discourse, the policy goal of unmaking people with intellectual disabilities from the status of Other is seen as impossible, with the best that can be hoped for being protective services that allow them some degree of freedom with safeguards from a world they can not live safely within.

The above example has illustrated how these analytic distinctions informed the analysis of the texts. However, Potter and Wetherell caution against making too sharp a distinction between the two analytical levels of textual/resource and contextual/practices, as answering discourse analysis questions will usually necessitate a combined focus (Potter and Wetherell, 1995: 81). A combined focus was necessary in this research. As a result, and in the interests of clarity and brevity, the findings reported in the data chapters are not reported in terms of the textual/resource and contextual/practice levels. Rather, each of the discourses are outlined, along with examples of the unique emphasises, de-emphasises, inclusions, exclusions, and admissible evidence that defined and sustained them. Evidence of the indicators of each discourse is presented, using italicised excerpts from the texts to illustrate how intellectual disability was constructed within particular discourses.

Objectivity, Credibility and Trustworthiness
Sarantakos contends that qualitative researchers ‘reject fundamentally the notion of objectivity’ (Sarantakos, 1998: 19). Discourse analysts make no claims to objectivity and reject ‘the assumption that scientific objectivity and ‘truth’ are ahistorical and
untainted by the effects of context, emotions, power dynamics and socioeconomic and political values’ (Lupton, 1992: 148). There is no way to objectively gain access to an understanding of the discourses as the analytical process necessarily involves interpretation of the texts by the researcher in order to come to a deeper understanding of the relationships, identities and representations constructed within the text (Fairclough, 1995: 5).

However, acknowledging problems with objectivity does not mean that the discourse analyst rejects notions of credibility, validity, and trustworthiness. In undertaking this analysis considerable efforts were made to provide evidence of the discourses identified, and to provide full and detailed descriptions of how they appeared in the texts. This should enable the critical reader to assess the validity, credibility and trustworthiness of the findings of the analysis (Lupton, 1992: 148).

Research Design and Methodological Limitations

This chapter has sought to clearly identify the methodological implications of using discourse theory to inform empirical analysis. It has described the multi-arena case studies, including the criteria for sampling and analysing a distinct set of Victorian texts. However, several methodological limitations need to be acknowledged. First, like all other studies, this could be undertaken differently, in terms of research design, data selected, and the way it was analysed. This means that, while the case studies, samples and data were carefully selected and justified, the discourses outlined in the following chapters must be acknowledged as at least in part artefacts of the methodological stance adopted, the time and place in which the research was conducted, the research design and the analytic processes outlined in this chapter. It cannot be all things to all researchers.

Second, some texts in the media sample defied attempts to identify indicators of discourses within them. This was either because they were too brief or lacked key phrases, or other discursive indicators that would allow a clear conclusion to be made that a definitive discourse was present within them. This was particularly the case with brief news reports, such as the following: ‘Seven intellectually disabled people were taken to hospital with minor injuries after their bus crashed during an outing yesterday’
(n.a., 1998: 2). Yet, even this unclassifiable data is noteworthy because it points to the importance of intellectual disability as a significant conceptual category that people use to make sense of media reports. In such cases, it is likely that readers will bring one or more discursive frameworks to their reading of such an article. In this sense, the appearance of the term intellectual disability in an article will probably inform their reading, or their dismissing the article as not relevant to them.

Third, the analysis presented in this thesis does not, nor could it, claim to be the definitive analysis of intellectual disability discourses. The point of acknowledging this issue is to address what may be perceived as the most obvious limitation or bias of this kind of research. The analyses presented in this study can only claim to offer one way of ‘reading’ the disability discourses present within the sampled texts. Nonetheless, this analysis has been undertaken with care, diligence and evidence to support all claims of discourses identified. In teasing apart the discourses that shape attitudes, values and beliefs about intellectual disability, a better appreciation of the link between material circumstances, individual experiences, and social and cultural discourses and meanings, may be achieved. It is for these reasons that they must be studied.

Fourthly, this study does not examine discourses at the capillaries of power or look at the ways in which intellectual disability is constructed as an embodied experience in the practices of everyday life. These areas were not the focus of this particular study, but they are important areas that would profit from further study in the future. It is hoped that the findings of this thesis will provide a strong basis for further empirical applications of Foucauldian theory to the study of intellectual disability.

**Chapter Summary**

This study is located within the broad spectrum of discourse analysis and Foucauldian scholarship. However, as the application of the Foucauldian theoretical concepts of discourse, power and resistance is still relatively new in socio-cultural studies of disability, this chapter explored how they can be extended to the empirical study of how intellectual disability is constructed in contemporary society. Exploration of the implications of Foucauldian discourse theory for the research design wedded the theoretical concerns to a methodological strategy. The rationales and justifications for
the multi-arena case study research design were outlined. The research design included data drawn from three key arenas of contemporary society in order to explore how the discourses relate within and across arenas, without assuming that one arena structurally determines another. This provided the opportunity to explore similarities and differences in the discursive constitution of each arena relative to one another. A qualitative approach was adopted to the applied analysis of texts for indicators of multiple discourses.

Next Chapter

The following three chapters will present the discourse analysis of the lay people’s talk, annual reports of the disability departments from the State of Victoria, and daily newspaper reporting.
CHAPTER 6: LAY DISCOURSES

Lay People’s Ways of Knowing Disability

Many of us spend most of our lives in the company of non-disabled people, whether in our families, with friends, in the workplace, at school and so on. Most of the people we have dealings with, including our most intimate relationships, are not like us. It is therefore very difficult for us to recognise and challenge the values and judgements that are applied to us and our lives. Our ideas about disability and about ourselves are generally formed by those who are not disabled (Morris, 1991: 37; emphasis added).

Introduction

The overall aim of this thesis is to identify and explore the discourses of intellectual disability circulating in contemporary society. However, this chapter’s focus is broader than just intellectual disability, as it explores the discourses identified in non-disabled lay people’s discussions of disability, including their discussions of physical, psychiatric, and intellectual disability. In the sociological literature on disability and mental illness, it is often argued that non-disabled lay people negatively construct disability and people with disabilities (Oliver, 1990: 1-20; Miles, 1981: 90-116; Goffman, 1963: 1-40; Harris, 1995: 166). Yet, Rapley, Kiernan and Antaki (1998) contend that there is ‘… an increasing recognition of the socially constructed, contingent, and hence contestable, nature of the categories ‘disability’ and ‘difference’ (Rapley, Kiernan and Antaki, 1998: 807). In light of such anti-positivist and anti-essentialist claims, it is significant to ask the question: What counts as disability to lay people? There has been little qualitative research specifically undertaken to explore the various discourses that inform lay people’s understandings of disability (Cashling, 1993). Indeed, at the present time, there are no known explorations of lay discourses of intellectual disability. Consequently, what is required is an analysis of lay discourses of disability in general, but drawing specific conclusions about intellectual disability.

Concomitant with this requirement, this chapter has three main tasks. First, it describes each of the discourses identified. Second, it identifies the types of everyday practices
they may inform, and the implications of these discourses for how lay people relate to people with disabilities in their communities. Third, where differences and similarities were observed in the construction of disability types, possible reasons for these are explored.

The findings presented in this chapter are based on discourse analysis of interviews with 22 lay people, aged 18-30. The interviews consisted of direct and indirect open-ended questions that required participants to talk about disability, including their experiences and understandings of the broad categories of physical, psychiatric, and intellectual disability. Participants were also asked to recount their own social contact with people who they considered to have one of these three types of disability. The reason for asking about various types of disability was because this discourse analysis sought to go further than previous research by comparing the discursive constructions of intellectual disability identified in the discourses of lay people with their constructions of other specific disability types and disability as a general category. Accordingly, it sought to explore the discourses that lay people draw on in their discussion of intellectual disability, psychiatric disability and mental illness, physical disability, and the general category of disability. The goal was to obtain a clearer understanding of the lay people's discursive constructions of intellectual disability relative to other disability types.

The interview process generated a rich body of data for discourse analysis. In general, participants were more readily able to talk about physical, rather than psychiatric or intellectual, disability. As we shall see later in this chapter, there are complex reasons for this. Seven discourses were identified in the lay interview data. They are presented here clustered under the broad headings: Individual, Social and Invisible. These clusters reflect the disability themes common to several discourses. Individual discourses were: Individualist-Materialist, Individualist-Idealist, Enigmatic-Apprehension discourses, and Pity-Charity. Social discourses included: Community-Welfare and Relativist discourses. As found in the media data, there was only one discourse that rendered disability invisible. This was the Politically-Correct discourse.
Disability as an Individual Problem

The theme common to several discourses was the notion that disability is an observable phenomenon located within an individual. Nearly all lay participants commenced their general discussions of disability from this assumption. This suggests that Individualist discourses informed and shaped participants’ constructions of disability. However, further analysis revealed important variations that led to further fine-grain distinctions between Individualist discourses being made. This section describes the various individualist discourses identified in the data. They were: Individualist-Materialist, Individualist-Idealist, Enigmatic-Apprehension, and Pity-Charity discourses.

Individualist-Materialist Discourse – Functional Limitation

The Individualist-Materialist discourse emphasises damage, deficit and functional loss. Disability is located within the material body of a disabled individual, and functional limitations are viewed as stemming from damage or loss. This discourse was conveyed by recurring statements, such as talking about damage to the physical body or what was ‘wrong’ with a disabled person. Participants assumed that disability was an objective phenomenon, and many appeared to take for granted that this was commonsense knowledge:

Physical disability is an overt disability. Like something you would notice straight away. Like a deformity. You notice it because you notice something is not right (Harold, age 22).

In this instance, Harold has no reservations in asserting that disability was indicated by the presence of a deformity.

The Individualist-Materialist discourse constructs disability as an error in an individual, and it was not surprising to find that one participant conceptualised the human body as akin to a faulty machine that does not function properly:

I might compare it [physical disability] to a machine or car or something, where one part of the car might not work, like the back seat. Like the back seat might be broken so you can’t push it forward or back. And this friend might be, his spine might be, um, damaged and he might not be able to walk (Genevieve, age 23).
Related to this view of the body as faulty machine is the assumption that the presence of damage to the individual’s body will prevent or impede the level of functioning of an individual:

One of the first things that comes to my mind is that, maybe, they’ve had an accident of some sort, um, which has made them physically handicapped ... and therefore they’re, you know, confined to a wheelchair, and therefore restricted in a lot of other areas (Jessica, age 24).

Similarly, and because disability within this discourse was understood almost exclusively in terms of deficit, loss, and functional inability, participants perceived the lives of people with disabilities as inherently limited. The most extreme construction of disability in these terms was by Daryl, who contended that:

If you have quadriplegia and you can’t move at all, then you are pretty much fucked. You need constant hospital attention and you just can’t do anything. Well, that’s how I imagine it to be (Daryl, age 22).

The emphasis on functioning, damage and limitation are the core recurring themes in Individualist-Materialist discourse. The Individualist-Materialist discourse emphasises scientific ways of knowing disability, such as its visible observation, identification of its causes, and its measurement and classification. In addition to this, it also speaks the language of modern medicine, with participants identifying causes, deficits, disorders, chemical imbalances, and diagnoses, via intelligence tests and medical breakthroughs. Even the terms participants used to advance their explanations of disability illustrate the power and authority invested in medical and scientific knowledge:

If they can diagnose if it’s a gene that’s in, say, one in every five generations, then they might be able to figure out the mutated gene. And, then, if it is something that just happens [at random], then there is nothing we can do about it, except keep your kids yourself, or give them away to a halfway house, or leave them out in the cold to die like they used to ... If it can’t be fixed, then, I guess we need to figure out science a bit more (Daryl, age 22).

In this instance, intellectual disability becomes knowable to Daryl through the language and concepts of science. Furthermore, scientific knowledge is viewed as, simultaneously, the legitimate way of understanding intellectual disability and as assuring better ways of dealing with disabled individuals in the future. Scientific research was conceptualised as offering truth, reason and facts to explain disability to lay people and, consequently, modern medicine was perceived as possessing the
‘expertise’ to diagnose, treat and manage disability. For example, Debbie stated the following:

I think that, just at the current level of science and all that, mental illness is a bit more treatable at the moment than physical disability, in terms of a cure. Or not even a cure, but looking at it in terms of person’s functioning as a whole (Debbie, age 24).

Participants drawing on the Individualist-Materialist discourse also contrasted their ‘correct’ knowledge of science and medicine with others’ lay beliefs and fears about disability.

**Disability Types**

Significantly, most participants’ accounts of disability included many references to visible evidence of disability, such as overt bodily signs, indicators of loss, damage, deficit, apparent restrictions, the presence of visible support equipment, wheelchairs, hearing aids, and other discernible signs. Similarly, disabilities that were perceived as hidden or located in the brain, such as psychiatric disabilities and intellectual disabilities, were also talked about in terms of their observable impact on functional abilities. The different ways in which the various types of disability were conceptualised by participants drawing on the Individualist-Materialist discourse were worthy of note, and are further explored below.

**Physical Disability**

Participants drawing on the Individualist-Materialist discourse talked more easily and at great length about the visible indicators of physical disability than other disability types. Indeed, participants’ definitions and descriptions of physical disability focused mostly on visible damage to the physical body (such as ‘missing an arm or a leg’, ‘can’t walk’), the use of equipment (including ‘being in a wheelchair’, ‘confined to a wheelchair’, ‘wheelchair bound’) and restrictions on mobility (like ‘having limited mobility’). Physical disability was largely associated with impairment, emotional and physical struggle, and with standing out as overtly different. As one participant concisely put it:

Well physical disability to me is basically based on imagery … You know, they don’t walk like the average [Joe] Bloo sort of person. Something stands out that looks kind of different or just uncommon (Norman, age 24).
Individualist-Materialist accounts emphasized the similarities of people with physical disabilities to non-disabled people in terms of intellect, mind, and rationality. Lay people described people with physical disability as only different in terms of their bodily functioning, as the following examples demonstrate:

Physical disability. It just means that they're, that ... for some reason their bodies don't work as well as able-bodied people, and they can't help it. It doesn't mean that they are stupid or strange; it just means that they can't use their body as well as we can (Amanda, age 20).

People who can think straight and quite normally, probably, but their... their body, something's happened to them so they can't, you know. Like people in wheelchairs and things like that (Alexandra, age 24).

*I:* So you would just explain the nature of the impairment [in explaining physical disability to a 'lay' person]?

Yeah in their appearance. And say that they are no different from other people inside. I mean, as far as their mind goes, there's nothing different about that. It's just that they might not have an arm or a leg, or something like that (Frank, aged 22).

Here, physical disability is only seen as having consequences for bodily movement, and people with physical disabilities themselves are not perceived as fundamentally different to non-disabled people. In this sense, they are included as ‘one of us’ and not as Other. People with physical disabilities may be damaged, but their status as rational, knowable humans is not radically questioned. This, however, was not how participants drawing on Individualist-Materialist discourse constructed people with psychiatric and intellectual disabilities.16

*Mental Illness and Psychiatric Disability*

Participants drawing on the Individualist-Materialist discourse talked less and with some difficulty about mental illness and psychiatric disability in comparison to how they spoke about physical disability. This is possibly due to the fact that most participants constructed mental illness and psychiatric disability as hidden or hard to detect, and therefore lacking the overt physical signs of physical disability. However, in contrast to this invisibility, participants’ descriptions and stories about mental illness and psychiatric disability emphasised observable indicators of serious problems, such as abnormal behaviour and mood swings. Participants commented that people with mental
illness and psychiatric disability lacked mental control and saw the world differently to people who do not have mental illnesses:

[T]he way they think about things and the way they feel about things can be different to the way we do. And its sort of, they can't really control, they perhaps can't. I don't know if they can, they perhaps can't control the way they think about some things. So, um, they tend to see things differently to us. Yeah (Alexandra, age 24).

Unlike the similarities emphasized between people with physical disability and non-disabled people, here Alexandra invokes an ‘us and them’ dualism. Within Individualist-Materialist discourse people with psychiatric disability are constructed as different and unable to control the way they think. As a result, they are constructed as incapable of seeing the world in the same way as the rest of ‘us’. They are constructed the irrational, unknowable other.

Yet, most participants felt that psychiatric disability and mental illness had a hidden, but understandable source in an individual’s biology, such as their genetics, chemical imbalances in the brain, or the unique way their brain behaves. Lay participants said that such hidden sources of disability required professional diagnosis by experts. For example:

Well, she's got schizophrenia. And it was only a few years ago that she developed different symptoms, she was acting a little bit strangely. And it wasn't until she went 'right off her rocker', so to speak, she was in a ... shopping complex and I think she started throwing all the clothes off the racks and that sort of thing. When she, yeah, then she was admitted to one of the hospitals and they discovered, yeah, that she had schizophrenia (Jessica, age 24).

Here, Jessica’s recounts how her aunt’s schizophrenia was discovered and became knowable to her via hospitalisation, tests, and finally medical diagnosis. Her explanation of her aunt’s behaviour in terms of ‘symptoms’ suggests the extent to which she has adopted the discourse of the psychiatric and medical professions to understand her aunt’s differences.

**Intellectual disability**

Participants who drew on the Individualist-Materialist discourse to construct intellectual disability spoke with far less certainty about what intellectual disability is and what indicated its presence. This in part may be explained because – like psychiatric
disability and unlike physical disability – intellectual disability was constructed as hidden. Participants focused less on overt indicators of intellectual disability, and more on speculating where the source of the intellectual disability lay and what its consequences would be. For example, some participants saw intellectual disability as located in a fault in the brain, some located it in an individual’s genes, and others saw it as expressed in those affected being ‘slow learners’. Despite these differences, most saw intellectual disability as resulting in fundamental functional limitations for the individual concerned:

I: Can you tell me your understanding of the different types of disability that we have been talking about so far?

Intellectual disability, to me, means that your brain... does not function normally. There is some kind of impairment. [I don’t know where or why, but you might be slower.... [It] generally means to me that there is some kind of damage to the brain, and that impairs their mentality (Phillip, age 25).

Um, probably someone like you and me but has the mentality of a two-year-old. And slowly learns, but never reaches the point where we’ve learnt. They process things differently in their heads (Helena, age 20). It means that they can’t learn the way we do about things. Um [pause], they probably can’t think the way we do... (Alexandra, age 24).

I: Do you know anyone with an intellectual disability?

Not as such. I’ve definitely seen kids through my teaching rounds that have problems with learning and functioning properly, but that’s limited contact. Most of those kids have aides to help them out with stuff... [With some of the people the only outward, obvious thing is that sometimes they’re a bit slow to catch on what you’re trying to say (George, age 23).

In each of these examples, the presence of intellectual disability is equated with the inherent and fundamental inabilities of an individual to learn, develop, and function independently, even though they may initially be difficult to detect.

As with mental illness and psychiatric disability, intellectual disability was also constructed as difficult to detect, and participants deemed medical and psychological techniques necessary for its identification:

I’m thinking of intellectual disabilities in that they might’en be able to do certain tests, or have only got a low level of intelligence, which is the same as, same thing as having low IQs (Jessica, age 24).
I guess if you did an IQ test on them they would be very low (Amanda, age 20).

Diagnostic tools, such as scores on IQ tests and genetic diagnoses, were seen by participants as objective ways to identify and understand intellectual disability. However, participants drawing on Individualist-Materialist discourse did not speak of the personhood of people with intellectual disabilities or their role in society, and were for the most part uncertain about who they were and how they were effected by their disabilities.

**Individualist-Materialist Discourse Summary**

Individualist-Materialist discourse constructs disability as damage to the physical body, and emphasises the indicators of this damage in its explanations of what disability is and its consequences. The focus on bodily damage in Individualist-Materialist discourse did not result in lay people questioning the rationality or excluding the personhood of people with physical disabilities. This seemed to be because physical disability was more easily understood by participants as separate from other aspects of an individual with a physical disability. Indeed, the ease with which lay participants spoke about physical disability, as opposed to intellectual and psychiatric disability, is an important finding. In contrast, intellectual disabilities and psychiatric disabilities were seen as less tangible and lay people were unclear and sceptical about what they meant for an affected person. As a result, lay participants drawing on Individualist-Materialist discourse were unclear how such disabilities affected the personhood of people with intellectual and psychiatric disabilities.

**Individualist-Idealist Discourse – ‘Getting Over It’**

The Individualist-Idealist discourse focuses much more on the interactions between disability as impairment and the personal will of the individual with a disability. This discourse assumes that the lives of people with disabilities will be negatively affected by their disabilities, and in this sense Individualist-Idealist discourse begins with the same fundamental assumptions as the Individualist-Materialist discourse. Disability is still located unproblematically within disabled individuals who are understood as ‘not normal because, I mean, obviously they’re not’ (Phillip, age 25). However, the
Individualist-Idealist discourse is characterised by the view that the damaged body, brain or mind can be transcended. In numerous examples, participants described people with disabilities as being able to ‘get past’ or ‘get over’ their disability:

There was a guy [at] … a pub years ago and he was burnt, very badly burnt and his face was a mess ... And he came up to the bar one night, and I caught myself looking, and he said, ‘No, it’s okay to look’. And he made a real big issue. And he said, ‘No, it’s okay, you can touch it if you want’. And he said ... [that] a lot of people are like that ‘cause they don’t see it every day. But, you know, he was over it and he moved on (Phillip, age 25).

In this example, Phillip’s own behaviour is constructed as normal and not in need of change because the man concerned was ‘over’ his physical disability. Getting over disability was a strong theme within the data, and suggested that Individualist-Idealism was a discourse in its own right. Briefly put, we can see that participants’ accounts of transcending disability involved a number of interrelated practices, including psychologically coming to terms with disability, dealing with the implications of having a disability, and accomplishing goals in spite of their disability.

**Psychological adjustment and having the right attitude**

Central to the Individualist-Idealist discourse was the notion that people with disability can ‘get over it’ or come to terms with their disability if they have the right attitude. Accordingly, an individual’s personal, social, and psychological qualities were seen as particularly significant, especially for those people with physical and psychiatric disabilities. Having a strong will, being independent and determined were personal qualities frequently mentioned by participants. People with disabilities who were perceived as possessing these personal qualities were highly praised and held in high regard, as the following example illustrates:

*I: Do you know anyone with a physical disability?*

I knew him [for the first time] years ago when I was a kid, and that was before he had a ... major accident. And, when he was in hospital ... he lost some of his leg. Then he had another accident after he got out... I heard about it and knew he was, but I didn't really understand. It has only been in the last couple of years that Mum has kept occasional contact with him ... And he's been doing work motivating people ... I know, from what Mum said, that he's the kind of person who's never given up ... He was told he would never walk properly, and he [now] walks with a false leg. You could never tell ... [H]e's never let anything stop him. The illness and the injury stuff has never stopped him doing anything he wanted to do ... He's a highly motivated person ... He wanted to ... break the world record ... (George, age 23).
Here, George suggests that the man he describes has been able to surpass his disability, and other anticipated limitations, because he has a determined attitude and has never given up. Similarly, Amanda talked about an elderly lady who, despite her physical limitations, had maintained the right attitude to life:

She’s a legend. She and I get along really well. That’s what I’m going to be like when I get old. *Not disabled like that, but I mean mentally.* She’s really cool, she just keeps going and she’s such determination to be independent and she *doesn’t let it get her down.* *She doesn’t whinge or anything.* It’s amazing (Amanda, aged 20).

Here, Amanda identifies that the lady has maintained her attitude by strength of will, as indicated by the phrase ‘such determination to be independent’.

The failure to maintain or cultivate the right mental attitude to one’s disability was seen by some lay people as a more severe restriction than the presence of disability or the barriers imposed by external social disadvantages:

*I: Are people with disabilities disadvantaged?*

I guess it depends on what they are trying to do. If they're in a field with people without disabilities, then they will probably be disadvantaged if they are trying to compete with them... But, then, there's heaps of people with physical illness [and] mental illnesses who would *hate to see themselves as disadvantaged* [or] described as disadvantaged, because *in their own mind they can get around, they can get over it.* And they *can do the best they can do* [and] have a good time and live life as best they can. And, if that’s the case *in their own mind,* then that’s rocking ‘cause *that’s all that matters* (John, age 20).

Here, self-perception was seen as more crucial to a person with a disability than structural barriers. The task of getting over disability is viewed as an individual achievement that needs to primarily occur in the minds of each individual with a disability, rather than in society. Some participants also emphasised the importance of treating people with disabilities the ‘same’ as others in order to achieve equality. Phillip, for instance, talked about the problems created by regarding people with disabilities as ‘different’ to others:

I had a good friend in year 9, year 10, who was in a wheelchair and he hated people giving him *sympathy* ... It really bothered him and was a big issue and he ended up leaving the school cause, um, people sort of did treat him differently (Phillip, age 25).
In this example, ‘same treatment’ is also justified in terms of what disabled people want.

For one participant, having the right mental attitude meant actively dealing with disability and its implications in a positive manner:

[P]sychiatric disability, for instance, perhaps could depend on how the person with the problem approaches it and deals with it, whether it is going to disable them. ‘Cause a lot of the time psychiatric problems are disguised anyway. But, [pause] yeah, so it depends on how the person deals with it. Like, I mean, alcoholism in part is a psychiatric problem and you can deal with it, and, if you deal with it well, like my dad... he deals with his alcoholism by going to meetings every, you know, twice a week perhaps. And he's dealing with it and a lot of people wouldn't even know he's an alcoholic (Norman, age 24).

Here, Norman contends that disablement is related to how an individual deals with their circumstances. Furthermore, he presents his father’s active approach to alcoholism as an example of the right way of dealing with psychiatric problems. Such emphases on individual will does, however, run the risk of blaming the individual who is disabled for failing to psychologically surmount personal, social and environmental barriers.

**Dualism**

There is an implicit dualism informing the Individualist-Idealist discourse between positive and negative people with disabilities. This can be seen in the following account where Eric contrasts the personalities of two people who he knew as having had mental illnesses:

I won't say they were good friends. One has since recovered. Is, basically, I think, he's very normal.

*I: So with the [friend] who has recovered, how do you think about him now?*

... I still consider him a friend.... I didn't actually remember that [he was mentally ill] until you asked me that question. So I don't look at him and think, ‘Well, he’s a bit looney’. I actually forgot about that ... But, basically, *I don't see him as any different than us*. He has made a full recovery, I believe. So he's back to the way he used to be.

*I: And what about the other [guy who was ‘schizophrenic’ according to the participant]?

Well, I don't see him anywhere anymore. Last time [I saw him] he was a prostitute.

*I: So, you don't think much of him?
That’s the thing, I never did … I know he’s a very destructive person, so he might have brought a lot of it on himself (Eric, age 23).

In this instance, the former person is perceived as making a full recovery, while the latter individual is perceived as being destructive and thus bringing ‘a lot of it on himself’.

This tacit dualism central to the Individualist-Idealist discourse is built around a set of binary oppositions, including those made between independent/dependent, active/passive, strong-willed/weak-minded, and legitimate cause/playing on sympathy. It is implicitly assumed in each of these binary oppositions that the former term is positively valued, whilst the latter has an implied negative value (Theile, 1989: 38).

The following statement from Phillip is a good example of how several of these binary oppositions were invoked in a single participant’s account:

Like A Current Affair 18 will ark up about this poor disabled woman who can’t enter her library because there’s no disabled ramp and it tends to play on a lot of sympathy on these people. And I know a few disabled people who wouldn’t have a bar of soap of it. So I don’t know. I guess there are a lot of positive people who refuse any sorts of help. But, in general, the media tries to make us feel guilty.

I: Why do you think it tries to make you feel guilty?

I guess sympathy means ratings to them. I mean, I can’t really say. I mean I’m talking about news media, and I can’t honestly say that they do care about these people. But then there are lots of adverts on telly that do support, like Yooralla. You’ve got that ad with the various musos and that’s a legitimate cause. They’re not playing on sympathy, they’re trying to create support (Phillip, age 25).

In Phillip’s account, positive disabled people are equated with those individuals who are independent and do not ‘play on sympathy’. Similarly, The Yooralla Foundation, although a charitable organisation, is constructed as a legitimate cause. This is possibly because Yooralla’s well-known funding appeal motto, Yooralla: People Helping People Achieve (Yooralla Society of Victoria, 2003). This motto stands in clear contrast to charities that do things for people with disability. The work of the Yooralla Society of Victoria is itself associated with the positive side of the dualism because of its focus on supporting people with disability to be active, independent and help themselves, rather than relying on the pity, guilt or sympathy of non-disabled people.
Disability Types

Individualist-Idealist discourse emphasises the importance of disabled people having the right mental attitude and, associated with this, their desire to work hard, earn respect, and face their challenges head on. Given that overcoming disability involves individual attitude and achievement, it is hardly surprising that both bodily and social limitations are downplayed. This is the case in the following example from Phillip who is discussing how a friend’s experience of disability would inform how he would explain disability to a child:

I mean, for example, with ‘Graham’ ... his brain does not function technically normally. *He did have problems in certain areas*, but in different areas *he made up for it*. So, um, yeah, um, I’d sort of say to him [to a child who wanted to know about disability] that it’s like having a clumsy leg, *you’ve just got to drag it*, or it’s not as coordinated as your right leg. But you’ve got to *deal with it* and *learn to live with it* (Phillip, age 25).

As we shall see below, the general dualistic construction of people with disability as either positive or negative people had very different consequences for the construction of the different disability types.

**Physical Disability**

Lay participants saw elite athletes with physical disabilities as having psychologically and physically transcended their disabilities, as the following examples illustrate:

I remember, when we were watching the basketball, saying, “Geez, *these guys are fantastic*”. Like, you know, if I lost the use of one of my limbs I’d take a long time to recover from it. And these people can go out and, you know, *live life to the best of their ability*. So hats off [to them] you know (Greg, age 22).

*These guys [disabled athletes] are willing to *get over what’s happened to them* and not *sit there in misery*. And just *do something* about it and *excel* at what they do. You know, whether it is playing basketball in a wheelchair, I mean, that *deserves respect* ... I guess I *don’t know* of any people, but a lot of people would just sit there in misery. I guess, if I became crippled tomorrow, *I’d probably just sit there in misery* (Phillip, age 25).

Here again we see that getting over disability is equated with personal qualities, such as having the right mental attitude, trying hard, and being deserving of respect. In these examples this notion is taken further to include high levels of success in a competitive field. Interestingly, both lay people contrast the achievements of athletes with physical
disabilities with their own negative expectations of how they themselves would act if they acquired a physical disability.

There were also indications that this emphasis on achievement was perpetrated in, and presented to, participants via the popular media, as the following example illustrates:

There’s not that much in the news about disabilities, apart from that jockey that fell off her horse in Tasmania ... [and] now she's disabled. They made a big thing about it, but they pointed it into a positive thing.

I: Why do you think it was made positive?

Because it is a challenge for her. She wasn't born with it and she was this big jockey, you know, a female, the best. And now she's like [brief pause]. It's a big challenge for her, and it is in all the papers. You know, like Christopher Reeve. Yeah, it's a big challenge (Helena, age 21).

Instead of viewing physical disability as a personal tragedy and loss, Helena understands it as an individual challenge, and this view is effectively framed and reinforced by the media representation of the issue. Recent research has found that Individualist-Idealist way of thinking about people with disabilities is also present in popular advertising. For instance, Meekosha and Dowse (1997) coined the term, the ‘super-crip’, to convey the dominant image they found in their analyses of the Australian media (Meekosha and Dowse, 1997: 91-102).

Psychiatric Disability

Another expression of the tacit positive/negative dualism emerged between people with disabilities who have the right mental attitude and deal with their disability, and people with disabilities whose mental attitude exacerbates their disability. Some people with disabilities were constructed as at risk of becoming more disabled because of their inability to deal with their circumstances. In general, people with psychiatric disability and mental illness were constructed according to the negative half of the dualism central to the Individualist-Idealist discourse. They were constructed as having a weakness of the mind that further disabled them. The following examples illustrate how participants constructed the latter, negative half of this dualism:

You can't say, ‘Fuck it, you've got schizophrenia ...’ [Y]ou've got to treat them with sympathy. It's like chronic fatigue syndrome, I mean, that’s just bullshit. It's a weakness of the mind. That's all that is (Daryl, age 22).
I have trouble defining mental illness. It’s pretty hard. I have a friend who claims she has a mental illness that she’s had to live with the last couple of years. I think she has chronic anorexia, and has ups and downs over time. But that’s something I’m not sure if it’s biological or if it’s something that she’s, sort of, brought on herself (Patricia, age 22).

I’ve got a friend ... who is now twenty years old, has just had his first kid, and his parents have just taken out an intervention order against him. He’s got schizophrenia, and has been diagnosed with it. He’s basically made a mess of his life and his girlfriend’s [life too], because of the fact that he’s a violent and irresponsible person – this is my knowledge of him over the last 15 or 16 years. He’s always been a pain in the arse, smacking people and trying to get attention. And it’s drug-induced psychosis, so less sympathy there. And I basically have got no respect for him because he brought it all on himself (Daryl, age 22).

In these examples, Daryl and Patricia suggest that some characteristics associated with psychiatric disability and mental illness are suspect. They reject the notion that irrational actions are symptoms of psychiatric disability. Instead, they construct these characteristics more as expressions of individual personal weaknesses. This is clearly apparent in the phrases they use, such as ‘that’s just bullshit. It’s a weakness of the mind’ (Daryl, age 22), ‘he brought it all on himself’ (Daryl, age 22) and ‘she's, sort of, brought on herself’ (Patricia, age 22)

Intellectual Disability

Within the Individualist-Idealist discourse, people with intellectual disabilities were viewed rather differently than those with other disability types. They were constructed as unable to actively come to terms with their disability, but as possessing their own special gifts or special abilities that compensated for their intellectual disability or transcended the social limitations associated with it:

Autistic people are renowned for their special abilities, but whether or not they can communicate them to the rest of us, um, I, um, I would say to him, it’s a hard question. You don’t really think about it (Phillip, age 25).

Here, Phillip constructs people with intellectual disabilities as having super-skills and gifts. However, while some lay people who drew on the Individualist-Idealist discourse when speaking of people with intellectual disabilities, it was at times unclear if they were confusing intellectual disability with the more overt forms of physical disability, such as cerebral palsy, that can impair an individual’s capacity to communicate. This is illustrated in the following:
Um, people like ‘John’ who is in a motorised wheelchair, he’s disabled in a lot ways because he can’t get to things he wants to. So he can’t get up stairs, he has to travel everywhere in his little car-thing. That would be a real pain, even when it’s raining.

... I’m trying to think [pause]. The disabled people are largely affected, but they’ve all got different gifts, and that’s what I like about them. Like they can be really bubbly and happy (Helena, age 21).

While this example could indicate the participant’s confusion about what intellectual disability ‘is’, she believes that people with intellectual disabilities have special gifts that enable them to transcend the social limitations imposed by their disability by making them more admirable or likeable. Unlike people with physical and psychiatric disabilities who were seen as able to transcend their disabilities through hard work and determination, people with intellectual disabilities were viewed as being more happy and bubbly than most people. Although the Individualist-Idealist discourse shifts the focus away from assuming that people with intellectual disabilities are inherently limited, the expectation that they will possess special gifts may also be damaging.

**Individualist-Idealist Discourse Summary**

Overall, the Individualist-Idealist discourse constructs all people with disabilities as acceptable within the community if they conform to key expectations about self-help, having special gifts, and otherwise holding out the hope that they can transcend their limitations. The problems with this discourse is that it fundamentally rejects people with disabilities who do not fit with these expectations, and fails to accept those who do not fit in on these terms.

**Enigmatic-Apprehension Discourse – ‘Us and Them’**

The Enigmatic-Apprehension discourse is the lay discourse that most closely corresponds to the negative ways in which lay discourse is usually characterised (Fulcher, 1989a: 28-30). This discourse, as the Enigmatic-Apprehension name suggests, was characterised by lay people’s statements about being uncertain and anxious about people with disabilities. These ranged from expressions of apprehension and lack of knowledge, to outright distrust and fear.
Many participants constituting this discourse referred to people with disabilities using various slang terms, such as ‘weird’ (Carrie, age 21), ‘crazy’ and ‘loopy’ (John, age 20), ‘insane’ (Amanda, age 20), ‘a nut’ (Phillip, age 25), ‘nuff-nuffs’ (Debbie, age 24), ‘nuffies’ (Norman, age 24), ‘wheel-chair bound’, and ‘retarded’. The following is an example of how these words and terms were used in context:

Mental [illness] is I suppose a little bit, a few loose screws. Just not all there, I suppose. I suppose most of them are often capable of looking after themselves. [For] some of them there’s medication to help them as well (Carrie, age 21).

Apart from slang, a strong emphasis was also placed on describing how disability influenced the physical expression, appearance, communication, and behaviour of people with disabilities, such as slurring and spitting in ways that heightened their differences from ‘normal’ people. Interestingly, lay people rarely described people with physical disabilities using slang terms. Enigmatic-Apprehension discourse was mostly drawn on by lay people to discuss their discomfort with people with disabilities, especially people with intellectual disabilities or psychiatric disabilities. For example, when asked ‘Are people with disabilities discriminated against?’, Alexandra responded in the following way:

[J]ust like, if you are in a public place or, you know, say they’re on a tram or something, you know. And someone gets on and there’s a seat next to a person with an obvious, say Down[s] syndrome or, you know, a person who is mentally ill or something, and there’s a seat next to a guy in a suit. They’ll [the non-disabled person will] probably choose the seat next to the guy in the suit because there’s, I think, people probably, especially mentally ill people, they probably view them as unpredictable. And, um, people aren’t sure whether they are going to start talking to them. I mean, you wouldn’t expect a normal person to do that. But maybe people, sort of, worry that they will be put in this position where they have to talk to them, and they’ll, sort of, you know, they’ll sort of be in a situation that they don’t know quite how to handle.

I: Okay. I guess [pause], is that how you feel when you are on a tram?

Probably yes. I mean, I wouldn’t know what to say if someone started talking to me. I mean if they started talking about something, if I knew about [it], then I think I would be okay with it. But, yeah, it does, because you don’t know what’s going on in their minds. I guess you sort of [pause]

I: [prompts] Err on the side of caution?

Yeah, err on the side of caution (Alexandra, aged 24).
Here, intellectual and psychiatric disability is equated with the unknown and unpredictable behaviour. Lay people who are anxious and scared of people with disabilities see avoidance of them as the best response in those settings where they are likely to come into contact with them, such as on public transport. This is the discourse of those who are not actively discriminatory, but who are uncertain about who people with intellectual and psychiatric disabilities are in their communities, and what they do in their day-to-day lives. Below we will identify differences in how the Enigmatic-Apprehension discourse was drawn on to construct people with psychiatric and people with intellectual disabilities.

**Psychiatric Disabilities**

Some participants who drew on the Enigmatic-Apprehension discourse described people with mental illness and psychiatric disability as untrustworthy, dangerous, self-destructive, unpredictable and untrustworthy, as illustrated in the following excerpts:

[T]here’s been all those tomahawk people, and they [the media] said they had mental illnesses; the ones who attacked the police with the tomahawk … the police shot them, yeah. There was that one [with the tomahawk] and the guy with the knife, and all sorts of things.

**I: The guy with the sword in the city?**

Yes, I remember those ones. But *they say that half of the people who commit crimes have mental illnesses* anyway. You know, like the people that have done all these murders and rapes and that sort of stuff, have got a mental illness.

**I: What makes that ‘fact’ memorable to you?**

*That they suffer from it.* Because they seem to *use that as their excuse.* Like they *don’t need to have a motive or anything,* they just go, “Oh, I suffer from a mental illness” (Amanda, age 20).

Here, Amanda constructs people with psychiatric disability and mental illness as dangerous. Again, there is the theme of difficulty accepting irrational actions that have no justification.

The view of people with psychiatric disabilities as unpredictable further reinforced the recurring ‘us and them’ dualism central to Enigmatic-Apprehension discourse. This informed the anxiety and apprehension that participants openly acknowledged that they had about interacting with people with disabilities. For instance, in order to explain her
unpredictable behaviour, Phillip believed that his ex-girlfriend’s mother must have been schizophrenic:

[M]y ex-girlfriend's mum was schizophrenic. She was never diagnosed, but she should have been. She was unbelievable. Her mood swings, I mean, she'd like me one minute and hate me and throw plates at me. She was definitely schizophrenic. Oh, she was never diagnosed but the amount of different personalities I saw in her. It was scary (Phillip, age 25).

In this instance, unpredictable meant schizophrenic to Phillip. A similar construction of people with psychiatric disability comes through in the following discussion from Helena, who talked about the distinctions she made between people with physical disabilities and people with mental illnesses:

Well, yeah, there's a big difference. I know a few disabled people and I can trust them quite easily. It is just that they are physically disabled, not mentally, the majority of them anyway. They are [people with mental illness], people who aren't really friends 'cause I don't feel that sure with them, people with a mental disability. (Helena, age 21).

In this instance, physical disability and psychiatric disability occupy the safe and certain, and dangerous and unpredictable regions of her dualistic approach.

It is interesting that some participants who constructed psychiatric disability according to an Enigmatic-Apprehension discourse had some degree of personal experience and close contact with people with psychiatric disability and mental illness. Their opinions were not those of people lacking any contact whatsoever, as the following set of examples illustrate:

I: Do you know anyone with a mental illness or psychiatric disability?

Yes ... It's my oldest friend's brother.

I: And what have been the implications for his everyday life?

Well, he was locked up in a mental institution for a couple of months ... He was paranoid and he used to, I guess, endanger his life by doing stupid things like running around in the middle of the road with no shoes on, and doing stuff like that. His everyday life, well he's normally drugged up to the eyeballs ... He lost, he has no friends 'cause he's now on such medication that he acts like a four year old, and he sleeps all the time, he can't get a job ... I: And what is your overall impression of him?

I hate him, but I knew him before he went off the rails and he was a prick then. I feel very, very sorry for him, but I don't feel safe around
him. I don’t trust him, so I try not to be there alone with him. [telephone interrupts interview] (Amanda, age 20).

Here, Amanda has had personal contact with a person with psychiatric disability, and she feels most certain in constructing his unusual behaviour as potentially dangerous towards her and himself.

The most extensive examples of distrust and close personal contact with people with mental illness came from Norman. Norman’s lack of trust in people with psychiatric ‘problems’ was informed by his negative experiences of social contact with an individual with psychiatric disability:

Just by looking at him I knew he was, I knew he’d done some [prison] time, and all that sort of thing. But I tend to give people, I mean, I give everyone a go, you know. I mean, like he had tattoos on his hands, for instance, and I just knew he’d come from a bad background, or whatever. But he was a likeable character and I got on with him really well. And he still is a likeable character to me, but he’s damn dangerous and I don’t want to go down that road with him. And I know he lies to me a lot and all that sort of thing … And he’s a smart kid too … and from what he told me, he used to get psychiatric analysis and all that sort of thing when he was in jail. You know, “What’s the first think he’s going to do when he gets out? Why he wants to get out? What he’s going to do with his life”, and all that sort of thing. And he even told me himself, “Look, it’s just a game. It’s just a pun; they know they’re not going to let me free anyway, so you just tell them what they want to hear. I just play along with it every time”.

I: I want to know how relevant you think his disability, or disorder, is to how you know him? Does it have a big impact now you know about it? You seemed to doubt him because he lies, and you’ve said he’s unpredictable and dangerous.

Yeah, like I say, he’s his own worse enemy also. And, look, I got him a job and I did all sorts of things for him. [I] loaned him money [and] I’m still out of pocket for that, even though I get reassurances that I’m going to get it back. And then, later, I find out that he owes other people money, and all that sort of thing. Perhaps in the end he is just a bloody good con artist. But, um, I don’t doubt that he hasn’t got some kind of, um, psychological problems. You know, maybe it’s through his own experiences, I don’t know. But like I said, I can’t say if there’s a package of conditions that come with those sort of things, that build up to those sort of things. I don’t know. I mean I don’t even know if it’s a disability. Psychiatric problems, I mean, I guess it is a disability if somebody wants to become a normal part of the collective and they can’t. You know what I mean? (Norman, age 24).

Here, Norman’s sceptical attitude toward the diagnosis of ‘mental illness’ is made explicit. Specifically, he questions the authenticity of the status ‘mentally ill’, seeing it as a form of deceit or, in this instance, a kind of dangerous street cunning.
It is notable that some participants continued to perceive those individuals who have apparently recovered from mental illness or psychiatric episodes as dangerous:

I had a good friend who [is] … a full on person. He’s obsessive and compulsive… I guess pot-smoking and marijuana over a period of time created paranoia and self-doubt and he ended up losing it about four years ago. And he was institutionalised … He basically freaked out and he was on medication for about two years. And, I mean, he’s fine now, but he’s not 100% the same person as what I knew … Like there are moments where I’m wary of him (Phillip, age 25).

In this instance, Phillip still views his friend as potentially dangerous. This suggests that the dangerous aspect of the ‘us and them’ dualism is still present and resistant to change.

The findings that some lay people who had social contact with people with psychiatric disability and mental illness still constructed them according to the Enigmatic-Apprehension discourse is interesting. It is particularly interesting in light of community education studies and the increasing importance of recovery to the psychosocial rehabilitation literature in psychiatric disability support (Rudge and Morse, 2001). The Enigmatic-Apprehension discourse suggests there is an active resistance to community education messages that emphasise the common humanity of people with psychiatric disabilities and mental illnesses. This also suggests that there are conceptual problems with existing community education strategies, not just their uptake, and point to the need for more sophisticated strategies that attend to the issues identified in this discussion.

**Intellectual Disability**

The key indicators of the Enigmatic-Apprehension discourse in relation to intellectual disability were unfamiliarity with ‘intellectual disability’, and feelings of uncertainty about the application of this term. For example, a considerable number of participants admitted to not knowing what intellectual disability meant or, alternatively, asked the interviewer outright to remind them of its meaning, as the following excerpts illustrate:

*I: How would you describe a person with an intellectual disability to someone who did not know what that meant?*
Well, *I don't know if I really know* the definition myself. Intellectual disability, I mean ... what do they know, or what is it that they don't know? (Jessica, age 24).

**I: How do you think the media portray people with intellectual disabilities?**

Could you *just remind me* of intellectual disabilities? (Janet, age 21).

Intellectual, what's intellectual? Just in can't [pause], *I don't know*.

**I: You mentioned 'slow' [earlier in the interview].**

Yeah, um [pause], just not smart I suppose. Just, well I wouldn't say 'not smart', 'cause a lot of us aren't smart. Um [pause], *I don't know*. [I] can't think of that (Carrie, age 21).

Yet, participants were familiar with the many slang terms for people with intellectual disability, and it was soon apparent that ‘nuff-nuffs’, ‘nuffies’ and ‘slow people’ were the subject of the interview questions. In response, several participants constructed people with intellectual disability as enigmas who were either unknown or unknowable. For example, Helena explained how, as a child, she could not make sense of the behaviour of a relative with an intellectual disability:

**I: Do you know anyone who has an intellectual disability?**

I used to when I was younger. She had Down syndrome.

**I: And how did you come to know her?**

Through family, she was the youngest. She was, you know, it’s hard because she was so much younger than me. *I didn't really look at her*. Like if I saw her now I’d be able to describe her a lot better. I didn’t really take that much notice of her than because *she made a lot of noise*. And *I didn’t know how to react or be around her, because she didn’t know how to act around people*. She was just always noisy (Helena, age 21).

The enigmatic, inexplicable nature of her intellectually disabled relative led to less contact, and possibly less understanding of other people with intellectual disabilities as people in the future. Debbie similarly said that she found it difficult to relate to people with intellectual disability as people:

I know, *even for me*, it's actually really funny because my mum works with people who have both physical and intellectual disabilities, and I’m actually, I know, and *as politically correct as I can try and be*, I personally know that *it is awkward for me to interact with these people. It's kind of like, What do you say?* A lot of them can’t talk anyway. You know and its funny, and I would say, on the one hand, you would assume
that it’s people with a higher level of education that can accept these people better. And someone like my mum, who has a basic year 9 education, who is not academically very trained, can accept these people quite readily. Quite easily and quite willingly (Debbie, age 24).

Here, despite her self-proclaimed ‘political correctness’, Debbie admits that she does not know how to interact with people with intellectual disabilities. They remain as Others to her, despite her higher level of education. As a result, she also sought to limited her contact with people with intellectual disability, potentially perpetuating her social distance and her own fears about her inability to relate to them.

**Enigmatic-Apprehension Discourse Summary**

The use of popular lay terms, unfamiliarity with specific disability types and the focus on behavioural differences suggested that people with psychiatric and intellectual disabilities are constructed within this discourse as enigmatic, difficult to know or unknowable. Constructing people with disability as unknowable promotes and perpetuates practices that exclude them from our everyday world. This, in turn, possibly strengthens lay people’s reliance on Individualist-Materialist discourse to understand people with intellectual disabilities, with the unfortunate consequence of reducing them to sets of deficits and symptoms.

**Pity-Charity Discourse**

Disability is conceptualised in Pity-Charity discourse as a personal tragedy (Oliver, 1990: 1) with dire social consequences for the individual concerned. Within this discourse the social identities of disabled people are conceptualised as inextricably linked to the presence of disability. People with disabilities are constructed as less fortunate, lonely people who are in need of the help and friendship of sympathetic non-disabled individuals disabled individuals. The interaction of lay people with people with disability is the focus of attention within this discourse, resulting in conflicting practices.

Many participants explicitly acknowledged that they felt sorry for people with disabilities, but felt that people with disabilities wanted to be treated as equal and normal. This suggests that Community Living reforms and social policy changes have
had some degree of influence on lay people and how they believe they should see people with disabilities. However, participants still spoke of uncertainty in their dealings with people with disabilities. Some said that they were unsure how to act when they met people with disability at work or in public places, and responded with an awkward avoidance that they quite clearly felt uncomfortable with. Female participants, in particular, feared that people with disabilities might perceive them as treating them differently or as ‘being a bitch’. Such fears are clearly evident in the following examples:

**I: Is there something you think I've left out or [something you] want to add?**

There is one thing. With that being afraid of, um, you know, [how] I'm not quite sure if I should speak to a blind person or not. Um, when I see a person in a wheelchair, or with a walking stick, or something that looks like a physical disability, you know, it’s one of those things where [I say to myself] “Do I look at them and acknowledge them, or do I look away and not stare at them”. And it’s that whole awkward thing. And then, um, there’s also that being afraid thing, ‘cause you’re not quite sure if you do stare at them [if] they’re going to think, “Oh, no, this person is being a real bitch” or whatever. Or if, you know, you look away, they’re thinking, “Oh, they’re ignoring me”. And it’s just, you’re just trying to, I don’t know if it’s, if it’s being accepted, trying to get them accepted. But, you know, you just don’t want to overstep any line.

**I: The fear is of what?**

Um, I'm thinking of offending them.

**I: Okay.**

That’s what I’m afraid of.

**I: Is the fear from talking to them [pause] because you'll come off as treating them differently? Or is the fear from talking to them full-stop?**

Probably both actually. ‘Cause I know that, um, sometimes if I get myself into something and I’ll start talking to them, and I don’t actually understand them, then that’s where I start sitting there going, “Oh-oh, what have I done?”’ (Jennifer, age 22).

I think it’s more that people don’t know how to deal with them, and it’s a scary thought for them … [T]hey just don’t know how to deal … with the situation. I think they find it really difficult. I know that I would, if I had a disabled person, I wouldn’t know how to react. And I would think that my reactions [would be judged]. That they [the disabled person] would probably think that “She’s acting that way because I’m disabled”, when I’m only trying to be myself. I would feel uncomfortable because I wouldn’t know how to approach them (Jessica, age 24).
On a related note, Alexandra illustrates the tensions she experiences when attempting to treat all people in the same manner. Staring at disabled people was perceived as a discriminatory act, however, the alternative of the averted gaze was seen as equally problematic:

> People stare at people with disabilities and, but then again, when you make an effort not to look at them, that’s sometimes worse. You know, like not actually acknowledging them. Like you scan a crowd and you see something and you quickly move onto the next person instead of just looking at everyone the same as them, because you’re not looking at them the same. It’s the same as when you stare at them, so it’s, it’s really hard (Alexandra, age 24).

In these examples, we find contradictory tensions at play between the view that non-disabled people should acknowledge people with disabilities as equal citizens, and the anxiety about how this should translate into practice. Both Jessica and Jennifer expected people with disabilities to stand in judgement of them. Moreover, because lay people are unsure about how to communicate with people with disabilities, they are likely to adopt patterns of avoidance:

> I: Going back to the lady that comes in with the child at work

Yep.

> I: Do you know her very well, enough to talk to?

Um, to be honest, I’m actually quite afraid of her because I haven’t been formally introduced to her. I’m not sure if she picks up on the differences in voices very well. Especially ones that, I mean I don’t see her very often. But, um, I do say “hello” to her. I welcome her in, but I don’t think she actually knows who I am.

> I: So what makes you afraid of her?

Oh ‘cause, you know, I, because she’s blind. It’s like, “Do I say anything?” ‘Cause if I was just to stand there really quietly she could just walk right past me and she wouldn’t even know. And it’s all that umming and ahhing, of “Should I say hello?”, because she doesn’t actually know me, or/

> I: Yeah.

Because if she knew who I was, then I’d go, “Oh, hello. How are you?” But because I don’t see her that often it’s like, “Should I or shouldn’t I?”... Whereas if it is was deaf person that can see, then, you know, I can say “hello”, ‘cause they can, they might’en be able to hear me, but they can see me.

> I: And they can see you enough to know you?

Yeah, yeah. I could be in the room and at least a deaf person could seem me through the glass doors, or whatever. I mean I don’t know what she
can do. I mean she’s probably the most amazing person. But I just don’t see her that often (Jennifer, age 22).

Avoidance is adopted as a mechanism of self-defence against the anxiety associated with speaking to someone with a disability. Cautious avoidance and self-defence practices appeared to be the unfortunate consequence of the practices adopted by lay people who found themselves ill-equipped to know how to act. This points to the potential for the development of face-to-face community-education strategies where people with disabilities are employed as expert trainers of lay people in ‘basic’ communication etiquette. While this is a somewhat simplistic strategy, the fears and anxieties of participants who had never spoken to a person with a disability suggest that it is needed. This is consistent with Gething’s (1986) work that maintains that interpersonal contact is needed to improve lay attitudes to people with disabilities and reduce social distance.

Other participants who drew on the Pity-Charity discourse also felt sorry for people with disability, but said that this informed or motivated them to actively make social contact with people with disabilities in their workplaces or places of study. However, such practices were also considered problematic by participants and fraught with tensions, as the following extract demonstrates:

Well, the first thing that pops into your mind, even if you are unaware of it, well in my mind anyway, is, is, sort of a feeling of sympathy. And then you kind of think, “What am I sympathetic for? Why do I feel sorry for this person?” Is it because I obviously know that people have picked on him? I mean I was a fat kid, for instance, and I got picked on a hell of a lot. I wasn’t normal. I mean that’s not a disability though. And I didn’t perceive that as being a disability. Um, I mean I couldn’t do ballet as well as the other kids [laughs]. But, yeah, I guess you kind of sympathise, but then you think, “I’m sort of stereotyping this person. And, I mean, this person hasn’t got an intellectual disability. He’s got, he’s got, he’s handicapped physically in the sense that he doesn’t walk as well as other people, or the collective, I guess.

I: So, going back, you said that once you talked to him-

Yeah.

I: You knew you were wrong in your assumptions?

Well, he’s a very lonely person, um and I don’t know. He’s a very nice person, very easy to get along with, but he is a very lonely person. And the only, I mean, I haven’t spoken to him about his loneliness, but, um, I can just see it because, you know, maybe people are stand-offish from him because he does walk a bit different and he’s really skinny... And I
guess that’s probably why I felt sorry for him. But then I thought, “Why do I feel sorry for him?” Then one day I just happened to bump into him and started talking to him and he was fine.

**I: What do you mean by ‘He was fine’?**

Well, *he was just as normal as me*, you know ... The reason why I spoke to him was he’s a very lonely sort of person. Whenever I see him he’s always smoking his cigarette by himself and they’ll be a group of people, and he’ll be ten metres to the left by himself. That’s the way I always see him (Norman, age 24).

In this instance, pity provided the impetus to ‘help’ and ‘befriend’ a person with a disability. This theme is continued below:

[P]robably the reason why I got to know him was because I felt sorry for him.

**I: Okay.**

I mean that’s the first thing that popped into my head: “I feel sorry for this person”. And I *can’t stand seeing someone who looks lonely* or anything like that. So I just went up and introduced myself to him and started talking to him. I mean, don’t get me wrong, *we’re not mates outside of uni*, but at uni, you know, he’s a friend. You know, I mean I haven’t done anything with him outside of uni before, um, and I dunno, I don’t know the reason for that. I mean he’s not the only one ... I kind of keep my friends at uni separate to my, um, other small group of friends. But ... that’s how I would’ve best gone up and introduced myself because I could see that he was in a wheelchair [and] he was smoking by himself, even though there was a group of his classmates that were sort of standing around having their smoke between class or whatever ... And I happened to *make myself sit* sort of next to him. And you know I *did it intentionally*, but I just started talking to him and that was that (Norman, age 24).

In this instance, while he may appear to be extending friendship to an isolated disabled individual, Norman’s actions can also be construed as token in nature, as evidenced by his admission that ‘we’re not mates outside of uni’. In short, friendship is offered, but only on his terms.

**Intersection Between the Pity-Charity and Enigmatic-Apprehension Discourses**

There were a number of intersections in some participants’ interviews between the Pity-Charity discourse and the Enigmatic-Apprehension discourse concerning friendships with people with psychiatric disability. These are best illustrated in the following excerpt from Norman who extensively details his experience with a young woman, whom he describes as having ‘psychiatric problems’:
A lot of the time you’ll find that people with drug dependency problems are people who have problems beforehand. Before they got involved with drugs they might have low self-esteem, [or] they might be obsessive.

_I: Is that something you’ve found through experience or –_

Yes ... I lived with a girl who I knew had some kind of ... had sorts of, she had things, she did things that were, you know, _not the norm_. That was sort of related to, well I perceived [it] as related to, sort of psychological problems. And, for instance, she’d get pleasure in scratching herself, like scratching holes in her arms, or pulling her eyelashes out, and all that sort of thing. And I mean, to me _that is not normal_. The only time this person was ever happy was when she was smoking a gram of dope, or something along those lines. And _I was the pillar of her stability_. All her problems would be pushed onto me in life, to the point where, after three years of it, I could see what track this person was going down and she was taking me with her. _She was hurting me in the process_. She was doing silly things ... And when I say I could only help her so much, it was either be prepared to go down the same track with her ... or just have to move on with your own life ... But I don’t know how I’d explain that to somebody. I mean I don’t know how I’d tell them to _be wary of these sorts of people_ because if somebody came to me ... or if I saw somebody go to another person for help, I wouldn’t say “Look, they’re coming to you for help because he or she does this, and _that’s not normal_. And they’ve obviously got problems that are beyond you”. I mean, I’d probably encourage somebody to _help_ another person in need ... (Norman, age 24).

Here, Norman embodies the ‘stable’, ‘safe’, ‘predictable’, and ‘strong’ half of the ‘us and them’ dualism, in contrast to the ‘hurtful’, ‘unpredictable’, and ‘unintentionally dangerous’ person. Indeed, in the latter part of the excerpt, this ‘unintentionality’ emerges as a potential barrier to further help. This theme is continued in the following extract:

> But at the same time, I’d probably say, “Okay, but you’ve got to draw the line somewhere”. You know, if things start happening to you, if you’re stressing out, if you’re losing sleep, and all that kind of thing... I don’t know where I’m going with this, but my point is, the way I feel about that is, _if you want to choose to help those sort of people_, just be aware of what you’re getting yourself involved in. _Don’t be too naive to it_ (Norman, age 24).

In this example, the decision to help a person with a psychiatric disability is seen as a choice made by a stronger person to a weaker person who is unpredictable, potentially harmful and dangerous.

Lay people appear torn between the certainties of the Enigmatic-Apprehension discourse’s construction of people with disabilities as unknowable _others_, and the view that people with disabilities are the ‘same as us’. The examples offered above illustrate
the continued struggle that participants face, as well as the personal costs and risks that they believe stem from moving from excluding to including practices.

**Disability as a Social Problem**

There were two types of discourse that viewed disability as inextricable from its social context. These discourses emphasised the significance of social responses to people with disabilities, especially the interpersonal relationships and social networks of people with disabilities. The Community-welfare discourse focused on the collective and individual understandings of people with disabilities in society, particularly social welfare obligations to people with disabilities. This discourse also emphasized the environmental, emotional and financial difficulties encountered by those in close contact with people with disabilities. The Relativist discourse sees disability as less fixed than other discourses, and relative to the social contexts in which it is experienced.

**Community-Welfare Discourse – The Social Context**

The Community-Welfare discourse was characterised by an emphasis on civic responsibility and concerns about the welfare of people with disabilities. The Community-Welfare discourse was indicated in participants’ accounts that emphasized the importance of social networks, help, understanding and support to people with disabilities, as illustrated in the following examples:

On a personal level, I believe there are a lot of people out there who are committed to try and make things more accessible in society. So I think there's the ups and downs with it. There's people out there who are really willing to help, and in a way they [people with disabilities] get a lot of one-to-one help (Patricia, age 22).

I: *Are people with disabilities disadvantaged?*

Um, no. I think we are disadvantaged for not knowing more. Of course there's, there are certain limits that that person might have, but we do as well.

I: *So how do you think our lack of knowledge is a disadvantage?*

Um, it's just that I think [5 second pause]. Sometimes I think there's a lack of understanding ... I mean, it's kind of like a really tricky thing, because we might say that ’This is best for this person’, this form of treatment, this form of, what do you call it? When you go for [hand gestures to prompt the interviewer]
**I: Rehabilitation?**

Yeah, rehabilitation. This form of rehabilitation is the best and everything. But you know, sometimes I think there are a lot of other things that we could be learning and doing. Getting closer on a personal level to know what is best for the person. Not so much a, a, a, medical level, which is, you know, essential, but I think almost sort of needs to be closer on a personal level (Jody, age 26).

Here, Jody views real knowledge of disability as developing from inter-personal empathy and understanding. In this context, the truth claim of the Community-Welfare discourse is that real knowledge of disability derives from ‘real-life’ experience of relating to a disabled individual, such as those in physical pain or mental distress, rather than technical medical knowledge and abstractions. Indeed, interpersonal and social networks were viewed as providing the most effective source of personal support for disabled people, particularly those with mental illness:

[I've] probably known ... [her] pretty much all my life, and she’s got bipolar disorder, or so they claim. I sort of disagree with that a bit. She's ... attempted suicide some twenty times and she's been in and out of psychiatric places where they dose her up with medication and let her go home. And she falls into the same trap again ... Her parents have, they've sort of pushed her under the carpet. They never visit her or anything. I think they need to be more aware that this does happen and to help her get herself together and find out different ways of overcoming it (Genevieve, age 23).

In this instance, Genevieve outlines the important role that she perceives ‘family networks’ could play. Again there is also a rejection of purely medical, in this case psychiatric, knowledge, and an emphasis placed on personal caring and alternative supports.

Yet, several participants also pointed to the difficulties in supporting people with disabilities, particularly those with psychiatric disabilities, in the community because of their own lack of first-hand experience and limited capacity to cope with providing such support. For example, Jody said that she was familiar with the term ‘schizophrenia’ and had some previous ideas of what it entailed, but that she felt that this knowledge had ill-equipped her for actually dealing with a friend in the midst of a schizophrenic episode:

He called me – I was at a friend’s place and he called me there – and he sounded really urgent ... I knew that he had schizophrenia and I knew that there was something really wrong here. But I'd never really seen it [it]. You know, what is 'schizophrenia'? You know, I'd never seen it before, I don't know what it is. You know, I just know the word and I know what it equals. But I'd never seen what it is (Jody, age 26).
In this example, the gap between conceptual medical knowledge and practice real-life experience is again vividly emphasised. Some participants who drew on the Community-Welfare discourse discussed their doubts about the efficacy and need for medical management of disability:

I suppose there is different degrees of it [disability]. There's like psychiatric disability where things like autism come under that ... or there's cases where you develop depression later. I think that you can overcome those [pause], probably *without the use of all the medical technology used* a lot of the time. And a lot of that is *due to what society wants people to be* (Genevieve, age 23).

Here, ‘depression’ is seen as, at least in part, resulting from failure to meet societal expectations, rather than solely originating in the individual.

**Community-Welfare Discourse Summary**

Despite the difficulties identified with understanding and providing support to people with disabilities, participants drawing on the Community-Welfare discourse still viewed real change as brought about by caring individuals in day to day contact supporting people with disabilities, such as those who are part of social networks, offering care and support in the community. Community-Welfare discourse also was present in the accounts of those who questioned the success of medical interventions in supporting people with disabilities to live their lives. This suggests that the Community-Welfare discourse rejects the central truth claim of Individualist-Materialist discourse that disability is a purely individual, biologically-based phenomena.

**Relativist Discourse**

A minority of participants constructed disability according to a Relativist discourse. They emphasised how social practices shaped the experience of having a disability in contemporary society, and how this may be changed by positive perceptions and attitudes towards people with disability. Most participants drawing on Relativist discourse constructed disability as a form of difference that only become meaningful, in a negative or positive way, within a social context.
A couple of participants commented how social norms have constructed having a disability as a negative status in contemporary society:

> You could see that they will never reach *what society expects of people*, and how their life might be different. And how social pressures are going to *make it hard* for them. Not so much the fact that it’s different, but *what people make of that* (Genevieve, age 23).

Here, Genevieve explicitly identifies those elements of contemporary society, such as societal ‘pressures’ and expectations, that she perceives as impacting negatively on the lives of people with disabilities. She stresses the powerful roles that ‘social context’ and non-disabled people occupy in giving meaning to disability.

However, participants constituting disability within the Relativist discourse did not accept that the presence of impairment automatically leads to disabling life restrictions, or the designation of a ‘disabled identity’:

> Probably physical disability I think *would be the least serious*, um, once people get to know you, because it is *just the physical side of how you act* and we’ve got all these norms on how you act and how to talk. So, it’s just that you are physically incapable of doing things *the way society expects* and that sort of thing, I guess.

**I: So the social implications are lesser?**

Yes (Genevieve, age 23).

In this example, Genevieve points to the significance of the degree and type of impairment, and social reactions to it, as crucial to the complex ways in which disability attains meaning within a given social context. Conforming to some social norms may lessen the social implications of having a disability, and as we saw in previous discourses, people with physical disabilities were less likely to be seen as fundamentally unknowable *others*.

**Relativist Practices**

Participants who constructed disability drawing on a Relativist discourse stressed the need for social change and education to prevent discrimination occurring. For example, Jeremy stressed the importance of educating children:

> I mean, obviously with any [disability], whether it be physical, intellectual, or mental – I suppose explaining to a child is always going to be an issue of trying to explain to them in a mature way that [pause] it shouldn’t be any reason for, sort of, being negative towards that person, or you know, treating them any differently (Jeremy, age 22).
Some participants also said that they actively normalized people with disability. For instance, some saw people with disability as ‘no different to me’, or constructed having a disability as just another form of ‘difference’, as the following participant did:

I’d have to say with a case like Down’s syndrome in most cases I think they’re born like that. It may be a hereditary thing. And than again, maybe I’d just say that these people are not ... evil, they’re not freaks, or anything. They’re only different from us ... You know, maybe needing a little more help with things (Frank, age 22).

Normalising practices emphasise the characteristics that people with disabilities share with non-disabled people, and de-emphasise the significance of those they do not share. For example:

Physical disability, I guess, um, [pause], people who are [pause]. People who can think straight and quite normally, probably, but their, something, they’ve been born with something, or their body something’s happened to them so they can’t, you know. Like people in wheelchairs or things like that.

And even, you know, blindness, things like that. You know, those people are perfectly normal in many other ways. Deaf people, things like that. Um, mental illness, schizophrenia, I mean I know someone with schizophrenia and she’s perfectly normal to me. [Pause] What other mental illnesses are there? (Alexandra, age 24).

I: Do you know anyone with a physical disability?

... Well, I knew someone once from, this is a long time ago ... [This] guy had no legs and he was fine. He was very capable of moving around on his hands. He wasn't in a wheelchair or anything like that. He was normal, he just lost his legs somehow (Carrie, age 21).

In these examples, the roles of the ‘normaliser’ and the ‘normalised’ are made clearly identifiable. Alexandra and Carrie assume responsibility for ‘normalising’ people who they know who have disabilities. It appears that in doing this, the lay participants are challenging the normal/abnormal dualism that equates the presence of disability with being ‘abnormal’, and the absence of disability with ‘normality’. This is possible because they already ‘know’ the person concerned in terms of the membership of being related. However, this is not the only possible outcome of having a cousin or in-law with a disability. As we saw earlier, disabled relatives were also constructed according to the Enigmatic-Apprehension discourse.
Only some participants constituting the Relativist discourse in their interviews offered evidence of successfully undertaking relativist practices in their everyday interactions with people with disability who they did not already know, such as not viewing people with disability as different, treating them normally, not making a fuss about their disability, and adapting their own behaviour:

I mean I've got one friend at uni actually that gets around in an auto, like a motorised wheelchair. And, other than a few other professors and that, he doesn't really talk to many people. Or I haven't seen him talk to many people, or I haven't really seen him talk to many people other than me. The same person I saw the other day walking through the city and you could see, I mean, he's a bit crippled. But, um, and people would give him a bit of a look like they're going to catch something from him. But he's quite normal, especially after talking to him (Norman, age 24).

Here, Norman acknowledges that his individual opinion of his friend as ‘quite normal’ is shown not a view that is commonly shared by others.

Other participants were less clear about the implications of Relativist discourse for their everyday social practices. For instance, Frank, aged twenty-one, talked about deliberately not acknowledging the difficulties his physically disabled grandmother experienced:

Although she never said, you could tell she was conscious of [her limitations], you know. I'm sure most people with a physical disability don't want to announce it to the whole world. They just want to try to do everything the same. Especially if it is the case of a car accident and they've been, you know, able to walk before and then they can't.

I: So [your grandmother] didn’t –

She didn't make it [her disability] obvious, but you knew that. [It was only when it got out of control and things like falling down the stairs that it became obvious] (Frank, age 22).

Here, his ‘normalising’ actions are related to his grandmother’s desire to be treated as normal and ‘do everything the same’, despite the difficulties and dangers that this posed in her everyday life.

Homogenising is another practice of Relativist discourse. Its core assumption is that we are all different, and therefore all differences must have equal significance. In this context, the specific individual and social implications of being disabled are understood as having less significance:
I: How would you describe a person with a physical disability to someone who did not know them?

I’d try to describe them as a – well, I wouldn’t use the word ‘normal’ – but describe them as a person who was just as capable as the rest of us, but had some physical problem that stopped them from doing certain things. And we…had a talk from a person with a disability emphasising the importance of the difference between the [term] ‘disabled person’ which implies the person as a whole is disabled … [and they] prefer the term ‘person with a disability’ because that implies that they are a person first, and the disability second. So, ever since I heard that talk, it stuck with me that I prefer the term ‘a person with a disability’, rather than a ‘disabled person’ to describe it. So I try to make it clear that when I’m describing to someone that these people are people just like us, but they have a disability (George, age 23).

In this instance, personhood is prioritised and there is not an automatic deference to notions of disability as lack, deficit, and limitation. George supports his statement that ‘people with disabilities are just like us’ by prioritising their status as people, rather than viewing them solely as disabled people. Furthermore, he credits a disabled speaker as the source of his ideas, thereby giving them more influence.

In a further attempt to move away from viewing disabilities as fundamental differences, Jody explained mental illness as about ‘challenges’:

I: How would you describe a person with a mental illness to someone who had never come across mental illness or psychiatric disability before?

I would say to explain a mental illness to someone who has never come across that before, um, this is a person who faces certain challenges that you and I might not experience. Um. This is a person who, yeah, has a different set of, a different set of challenges that we don’t have (Jody, age 26).

In this excerpt, ‘mental illness’ is equated with ‘certain challenges’, rather than inherent differences, damage or defects, or ‘special’ treatment.

Extending these themes, Harold viewed ‘homogenising’ practices as part of a larger ‘societal trend’ in the way in which disability is now understood:

I: How do you think the media portrays people with intellectual disabilities?

… It used to be, I guess, [that] pity was put on them, in terms of them being disabled… When I was young it was more pity, [but now] there’s a shift … [T]hey don’t want pity for themselves, they say that. And there’s a shift to just treat them as, sort of, normal people who are integrated into society … In the new p.c. [politically correct] language, they’re
‘circumstance challenged’ based on what’s wrong with them. They might be intellectually disabled – they might be challenged in some way – but they’ve been integrated and they can perform normal functions in society and all that kind of stuff. I think there’s been a shift towards, um, not highlighting the differences, but highlighting the similarities.

**I: Why do you think this is the case?**

I think the media is just following a societal trend... You’ve got prominent people with intellectual disabilities, like Stephen Hawkings, for example ... He has cerebral palsy, and he is very active. He is one of the most active science minds around ... And it just goes to show that people need to highlight the similarities rather than the differences, and look at something in just a normal light, well a relatively normal light (Harold, age 22).

However, in this instance, the limitations of highlighting the ‘similarities’ and homogenising the ‘differences’ begin to emerge. Here, people with disabilities are only viewed as the ‘same’ as other people inasmuch as they can ‘perform the normal functions of society’.

**Relativising Disability for Family and Friends**

Many of the participants who constructed disability within this discourse had some degree of personal contact with people with disabilities, and as such were in a position to acknowledge the impact of societal norms and expectations. Interestingly, though, some participants who drew largely on Individualist-Materialist, Enigmatic-Apprehension and Pity-Charity discourses to construct disability in general, then switched to a Relativist discourse to talk about members of their families or friendship networks who have disabilities. Their friends and relations were described as having ‘problems’ rather than disabilities, as the following excerpt clearly reveals:

[M]y cousin ... who is five or six now, when he was born he had a brain haemorrhage and, um, they had to put a shunt in the back of his head. And, um, now he’s quite, um, well he seems fine now. But I think he does have a few learning [and] coordination problems, and visual [problems]. **But does he have a learning disability? Does he have problems learning?** Maybe it’s just an expression. He seems very bright ... He’s had a lot of problems, like when he was first born it was very difficult ... I think when he was born he had lots of problems, like he had to go to the hospital and stuff like this. And he was in a bit of trouble. They didn’t know whether he was going to live or not. So since then he’s sort of been treated with kid gloves.

**I: Do you think of him as disabled?**

Not ... no, not really. I mean he’s a very bright kid. Like I wouldn’t consider that he does have [a disability]. Like sometimes you notice it. You don’t always notice it. I suppose that’s why I don’t automatically
think about it ... And it’s only really ... [sometimes] that you sort of notice it, and sort of think ‘Oh’. You know?

**I:** So he doesn’t conform to what you think of as a disabled person?

No ... For me [a disabled person] is *someone who has lost a limb* or lost total, um, well, a fair amount of their sight, or hearing, or something that’s *quite severe* (Greg, age 22).

Here, Greg describes his cousin as anything but disabled. This shows how discourses of disability are negotiated and challenged by lay people in their daily lives. However, the relativising that Greg undertakes is only for the people he knows, not for people with disability in general who are still seen as *others* to him. Indeed, his larger conception of disability still is informed by a fairly rigid dualistic conception of disabled/non-disabled, normal/abnormal, and us/them. Thus, we can see one of the problems with the limited way in which Relativist discourse has been drawn on and taken up by lay people. It does not automatically lead participants to question or challenge dualistic ways of thinking about disability within the wider society. On the contrary, by refusing the admission of people who they knew and loved into the category of ‘them’, these participants maintained the ‘us and them’ dualism for most people with disabilities. This is further illustrated in the following example from Norman:

**I:** With the girl that you mentioned earlier who has Down’s syndrome, you didn’t think of her as having a disability, did you?

No.

**I:** Just disadvantaged?

Yeah.

**I:** Um –

Um, just with the girl with the Down’s syndrome, I mean she might be disabled in the younger years of her life. She might need a lot more nurturing than the average seven year old, or whatever, but, um, she’s not, she’s a very bright girl. A bright little girl, you know ... And I mean *she’s not incapable*, you know. *She’s a very bright girl.* It’s just that she’s a bit young in her ways for a seven year old. You know? She’s just a little bit slow, I guess. You know that’s probably how you’d describe somebody [like her]. Just a little slow, I guess. But *I don’t know if that’s an intellectual disability or not.* I can’t say (Norman, age 24).

Here, Norman emphasises this child’s abilities, only conceding that she’s a ‘little bit slow’ rather than calling her ‘disabled’. These exclusions further illustrate the complexity of how lay people draw on discourses, and should caution us against
drawing a simplistic dichotomy between lay people who are well-informed and those that are ignorant of disability issues.

**Relativist Discourse Summary**

The Relativist discourse was drawn on by lay participants in order to minimise the significance of all disability types. Participants made arguments that disabilities were essentially just another form of difference that did not matter that much. Indeed, this reflects similar messages promoted in community education strategies and multiculturalism policy that we live in a heterogenous society made up of differences. This was also an interesting discourse in its selective uptake by participants who predominantly drew on Individualist-Materialist, Enigmatic-Apprehension and Individualist-Idealist discourses when discussing general disability issues, but drew on Relativist discourse when discussing the disabilities of family members and friends.

**Disability as Invisible – Politically Correct Discourse**

In contrast to the construction of ‘disability’ as either a social or individual issue, the Politically-Correct discourse effectively renders disability invisible or operated to conceal its presence through linguistic practices. Over the last two decades ‘disability’, along with general debates over equality and discrimination issues, has become a political issue. Specifically, significant policy and legislative shifts have occurred in relation to people with disabilities. These changes have not gone unnoticed by participants, and appeared to have influenced the way several talked about disability issues. As Debbie acknowledged:

I think that there seems to be a general attitude, *a cultural attitude at the moment, to be politically correct on minority groups* (Debbie, age 24).

The Politically-Correct discourse was the most complex discourse identified in the lay data. Rather than this discourse being identified by what participants said, it was what they left out that indicated its presence. The silences and omissions that regularly punctuated the interviews, combined with the self-conscious and hesitant manner in which participants chose the ‘right’ or ‘polite’ words to speak about disability, were startlingly obvious: ‘[T]here’s people with, ahh, what do you call it? *I don’t want to say* a fake leg’ (Frank, age 22).
Only one participant openly acknowledged that he was worried about coming ‘across as discriminatory’ (Greg, age 22), but several participants refused to use the word ‘normal’, and corrected themselves when they did. The following example from Amanda’s interview illustrates how she actively sought to avoid, at least at the linguistic level, giving voice to the traditional dichotomy between ‘normal’ and ‘abnormal’ people:

Well, physical disabilities is where they are physically disabled ... If they are physically disabled then their mental, intellectual health is fine, they are just not physically as able-bodied as, I can’t use the word ‘normal’, um, able-bodied people. I don’t know ... (Amanda, age 20). [JULIE: THIS IS CORRECT AS WRITTEN]

Others spent considerable time searching for the ‘right’ word or phrase, and were anxious when they could not recall it. For example, the following comments from Frank (age 22), in relation to his perception of the comedian ‘Steady Eddy’, are particularly illustrative of the anxiety and angst felt when the ‘right’ words could not be found:

I guess, um, the only thing I can think of is that comedian guy. [pause]

I: [prompts] Steady Eddy?

I mean he’s done, he’s done quite well for himself.

I: And how is he put across, or how does he come across to you?

Yeah, I mean he seems just someone who is, um. I’ve got to start reading the dictionary to get these words right. Um. I guess he’s someone who has been able to forget about, not forget about, but. God, I can’t get it ... He’s just been able to, he’s just found a way of, maybe, putting away or putting across or making fun of what he is. Oh, I don’t like saying ‘what he is’. Um, there is a word for it.

I: [prompts] Is it ‘satire’ or ‘sarcasm’?

No, that’s not the word. I don’t know, I just guess he’s got around, sort of, his disability and just been able to, yeah, show people, maybe, um, that its not. You don’t have to ignore these people. These people aren’t freaks or anything. He’s been able to, maybe link that, you know, maybe, if that makes sense? (Frank, age 22).

Here, Frank is being so cautious in his choice of words, that his discussion becomes stilted and unclear.

The presence of the Politically-Correct discourse suggests that changes in official policies and legislation about disability have impacted on lay people, and they know
that it is now problematic for them to speak of people with disabilities in an unreflexive, or what may be considered, an unsophisticated way. It could also be argued that the presence of the Politically-Correct discourse in the lay data demonstrates the success of community education strategies in changing lay attitudes and challenging dualistic ways of understanding disability. However, we also need to consider that something else was occurring. An alternative explanation is that participants may have drawn on this discourse tactically (Fulcher, 1989a: 4; Macdonnell, 1986), in order to conceal their real views, discriminatory or otherwise, or simply to conceal their ignorance:

I think they [disabled people] are discriminated against, but it’s hard to say because you have all these people and like nobody would really admit to it, you know. So everyone ... they won’t admit to discriminating against someone (Alexandra, age 24).

Related to this point, many participants identified and expressed criticisms of superficiality of political correctness as manifest in the media:

**I: How do you think the media represents people with disabilities in general?**

I think they’re quite politically correct about people with disabilities... Whenever I see things in the media it’s always the human interest, battling against the odds [story]. You know, trying to portray them as no different to anyone else who doesn’t have it [a disability]. But then again, when it come to things like to sport –

**I: Okay –**

... they just get lip-service really. You know, things like the Para-Olympics and stuff. I mean it’s, I think, ... the second biggest participation thingo [event]. I mean, they always hold it after the Olympics and it’s a world-wide thing, and they get close to the same number of participants and stuff ... But there’s not really much in the newspaper or radio coverage. You never really hear about it anywhere (Greg, age 22).

This example appears to indicate the potentially obscuring and negative ways in which Politically-Correct discourse is seen and used. It also may indicate the concern our society has about speaking and thinking about disability, and how efforts at social change have generated this new discourse.

**Politically-Correct Discourse Summary**

The Politically-Correct discourse is in some ways the opposite of Individualist-Materialist discourse and the absolute truths that it offers about disability types. In contrast, Politically-Correct discourse appears to reflect the participants’ cultural
awareness that disability is now a problematic category and that people with disabilities do not wish to be described in ways that may be offensive, such as ‘not normal’ or ‘abnormal’. Consequently, the Politically-Correct discourse stands in strong contrast with the Enigmatic-Apprehension discourse’s practices for talking about disability. However, lay people may also be constructing disability using the Politically-Correct discourse to sound better, but may not have changed their views and knowledge about people with disabilities.

Chapter Summary
This chapter has illustrated the complexity and diversity of the discourses by which lay people constructed disability in their interviews. Lay participants in this study, most of whom had some degree of contact with people with disabilities, made sense of disability in varied, complex, and contradictory ways. The notion of clear-cut diagnostic categories of disability appeared to be rejected by many participants, who either could not identify intellectual disability and/or included a broad range of complex social dimensions when considering what counts as disability and who is disabled.

Many participants drew on discourses of disability that maintained people with disabilities as other, such as the Individualist discourses of Individualist-Materialism, Individualist-Idealism, and Enigmatic-Apprehension. There was also evidence that participants drawing on these discourses made social, moral or value-laden distinctions between what does and does not counts as disability, and were critical about what constitutes admissible evidence of its presence. However, their discussions also revealed an awareness of such discourses no longer being taken for granted in the Politically-Correct discourse. Some participants actively attempted to rework the relations between themselves and people with disabilities as other, as evidenced by presence of the Pity-Charity and those drawing strategically on Relativist discourses. In the case of the latter, participants with a family member or friend with a disability rejected or resisted defining them as ‘disabled’, and emphasised differences rather than disability. The discourse most sharply indicative of the goals of the Community Living phase present in the lay data was the Community-Welfare discourse. This discourse, with its fundamentally different claims of ‘real’ knowledge about disability, emphasised
practices informed by empathy and knowing people with disabilities as people and community responsibility for supporting people with disabilities.

This discourse analysis challenges the tendency, in much emerging disability theory at least, to assume that non-disabled lay people are homogenous in terms of how they conceptualise disability. Overall, these findings indicate that there is more complexity to lay people’s discourses of disability. In light of such diversity, variety and contradictions we need to acknowledge that lay understandings of disability are more complex than indicated by previous studies of lay perceptions and attitudes (Young, 1997). The alternative methodology of discourse analysis data strongly suggests that we need to analyse how lay people negotiate and construct their inclusions and exclusions to the category of ‘disability’. In short, we need to identify on what basis particular lay discourses of disability are evidenced and justified, without recourse to reified categories. This raises questions about how the practices that are currently used by many government departments, consumer and disability groups to educate the general lay public about disability issues may be improved. These details, and other issues arising from the data, will be discussed further in Chapter 9.

Next Chapter

The following chapter will present the discourses identified in the analysis of the Annual Reports of the Victorian Government Disability Services Departments from 1989/90 to 1999/2000. Interestingly, there are few overlaps between the dominant Lay discourses identified in this chapter, and the dominant discourses in the Annual Report data. However, it is clear that some fundamental assumptions of the dominant discourses in each arena do share similar views of what intellectual disability ‘is’, and how it should be responded to.
CHAPTER 7: OFFICIAL DISCOURSES


Whatever else it is, policy is text, bound by language – it is rhetoric, or uses it (Beilharz, 1987: 390).

Introduction

The aim of this thesis is to identify, describe and explore the discourses of intellectual disability in contemporary society. This chapter describes the discourses identified in the discourse analysis of Annual Reports of Victorian government disability services departments from 1989/90 to 1999/2000. The reports are important because they officially report on how the government fulfils its legislative obligations through its departments that provide services and supports to people with intellectual disabilities and their families. This chapter describes the seven discourses identified in the Annual Reports over this ten-year period, and outlines the discursive shifts that occurred in how intellectual disability was understood, and how and what services were deemed necessary for government to provide.

There were several core themes and words that recurred across the decade of reports. Most notable were the buzzwords, such as ‘rights’, ‘citizen’, ‘client’ and ‘consumer’. While such words gained general currency in disability services, on close analysis of the reports it is obvious that such words and phrases took on different meanings within the clearly definable discourses. Different discourses were indicated by the various ways that people with intellectual disabilities and their families, service providers, and government practices were described, defined, justified and evaluated. People with intellectual disabilities were variously constructed as developing individuals, people with equal rights, vulnerable people in potential danger, consumers with choices, and as clients with carers.

Overall, seven discourses were identified in Annual Reports. The four discourses most prominent discourses were: the Social-Progress, Managerialist, Economic-Rationalist,
and Third-Way discourses. Three minor discourses were also present. These were the Neutral-Bureaucratic, Individualist-Materialist and Political-Consensus discourses. The discourses are described in detail in this chapter, drawing on numerous illustrative examples.

Dominant Discourses

The four main discourses dominated the data. They are presented in this chapter according to a loose chronology that reflects their overlapping trajectories.\(^{19}\) The four periods are:

- Economic-Rationalist Discourse – A Disability Business to Run (1995-1999)

In presenting the data, key conceptual and chronological relationships between the discourses are explicated, with relevant differences and similarities explored.


The Social-Progress discourse was the dominant discourse in the Annual Reports for the first years of the 1990s, from 1989/90 to 1991/1992. It is a discourse that is characterised by an emphasis on systemic social changes to bring about the recognition of the rights of people with intellectual disabilities. This discourse assumes that there is a powerful relationship between the social environment and the lived experiences of an individual with intellectual disability, and is characterized by practices that problematise the social exclusion of people with intellectual disabilities, and seek to bring about social change on their behalf. The specific practices of this discourse include identifying problems with institutionalisation, negative attitudes and exclusion, and promoting the benefits of community inclusion. It resembles many of the themes of the Rights discourse, but as we shall see it is not a straightforward Rights discourse in the way that this has been defined in previous work because of its emphasis on structural, centralised changes and assumption of passive actors (Fulcher, 1989a; Chenoweth, 1998).
Dualisms
The most striking feature of the Social-Progress discourse was its dualistic construction of reality, particularly social problems and changes. Dualistic distinctions of the world into moral categories of good and bad, included community=good/institutions=bad, good guys/bad guys, and inclusive=good/segregated=bad. Furthermore, the dualistic conceptualisation of issues, such as the opposition of appropriate/inappropriate environments and proper/improper parenting, was reinforced by treating the past and present in a dualistic manner. The range of dualisms underpinning the logic of the Social-Progress discourse is detailed below in Table 7.1.

Table 7.1: Dualisms informing the Social-Progress Discourse

<table>
<thead>
<tr>
<th>Positive</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>good</td>
<td>bad</td>
</tr>
<tr>
<td>community</td>
<td>institutions</td>
</tr>
<tr>
<td>inclusion</td>
<td>exclusion</td>
</tr>
<tr>
<td>integration</td>
<td>segregation</td>
</tr>
<tr>
<td>acceptance, understanding and good attitudes</td>
<td>social stigma and negative social attitudes</td>
</tr>
<tr>
<td>supportive family</td>
<td>overprotective family</td>
</tr>
<tr>
<td>progress (modernisation)</td>
<td>past</td>
</tr>
<tr>
<td>change</td>
<td>stasis</td>
</tr>
<tr>
<td>independence</td>
<td>dependence</td>
</tr>
<tr>
<td>support</td>
<td>care</td>
</tr>
<tr>
<td>human diversity</td>
<td>the norm (sun-drenched Aussie male)</td>
</tr>
</tbody>
</table>

The following sections will now proceed to explore and discuss how these dualisms informed discussions of past, present and future disability services practices.

Social Construction of Intellectual Disability
Within the Social-Progress discourse, the development of people with intellectual disability is not understood purely as individual impairment, but in terms of the social environment and attitudes. This discourse explicitly rejects past medical and individual deficit understandings of intellectual disability. These essentialist understandings of intellectual disability as purely an individual deficit requiring institutional care are seen as problematic and explicitly eschewed within the Social-Progress discourse (Community Services Victoria (CSV), n.d. [1990]: 61, 65). In contrast to individualistic, biologically-determinist and static definitions of intellectual disability,
the Social-Progress discourse identifies social factors as crucial in determining social and developmental experiences. Intellectual disability is described as created or exacerbated by the social environment:

Many people with disabilities, including those with quite severe disabilities, are capable of leading quite normal lives. The major barrier has been social attitudes more than incapacity. These attitudes in turn have resulted in a lack of the supports necessary for disabled people to live successful lives: a good education; family support; a place to live; and a chance to work (CSV, n.d. [1990]: 61-62).

Deprived of education, special support, and social contact, the handicap created by the disability was magnified many-fold. Some families were embarrassed about admitting that they had a disabled child (CSV, n.d. [1990]: 62).

Here, institutionalisation, segregation from mainstream society, and the negative attitudes towards people with disabilities are seen as heightening the detrimental effects of having an intellectual disability, and creating additional handicaps by excluding people with intellectual disability from mainstream social life.

Perhaps surprisingly, the popular dualistic construction of normality/abnormality was challenged by Social-Progress discourse, and in its place a relativist notion of human diversity affirmed. The Social-Progress discourse emphasises the shared humanity, rights and potential for development of people with intellectual disability. It constructs a person with an intellectual disability as an individual with rights, with the capacity for development, and the ability to live, with support, a ‘normal life’ in the community, irrespective of their present abilities, appearance, or past experiences. This was achieved in several ways. First, reports from the early 1990s contained a number of direct statements about the equal rights of people with intellectual disabilities, and how this recognition of their rights had informed policy developments:

... we have proceeded on the principle that people with disabilities and their families have a right, limited only by budgetary appropriations, to services enabling them to make the best of their lives, develop their abilities, and live, as far as possible, like other members of the community (CSV, n.d. [1990]: 61).

Second, the equal citizenship status and social contributions of people with intellectual disabilities were emphasised in the descriptions of the diverse range of social roles that they are described as occupying. For example, people with intellectual disability are
variously described as individuals, members of families, clients of CSV, and as actual and potential contributing members of the community.

Third, the emphasis on the common humanity and equal rights of people with an intellectual disability was given as the reason for changing and improving services. The 1990 report states that:

\[
\text{Services are now based on a developmental approach – one which recognises that every individual has the capacity for physical, social, emotional and intellectual development and the right to individualised educational and developmental opportunities. This sentiment gathered adherents in the 80s, which also saw the beginnings of major changes in public attitudes (CSV, n.d. [1990]: 63).}
\]

The 1991 report similarly argues the importance of social environments that will foster rights and allow:

\[
\text{... individuals to grow emotionally, intellectually and socially, and acknowledges their rights to educational and other opportunities (CSV, n.d. [1991]: 95).}
\]

This way of thinking has implications for what and how services should be delivered to people with intellectual disability.

**Institutions/Community**

The discursive construction of people with intellectual disability as having rights and the potential for personal development is reflected in the documents from the start of the decade, with practices that emphasise the need for strategies to enable people with intellectual disabilities to access mainstream community services. Mainstream services were constructed as more appropriate than the existing specialist and segregated disability services covering health, education and recreation (CSV, n.d. [1992]: 68-69). Accordingly, reports dominated by the Social-Progress discourse reject services provided in institutional and segregated settings, and are strongly prescriptive that disability services should be delivered in the community and that services should actively involve people with intellectual disabilities in their management:

\[
\text{The Disability Services Program promotes the integration of disabled people into the wider community. It assists them to gain access to generic services of a non-stigmatised kind which service the wider community, and encourages disabled people to participate as fully as possible in planning and service management (CSV, n.d. [1990]: 63).}
\]

The deinstitutionalisation of long term residents of public institutions has, since the 1970s at least, rapidly gained momentum. The gulf
between theories of care and restrictive – often appalling – conditions
had become too obvious. Since the early eighties the focus has shifted
towards enhancing non-institutional community-based options wherever
possible. The integration of people with intellectual and physical or
sensory disabilities into mainstream community life, and the reliance on
locally available services, is now a major emphasis (CSV, n.d. [1991]: 93).

The Social-Progress discourse explicitly challenges a broad range of present and past
practices that have resulted in the exclusion of people with intellectual disability.
Stigmatising attitudes, past terminology, and segregated service provision are
problematised:

An over-reliance on specialised facilities can mean a continuation of the
tendency to segregate those with a disability; to regard them as virtually
‘alien’ compared with ‘normal’ people, rather than as ‘normal’ in almost
eyery other respect. This can also result in an unjustifiable cost to the
community, not just in the narrow sense of duplicated services, but also
in terms of the broader loss of contributions which disabled people can
make to our society. Again these potential contributions are both
economic (through work) and cultural, in the sense that any minority
sector of the community enriches and educates the mainstream, through
the perspectives, experiences and participation of its members (CSV, n.d.
[1991]: 93).

Institutionalisation is also constructed as undermining the richness of community. In
the above example there is an assertion of the value of difference that is very much akin
to the emphasis on difference found in recent theories of the politics of difference and
research practices that seek to recognise the particular differences within social
movements (Pinder, 1995; Barton, 1993).

Annual reports in which the Social-Progress discourse was dominant devoted
considerable space to describing the specific problems posed by large-scale institutions,
segregated environments, and associated practices. Segregated social environments
were described as depriving people with intellectual disability from the necessary
stimulation to develop:

Some of the middle-aged and elderly people now living in institutions
would not have been deemed to require that form of support, had they
been fortunate enough to be born in the past decade and given a proper
start in life. In many cases, however, only a limited amount can now be
done to reduce their level of dependency (CSV, n.d. [1990]: 62).

Moreover, many of the experiences of people with intellectual disabilities are described
as the by-product of their deprived social environment. Institutions are understood as
having direct and sustained negative effects on the lives of people with disability. For
instance, the challenging behaviour expressed by some people with intellectual
disabilities, such as violence and self-harm, is explained as in part a product of their
deficient and unstimulating social environment. The failure to provide support
programs located in adequate social, material and physical conditions is identified as a
key causative factor for challenging behaviour and its continuation:

Just over 20 per cent, or 2600, of registered IDS clients are currently
aged over 40, and this group poses the biggest challenge for the IDS
Program over the next two or three decades. Whether living at home or
in an institution, this group has not had the benefit of the expansion of
integrated community support programs at an age when they would be
most receptive to such opportunities. The more severely disabled of this
age range are trapped in patterns of behaviour that increase the difficulty
of transition to a more independent or mobile life (CSV, n.d. [1991]: 94).

While individuals may express challenging behaviour, the environment and structures
outside of the individual and above and beyond an individual’s specific disability are
the explanation for an individual becoming ‘trapped in patterns of behaviour’.

Within Social-Progress discourse, the range of problems posed by institutions are
juxtaposed and contrasted with the achievements of those people with intellectual
disabilities who succeeded when given the opportunity to live and work in the
mainstream society:

People who, even a decade ago, would have been doomed to a life in an
institution or the family closet, are now in jobs, in sport and recreation,
and in mainstream society. Some require continuing support but others
have become, or are becoming, self supporting members of the community

These are presented as testaments to the success of inclusive social environments in
bringing about change.

Within the Social-Progress discourse, segregated and inclusive environments are seen as
dualistically opposing options. Institutions and sheltered workshops are constructed as
deprived social environments and inherently problematic places. This is well illustrated
in the following description of institutional services in Victoria:

Institutional services include eight CSV and three joint CSV/HDV
institutions providing accommodation, daily living support and
developmental-skills training to 2520 clients. Many of these large-scale
congregate facilities were built in the nineteenth century and are
characterised by randomly placed and inappropriate buildings,
overcrowding, lack of privacy, understaffing, and some unhelpful residues
Here, the problems of the institutional environment are laid bare. Government institutions are constructed as inherently problematic places for people with disabilities to live, and their imminent demise and replacement with ‘superior alternative services’ based in the community is predicted. This is despite them being the only accommodation available to substantial number of people at the time the report was written. The following examples illustrate this almost evolutionary view of progress in intellectual disability services:

Institutional populations will gradually decline under the combined influences of reduced admissions which are now close to zero, the availability of superior alternative services, and the achievement of independent living skills by a significant proportion of formerly institutionalised people (CSV, n.d. [1990]: 62-3).

Community residential support ensures that people with intellectual disabilities requiring residential care support services live in comfort, dignity and with adequate support in ordinary community settings (CSV, n.d. [1990]: 66).

These dualistic treatments of community/institutions cement the notions that: institutions are bad and beyond repair; the demise of institutions is inevitable; community living options are superior; and the community is better for everyone.

**Community Attitudes – Good Guys/Bad Guys**

Within the Social-Progress discourse, attitudes are constructed as having the potential to facilitate or impede the capacity of individuals with intellectual disabilities to develop. Negative community attitudes in contemporary society are also seen as the product of institutions and the segregation of people with intellectual disability from everyday society, and as presenting obstacles that prevent people with intellectual disability from participating in their communities. This obstacle is firmly located as existing solely in non-disabled people’s inability to relate to people who differ from the norm, rather than disabled people’s differences:

Australians who embraced the tall, lean, bronzed ideal were often uncomfortable face to face with people who departed markedly and visibly from that norm (CSV, n.d. [1990]: 62).

For many disabled people the attitude of other people is the most serious single hurdle to be overcome (CSV, n.d. [1990]: 62).
The 1991 report also acknowledges that the fears and expectations of the families of people with intellectual disabilities may also prevent people with intellectual disabilities from accessing community options. The embarrassment and overprotective attitudes of older parents of people with intellectual disability are also identified as major obstacles preventing people with intellectual disability from participating in mainstream society. Overprotective parents are constructed as holding back their adult-children unnecessarily, despite their children having the capacity to develop. However, their fears are in part explained as stemming from real problems they experience at the coal-face of negative public attitudes towards their family member and the lack of formal supports to make community meaningful. The problems that caregivers face are seen as in part created by the public attitudes:

> Intellectually disabled people, described as ‘mentally retarded’ in former days, were long considered an embarrassment, or even threatening, and service provision aimed to keep them hidden well away from the public… Public attitudes have had a profoundly destructive impact on generations of people with disabilities and their families. Where families continued to care for their disabled children, as most had to do, it frequently happened almost secretly, as something that could not really be admitted or discussed, let along undertaken with external assistance. This has meant that, until recent years, children have often missed out on the support and developmental opportunities available from specialised services, and their families have had to cope with all the pressures of caregiving without respite or relief (CSV, n.d. [1991]: 93).

Overall, general community attitudes are repeatedly identified as a major problem preventing the social inclusion of people with intellectual disabilities. However, it is only in the 1992 Annual Report that this problem identification translates into advice for active practices to change these attitudes by ‘educating the general community about what society can do to ensure that having a disability causes as little restriction as possible’ (CSV, n.d. [1992]: 68). Indeed, prior to this statement, it appeared that implicit in the Social-Progress discourse was the notion that the presence of people with intellectual disabilities, on its own, would be enough to bring about change.

**The Community Solution**

It is quite clear that at the heart of the Social-Progress discourse is the view there is a powerful relationship between society and the quality of the lived experiences of people with intellectual disability. Moreover, the community is posited as the solution to the many problems posed by the exclusion of people with intellectual disabilities. The notion of people with disabilities as having rights equal to other members of society was
pivotal in making the case for, and justifying the development of, more community-based facilities and in the closure of institutional facilities. Consequently, this discourse identifies a range of inclusive strategies to correct the social exclusion, isolation and marginalisation experienced by people with intellectual disability. For example, in response to the identification of problems with institutions, the 1991 report expresses the ‘Government’s determination to reconceptualise the place of disabled people within our community’ (CSV, n.d. [1991]: 95). A range of reforms of intellectual disability services were posed as the solution to these problems, including the recognition of individual’s rights, transferring services to community settings, and supporting parents to keep their children with intellectual disabilities living at home.

A central truth claim of the Social-Progress discourse is the claim that community-based disability services provide more opportunities for the rights of people with intellectual disabilities to be realized than institutional settings. The Department’s endorsement of services located and delivered within the community, rather than institutional settings, is clearly stated:

The Disability Services Program promotes the integration of disabled people into the wider community. It assists them to gain access to generic services of a non-stigmatised kind which service the wider community, and encourages disabled people to participate as fully as possible in planning and service management (CSV, n.d. [1990]: 63).

The community is seen as better for everyone. All people with disabilities are viewed as better off, in principle and in practice, living in community-based settings, irrespective of their degree of disablement. This statement is in direct opposition to those who advance a pro-institutions position, claiming that institutions are needed because people with intellectual disabilities cannot live safely in the community. Reports in which the Social-Progress discourse was dominant included evidence of its truth claim that community-based living works. Several examples were given of groups and individuals with intellectual disabilities who have successfully relocated from institutions to community houses. The group of severely disabled children moving from St. Nicholas Hospital is one such example:

In 1985 St Nicholas Hospital was closed and the lost accommodation replaced with twenty-three community houses. This has demonstrated that even people with the most severe disabilities could live better and healthier lives in local neighbourhood settings than in congregate care institutions (CSV, n.d. [1990]: 66).
Evidence is also offered that a life in the community, in a normal house, is what people with intellectual disabilities really want, even if they have lived in institutions for most of their lives. An example given of this the vignette of Dolly who successfully moved into a community house after living in the Kew Cottages institution for 75 years:

‘Dolly’, aged 81, has lived at Kew Cottages since 1915. Her photograph albums focus on the highlights of her life, her friendships with residents and staff, holidays and celebrations, and the busy years when she helped care for the babies in the nursery.

... They do not record the deprivations of institutional life nor her longing, often expressed to leave Kew and live in a house. Now Dolly’s wish has been realised. Last June, she, together with her friends from Unit Ten ... moved to a special accommodation house in Hawthorn. These ladies have proved that age and length of institutionalisation need not be a barrier to successful community integration. They have adapted well to their new environment, have made new friends, learned new skills and are becoming more independent and less staff-oriented (CSV, n.d. [1991]: 104).

The Social-Progress discourse’s case for residences located in community settings is further strengthened by associating existing institutions with the negative ways in which people with disabilities were viewed and treated in the past, whilst community residences are constructed as examples of change, revolution and progress. For instance, the original purpose of the institution is described as for ‘unwanted people who posed problems for themselves and others … [who were] defined as ‘idiots’ or ‘imbeciles’ and ‘shunted off to the bin’ ‘ (CSV, n.d. [1990]: 61). Such a description appears obviously negative, especially in light of claims of a recent

... revolution in services for people with disabilities. These services are now based on a developmental approach – one which recognises that every individual has the capacity for physical, social, emotional and intellectual development and the right to individualised education and developmental opportunities. This sentiment gathered adherents in the 80s, which also saw the beginnings of major changes in public attitudes (CSV, n.d. [1990]: 62).

Each of these examples emphasise the success of living in the community, emphasising new skills, better and healthier lives, more independence and adaptation. The community living is constructed as better than institutions in theory and practice, even for those who have spent most of their lives in institutional settings. Life in the community, and community residential living services in particular, is positioned as superior to institutions, and as offering services that ensure basic rights are attained for people with disabilities:
Community residential support ensures that people with intellectual disabilities requiring residential support services live in comfort, dignity and with adequate support in ordinary community settings (CSV, n.d. [1990]: 66).

In the juxtaposition of institutions and community, the former are constructed as inappropriate, imposing unnecessary restrictions, and resulting in a doomed life. Community, in contrast, is constructed in overtly more favourable terms as the superior alternative of the two. In short, this dualistic way of thinking about where and how people with disabilities should live pervades the Social-Progress discourse’s conceptualisation of problems and solutions.

Working Towards Social Change

The problems of institutions were given as evidence of the need for more community-based services, despite the fact that institutional facilities dominated the intellectual disability sector during that period. This illustrates the prescriptive character of the Social-Progress discourse. The Social-Progress discourse views social change as possible and desirable. The 1989/90 report goes so far as to speak of a ‘revolution in services for people with disabilities’ (CSV, n.d. [1990]: 62). Social progress is not, however, seen as completely inevitable within this discourse, but as the result of hard work that must continue.

For the last two decades at least, many committed reformers and administrators have sweated blood to ensure the area (particularly IDS) has received the government attention – and concrete support – which was manifestly overdue.

... The Intellectually Disabled Persons’ Services Act 1986 was a major political acknowledgement of these efforts. With the systems and opportunities now in place, it is not necessarily self-congratulatory to observe that conditions for disabled people have never been so good. There is still a long way to go, however, and there are limits to public funding (CSV, n.d. [1991]: 96).

In this example from the 1990/91 Annual Report, both the need for further change and what it will require are outlined. Without active efforts to change attitudes, the Social-Progress discourse supposes that the marginalisation of people with intellectual disability will continue. A number of consequences stem from viewing future change as positive. Past practices, for example, are rejected and condemned, and new community-based education and living is embraced. Moreover, such changes are
consistent with the shift to rights and developmental models of disability, and the need to change social causes of marginalisation and exclusion.

Relations to Other Discourses and Practices

Statements such as these situate the Social-Progress discourse in opposition to the reductionist notions of intellectual disability and exclusionary practices that were entrenched in many modern Western societies over the past centuries (Wolfensberger, 1975: 3-15). It builds the case for an alternative model of society and social contributions on which to base our practices, which is consistent with the following claim made about the ‘government’s determination to reconceptualise the place of disabled people within our community’ (CSV, n.d. [1991]: 95).

One of the most interesting insights about the Social-Progress discourse is that it is not the Rights discourse proposed by previous theorists and identified by empirical researchers of disability discourse (Fulcher, 1989a; Chenoweth, 1998). While notions of rights to entitlement are implicit in the Social-Progress discourse, it lacks an emphasis on individual rights, and focuses more on systemic planning and policy prescriptions regarding how all people with intellectual disabilities should live. There is little emphasis on people with intellectual disabilities changing their lives as individual agents, and more a focus on ‘progress’ marching forward, changing and improving their lives.

The dominance the Social-Progress discourse was relatively short-lived, with few indicators of this discourse appearing in the reports from 1992 to 1999. Indeed, the rights of people with disabilities are rarely mentioned in later Annual Reports, and when they are this is only in what appears to be a very tactical way. However, as we shall see, the Social-Progress discourse’s emphasis on progress is claimed and shared by most other discourses that followed.

Social-Progress Discourse Summary

The early annual reports devoted their attention to illustrating the need for and value of community-based services for people with intellectual disabilities. This focus indicated the presence of a Social-Progress discourse. The Social-Progress discourse conceptualises people with intellectual disability as individuals with rights and the
potential to develop. However, exclusionary social and service practices have prevented their rights and potential from being realised. The view that social factors play a key role in determining the development of people with intellectual disability means that a different approach is taken to intellectual disability practices. Consequently, the main focus of the Social-Progress discourse was on transforming the position of people with intellectual disabilities in society by developing more inclusive practices and supports for people with intellectual disabilities within their communities. Strategies that facilitate the inclusion of people with intellectual disability in society are prioritised over the cost of providing such services. Within this conceptualisation of disability services, institutions and supported community living are constructed as dualistically opposing points rather than as two end points on a continuum of living options. This discourse endorses practices based on principles of rights, citizenship and social justice, rather than on cost.

Managerialist Discourse – A Disability System to Manage (1991-1999)
As the 1990s began, annual reports began to pay more attention to the centralised administration and monitoring of disability services. This focus indicated the presence of a Managerialist discourse. The Managerialist discourse conceptualises disability services as a distinct service system that requires management. Managerialist discourse is also characterised by the notion that all problems in the system can be fixed with proper management (Micklewait and Wooldridge, 1997: 334). Indeed, the main indicators of the Managerialist discourse were emphases on managing the disability service system, correcting problems through better management strategies, and delivering more efficient and effective outcomes. The system is sovereign.

The Rise of Managerialist Discourse
The first indicators of the Managerialist discourse were descriptions of problems in disability services to which better management, restructuring and other reforms were posed as the solution:

The dangers of abuse is ever-present in services for the vulnerable, whether they are in child welfare services or in services for disabled people.

... The Director-General’s Foreword to this Annual Report describes measures to roll back the ‘dark side’ of institutional life. There is still
much to be done, and the operation of community-based facilities is no less of a challenge for management than are the more publicised dangers of institutional abuse.

The ‘Wallace Report’, of the CSV-commissioned investigation into a series of sexual assaults at one IDS training centre, was released in April 1991. Its recommendations include the need for clearer lines of accountability within residential management structures. Intensive staff training is being provided to complement the departmental response to this far-reaching document (CSV, n.d. [1991]: 95).

Unlike Social-Progress discourse, which saw most problems as stemming from institutions and segregation from mainstream society, the Managerialist discourse constructs dangers and risks for people with intellectual disabilities as everywhere. Even the disability service system is constructed as posing ever-present dangers to its clients. These dangers and risk are, in turn, constructed as challenges that can best be addressed through systematic management practices and structure. Moreover, management is seen as always having the potential to be improved, and the rapid development of a diverse range of community-based services was given as justification for the need for better management, more extensive management techniques, and improved reporting structures. Traditional management structures in the disability sector are cast as insufficient to ensure that the evolving community-based, service system offers high quality service. This notion is repeated several times throughout the 1991 report, as in the following:

In April 1991 CSV published a report summarising the findings of a major review of the head office management of the Disability Services Program. This review was prompted by the fact that, after several years of growth, the program had become increasingly complex, and the management structures required to ensure the delivery of high quality client services had apparently not kept pace with this expansion (CSV, n.d. [1991]: 105).

Central to the Managerialist discourse is the truth claim that effective management of the disability services system is essential. Management reform was seen as a reasonable and much-needed response to both the established problems within, and increasing complexity of, the disability service system, as the following example demonstrates:

Detailed deficiencies unearthed during investigations provide a sound basis for developing better systems and management structures, including putting an end to questionable employment practices (CSV, n.d. [1991]: 82).
The rationales for extensive managerial reforms, including restructuring and intensification of management are presented as self-evident:

In 1990/91 CSV conducted a major review of its training centre management structures. Reforms are starting to be introduced which will give people living in institutions a direct and fully accountable link through the head of each institution to, ultimately, the Director-General of CSV and the Minister. Key changes to the traditional model for the management of individual units within facilities will make one person fully and personally responsible for the services provided to clients, and will lead to higher standards of care through increased attention to the potential of individual clients. It is anticipated that the new model will be fully operational by January 1992. Intensive staff training programs are being developed to provide advanced skills for direct care staff, which will result in further positive outcomes for clients (CSV, n.d. [1991]: 103).

The problems and solutions are presented in a manner that justifies changes and dispels the criticisms of increasing managerialism and managerialists in the disability sector as the following illustrates:

Some would protest that the Managerialists have taken over from the visionaries. Others would agree with the diagnosis but applaud. Another perspective sees no inherent incompatibility in aspects of the two roles. Certainly the changes that have been occurring throughout the program are sufficiently deep to defy attempts to reduce them to simplicities.

... One thing is clear: the effective operation of a $300 million (the estimated budget for 1991/92) per year program, surrounded by tides of public attitudes and ideological undercurrents, calls for effective management. Vision means different things when it is the perspective of a voice crying out in the wilderness, and when it is expressed by people responsible for running a $300 million per year service system. Exhortation is no longer enough. Whatever balance is arrived at, there is no doubting the dedication or skills of the staff now in place at every level of the organisation, in their focus on client-centred objectives (CSV, n.d. [1991]: 96).

This example casts the increasingly managerialist character of the disability services sector as legitimate and necessary for the achievement of the reformer’s vision and objectives for people with intellectual disabilities. Effective management is constructed as objective responses to real issues, unaffected by ‘tides of public attitudes’ and ‘ideological undercurrents’. This suggests that management is an objective science that can incisively cut through the wild seas of opinion. This example also seeks to discredit opposition to Managerialist discourse and practices by actively denying that the ‘Managerialists have taken over’ disability services from the ‘visionaries’, while also denigrating any opposition to managerialist practices as ‘voices crying out in the wilderness’. The latter comment suggests that critics are isolated and fringe extremists,
lacking the moderation necessary to deal with the ‘real issues’. Managerialist discourse and its practices are, in contrast, constructed as necessary, reasonable and effective to do what is truly needed. Managerialists are needed because idealistic ‘exhortation is no longer enough’.

The Service System
Where the Social-Progress discourse constructed disability services as a mode and network of supports to enable people with disability to live in the community, the Managerialist discourse constructs disability services as being a unified disability service ‘system’. In the Social-Progress discourse services are there to help bring people with intellectual disabilities into society, while in the Managerialist discourse people with intellectual disabilities are clients whose needs have to be managed within the constraints of a support system. Consequently, the Managerialist discourse focuses on creating a feasible system, and offering choices, rather than facilitating empowerment, with that system:

[A]n integrated and comprehensive service system must be developed, which offers the clients a range of specialist and mainstream options. These have to include a wide variety of accommodation types, as well as educational, employment and recreation services. Persons with an intellectual disability must have access to all ordinary, community-based, programs and facilities. This all happens within the context of what is feasible, given resource constraints, legislative parameters and other determining factors (CSV, n.d. [1991]: 108).

In constructing disability services as a system, the Managerialist discourse constructed people with disabilities, facilities and staff as the component parts of that system. This shift was conveyed by subtle shifts in the language used to describe them. People with disabilities came to be consistently described as ‘clients’, and community-based homes and institutions became ‘facilities’. Each came to be seen as areas requiring specific management to ensure the effective and efficient running of the overall ‘system’.

People with Intellectual Disabilities and Choice
Unlike the Social-Progress discourse, which constructed people with intellectual disability as developing individuals with rights who should be supported to live in the community, within Managerialist discourse people with disabilities as ‘clients’ were largely passive elements in the disability service system. This was a significant shift for practice, as it translated into practices that assumed people with disabilities were passive
clients requiring relatively little autonomy in key life areas. Services were no longer constructed as supports to enable people with intellectual disabilities to live in the community, but as providing a manageable set of ‘choices’ and ‘service options’ that people with intellectual disabilities could choose between. Similarly, rights were not constructed as claims on a political community that had previously excluded people with intellectual disabilities, but rather as politically-neutral ‘choices’ to be made within the overall constraints of a ‘system’. This is clearly illustrated in the following:

Choice of medical practitioner, education, recreation and other community-based services are the right of every person and Disability Services seeks to lay the foundation to develop a service system that provides alternatives, thus enabling people to make informed choices (CSV, n.d. [1992]: 69).

The logic of this is that client choices will become manageable and disparities in service provision between clients are reduced to manageable service options (CSV, n.d. [1991]: 105). Within this standardized system of choice, the wants and needs of people with disabilities are seen as largely predictable and manageable. Moreover, the restriction of client choice, in turn, was justified in terms of equitable resource allocation. The Managerialist notion of the passive client, and the practices associated with it, sits in an uneasy relationship with the Economic-Rationalist discourse’s concept of the active consumer.

**Facilities and Staff**

Facilities and staff are similarly constructed as passive parts of the disability services system to be managed to ensure their practices are consistent, and their ‘outcomes’ of a standardized quality. To ensure these ends, practices of standardized training, policy and procedure are adopted across the entire disability services system:

*Practice instructions for H&CS direct care staff have been finalised. These cover administering medication, health management, medically frail clients, active night support, conducting activities and outings, dealing with wills and deceased estates, admissions to hospitals and interaction with the Guardianship and Administration Board. These instructions will be released in the latter half of 1995 (O'Shea, n.d. [1995]: 94).*

While the overt justification for consistent practice is the truth claim that it improves service equality and quality, the push for uniform practice helps make the disability service system more predictable and therefore more manageable. Management, training and policy are strategically used to eliminate any variations in practices.
Objectivity, Measurement, Standardisation

The central logic of the Managerialist discourse is that disability services form a distinct system that requires strong management to deliver results. This logic did not change over the years 1991-1999 in which Managerialist discourse was identified in the data. What did change, however, were the particular practices deemed necessary to put this logic into effect. As the decade progressed, an extensive range of management strategies was elaborated in the Annual Reports. A number of systematic standardizing, observing and evaluating strategies were added to the bow of management practices. These permitted management practices to further expand and penetrate into the day to day running of the disability services system. The extension of such policies to all providers of disability services brought hitherto independent and non-government programs and services within the scope of the State Government Department’s management.

Micro-Management: The Minutiae of Daily Practice

The push for standardised practice was codified into everyday practice through changes at the micro-level, such as ‘[t]ighter and more responsive [staff] roster practices’ (CSV, n.d. [1992]: 82). By the middle of the 1990s, direct support workers were required to adopt a ‘standard practice framework’ (Health and Community Services (H&CS), n.d. [1993]: 36), thus reducing any scope for discretion in their interactions with people with intellectual disabilities:

The IDS Client Services Manual was launched in August 1992 and the model implemented in October 1992. The manual clearly identifies the role of client service workers in addition to providing a practice framework to ensure a consistent standard of client services ... Data based on the decision points specified in the manual is collected monthly and intensively analysed to provide direct quantitative feedback on client service... (H&CS, n.d. [1993]: 36).

Standardised files for accommodation support services were developed and released in June 1995. The standardised recording and storing of client information, relating specifically to accommodation support matters, will promote consistent practice across the state and improve the level of service delivered to clients (O'Shea, n.d. [1995]: 94).

Direct support workers also became collectors of raw data, and their roles extended to recording client records in a standardised manner. These data-collection practices
allowed managers to gain access to everyday practices within disability services in a completely new and more far-reaching way.

Macro-Management: The numbers picture

The Managerialist discourse was also indicated by an emphasis on managing better by using new data collection and analysis technologies as tools:

A client information and case management system for clients with an intellectual disability has been implemented (DISCIS). Implementation has occurred statewide and DISCIS operates as both a client management tool and a medium to long term planning tool (Human Services, n.d. [1997]: 40).

Non-government accommodation providers have been integrated into the regional vacancy coordination process. This ensures that the highest priority clients are able to gain access to vacancies as they arise, regardless of whether they are in the government or non-government sectors, and creates a framework for joint planning, priority-setting and cooperation (Human Services, n.d. [1997]: 39).

This new system will provide fast, reliable information and enable workers to efficiently maintain and access client data. It will also support more effective management through detailed operational and statistical reporting (Human Services, n.d. [1996]: 33).

In some instances, the data systems themselves were seen as making existing management systems more responsive. This was the case with the above examples of using new technology to store client and vacancy data. However, sophisticated data collection and analysis also became increasingly central to management practices, permitting greater access to the day-to-day running of the disability service system. Data collection and analysis methods were advocated and used with the view to extending the reach of management into the minutiae of daily practice in the disability sector:

Trends and patterns in collected data have been analysed to produce unit and institution profiles of various kinds. This has added considerably to the knowledge and understanding of both overt and covert operations in institutions and improved management’s ability to diagnose problem areas.

... Detailed deficiencies unearthed during investigations provide a sound basis for developing better systems and management structures, including putting an end to questionable employment practices. Some alleged offenders have been identified and charged and it is likely others will be brought before the court (CSV, n.d. [1992]: 82).
Data collection and analysis offered new ways of managing the disability services system by producing new, objective understandings of the problems. Data collection and analysis provided the basis for ‘diagnosing problem areas’, thus providing the basis for new management practices.

Accordingly, the Managerialist discourse constructs all disability services and programmes as amenable to quantitative evaluation. Not surprisingly, qualitative and subjective measures of performance were not the focus of such evaluations. Central to such evaluations were assessments of efficiency and effectiveness on which management decisions were made in relation to funding decisions:

*Funding and Service Agreements* will enable NGOs and CSV to develop services during the next two years to better meet identified client needs. *Performance targets* have been set providing a basis for review and analysis of service delivery for people with disabilities (CSV, n.d.[1991]: 91).

There was, however, a lack of discussion within reports in which the Managerialist discourse was present about how and why performance targets were set. The need for performance targets is not justified but implicitly accepted as necessary to improve the functioning of the disability service system.

The 1992 report describes how the efforts of the Behavioural Intervention Support Teams (BIST) were to be measured. BIST seek to implement strategies to reduce the challenging behaviour of clients, such as violence, screaming, or other anti-social behaviour. The following describes how the work of these teams was be measured and evaluated:

The operation of *Behavioural Intervention Support* teams will be reviewed in 1992 to assess efficiency and effectiveness. This review will be complemented by the outcomes of a three year *Behavioural Intervention Support* program currently being undertaken by Royal Melbourne Institute of Technology (Bundoora campus).

... This evaluation focuses on the program’s ability to reduce the incidence of challenging behaviour and assist community agencies and families to reduce the challenging behaviours of clients (CSV, n.d. [1992]: 84).

Here, the successes of behavioural interventions are measured narrowly as the reduction of the incidence of challenging behaviours. This quantitative focus does not include other factors such as understanding the reasons for the behaviour or supporting the individual and staff to better deal with such behaviour. Both Managerialist and
Economic-Rationalist discourses share the view that quantitative analysis and evaluation are a sufficient basis for judging the efficiency and effectiveness of a service, and for making decisions about their management, funding and future.

Data became increasingly important in giving the big picture, which in turn was used to guide the higher management functions of fund allocation. For example, the 1993 report emphasises the role of data in allocating and managing funds:

Disability Services Division has also produced the *first complete breakdown of the allocation of funds* by disability service type. The data set developed integrates all Disability Services Act 1991 (DS Act) and Intellectually Disability Persons Services Act 1986 (IDPS Act) community-based services and is broken down by region. This information is critical to the *management and ongoing development of the whole service system* and will also enable H&CS to properly manage the allocation of growth and enhancement funds provided through the Commonwealth State Disability Agreement 1991 (CSDA) (H&CS, n.d.[1993]: 40-41).

In this example, accessible data is seen as important for the management of funds because of the complexity of Commonwealth and State funding arrangements. Indeed, in the period after the enactment of the Commonwealth and State *Disability Services Acts* (both 1992), numerous pie charts and graphs are found in the Annual Reports from 1993 to 1999. These describe increases and decreases in the number of clients, the breakdown of, and growth in, support services, funding increases, and the various types of respite. In these, the importance of data to the Managerialist discourse is strongly emphasised. The whole disability service system can be grasped in these new representational knowledge practices and the facilitation of comparisons between stated aims and objectives, decisions taken at the macro level, and quantitative outcome measures.

**From Social-Progress to Managerialist Discourse – Key Differences**

The Managerialist discourse initially appeared in the 1991 Annual Report as the operational strategy to put the Social-Progress discourse’s ideals into practice. However, by the years 1992 to 1994 it became the major discourse found in the data. The shift from Social-Progress discourse to Managerialist discourse entailed a number of fundamental shifts from a focus on rights to choices, from an open-ended conceptualization of people with disability as having developmental potential to a passive view of them as merely clients. Where Social-Progress sought to transform
society, Managerialist discourse only seeks to manage an increasingly complicated
disability services system. It is therefore far less concerned with transforming the social
order, than operating disability services within the status quo. Yet, it was apparent that
the Managerialist discourse and its practices were likely to, and did, have strong
consequences within and outside the disability services system in the State of Victoria.
As we shall see, Managerialist discourse was buoyed by an emerging, and
complementary, Economic-Rationalist discourse, along with the enactment of the

Unlike the creative and dynamic model of the personhood of people with disability and
society posited by the Social-Progress discourse, the Managerialist discourse assumes a
chessboard model of a service system in which people with disabilities and staff are
pawns. This constructs people with disabilities as passive elements, in need of
management by others in most aspects of their lives. In this sense, the Managerialist
discourse has a very similar conceptualisation of intellectual disability and people with
disability to the lay and institutional discourses described in an earlier chapter; disability
and people with disability are a problem that is best managed and controlled.
Managerialists, like chess players, see and orchestrate the movements of the board. In
doing so, they also uphold their rules.

Managerialist Discourse Summary
The Managerialist discourse constructs the various services and supports for people
with disabilities as a service system that requires efficient and effective management.
Hence, the ‘problem’ for people with intellectual disabilities is ‘bad’ management of the
service system. The failings of past management practices in the disability sector
provide the basis for the rise of Managerialist discourse. The Managerialist discourse is
characterised by the view that management practices are necessary to remedy the
problems of the disability services system. Management reform is touted as the only
way to ensure effective and efficient management of the new diversified service system
and its key goals. It is implicit in this discourse that effective management is a good
thing. Good management is seen as getting results and making problems in the
disability service system disappear.
This discourse was indicated by discussions of strategies to achieve service quality through the implementation of management techniques. Standardization, performance contracts and observation and evaluation were management techniques that were reported on throughout the 1990s. People with disability are passive clients, and are largely incidental to this discourse. This suggests that, within the Managerialist discourse, effective management is constructed as the true priority of the disability services system. It is seen as a science, with rules that must be followed to ensure set outcomes.

The Managerialist discourse, its practices, strategies and technologies produce new knowledges about what disability services are and how they should operate. Managerialist discourse advocates greater levels of centralised management and control of the disability services sector. The practices of the Managerialist discourse in effect create a panopticon of the disability services system. Except, unlike Bentham’s prison panopticon, as described by Foucault (1991), control occurs in the disability sector through the practices of observing through data, standardized training, and performance contracts and other modes of evaluation. In turn, this lessens the authority, autonomy, and discretion of people who work with people with disabilities, whilst simultaneously increasing their levels of responsibility, reporting, and accountability.

The Managerialist discourse was present in annual reports from 1991 to 1999. It became dominant in the 1992 report. From the 1993 to the 1999 reports, both Managerialist and Economic-Rationalist discourses were the major discourses identified. As we shall see in the following section, both these discourse shared similar or complementary conceptualisations of the world.


The early to mid 1990s saw an emphasis placed on hard economic realities, and the corresponding view that the disability services system should recognize and limit itself to working within economic realities. The Economic-Rationalist discourse is one that calls for hard economic decisions to be made. This discourse was indicated throughout reports from the middle of the 1990s by the justification of measures to make the disability services system more economically realistic, efficient and effective. Key
practices included tendering out for contracts to run or provide services to people with disabilities, reducing the cost and level of direct government provision, and increasing user pays options. While these classic indicators of Economic-Rationalist discourse have been identified and described in a number of studies and commentaries on changes in the Australian State (Pusey, 1991; Patience, 1999), and been identified in the State Government of Victoria’s disability services practices, there have been no empirical elaborations of this discourse. It is to this that we shall now turn.

**Economic Realities and Tough Decisions**

The claim that there are economic limits that are not negotiable is the fundamental truth claim of the Economic-Rationalist discourse. In numerous examples this view was articulated, along with statements about the implications of economic realities for service provision:

> It is simply not possible for CSV to provide for a satisfactory level of comprehensive services to all IDS clients, given current resources (CSV, n.d. [1991]: 108).

> The demand for disability services is enormous. There are substantial waiting lists for most services. Although the continued development of more flexible service responses will meet the needs of some of these people, we will never be able to deliver everybody’s desired level of support. The tough decisions about who receives how much, and at whose expense, will always confront us. However, the more closely we work with the sector, with those delivering and also using the services, the closer we come to making the best decisions (O’Shea, n.d. [1995]: 107).

In statements such as these, economic limits are constructed as non-negotiable limits, despite legislative commitments to the equal rights and opportunities of people with intellectual disabilities. The claim of economic limits is evidenced by the economic constraints imposed on disability services departments in the form of ‘government budget savings’:

> Significant budget savings targets for the 1993-94 and 1994-5 financial years were set by the new Government in the *October 1992 Budget* and in the *Economic Statement* of 6 April 1993. The Disability Services Program has successfully implemented strategies to meet these savings targets without reducing the level of service to existing clients. There will be no growth in the Disability Services Program budget for the next two years. While current waiting lists for services remain critical, the division is in a good position to make significant changes to the way services are delivered in order to improve the effectiveness for clients while at the same time increasing the efficiency of the sector (H&CS, n.d. [1993]: 35).
The truth of unsurpassable economic limits provides the justification and logic for ‘tough decisions’ about the funding and shape of the disability services system. Economic realities are the environment within which the disability services system operates. Economic-Rationalist discourse assumes that a more realistic approach to resource allocation is necessary. The unmet needs of people with disabilities for services are in turn constructed as inevitable, if undesirable, consequence of economic limits. It is accepted that financial cutbacks need to be made, and new ways of meeting costs found. In this context, the freezing of government budgets is accepted as a reasonable, even desirable, strategy to bring about efficiency gains, even in the face of critical waiting lists for services. In this context, the ‘best decisions’ come to mean those that are economically feasible, even if this involves compromising legislative mandates.

**Utopian Dreams**

Economic feasibility and performance measures increasingly became the criteria by which legislation and policy in the disability field were assessed. Policy, programs and legislation that did not fit into the economic limits or that scored poorly on objective performance measures, came to be cast as utopian within Economic-Rationalist discourse. This is clearly illustrated in the following discussion of the legislatively required Individualised Program Plans (IPPs)\(^{21}\), which were strategies developed and reviewed annually for each client to identify and achieve personal and developmental goals:

> Clearly, these planning requirements impose a *considerable demand on limited program resources*. They are designed with an eye to ensuring a client focus, rather than a program focus to services, which is wholly appropriate. However, *questions have arisen* as to whether they are the *most appropriate way of ensuring this result*. The *efforts spent on preparing and reviewing these plans have often been wasted*, when the content of plans has been *dictated by utopian dreams rather than service realities* (CSV, n.d. [1991]: 102).

Individual Program Plans do not meet the criteria of offering measurable indicators of their success, and in this example are cast as unnecessarily costly, ineffective ‘utopian dreams’. Unlike the Social-Progress discourse, Economic-Rationalist discourse does not accept that some improvements will result from practices that listen to the individual people with intellectual disabilities about their wants, desires and abilities, and seek to develop services responses around these. Rather, real improvements are those that stem
from practices that show evidence of measurable improvements in performance or results.

Similar criticisms were also made of rights-driven nature of legislation. The criteria for allocating services in the *Intellectually Disabled Persons’ Services Act* (Victoria, 1986), is constructed as having attempted ‘somewhat, unsuccess fully, to define the basis on which services should be provided’ (O’Shea, n.d. [1994]: 43). The Economic-Rationalist discourse does not accept that Government automatically has an obligation to meet the needs of people with disabilities, or to ensure that their legislative rights are acknowledged and supported in practice with the provision of appropriate resources. Even the appropriateness of legislative rights are questioned, and found wanting:

The fundamental requirement for future IDS service developments is to define precisely the contract between Government and the client (with their family). The *Intellectually Disabled Persons’ Services Act* articulates the rights of people who have an intellectual disability, defines broad parameters for services and establishes a range of independent external bodies to regulate, monitor, review and report on the activities of both CSV and other service providers in relation to client rights and client services. The Act explicitly empowers intellectually disabled people, and, in effect, empowers a range of professionals. As an unintended consequence however, it can disempower, disenfranchise and marginalise the parents and families of disabled people who were, and remain, the major source of support for most intellectually disabled people. It is silent on how CSV should ration scarce services to an increasing number of clients, and simultaneously meet the demands placed on its service structure by expectations that are continuing to increase (CSV, n.d. [1991]: 106).

In this example, it is clear that the Economic-Rationalist discourse does not see government as having a social obligation to support people with intellectual disabilities, even though it has historically played such a role in providing for people with intellectual disability. The Economic-Rationalist discourse rejects the view that government has a social obligation to people with disability, and seeks to articulate the relationship between government and people with intellectual disability in contractual terms. In contrast to legislation and the Social-Progress discourse, Economic-Rationalist discourse contends that services should be provided on the basis of what can be afforded and what is necessary. At the heart of such criticisms of legislation is the notion that there are ‘haves’ and ‘have-nots’, and this is the natural order of the world.
Saving Strategies

A key truth claim of the Economic-Rationalist discourse is that administrative and program costs can be reduced, without detrimentally affecting their quality:

However there is much that can be gained from the administrative integration of the management of the two programs, as the pressures increase for equity in resource distribution and prioritisation. The continued refinement of the department’s information systems, together with other major corporate directions outlined in the Foreword, will contribute to this effort (CSV, n.d. [1991]: 95).

Similar efforts are made to reduce the cost of service provision. Although disability services are constructed as received by people with real and legitimate disabilities (O’Shea, n.d. [1994]: 46) many services are viewed as unjustifiably high cost. An example of this is the following:

*Every dollar spent on the program must work harder.* Service technology is improving and can improve further. However, a new realism is required as to the limits of the existing state of the art. Performance, as much as aspiration, must be the criterion for the development of services. Any effective system must be composed of effective parts, and the parts must work properly together. There is scope for improvement in the workings of the whole, and that calls for arduous attention to detail, to systems, and to promising innovations (CSV, n.d. [1991]: 115).

The finitude of government funding was repeatedly emphasised, and budget constraints were constructed as a necessary, rational and commonsense response to prevent overspending:

During 1993-94, Accommodation Support Services section was responsible for the development of a budget strategy to meet the 10 per cent budget savings required of the government sector (O’Shea, n.d. [1994]: 51).

The [Disability Services] program, like all other government programs, is operating in a constrained financial environment. Everyone in the disability field: client, provider, parent, advocate, politician or public servant, would like to see more resources available. At present, those resources are not available and should not be until we can clearly demonstrate that what we currently get is effectively and efficiently used to produce quality outcomes.

... There is the risk that this comment will be dismissed as economic rationalism. Let me assure you that it is not. *It is simply common sense* and a recognition that government funding is finite and there are many competing demands on it. Until we can demonstrate that we achieve quality, cost-effective outcomes, we will have difficulty in attracting additional dollars (O’Shea, n.d.[1994]: 45).
Strategies seek to make government funds ‘stretch further’ were strongly indicative of the Economic-Rationalist discourse during the early to mid 1990s. Necessity is seen as the mother of invention, resulting in more innovative programs and models of practice to reduce costs and do more with less. New sources and methods of funding were identified as the decade progressed. Three main strategies were identified. The first was a series of amalgamations of departments and services to reduce duplications of work within the system and eliminate bureaucratic layers were seen as an obvious source of cost savings. These strategies are evident in the 1993 report, the first released since the Kennett-Liberal Government came to power in Victoria by the mega-ministry of the Department of Health and Community Services, consisting of the newly merged departments of ‘Health’ and ‘Community Services’. Correcting duplications in government administration is constructed as ‘releasing administrative resources to be channelled into extra services’ (CSV, n.d. [1991]: 114). It is also seen as having the additional benefit of eliminating ‘confusion experienced by consumers and their carers’ (CSV, n.d. [1991]: 114) when dealing with a complex bureaucratic system.

Second, an emphasis on using funding and resources in the most efficient manner translated into an emphasis on evaluating existing services to identify inefficiencies and promote greater efficiency within the disability services system. Strategies included increasing performance reviews of disability services, identifying economic constraints and planning programs within parameters. For example, case management practices were framed within this discourse as requiring the following measures:

> The final shape of this redeveloped case practice model will depend significantly on what can be reasonably supported within current economic constraints ... The model must not only be cost-effective but efficient in terms of the outcomes achieved.

> ... The cost structure and effectiveness of the current framework for service delivery will be examined (CSV, n.d. [1991]: 107).

Third, the universal access to services was replaced with the view that services should be targeted to only those most in need:

> The focus must still be on ways of targeting services more closely to individual need and providing services more equitably to reduce the gap between those who receive much, and those who receive nothing (O’Shea, n.d. [1995]: 87).
This is consistent with the earlier statement that not all needs can be met by government given the finitude of government-funding. This represents a clear shift away from the Social-Progress discourse, underpinned by universal access. Targeting funds to meet individual needs also existed in some tension with the Managerialist discourse’s focus on standardizing choices. Possibly the concept of meeting ‘individual needs’ was a euphemism for the exceptions required to meet the needs of those people with intellectual disabilities whose behavioural, health or more intense other needs could not be accommodate within ‘standardised services’.

Families were also re-constructed within Economic-Rationalist discourse as potential funding sources:

As part of an economic statement in June 1991, the Premier announced that people who were able to contribute to the cost of residential care and support for their children would be encouraged to do so (CSV, n.d. [1991]: 82).

*Planned Care:* As part of an economic statement in June 1991, the Premier announced that people who were able to contribute to the cost of residential care and support for their children would be encouraged to do so (CSV, n.d. [1992]: 83).

In light of long waiting lists and the admission of the Disability Services Department that some needs of people with intellectual disability would never be met by government, this approach would be appealing to those parents who could afford to pay for services for their children.

Fourth, as the 1990s progressed, the Economic-Rationalist discourse intensified. Government Disability Services adopted a stronger market-model to the funding and operation of government and non-government disability services. The shift to a market model was conveyed by repeated expressions of the need to be cost efficient and effective, the lamentation of the wastage of administrative resources, explorations of new funding formulas, and serious consideration of the view that all government run services should be tendered out to the non-government sector. Radical types of funding processes were attempted in order to introduce a more market-driven approach to the disability services sector. One such approach was to only fund services identified as ‘core services’:
Major changes in the traditional method of government funding of agencies will be implemented over the year ahead, with funding being directed to key service types (CSV, n.d. [1991]: 115).

Fifth, and related to the previous point, additional constraints on the amount of funding to the not-for-profit sector, including funding conditional on yearly ‘efficiency gains’ and competitive tendering practices, were seen as delivering better ‘consumer services’ within budget:

Despite the constraint on budgets, we have been able to work with individual agencies to bring about service improvements. In conjunction with agencies such as the Spastic Society, Yooralla, and the Multiple Sclerosis Society, a number of improvements mean that services are now more strongly consumer oriented and focused on output (O’Shea, n.d. [1994]: 47).

The combination of unit cost funding and rigorous review had led to efficiency gains of up to 20 per cent in many agencies.

This situation meant that the sector was able to meet the overall budget reductions not only without reduction in service delivery, but in many instances with an increase in service delivery (O’Shea, n.d. [1994]: 47).

Tendering-out services to the non-profit sector was to increase innovation, reduce costs, and further implement a market model in disability services by reducing the role of government in direct provision:

During 1993-94, considerable work was undertaken to support the Government’s commitment to contracting out community-based residential services.

A comprehensive plan was prepared detailing all the projects to be undertaken. The plan covered such areas as monitoring, standards, unit cost, service plan and fees policy (O’Shea, n.d.[1994]: 52).

An integral component of building more responsive services is increasing the role of the non-government sector in service delivery. Contracting out delivery of accommodation support services to the non-government sector was to be a vehicle for achieving this, and for further enhancing the flexibility of services… (O’Shea, n.d. [1995]: 86).

Sixth, spending was also reduced as a result of the division of services into core and non-core, and the standardisation of funding formulas:

A consumer-focused, needs-based and accountable funding system – the unit price model – will fundamentally change the relationship between H&CS and service providers. Health and Community Services will purchase services, including accommodation, on behalf of consumers at a standard price per unit. The direction is towards purchasing a wider range of services matched to the individual consumer's needs (H&CS, n.d. [1993]: 44).
Service providers will be encouraged to critically review their business to separate core services, which the Government will fund to a unit cost formula, from those they may choose to provide using alternative funding sources including charity dollars, a pricing mechanism, or their own agency asset and income sources (H&CS, n.d. [1993]: 42).

Here, the purchasing of core services allows the Government to effectively standardise, rationalise, and streamline the services it will fund, and to exhibit greater control over the non-profit sector. In effect, the division of services into core and non-core enabled the government to absolve itself of the responsibility for providing for all, especially expensive non-core services. Consequently, non-core services were viewed as being the responsibility of the non-profit sector to provide free or at a personal cost to people with disabilities and their families.

At its height, the Economic-Rationalist discourse was indicated by claims that an economic or market model, with its principles of competition and contract, had successfully been applied to the disability service system. Within this system, it is assumed that services can be determined and distributed largely on an economic basis, without considering the needs of the people for whom the system was created.

**Identities and Roles in Economic-Rationalist Discourse**

The Economic-Rationalist discourse has profound implications for how the respective roles of government, people with disabilities and their families were understood in relation to disability services. Central to the creation of a market in disability services, is the notion of the consumer. People with disabilities were constructed as active consumers who would benefit from the introduction of new, primarily market-oriented, techniques to improve the cost efficiency and effectiveness of services, such as unit-costing:

[T]he move to unit cost funding for Adult Training Support Services has, in particular instances, enabled funding to be tied to a particular client rather than a specific agency. If a client does not fit with the service they are receiving, or would prefer to participate in an alternative program, they may transfer the funding of their existing service to other services. …

In this new environment, meeting the client’s needs becomes the focus of service delivery. Making a Difference, Continuity of Care, In Home Accommodation Support, and Regional Self-Sufficiency programs, and the 100 New Places Initiative all give consumers a wide range of service options. They also enable the Department of Human Services (H&CS) and agencies to find a different way of doing business. They provide an
opportunity for consumers to determine their preferred service and service provider (O'Shea, n.d. [1995]: 86).

The structural change to unit-costing is constructed as creating a new environment in which individual consumers will be empowered to exercise their choices. This implicitly suggests that people with intellectual disabilities are the ones who make decisions about services they consume, and that they are empowered by the market to make such changes.

Yet, despite the Economic-Rationalist discourse’s emphasis on active consumerism and the power of individual choices, people with disabilities are not consistently conceptualised as the active consumers of services. Although people with disabilities are cast as the consumers in the market place of the disability services system, they are an odd type of consumer. Within this discourse there is clearly a tension between the abstract consumer in the market place who drives change, and the real consumer or client of disability services on whose behalf the department is seeking to change the disability service system. This is apparent in the following examples:

A review of the Client Support Needs Assessment, which determines whether clients have core or high support needs and therefore their relevant funding level, was undertaken. This will enhance the reliability and validity of the assessment (O'Shea, n.d. [1995]: 100).

Consumers will be subject to more intensive assessment of their needs within a more clearly defined statement of their rights and responsibilities in relation to those of the State and those of service providers. They will, at the same time, be faced with a greater choice of service options tailored to meet their needs and designed to enhance life skills (H&CS, n.d. [1993]: 41; bold emphasis in original).

Despite the rhetoric of the active consumer who directs the system’s development through their market choices, individuals with disabilities are implicitly still being constructed as clients whose needs must be objectively measured to provide funding or service options accordingly. This suggests that within Economic-Rationalist discourse, disability is constructed primarily as something manifest in an individual’s needs, and that these can be measured, and funding allocated on the basis of the particular category into which they fall. Once need has been established, funding can be attached to the individual, and the individual attains the status of a consumer:

The success of this program is borne out by the experiences of individual families. One family’s 12 year old son ‘John’ had a range of disabilities, including cerebral palsy, intellectual disability, autism and visual
difficulties. His mother was experiencing enormous problems coping with him. Through the Making a Difference program, she obtained recreational options for her son, the employment of a young person to accompany the family on weekend activities, home alterations to improve his physical mobility and a range of other supports. The family found a new enjoyment of their time together. John's mother now has breaks from caring for her disabled son. Through making the home more safe and physically accessible, John's independence is enhanced (O'Shea, n.d. [1995]: 88).

The Economic-Rationalist discourse emphasises the importance of providing individual choices, flexibility, and innovation to people with intellectual disabilities. At no point are choices, flexibility and innovation seen to be things that people with intellectual disabilities are capable of creating in the disability services system or in their own lives. Indeed, within this discourse, being an actual consumer looks very much like being a passive recipient of services, the main difference being that the services are meant to be more flexible and innovative. But exactly who benefits from this flexibility and innovation is unclear. Indeed, at many points in the Annual Reports it reads like the government department of disability services is the main beneficiary, as it has reduced its funding costs and now has a service sector that is more responsive to its policy directions. In this sense, it would appear that the government department is the real consumer to benefit from such changes.

**Government**

The Economic-Rationalist discourse explicitly challenges taken-for-granted assumptions about the role of government as provider of services and the rights of people with disability. Within Economic-Rationalist discourse, government is constructed as the buyer and administrator of essential, core services for people with intellectual disabilities. This opposes past paternalistic government actions, and is replaced with the view that government departments should not be involved in the direct delivery of services:

> The role of the Government [is] as funder and provider of services rather than as a substitute parent, advocate or primary caregiver.

> ... These apparently obvious measurers point the way to a revolution in services for people with a disability (H&CS, n.d. [1993]: 34-35).
This stripped back role for government is achieved and justified by discrediting those disability services that were operated and managed by government in the past as wasteful, inefficient and too rigid. This is illustrated in the following:

The disability services sector has for many years been composed of rigid and indiscriminately intensive services combined with traditional administrative and management infrastructures. This has resulted in high-cost service delivery models offering an inequitable distribution of resources, over-servicing some clients and under-servicing others (H&CS, n.d. [1993]: 34).

When the Coalition came to power in October 1992, it placed disability services as its equal first priority in the H&CS portfolio. In its policy document To Care and Protect, the new Government affirmed the general approach undertaken by the Disability Services Division. It stated that, ‘funds will be directed to providing services for individuals rather than maintaining a complex and dominating bureaucratic system. The aim will be to empower individuals and their families to provide them with greater control over their own lives’.

... This policy and the analytical work undertaken so far will set the framework for the redevelopment of services for people with a disability into the 21st century (H&CS, n.d. [1993]: 35).

In these examples, government involvement in disability services is constructed as inadequate, expensive, ineffective, inequitable, and – perhaps most damning of all – inimical to individual choice. In discrediting government services and fostering antibureaucratic sentiment, a new role for the government disability services department is created: as planner, funder and evaluator of services.

Non-Profit Sector

The move away from government delivered services does not merely entail the transmission of funds from the government to the non-profit sector, but significant ‘changes to the major roles and responsibilities of the key stakeholders in the disability field’ (H&CS, n.d. [1993]: 41). Reductions in the role of government are linked to progress for people with disabilities in the form of better services delivered by the non-profit sector. Historically, non-government organisations have played a central role in providing services to people with disability. This was a pattern kept in place until the early 1990s when governments interested in cutting costs turned to non-government agencies to tender for contracts, as the following example illustrates:

The uniform description of service types provided by the Community Services Industry Study report and benchmark unit costs, are part of a long-term process to move away from the concept of government...
Chapter 7: Official Discourses

providing charitable donations to individual service-providers. They enable meaningful cost/benefit comparisons (for the client) between service-providers and various service options (CSV, n.d. [1992]: 91).

The Economic-Rationalist discourse’s funding practices seek to transform non-profit and charitable organisations into businesses that compete with one another in a market place. Strategies for the allocation of Government funds were designed to foster the competition that is the founding principle of free markets. This is based on the assumption that competition between businesses results in improvements in the provision of quality, direct client services (H&CS, n.d. [1993]: 42). Performance contracts and unit cost benchmarking contained within Funding and Service Agreements impose changes on the non-government sector. For example, strategies such as funding non-government organisations on a unit price basis are described as encouraging them to ‘compete for growth, to specialise, and to share service technology, resources, expertise and consumers’ (H&CS, n.d. [1993]: 42). Performance contracts, which ensure compulsory monitoring and evaluation of services rendered, also make non-government organisations more accountable for how they spend government-provided funds. Indeed, while such monitoring and evaluation is done at a distance via the collection and analysis of performance indicators, this effectively extends the reach of the government disability services department into the management of the previously low accountability, non-government sector.

Consumers and Families

In the Economic-Rationalist discourse, it is families and parents, and not professionals, who are constructed as key actors in the lives of people with disabilities. Moreover, the limited fiscal capacity of government to meet the needs of people with intellectual disability means that support is looked for elsewhere. Within Economic-Rationalist discourse, the families of people with intellectual disabilities and non-profit organisations are constructed as filling the gap left by the Government’s withdrawal from direct service provision. This fosters the view that families, as key actors, should share financial responsibility with the state for the support of their disabled relatives:

Sharing the cost of service provision would ensure that families know they are entitled to services for their family member at the times those services are most required.

... A greater degree of choice for families in selecting appropriate service options and models would also be a feature of the planning process.
It is clearly more incumbent upon CSV to ensure that the models of service delivery in operation are the most efficient, if families are contributing to the operating costs (CSV, n.d. [1991]: 108).

The natural complement to the retreat of the state from direct support, is increasing the responsibility of the family:

**Families** will be assisted to maintain and develop their role as the primary carer through the availability of a greater and more flexible range of services and types of support. Consumer-focused funding that allows the family to purchase services will continue to be trialed on a limited basis, and with wide-ranging consultation, to ascertain the benefits and disadvantages of the model (H&CS, n.d. [1993]: 42; bold emphasis in original).

This emphasis on sharing the cost with families assumes that the families of people with disabilities can contribute to the cost of their family member’s support. This is another example of how this discourse effectively challenged any remaining remnants of the Social-Progress discourse’s construction of people with disabilities as individuals with rights and entitlements to support. Instead, it is their families who can buy choice of services for a fee.

**Dualisms**

Like the Social-Progress and Managerialist discourses, the Economic-Rationalist discourse’s construction of progress also depends upon a dualistic division between past/present practices, although what counts as progress is clearly different in each of these discourses. However, within the Economic-Rationalist discourse the focus is on past economic mismanagement and program practices in the disability sector. These practices, which are not specified in any detail, are problematised, associated with neglect and the wastage of resources and constructed as utopian yearnings that are ultimately unrealisable:

The early nineties were a time of major review and evaluation within Disability Services. There was a critical need to overhaul the service system and create services that not only operated more efficiently, but allowed consumers more choice and flexibility. Therefore, review and evaluation, although an integral and necessary component of all program and service development, were the primary focus for the Disability Services Branch (O'Shea, n.d. [1995]: 85).

The past is associated with neglect, whereas government redevelopment is constructed as posing realistic solutions to real problems. For instance, recent Economic-Rationalist
driven reforms are viewed as improving the service system and the options of people with disabilities. For example, ‘as the redevelopment … has gathered pace, consumers are increasingly reaping the benefits of the planning and negotiation undertaken over the past few years’ (O’Shea, n.d. [1995]: 103). Overall, this dualistic treatment of the past/present justifies the dramatic changes that have been made to the disability services system as in the interests of people with intellectual disabilities.

**Differences to Social-Progress and Managerialist Discourses**

The Economic-Rationalist is markedly different from both the Managerialist and Social-Progress discourse in its conceptualisation of how the market can influence the cost, type and standard of services that are delivered. There is a shift to talk of lifestyle choice, rather than rights or quality of life. An emphasis on individual choice indicates the presence of the Economic-Rationalist discourse, and reaffirms the disappearance of the Social-Progress discourse. Economic-Rationalist discourse problematises the legal rights and empowerment of people with disability, seeing them as inconsistent with the financial constraints of government. The rights of people with disability are not mentioned at all by the 1995 Annual Report.

The concern with measuring and managing quality and performance of services is characteristic of the Managerialist discourse. However, by the 1998 report the focus on assessing services to ensure accountability and service standards has shifted to self-assessment against objective standards. This practice fits well with the Economic-Rationalist assumption that the market can self-manage and self-correct, through the participation of consumers.

Unlike Managerialist discourse, there is an emphasis on tailoring services to individual needs. This exposes some tensions between the planned standardization of choice in Managerialist discourse and the individual focus on choice in Economic-Rationalism. Despite these differences, there is an overlap in their shared concern with choice. Implicit in the notion of standardised choice, rather than rights, is an invisible gatekeeper that ensures that consumers (or clients) only gain access to services that they are eligible to receive.
Economic-Rationalist Summary
Economic-Rationalist discourse truth claim is that the government funding is finite and that government disability services departments can not meet all needs. Moreover, it also asserts that the State should not be responsible for providing all of these services as a substitute parent would, but that the government disability services departments can use funds more efficiently and effectively, and foster the development of a market in disability services (Patience, 1999; Pusey, 1991). The belief is that through practices of funding core services at standardised prices, the resulting market will provide better services to people with intellectual disabilities who consume them.

The Third Way discourse appeared in the final Annual Report in the sample. The Third Way discourse was indicated by an increasing emphasis being placed upon balancing economic responsibilities and social obligations, and facilitating active citizenship. These themes featured strongly throughout the 2000 Annual Report, which was also the first Annual report to be released since the Bracks Labor Government was elected to govern the State of Victoria in 1999.22

Balancing Fiscal and Social Obligations
The basic truth claim of the Third Way discourse is that it is possible to balance finite economic resources and the social obligations within a democratic society. While there is considerable debate about the meaning of Third Way in the academic literature, many of its proponents argue that this discourse is characterized by the desire to balance ‘a strong economy and strong society [which] are mutually reinforcing’ (Latham, 1998 cited in Stalker, n.d.: 1). Stalker similarly characterizes the Third Way as a purported ‘new way which merges the best elements of social democracy and neo-liberalism’ (Stalker, n.d.: 1). Certainly, the belief that there is no incongruency between the economic and social aims of government is repeatedly emphasised throughout the 2000 Annual Report.

Other indicators of the Third Way discourse were also present, such as facilitating active citizenship, building relationships, and listening to people with intellectual disabilities. The Third Way discourse conceptualises disability as the property of
individuals, but, contrary to the Economic-Rationalist and Individualist-Materialist discourses, this is not seen as preventing people with disabilities from being active citizens. However, people with disabilities were consistently constructed as citizens, rather than clients or consumers, in Third Way discourse. In accordance with this, the status of people with disabilities as citizens was repeatedly emphasised, with statements about facilitating their active democratic citizenship providing an important counterbalance to claims that the health of the economy must also be protected. Practices were described to enhance their active participation in society and the disability service system, such as the stated objectives of the Department to:

- Ensure citizens who have disabilities are given primary consideration (Department of Human Services, 2000: 29).
- Empower people with a disability to have maximum control over their lives (Department of Human Services, 2000: 28).
- Work with people with a disability to improve their involvement in decision making (Department of Human Services, 2000: 28).
- Empower people in decision making about their lives and the DisAbility service system (Department of Human Services, 2000: 28).

Moreover, this conceptualization of people with disabilities as active citizens was reflected in the operational plan of the Disability Services Branch to conduct research to ‘ask people with disabilities about their experiences, aspirations and goals’ (Department of Human Services, 2000: 29).

While the overall report maintains the many financial graphs found in previous reports dominated by Economic-Rationalist discourse, this is offset somewhat by photos of people with disabilities actively participating in society, such as photo of a man with an intellectual disability who served as an Olympic Torchbearer (photos featured in Department of Human Services, 2000: 29).

**Third Way Discourse Summary**

The Third Way discourse is characterised by the central truth claim that the economic management of the economy can be balanced with meeting social obligations. Moreover, this discourse emphasises supporting people with intellectual disabilities to participate in democratic social processes and exercise active citizenship. This emphasis on democracy and balancing social obligations and economic management
marks a shift from the Economic-Rationalist discourse, which had constructed financial responsibility as the overwhelming priority of governments with social obligations only met in times of economic surplus. It is expected that further characteristics of the Third Way discourse will emerge in later reports, and that further research would result in a further elaboration of this rising discourse.

**Subsidiary Discourses**

Identifying, describing, and critiquing the dominant discourses has been a key focus of attention in conceptual writings on disability discourse (Meekosha, 2000; 1998b). However, this analysis of Annual Reports also revealed the presence of three base or subsidiary discourses. These subsidiary discourses were the Neutral-Bureaucratic, Individualist-Materialist, and Political-Consensus discourses. While these three discourses were not strongly present in the data, their basic themes overlapped with many of the truth claims made by the dominant discourses. For example, the Individualist-Materialist discourse’s construction of intellectual disability as a within the person deficit was consistent with the Managerialist and Economic-Rationalist discourses and their location of the problem within individuals with intellectual disabilities. As a result of these shared themes and complementary truths, subsidiary and major discourses appeared to form important strategic allegiances. Accordingly, they will be briefly discussed below.


The Neutral-Bureaucratic discourse does not focus on people with intellectual disabilities, but on administering services in a neutral, fair, and objective manner. Its central claim is that equitable administration of services can ensure fairness in the lives of people with intellectual disability. It was characterised by the view that government departments should meet needs in an effective, efficient, and fair manner via the administrative and bureaucratic means at their disposal.

The Neutral-Bureaucratic discourse was indicated by concerns over the needs for planning, and talk of improving guidelines, devising manuals, identifying standards, conducting reviews, and establishing policy directions, as in the following:
Extensive work has been undertaken over the past year to clarify the roles and responsibilities of the various review and monitoring bodies. This has resulted in clearer guidelines for staff and improved departmental response to client issues. These review and monitoring bodies include the Office of the Public Advocate, Community Visitors, the Intellectual Disability Review Panel and the Guardianship and Administration Board (CSV, n.d. [1992]: 77).

The benchmark of success according to the Bureaucratic-Administrative discourse is clear administrative arrangements such as the Commonwealth/State Disability Agreement. Not only are the rights of all Victorian people with disabilities included in this agreement, but it also ‘…provides solutions for a number of problems arising from the dual funding and administration of services’ (CSV, n.d. [1992]: 87). This agreement permits straightforward delegation of the bureaucratic and administrative aspects of disability services within different levels of government:

Each government will retain their current responsibilities for advocacy, research and development services. Administration will become more effective and service coordination, equity and efficiency will improve (CSV, n.d. [1992]: 87).

While the Neutral-Bureaucratic discourse does not explicitly focus on people with intellectual disabilities, it implicitly constructs them as passive clients with needs. Government departments meet their clients’ needs:

Respite services provide both in-home and out-of-home support for families who have members with an intellectual disability. During 1992-93, Disability Services will consult with its consumers to ensure services are providing adequately for their needs (CSV, n.d. [1992]: 83).

In contrast to the passivity of people with intellectual disabilities, government departments are constructed as active agents that neutrally identify needs, plan, provide and fund a range of specialised services to people with disabilities. This is indicated in the following description of the role and activities of Community Services Victoria during 1989/90:

CSV provides a range of whole-of-life services for people with intellectual disabilities, including residential, vocational and support services. Total expenditure on the program was $213 million in 1989/90, and some 12 600 registered clients were provided with services of various degrees of intensity. Unit costs ranged from a few hundred dollars to over $60 000 per client (CSV, 1989/90: 65).

In this example, the paternalistic character of Neutral-Bureaucratic discourse in ‘providing for clients’ and meeting client’s needs is clearly illustrated.
Professionals, like government departments, are also viewed as having legitimate, but essentially neutral, roles to play in the lives of people with disabilities. They offer management and specialist skills to those in need:

Specialist, individual and family support services comprise a range of services targeted to particular needs of people with intellectual disabilities and their families. They provide specialist support to core residential, case management and adult services which absorb the bulk of the intellectual disability budget. These programs are placing additional staff such as psychologists, social workers, mental retardation nurses, therapists and special educators in IDS regional teams and in day training centres to provide technical assistances and support to both families and staff in core programs (CSV, n.d. [1990]: 68).

This example reveals how the role of professionals is seen in terms of straightforward technical support and help. They are there to help clients meet the particular needs of clients and to provide technical support to government departmental staff. This neutral view of their roles contrasts significantly with the Social Model’s criticisms of the normalising and decision-making power that disability and health professionals exercise over their clients in relation to key life areas.

Relations to Other Discourses
The Neutral-Bureaucratic discourse was present in Annual Reports alongside the Social-Progress and Economic-Rationalist discourses. In both instances, Neutral-Bureaucratic discourse operated to justify changes in policy direction and emphasise the neutrality of policy implementation.

Neutral-Bureaucratic Discourse Summary
The Neutral-Bureaucratic discourse is an administrative discourse. Within it, people with disabilities are essentially understood as the passive recipients of neutrally-delivered, bureaucratic and administrative services. Government and professionals act in an expert and disinterested manner on behalf of their clients. They neutrally and objectively decide as in their best interests. In this way, the Neutral-Bureaucratic discourse can be described as an operational discourse for the day to day running of disability services. It is akin to the distributive paradigm of justice, with its implicit and unquestioned notions of impartiality, that has been critiqued by Young (1990: 15-33). It is also similar to discourses identified in previous empirical studies, including the
Discourse of Disadvantage (Easthope, 1993) and Political-Administrative discourse (Hazelton, 1993). These comparisons will be addressed in more detail later in the thesis.

**Individualist-Materialist Discourse (1992)**

The Individualist-Materialist discourse, which was also identified in the previous chapter’s lay data, was indicated in the Annual Reports through its construction of intellectual disability as a purely diagnosable problem manifest in an individual person:

Jeanette is 16 years old and lives at home in a small rural community. She has severe multiple disabilities and a low life expectancy. She doesn’t like to travel too far from home and enjoys being with her parents (CSV, n.d. [1992]: 89).

This is naturalistic notion of intellectual disability as an objective, observable and knowable phenomenon is complemented by practices of measuring its incidence and describing its nature (CSV, n.d. [1992]: 91). Such measurement and knowledge practices, in turn, become the basis for making predictions about the quality of life and life expectancy of people with intellectual disabilities. This knowledge, which can also be expressed in the form of statistics, is then used as a guide to objectively decide on the most ‘appropriate distribution of government funds’ (CSV, n.d. [1992]: 92).

Approximately 17 per cent of Victorians are subject to some form of significant disability. Disability Services accounts for more than 34 per cent of CSV’s total budget and IDS takes up around 87 per cent of the Disability Services budget (CSV, n.d. [1992]: 68).

In this discourse, level of need is decided on the basis of statistical descriptions of the incidence of ‘significant disability’, rather than in relation to the stated needs, wants, or desires of people with intellectual disabilities and their families. In this way, the funding practices developed on the basis of the Individualist-Materialist discourse’s knowledge claims run counter to the Community-Welfare discourse identified in the Lay data, particularly its notion that caring involves inter-personal skills, rather than technical and objective solutions to disability.

**Relations to Other Discourses**

The Individualist-Materialist discourse’s construction of intellectual disability as a static and unchangeable phenomenon runs counter to the Social-Progress discourse’s notion
of intellectual disability as malleable and in part socially-shaped. However, the Individualist-Materialist notion of disability as an individual phenomenon that can be measured is complementary to the practices promoted by the dominant discourses of Managerialism and Economic-Rationalism, such as objective management and funding of disability services. This observation is important because it suggests that the Managerialist and Economic-Rationalist discourses that do not explicitly focus on intellectual disability, nonetheless implicitly draw on the Individualist-Materialist discourse’s static construction of intellectual disability. People with intellectual disability become simpler to conceptualise and therefore easier to manage because management is not complicated by a changing, unpredictable subject. Moreover, while this conception of people with intellectual disabilities poses challenges to the Economic-Rationalist discourse’s notion of the active consumer, this role can be transferred to the government as buyer of services without too much resistance from people with intellectual disabilities and their families, and without threatening the base market logic of this discourse.

**Individualist-Materialist Discourse Summary**

Overall, the major truth claim of the Individualist-Materialist discourse is that intellectual disability is an individual problem that can be measured and predicted, and services planned around such objective measures. Unfortunately, the Individualist-Materialist discourse offers little opportunities for the recognition of the personhood of people with intellectual disabilities, as they are constructed as fixed and essentially unchangeable subjects.

**Political-Consensus Discourse – Glossing over Major Differences (1994)**

The Political-Consensus discourse was a very minor discourse indicated in few Annual Reports. It was not explicitly concerned with intellectual disability, but rather was indicated by the tendency to homogenise the interests of all those involved in the disability services system and deny the importance of conflicting opinion. This is illustrated in the following:

The staff of the Disability Services Program do not operate in a vacuum. They interact on a daily basis with clients, parents, guardians, advocates, providers, special interest groups and peak bodies. From time to time
there are some areas of friction. However, in the main, our relations are good and we usually have the same objectives (O'Shea, n.d.[1994]: 53).

A common direction has been established for government and non-government sectors. With the introduction of a number of initiatives, new service models and the redevelopment of existing services over the last 12 months, we are now travelling down the same road (O'Shea, n.d. [1995]: 85).

Overall, while the Political-Consensus discourse was not a very strong discourse in the data, its main trait was to construct the entire disability sector, including people with intellectual disabilities, their families, government and non-government service providers, and management as having one agenda, or agreed upon set of objectives, for the disability services system.

Relations to Other Discourses
The Political-Consensus discourse is a simple truth claim that consensus of interests is the overwhelming feature of intellectual disability services. It is interesting that this discourse was only present in the Annual Report from 1994, when a major discursive shift had occurred from the previously dominant Social-Progress discourse to the combined dominance of Economic-Rationalist and Managerialist discourses. In this context, the emergence of the Political-Consensus discourse appears to serve the strategic purpose of putting a positive ‘spin’ on controversial ‘real-world’ changes and the discourses that justified them.

Political-Consensus Discourse Summary
The Political-Consensus discourse’s main characteristic is the truth claim that everyone in the intellectual disability sector shares the same goals. This discourse denies the existence of deep and irresolvable disagreements and conflicts of interest. In doing so, it serves to deflect and nullify criticism of the Economic-Rationalist and Managerialist discourses and the practices that they inform.

The presence of these seven discourses in the annual reports varied over the decade. A Social-Progress discourse emphasising the relative nature of intellectual disability and the importance of the environment in shaping experience, dominated in the early years
(1990 and 1991) of the decade. The years 1993 to 1994 were years where Managerialist and Economic-Rationalist discourses combined to refocus the report on better management and the commodification of rights claims on the state. The final phase 1995-1999 saw the ascendancy of Economic-Rationalist discourse, and the complete marginalisation of claims to rights, citizenship, and community living in their own right. This section summarises the three main phases of discursive dominance, explores similarities and differences between the discourses, and describes the patterns of shifting discourses. This is important because the chronology illustrates the shifts in discursive dominance over the course of the decade.

1989-1992 – Social-Progress, Rights, Equity, Community, and Anti-institutions
Social-Progress discourse was the dominant discourse constituted in the years 1989-1991. Its interests were consistently invoked throughout these documents, and its central claims about rights and equal opportunities of people with intellectual disability were strong. For example, the Neutral-Bureaucratic discourse’s focus on issues of transparency, equity, and access complemented the Social-Progress discourse in the 1990 Annual Report. In the following year 1991, the Social-Progress discourse’s themes also dominant, but rights are increasingly being more tightly defined as choices and service options due to the emergence of Economic-Rationalist and Managerialist themes.

1992-1993 – Commodifying Rights Claims
By the 1992 Annual Report, different terms were being applied to the various disability groups and individuals. The terms disability and consumer were generally used to denote all people with disabilities, whereas the term client was predominantly used in relation to people with intellectual disabilities. Consumer is used in a manner that included the families of people with disabilities. The types of disability were understood primarily in medicalised terms, as indicated by the description of physical and sensory ‘disabilities’ as phenomena with an incidence and nature that could be tracked. These competing and fragmented ideas about disability indicate a change in the discourse of the Annual report. More specifically, it indicates the shift away from the Social-Progress discourse, as its claims have become thoroughly linked to market and management notions, and it has been reduced to window-dressing or an empty ‘motherhood’ discourse in the report.
How rights, choices, and institutions are constituted in these documents provide a good example of what happens to the central themes of Social-Progress discourse when they appear alongside Economic-Rationalist and Managerialist discourses. Talk of rights is reduced to rhetorical flourishes, usually within a broader context that seeks to constrain choice and rights to ‘service options’. In the 1993 document, the rights of people with intellectual disability are only mentioned once, and then only in the context of constraining them. Alternatively, rights were diffused of their political claims by being constructed as co-extensive within a restricted service system. Clearly, this is an understanding of rights and choices more closely associated with Economic Rationalist and Managerialist discourses, rather than a rights-bearing citizen. Consequently, the role of Disability Services is not seen as creating the environment or conditions for people with disabilities to have free choices and equal rights, but as that of providing services where the non-government sector does not. This suggests that Disability Services are conceptualised as merely fulfilling a safety net function. Examples, such as this, suggest that the Social-Rights discourse was only constituted in a limited manner as a residual discourse, that functioned within this document solely as a motherhood discourse to positively frame the report in terms of progress for people with disabilities.

The 1993 report was the first released since the Kennett-Liberal Government came to power in Victoria, and the associated merging of the departments of ‘Health’ and ‘Community Services’ into the mega-ministry of the Department of Health and Community Services. This Annual Report recast the roles of government, service providers, people with disabilities, and their families, in terms characteristic of Economic-Rationalist discourse. People with disabilities and their families were constructed as consumers with choices, while their rights were only mentioned once throughout the entire document.

1994-1995 – Shifting the Ground
The Annual Reports for 1994-1995 years differ significantly style and tone from earlier and later reports. Particularly noteworthy is that they directly respond to critiques of the government-led changes to disability services, and deny that changes are Economic-Rationalist in nature. Despite such a claim, the Economic-Rationalist discourse is dominant within the documents for these years. While some indicators of the Social-
Progress discourse appear throughout these documents, they appear to in a tactical manner to homogenise diverse goals. One of the most startling features of the 1995 report is that, despite talk of progress, via improving service quality for clients and consumer management, the rights of people with disability are not mentioned at all. Rather, people with disabilities are ‘active consumers with options’, ‘residents of training centres’ and ‘clients with needs’.

1996-1999 – Corporatisation, Strategic Directions and Quality of Life

The annual reports from 1996-1999 are notably shorter, more streamlined, and less detailed in their description of services and changes than earlier reports. Their format and style, especially the inclusion of graphs and tables, represent a distinct break from previous reports. For example, the 1996 report is only five pages in length, the main content of the report is conveyed under headings, such as Strategic Objectives, and in bullet point format. Such business-style formats are indicative of the market themes promoted in the Managerialist and Economic-Rationalist discourses. The analysis of the 1999 report, with the discourse of Economic-Rationalism dominant and the Social-Progress discourse absent, reveals the extent and nature of the discursive shifts that have occurred over the period under consideration.

2000 – Balancing the Third Way

The Annual Report of 2000 is stylistically similar to the previous three years. It maintains graphs, tables and bullet-point style communications. However, the content of the bullet-points has changed, with an increasing emphasis on citizenship and strategies to include people with intellectual disabilities in democratic processes. Indeed, while economic responsibility is still strongly emphasised, there is new notion being introduced. The notion of balance between social needs, democratic participation, and economic responsibility replaces the earlier discursive conceptualisation of these elements being in inherent competition with one another. It is this notion of balance that is the hallmark of the Third Way discourse.

Chapter Summary

This chapter has illustrated the diversity of the discourses of intellectual disability within Annual Reports of government disability services departments. The shifts in
dominant discourses within these reports had major implications for how people with intellectual disabilities were constructed, and the accepted practices in the disability sector. The findings of the discourse analysis illustrate the limitations of relying on legislative change to drive practice changes in the disability sector, particularly as legislative changes may be undermined through reinterpretation. For example, the Economic-Rationalist discourse explicitly rejected the notion that government departments can facilitate the recognition of the rights of people with intellectual disabilities, or even meet all of the needs of all people with intellectual disabilities. The findings of the analysis support the many claims that Economic-Rationalist and Managerialist discourses had become the major discourses shaping government disability services practices during the mid 1990s (Bowman and Virtue, 1993; The People Together Project, 1998). The findings provide evidence of these discourses, and also draw out their implications for how the social identities of people with intellectual disabilities and their families were constructed. They illustrate the subtle ways in which these discourses recast the rights claims of the Social-Progress discourse, and how similar assumptions about progress in all of these discourses made it difficult for advocates of change to distinguish between them.

*Following Chapter*

The following chapter will present the discourses identified in the analysis of how intellectual disability was reported in *The Age* newspaper throughout 1998. Interestingly, many of the discourses identified in the Annual Report and Lay discourse analysis reappear in this data.
CHAPTER 8: MEDIA DISCOURSES

Media Discourses of Intellectual Disability Issues

The extent to which recent shifts in philosophy and perception of disability amongst professionals is reflected in media coverage of persons with disability in general, and more particularly in Australian coverage, remains largely to be determined ... [T]he relatively limited number of studies examining newsprint seems somewhat surprising (Carter, Parmenter and Watters, 1996: 175; emphasis added).

Introduction

The overall aim of this thesis is to identify, document and explore the discourses of intellectual disability circulating in contemporary society. This chapter will describe the discourses identified in reporting in The Age newspaper throughout 1998. The media has been identified by numerous commentators as an important site that reflects, shapes, and circulates social meanings (Lupton, 1996; Haller, 1999; Carter, Parmenter and Watters, 1996; Goggin and Newell, 2002). It has also been argued that newspapers have a privileged ‘truth’ position in our society because they purport to report the facts truthfully (Mills, 1996). However, at present there is little research exploring how intellectual disability is represented in media reporting. What little research has been done consists mainly of content or theme, rather than discourse, analyses. Empirical research that identifies and explores the discourses of intellectual disability present in the Australian print media is particularly lacking (Goggin and Newell, 2002). In response, this chapter describes and explores the various intellectual disability discourses identified in recent newspaper reporting in the State of Victoria.

The findings presented in this chapter are based on a discourse analysis of 118 newspaper articles featuring key intellectual disability terms, which were published in the major Melbourne newspaper, The Age between 1/1/98 and 31/12/98. Nine distinct discourses on intellectual disability were identified in the data. These are described and evidence in this chapter under the broad headings Major, Moderate and Minor, that reflect their frequency within the data. The major discourses were: Community-Welfare, Psy-Developmental, Managerialist, and Neutral-Bureaucratic discourses.
moderate discourses were: Formal-Rights and Social-Progress discourses. The minor discourses were: Economic-Rationalist, Politically-Correct, and Individualist-Materialist discourses. There were several core themes that recurred across a number of discourses, yet, as we shall see in more detail below, these themes entailed different meanings and reactions within each discourse. It is also important to acknowledge that often an article contained more than one discourse. Where this was the case, multiple examples from a single article appear under several discourse headings.

Major Discourses
The most common discourses identified in the media data were the: Community-Welfare, Psy-Developmental, Managerialist, and Neutral-Bureaucratic discourses. Interestingly, the Managerialist and Neutral-Bureaucratic discourses were also present in the Annual Report data, while the Community-Welfare discourse was identified in the Lay data. Only the Psy-Developmental discourse is unique to the Media data. However, as we shall see below, these four discourses had a number of themes in common.

Community-Welfare Discourse
The central truth claim of Community-Welfare discourse is that a civilised society cares for its weak, vulnerable and needy members. Within this discourse, people with intellectual disability are seen as uniquely weak and vulnerable people that our society should ensure are supported and cared for. Accordingly, this discourse was commonly found in articles highlighting the plight of people with intellectual disabilities and their families, describing the failure of government to provide necessary care and supports to them, and criticizing government cutbacks to infrastructure.

Weak and Vulnerable
The Community-Welfare discourse constructs people with intellectual disabilities as weak, vulnerable and needy. This construction was conveyed through their description as ‘cared for’, ‘confined’, the ‘weakest members of society’, ‘silenced’, ‘unable to advocate for themselves’, and so forth. Their plight was also compared to that of other disadvantaged groups. For example, a comment in the article ‘Hanson hit for slur on
solo mums’ (Daley and Darby, 1998: 3) draws parallels between people with intellectual disability and other vulnerable, disadvantaged and marginalized groups:

The director of programs for Melbourne’s Jesuit Social Services, Mr Bernie Geary, said Mrs Hanson was circling “like a mangy dog, like a hyena” picking off the vulnerable. “Already she’s picked on Aborigines and Asians. What’s going to be next. The old? The intellectually disabled? The mentally ill? She’s actually making the bravest people in our society into the villains,” he said (Daley and Darby, 1998: 3).

The reality of being an individual with an intellectual disability was depicted as a life of dependence on others to have basic needs met:

Fay and Wilf Alcock, aged 69 and 70, have cared for their only child, Rodney, since his birth 40 years ago. Rodney has cerebral palsy and is intellectually disabled. Confined to a wheelchair, he requires an electric hoist to bathe and slide boards to move from his wheelchair into a car or on to a settee. The Alcocks built their house close to Wilf’s workplace so he could dash home whenever Fay needed help with Rodney (Lawrenson, 1998: 15).

Some may have looked after their intellectually disabled children for 10, 20 or 30 years, and they’re worn out. But such is their lack of trust at the standards of care outside their homes that many continue on caring day in day out, ruining their own health in the process (Guy, 15/11/98: 11).

As these examples illustrate, the dependence of people with intellectual disabilities is constructed as a considerable burden, with parents described as making considerable sacrifices to care for their children with intellectual disability. The emotional obligation parents feel towards their children with intellectual disability is constructed as making them particularly vulnerable to exploitation through continued caring without the support and recognition that they need:

Rodney is one of 1400 Victorians with an intellectual disability who live at home with parents aged 60 or over. These parents, many in their 70s and even 80s, are working seven days a week, on call 24 hours a day.

... There is no retirement from looking after their intellectually and physically disabled “children”, now in their 40s and 50s (Lawrenson, 1998: 15).

Imagine not knowing where your disabled “child” will live when you die, not knowing who will take over the care you have lovingly provided for so long. Imagine not having any choice in the type of accommodation because there is no choice (Lawrenson, 1998: 15).

The burden of caring was seen as exacerbated by the absence of, or fears about, the quality of support services. Indeed, Community-Welfare discourse stresses the
inadequacy of relying on parents to care for their adult children with intellectual disabilities without proper external supports. In response, the Community-Welfare discourse underpins claims that society in general, and governments in particular, should share the responsibility for caring for the most vulnerable people.

**Voiceless**

Another indicator of the Community-Welfare discourse was the voicelessness of both people with intellectual disability and their families. People with intellectual disabilities were constructed as lacking voice and unable to draw attention to their struggles. They were described as ‘isolated and ignored’, ‘silenced’ and ‘easily ignored’. Within this discourse, part of the vulnerability and powerlessness of people with intellectual disabilities stems from their inability to speak, as illustrated in the following:

>The rights of the intellectually disabled are easily ignored. They do not vote, *cannot advocate on their own behalf*, and generally *lack the resources* to provide for themselves. That is why it *is essential that those who speak on their behalf are listened to*. In the context of the impending privatisation of residential services, it is even more critical that appropriate standards of care are met and maintained (Editorial Opinion, 1998a: 16).

However, this discourse also problematises our failure as a society to effectively listen, observe and generally pay attention to the needs of people with intellectual disabilities and their families:

>... one of the literally silenced, an intellectually disabled man called Leo, *affirms a humanity he shares with us* without uttering one comprehensible word. Even his father, dying of cancer and *frightened about the fate of his son*, cannot articulate his need in the note he leaves. ...

>Addressed “To Whom It May Concern”, the letter is a desperate gamble with chance, a challenge thrown down to the society that has shouldered aside, isolated and ignored the needs of its most vulnerable members. Leo should concern all of us ... (Thomson, 1998: 17).

Even advocates of people with intellectual disability are constructed as having a precarious power that becomes redundant when they are not listened to:

>Although it’s rarely reported in the media, *parents fight endlessly for decent standards of care for their disabled sons and daughters*. They argue, write letters, attend meetings and plead with professionals and politicians to listen. For the most part *they are ignored or paid patronising lip service* (Guy, 15/11/98: 11).

>Unless Dr Napthine and his department *ensure the privatisation plans include access* by the Community Visitors, there will be *no one checking*
that the residents of these services are being properly cared for (Ewing, 1998a: 19).

The Community-Welfare discourse problematises proposed government changes to introduce commercial practices into the intellectual disability sector, such as privatization where commercial confidentiality agreements could be used to prevent advocates of people with intellectual disabilities advocating and publicly identifying systemic and service problems on their behalf.

**Society should provide for its vulnerable**

Within the Community-Welfare discourse, society is constructed as having a central role to play in supporting its most vulnerable members. Several articles included prescriptive statements about how a civil society or compassionate government should act in relation to vulnerable people, such as the following examples:

> It is often said that the test of a civilised society is how well it cares for its most vulnerable residents. Lately, Victorians may have had good cause to wonder whether we are failing this basic test. On Tuesday, a report tabled in Parliament revealed that more than 18 months after the fire that killed nine intellectually disabled men at Kew Residential Services, conditions in some sections of the facility remain sub-standard ... Conditions in this building were so poor that standards of privacy and dignity could not be met (Editorial Opinion, 1998a: 16).

> A compassionate government cares for the weakest members of society. But the Federal Government is providing little peace of mind to those elderly citizens who have spent their lives caring for disabled children (Lawrenson, 1998: 15).

Within articles in which the Community-Welfare discourse was present, statements about the importance of acting like a ‘civilised society’ and ‘compassionate government’ were used to construct contemporary realities as inadequate: government and society are ‘failing this basic test’.

**False Economy, Scraps and Rhetoric**

The Community-Welfare discourse prioritises social obligations over economic ones. It was mobilised as a form of critique of opposing discourses and their practices that denied voice to people with intellectual disabilities or their advocates, and failed to meet their needs. It was present in a number of articles that described and critiqued problems in contemporary society and intellectual disability practice from the vantage point of the advocates of people with intellectual disability and other vulnerable groups. It was
strongly present in one article about the struggles that parents undertake on behalf of their children and other people with intellectual disability:

Many families I have met both in Australia and overseas have discussed feelings like my own as they battle to secure the best care for their disabled children – feelings of disempowerment and utter frustration at the “system” that makes the decisions that affects their lives, and the lives of their loved ones (Guy, 15/11/98: 11).

Mr Riddiford and Mrs Trower have fought for the rights of their children for decades. And, although they admit to becoming weary, they never give up. Because at the end of the day, your child is your child. And it is because parents love their children, regardless of the extent of their disabilities, that families will continue to challenge the system until the system begins to listen (Guy, 15/11/98: 11).

In these examples, the hardship of the battles that parents of people with intellectual disability confront is emphasized.

The Community-Welfare discourse was also present in a number of articles that criticised the State of Victoria for failing to meet the needs of disadvantaged and vulnerable groups because of an overemphasis on economic savings. The Community-Welfare discourse was present in a number of articles that were critical of the actions of the Kennett-Liberal government and its Economic-Rationalist approach to government. Within Community-Welfare discourse, the practices of tight economic management, such as saving money by cutting back or streamlining services, are rejected as ‘false economy’. That is, financial savings were seen as less significant than the social structures that were being reformulated. For example, in ‘Protests as Wade plans new court’ (Button, 1998a: 11), the Government’s decision to close the Prahran Magistrates Court and the Attorney-General’s plans for a new court in the south-eastern suburbs is constructed as ‘false economy’. The existing court is constructed as part of social infrastructure that effectively and expertly

... served a region – that included the very wealthy and extremely poor – magnificently for 20 years, [a solicitor] said. [...] Staff had become expert in dealing with marginalised groups such as drug users and the intellectually disabled, he said (Button, 1998a: 11).

The financial savings arising from the closure of the court are described as insignificant compared to the loss and disadvantage it will bring, particularly for the most vulnerable members of the community:
“The decision to close the court is wrong,” [a solicitor] said, rejecting the $300,000 savings as “totally invalid and quite paltry compared to the quality of services the court currently provides” (Button, 1998a: 11).

The Mayor of the City of Port Phillip, Mr Dick Gross, said it would be false economy to shut the court.


At yesterday’s demonstration, Captain David Eldridge, of the Salvation Army, said the closure of the court would contribute to accelerating the deterioration of social infrastructure in the inner city.

... Some local community projects would close without the $250,000 the court fund distributed each year ... Court users would now find access more difficult, more expensive and more intimidating, he said (Button, 1998a: 11).

In another article, the State government is constructed as failing to deliver on its promises that cost-cutting and belt-tightening in difficult economic times would ease in times of financial security. For example, the article ‘Kennett cash pledge met with scepticism’ (Das, 1998a: 4) expresses doubts about promises of increased spending by the State Government, including a promise of $100 million on people with intellectual disability:

Welfare groups yesterday expressed scepticism over a promise by the Premier, Mr Jeff Kennett, to spend more on health and education after five years of cost-cutting, saying he had not delivered on similar promises in the past. [...] While cautiously welcoming the pledge, they said it would be interpreted as political rhetoric if the Government did not explain how much money would be spent and when (Das, 1998a: 4).

“A couple of years ago the Premier did make a pledge to remember the forgotten people and there really hasn’t been much joy in the area of housing, disability services, education and health in the last couple of years, so we air any of these suggestions with a degree of scepticism” (Anne Tuohey, Victorian Council of Social Services Policy Officer, cited in Das, 1998a: 4).

These examples show how individuals drew on the Community-Welfare discourse to challenge or dismiss the Kennett government’s promises of additional funding as not seriously addressing the reality of social problems. Rather they are constructed as making empty promises: ‘political maneuvering’ and ‘political rhetoric’ not been matched by action.
Community-Welfare Summary
The Community-Welfare discourse assumes that the government and the community should care for its most vulnerable members by providing some form of support. Within this discourse, people with intellectual disabilities are constructed as one of the many groups of disadvantaged and vulnerable people. They are seen as particularly weak and vulnerable, voiceless and dependent, largely ‘forgotten people’ within mainstream society, and ignored by government. This discourse was drawn on by parents of people with intellectual disability and those in the welfare and disability sectors to oppose Economic-Rationalist driven government action or inaction, and associated practices that are detrimental to the vulnerable people in our society.

Psy-Developmental Discourse
The Psy-Developmental discourse was characterised by the construction of people with intellectual disabilities as, or are like, children. Their childlike traits are central to the Psy-Developmental discourse’s explanations of their vulnerability to abuse, lack of rationality, and need for protection. This was indicated in the texts through the use of analogies or metaphors to highlight the various similarities of people with intellectual disability and children. They are likened to children in a range of ways, including physical stature, moral maturity, and emotional and intellectual development. The following examples are illustrative of these analogies:

Mr Wong … has the mental capacity of an eight-year-old and cannot speak English or Chinese (Foley, 1998: 5).

Florence … was intellectually disabled with the moral judgment of a six-year-old, he said … (Butcher and Carson, 1998: 3).

According to her mother, she wears “little girl’s shoes and is the size of a nine-year-old” (Ewing, 1998b: 8).

In another article, the behaviour of a married couple, both of whom have intellectual disabilities, is given as evidence that they are children:

Both in middle age, they act like children, and in many ways they are. Both mildly intellectually disabled, they sit in their spotless kitchen, offering tea too many times, laughing too much and throwing their arms in the air a little too wildly to make a point (Ewing, 27/7/03: 13).
Here, the couple is constructed as via metaphor as children. They are overly exuberant and extravagant in their behaviour, as are children. Hence, their behaviour means that they are children.

In another article, people with intellectual disability are grouped together with children and pre-modern peoples as examples of groups whose artworks indicate their lack of rationality, socialization and development. This article describes the style of an artist in the following way:

... the somewhat retro style derives, presumably, from tribal masks and the paintings of children and the intellectually disabled. Since Victorian times, these have been the fountains of inspiration for those seeking an antidote to refinement, rationality and good manners (Timms, 1998: 22).

Here is the notion that people with intellectual disabilities do not conform to socially valued ways of being in the modern, civilised world. It is noteworthy that the association of these three groups is a longstanding one found in psychology and philosophy (Rose, 1985: 127; Piaget, 1959: 2-3, 212; Freud, 1961: 84; Freud, 1919: 357, 372; Hegel, 1991: 105).26

The comparison of people with intellectual disability to children may also work in reverse. This occurred in an article on children who kill (‘The tragic reality behind the panic over kids who kill’, Smallwood, 1998: 17). Children who kill were constructed as vulnerable, and ‘overcome by remorse and a non-comprehension of the gravity of their situation’ (Smallwood, 1998: 17). In their vulnerability and lack of rationality they are seen as similar to people with intellectual disabilities:

People are instinctively afraid of children who go off the rails because they believe they cannot reason with them. The same fears are held about the intellectually disabled.

... It took the tragedy of the Kew Cottages fire for the public to realise their responsibility for such people. We need to extend that sense of responsibility to all children, no matter what they have done (Smallwood, 1998: 17).

Here, people with intellectual disabilities are seen as similarly situated to ‘deviant’ children. They are both constructed as dependent beings not able to fully comprehend their situation in the world, or how they are viewed within it.
The limited abilities of people with intellectual disabilities are another theme of the Psy-Developmental discourse. For example, the mother of a lost man with an intellectual disability is quoted saying ‘I was terrified by 11pm that night [he didn’t return home] because he can’t look after himself’ (Foley, 1998: 5). Limited abilities are also conveyed in an article about parents with intellectual disability. The following excerpts are illustrative:

[S]he’s fudging the reading. Like she did at primary school all those years ago, mimicking the chalk words in an awkward handwriting without understanding them.

... “HURRY UP MUM”, says her son ... The mother has what is called an intellectual disability, an “I.D.” in social work parlance. Her son, now 13, outstripped her educationally years ago (Crawford, 1998: 1).

He’s the mum, the mother says. “Parentified”, says Vaughan, adding that she knows of one household where a seven year old was caring for the whole family.

... The son took over the role of head-of-house from his older sister (Crawford, 1998: 1).

Like other cognitively impaired parents, the mother has outside help with tasks that most of us take for granted. Take shopping, for example. The disability worker who goes with her every Thursday writes out a list from a laminated stock-take of food usually found in her cupboards ... A family support worker from the council prods her to pay the overdue bills. (The telephone has just been reconnected after being off for weeks after the bill wasn’t paid. A large water bill, run up by several visitors, is outstanding.) (Crawford, 1998: 1).

These examples serve to construct people with intellectual disabilities as childlike, immature in their development, unable, and dependent on others for help with basic living tasks. The attention given to the fact that some parents with intellectual disability are less capable in matters of daily living and basic literacy than their own children reinforces this construction of people with intellectual disabilities. However, it also simultaneously points to the limitations and crudeness of thinking that people with intellectual disabilities as the same as children.

Vulnerability is another childlike trait that the Psy-Developmental discourse extends to people with intellectual disabilities. People with intellectual disability are constructed as particularly vulnerable because they are childlike and naïve to nature of the real world. For example, people with intellectual disabilities are seen as unable to read the motives of people who may abuse or manipulate them, especially sexual predators:
The most serious problem facing mothers is their live-in boyfriends and de facto fathers.

They don’t make very good choices with partners. Some mothers have kids removed because of the relationships they’re in. You have to think that the men attracted to these women are into power.”

The women are often vulnerable to people who are nice to them and are easily manipulated, Vaughan says. She knows some families are targeted by pedophiles. “We ask what they know about the new boyfriend” (Crawford, 1998: 1).

A Victorian businessman has become the first person in Australia to be convicted for spreading the AIDS virus through unprotected sex. […] The man, who cannot be named, was found guilty in Morwell County Court of recklessly endangering the lives of three intellectually disabled men, two of whom contracted HIV. Two of the victims are mildly intellectually disabled, while a third has been classified as being marginally above intellectually disabled (Milburn, 1998: 1).

Similarly, in the article ‘The quiet betrayal of an odd couple’ (Ewing, 1998d: 13), a sexual assault victim’s faith in the justice system is seen as naive and not wise to the harsh ‘real world’:

I found this man while looking into the sexual abuse of the intellectually disabled. For decades he was raped and assaulted by Catholic brothers as he moved from one home to another, all run by the same order. He cannot speak of the abuse without blushing and his wife just keeps asking over and over: “It’s not right, is it?” His case is being investigated but is unlikely to go anywhere. Evidence in such cases is almost always suspect. If you are intellectually disabled and claiming that someone abused you as a child, no one believes you.

But he believes. In his childlike naivety he believes in the justice system. He believes the police when they tell him that his testimony will make a difference.

They believe the social services people who tell them it’s best for their daughter to grow up knowing little about them (Ewing, 1998d: 13).

Parents with intellectual disabilities are also viewed as vulnerable in their relations with their own children for similar reasons:

Vaughan says teenagers of ID parents can be abusive. “The children can run rings around them from a very young age. Mum is unable to argue. Just like they’re gullible to other people, they’re gullible to their children. Don’t forget we’ve got mum who is almost a child. (Crawford, 1998: 1).

In this example, the gullibility of the parents who have intellectual disabilities is constructed as potentially leading to abusive family relationships, because their own children exploit the vulnerability of a parent with intellectual disability. Once again,
articles that discuss parents with intellectual disability and their children highlight the limitations of simplistic comparisons of people with intellectual disability to children. Unlike people with intellectual disability, children are not always constructed as unwise to the ‘true’ nature of the world and its dangers. In contrast, people with intellectual disability are constructed as lacking such insights.

The construction of people with intellectual disabilities as vulnerable and childlike justifies the claim that they are in need of protection for their own good. The State and its institutions are constructed within Psy-Developmental discourse as not simply having a support role, but also as having a responsibility to actively protect people with intellectual disabilities from dangers in the community and the risks posed by their own vulnerability and lack of ‘adult’ reasoning skills. This was highlighted in several articles about people with intellectual disabilities within the criminal justice system. The article entitled ‘Judge refuses to order DNA tests on defendants’ (Butcher and Carson, 1998: 3) reports how a police request for a DNA blood sample from a man with an intellectual disability was rejected on the grounds of the man’s childlike ‘moral judgement’:

Florence … was intellectually disabled with the moral judgement of a six-year-old, he [the judge] said … and that any future crime committed by Florence was likely to be “so patent that the time and expense of comparing forensic samples would not even be justified” (Butcher and Carson, 1998: 3).

Here, the individual with an intellectual disability is morally like a child. Consequently, this individual is seen as less dangerous, less culpable for their own actions, and in need of protection from the extreme intrusions of the criminal justice system. This theme of protection from risks and harms was also present in an article ‘Disabled teen moved from jail’ (Butcher, 1998: 5) reporting on the decision to place a teenager with an intellectual disability on a community order, rather than sending him to jail. In such articles, people with intellectual disability were constructed as lacking reason, rationality and not being wholly responsible for their own actions.

A number of articles on abuse of people with intellectual disabilities in the care of the State constructed the State as failing in its duty to protect people with intellectual disability from sexual predators. For example, an article about the rape of a woman with an intellectual disability in the State’s care constructs the abuse as arising from the
failure of the government to protect her, ‘despite [their] efforts to cover up the incident’
(‘Adam calls his grandmother Mum…’, n.a., 8/11/98: 1). Similar themes are expressed
in the following:

[Intellectually disabled people in Victoria are inadequately protected
against sexual abuse. One report found that one in every 200 people who
contact the Centres Against Sexual Assault was intellectually disabled, a
particularly disturbing finding considering only one in every 100
Victorians falls into this category (Editorial Opinion, 1998a: 16).

Government policies and practices emphasising the equal rights of people with
intellectual disabilities were also constructed within the Psy-Developmental discourse
as misguided, as they failed to take into account the vulnerability and childlikeness of
people with intellectual disabilities. For example, a social worker cited in an article
about the difficulties faced by the increasing number of people with intellectual
disabilities who have become parents, makes the following comments:

“The big problem is we’ve deinstitutionalised but people didn’t look far
enough ahead to see the children. These parents wouldn’t have been
parents a while back.

...I often get into that argument that they shouldn’t have children. I say
‘the law says they can’. It’s not my argument. It’s my job to keep the
children safe.

...If we want a better outcome for the children we have to start with the
parents (Crawford,1998: 1).

The general imperative of the Psy-Developmental discourse is to protect people with
intellectual disabilities from the world because it is dangerous for them. This extends to
critiquing specific practices and systemic changes to recognise the rights of people with
intellectual disabilities. As we shall see, the Managerialist discourse takes up many
similar themes, but its main emphasis is on specific practices to reduce risks.

Summary of Psy-Developmental discourse
The expression of the Psy-Developmental discourse in the media data allows the
consequences of this discourse’s construction of people with intellectual disabilities to
become clearer. By being compared to children, people with intellectual disabilities are
seen as having the qualities often attributed to children in our culture: vulnerability,
naïvety, innocence, weakness, dependence, and lacking responsibility for their own
actions (Foucault, 1984: 4; Conrad and Schneider, 1992: 145). Such descriptions of
their inherent limitations serve to maximise their difference from ‘normal’ adults, and
also to justify calls for the practices that protect people with intellectual disabilities in
our society. As a result, the Psy-Developmental discourse was mobilised to criticise
government policies that have created new risks alongside new opportunities for people
with intellectual disabilities within the community.

Managerialist Discourse
The Managerialist discourse was indicated in the Media data by repeated emphasises on
the importance of proper management systems within intellectual disability services.
This discourse was most often identified in articles reporting on problems in disability
services. In such articles, these problems were constructed as failures of disability
services management. Moreover, such constructions of problems were usually
intertwined with implicit conceptualizations of people with intellectual disabilities as
vulnerable and inherently at risk in most situations.

Management Failures
The Managerialist discourse was present in a number of articles reporting on instances
where people with intellectual disabilities had been injured, abused, or died in the care
of disability services. Within these articles, people with intellectual disabilities are
constructed as victims of poor management, neglect or omissions. They are seen as
inherently vulnerable and unable to protect themselves:

After the inquest, the coroner, Mr Graeme Johnstone, found that nine
intellectually disabled residents died in the fire on 8 April 1996 because
of a decade of neglect by successive governments, despite repeated
warnings about fire safety.

He found that although the fire was started by an intellectually disabled
resident, the blaze was the culmination of a “massive systems failure”
involving unsatisfactory fire-protection hardware, inadequate
maintenance and weakness in emergency training, evacuation procedures,
communication and safety protocols (Das, 1998b: 5).

In each of these articles, management action or inaction was seen as inadequate. The
majority of these articles were about management failures and problems at Kew
Cottages, a large Melbourne residential facility for people with intellectual disability.
For example, the facilities and conditions at Kew Cottages were described in a front-
page article as ‘a step back into the dark days of institutionalisation’. Management is
‘ad hoc’, only responding to the ‘crisis that is current at the time’, and ‘some staff are poorly trained’ (Ewing, 1998e: 1).

Similarly, another article on the coroner’s report on a fire at Kew Cottages that killed nine residents with intellectual disabilities in 1996 identified the failure to effectively manage ‘the risk behaviour of the resident who caused the fire’ (Editorial Opinion, 1998b: 16). However, the blame is also spread more widely than the immediate management of Kew Cottages to include the community and successive governments that failed to address risks and the:

... many problems about which several governments and their various departments were warned over 10 years, meaning that once a fire started, particularly at night, the residents were at enormous risk; it had not provided adequate interim fire safety measures; and it had failed adequately to monitor, supervise or manage the risk behaviour of the resident who caused the fire (Editorial Opinion, 1998b: 16).

Lack of policy, staff training and monitoring of people with intellectual disabilities were also identified as problems. One article described the failure of staff to identify the pregnancy of a woman with an intellectual disability who was raped by a carer. The article ‘Why Adam calls a grandmother Mum’ (Ewing, 1998c: 8) blames government services for creating the circumstances that permitted the rape and pregnancy. The following quotation from the woman’s mother provides a good illustration of this:

I find this rather extraordinary (that she was not diagnosed until 20 weeks pregnant) given the degree of personal assistance required by her and a system which required the charting of the menstrual cycle (Ewing, 1998c: 8)

Here, blame is laid on the failure of a formal system that was supposed to properly ensure policy was followed, documentation kept, and procedures undertaken.

In contrast to management failures, the Managerialist discourse assumes that management strategies can be applied to fix current problems, and that future problems can be anticipated in advance and prevented. The management problems and failures identified are juxtaposed against the control and certainty of effective management strategies. In response, Managerialist discourse advocates strategies of identifying and managing known risk factors.
Intellectual Disability as Risk

People with intellectual disabilities are constructed within Managerialist discourse as risks to be managed. Because of their vulnerability and the dangers they pose to others, people with intellectual disabilities are viewed as requiring surveillance and management of the risks they pose. The risk posed by people with intellectual disabilities was apparent in those articles that discussed individual and system risk management practices, such as individual behaviour modification and improving accountability mechanisms within disability services. The following example is illustrative of the focus on individual behaviour modification:

The traditional response of fire services to the problem of house fire deaths has been rooted in technology … [b]ut it is clear that targeting the high-risk groups and modifying their behaviour is at least equally important (Schauble, 1998: 18).

The theme of risk is also present in the article ‘Prison death toll spirals into crisis’ (Conroy, Tippett and Webb, 20/3/98: 1) about prison suicides in Port Phillip Prison. The article details the deaths and the strategies to protect ‘at risk’ prisoners, particularly a man with an intellectual disability who inflicted self-harm: ‘after he set himself alight at the prison on Sunday night … He was in a cell that was used for prisoners who are considered at high risk of suicide’ (Conroy, Tippett and Webb, 20/3/98: 1).

The Managerialist discourse was also indicated in articles assessing how well risks had been managed. In one article, a government department was seen to have done all they could to manage the risks posed by a mother with an intellectual disability towards her child:

A five-year-old Moe girl who died after being shaken and thrown on the floor by her intellectually disabled mother had been previously reported to the then Department of Health and Community Services, a coronial inquest at the Moe Magistrates Court was told today.

... A government outreach worker… told an inquest that she had made a report in February 1994 after observing bruises and emotional abuse of Amanda Louise Clark (Button, 1998b: 4).

Connotations of the risks posed by people with intellectual disability as parents were also present in a one-line plot summary of an episode of the television show Blue Heelers28: ‘… Lisa’s co-stars are concerned about the child of intellectually disabled parents’ (Hughes and Harris, 1998: 29). In each of these examples, the need to identify
and respond to risks is emphasized. Management of risk is the cornerstone for assessing actions and inactions of government and service providers, and is seen as essential to ensure certainty and control in the lives of people with intellectual disabilities.

Managerialist Discourse Summary
Managerialist discourse assumes that effective management can pre-empt, prevent and address risks and problems. Risk assessment is a central practice of Managerialist discourse, especially as people with intellectual disabilities are constructed as ‘at-risk’ and ‘risks to others’ who require management for their and others protection. The indicators of the Managerialist discourse identified in the Media data are remarkably similar to the findings of Annual Report discourse analysis, except that there is a greater emphasis on the management failures and consequences within the Media data. Similar indicators of, and justifications for, Managerialist discourse have been identified in previous studies of intellectual disability discourse, suggesting that this is an important and increasingly accepted operational discourse within the intellectual disability sector (Johnson, 1998a, 1998b; Chenoweth, 1998), as Risk discourse has increasingly been acknowledged to be within society (Beck, 1992).

Neutral-Bureaucratic Discourse
The Neutral-Bureaucratic discourse in the Media data was characterised by an emphasis on good governance through the neutral and unbiased application of the rules and due process. Within this discourse, people with intellectual disabilities are constructed as an abstract, homogenous group who are the recipients of services. Their unique situations are not considered in their concreteness, and flexibility in service delivery is not seen as desirable intellectual disability practices. While in the Annual Report data, the Neutral-Bureaucratic discourse was prescriptive of disability services practices, it is interesting that within the Media data the Neutral-Bureaucratic discourse was primarily present in articles describing the failure of government to govern, fund and deliver services to people with intellectual disability in a neutral and transparent manner.

Neutrality, Bias and Corruption
The Neutral-Bureaucratic discourse emphasises the need for neutral, unbiased and professional conduct. Within this discourse, deviations from neutrality or failure to
implement rules are seen as major problems. Indeed, the presence of the Neutral-Bureaucratic discourse was largely indicated by the failure of services and government to deliver on such expectations, such as: ‘not complying with state laws’, ‘unaware of laws’, ‘substandard conditions’, and claims of ‘favoured treatment’. The failure of disability services managers and staff in supported community living services to follow the basic rules designed to protect people with intellectual disabilities was also identified in the article ‘Disabled drugged, restrained: report’ (Brady, 1/11/98: 3), as illustrated below.

Chemical and mechanical restraints are being used on intellectually disabled people by agencies not complying with state laws.

... The Intellectual Disability Review Panel’s annual report for 1997-98, tabled in Parliament last week, identified 524 intellectually disabled people who had been subjected to restraint or seclusion in the past two years for whom information was unavailable.

... The panel also raised concerns that supervisors of intellectually disabled people were unaware of laws that meant a decision to use restraint or seclusion was reviewable, and that all relevant parties – such as family members – must be notified (Brady, 1/11/98: 3).

“There is an urgent need to investigate whether they are being used appropriately. You shouldn’t have people being secretly restrained behind closed doors.” [Mr Thwaites said] (Brady, 1/11/98: 3).

“Protection for this group of people with intellectual disability needs to be safeguarded,” the report said (Brady, 1/11/98: 3).

Here, serious problems are identified with the failure of disability services to implement and follow laws established to regulate and review decisions to isolate and restrain people with intellectual disabilities within their own homes.

The Neutral-Bureaucratic discourse was also identified in a series of articles critical of the State government’s competitive tendering process for intellectual disability services. In these articles, favouritism, conflicts of interest, and the failure to follow formal processes, were constructed as corrupting the tender process. The three examples that follow are illustrative:

A manager in the department’s northern region is married to a manager at St John of God. In parliament on Tuesday, Mr Thwaites called for an urgent investigation into the probity of any contracts between the Government and the order because of this relationship (Ewing, 1998f: 1).
One of the former staff members told The Sunday Age that other disability agencies in the Northern region were no longer tendering for services “because of a perception that St John of God have an inside running on these projects” (Ewing, 1998g: 1).

A State Government minister admitted in Parliament yesterday that $123,000 of taxpayers’ money had been issued to a controversial Catholic order without any tender process.

... Dr Denis Napthine, the Youth and Community Services Minister, told Parliament that the payment to St John of God for accommodation for five intellectually disabled men was made without his approval, and had breached the Government’s guidelines that require all contracts over $100,000 to be tendered (McKay, 1998: 2).

Each of these excerpts identifies practices that have potentially or actually corrupted the neutrality of the competitive tendering process. Moreover, the service that received the funding is also identified as having systemic problems that do not reflect the best practice that the competitive tendering sought to achieve:

A Victorian Catholic order – under investigation over the widespread sexual abuse of intellectually disabled wards by eight of its brothers – has been receiving favoured treatment from a State Government department, according to three senior departmental officers. [...] In the past 18 months, the order, St John of God, has lifted its annual earnings from the state by about 60 per cent to $2 million, making it a key player in disability services in Victoria (Ewing, 1998g: 1).

Staff were “very confused about what policies exist within their respective workplace” and staff claim they are often forced to develop or implement “policy on the run” to cope with the day-to-day demands of their work (Ewing, 1998g: 1).

These examples illustrate the negative consequences of the corruption of the competitive tendering process, resulting in the tender being awarded to a service with a history of sexual abuse and lacking policies and appropriate staff training. They serve to reinforce the need for rules to be followed.

Neutral-Bureaucratic Discourse Summary
The Neutral-Bureaucratic discourse assumes that neutral application of the rules will best meet the needs of people with disabilities, who are, in turn, constructed as passive recipients of services. Implicit in the Neutral-Bureaucratic discourse is the notion that neutrality, transparency and rule following are important to uphold standards, and that
favoritism and corruption have negative consequences. The Neutral-Bureaucratic discourse de-emphasises other criteria for decision-making, such as ethics and independent judgement, because following the rules is what ensures good practice and the desired outcomes.

**Moderate Discourses**

Moderate discourses were those discourses that were present in fewer articles than major discourses but more than minor discourses. The two moderate discourses identified in the media data were the Formal-Rights and Social-Progress discourses. These discourses were typically more active in their construction of people with intellectual disabilities than other discourses emphasizing either their individual rights or developmental capacities. In this sense, these two discourses included themes akin to the Social-Model of disability and disability rights movements (as identified in chapter 3). Formal-Progress discourse emphasized the formal legal rights of people with intellectual disability, while the Social-Progress discourse, as expressed in the Media data, emphasized the capacity of people with intellectual disability to learn, develop and gain degrees of independence. The main themes of these discourses, and how they constructed specific issues, will be explored below.

**Formal-Rights Discourse**

The central theme of the Formal-Rights discourse is that people with intellectual disability are citizens with formal rights equal to those of other members of the community, but that they are vulnerable when their rights are ignored, overlooked or denied. Central concepts in this discourse were rights, exclusion, discrimination and formal justice. The Formal-Rights discourse was typically located in articles about legal challenges to enforce the rights of individuals with intellectual disabilities.

**Rights, Discrimination and Exclusion**

The Formal-Rights discourse was present in a number of articles about exclusion or discrimination against people with intellectual disabilities, including instances where their rights had been denied or contested. This discourse emerged strongly in articles that opposed government changes to policy or procedures that negatively impinged on
the formal legal rights of people with intellectual disabilities. For example, the article ‘School ban on intellectually disabled students in doubt’ (Button, 1998c) reports that:

New laws designed to exclude intellectually disabled people over 18 from special schools are in doubt after a tribunal ruling yesterday.

...  
The Anti-Discrimination Tribunal ordered the State Government to allow an intellectually disabled student to continue at Berendale Special School in Moorabbin.  
...  
The laws setting an age limit on attendance at special schools were passed after a Supreme Court judgement on 7 November that the Government had discriminated against eight other students at the school (Button, 1998c: 3).

Thirteen days after the Supreme Court ruled that the State Government’s disabled student policy was discriminatory, the Government passed legislation requiring students with disabilities at special schools to leave school at the age of 18. Berendale was exempted.  
...  
Although the case is over, Mr Woodard does not feel that justice has been done. “Instead of (the Government) saying, ‘OK, we were wrong, four judges of the Supreme Court of this state have said our policy discriminates,’ they’ve said, ‘Well, we’ve only discriminated against a few kids. It doesn’t really matter. We are not going to change anything’” (Button, 1998c: 3).

In these examples, the questioning of, and legal challenge to, the legitimacy and legality of the government’s laws indicated the presence of the Formal-Rights discourse. This discourse constructs the formal recognition of the legal rights of people with intellectual disability, and associated legal struggle, as essential to justice.

Like the general emphasis on struggle against injustices found in the Community-Welfare discourse, struggle was also a theme of the Formal-Progress discourse. However, in the Formal-Rights discourse, struggles are framed more specifically in terms of individual legal rights and solutions, rather than collective social or interpersonal ones. For example, the joy of a successful court struggle against the injustice of exclusion was described in the article ‘First day back brings victory over age ban’ (Das, 1998c: 9). This article describes a student with an intellectual disability, and his joy at being able to remain at a special school after a successful legal challenge to the laws. The focus of the article is on his success as an individual:

An 18-year-old intellectually disabled student yesterday won his fight to remain at a special school, despite legislation which bans him.

...
When Mr Fenton Baade went to the Montague Continuing Education Centre in South Melbourne yesterday to re-enrol, he expected to be turned away because he had turned 18.

... Instead he was overjoyed to find he would be allowed to continue his studies there until another placement could be found (Das, 1998c: 9).

The quoting of experts’ and parents’ views about bias and discrimination also indicated the presence of the Formal-Rights discourse. Within this discourse, experts and parents are positioned as speakers who take action on behalf of people with intellectual disability. For instance, in the article ‘School ban on intellectually disabled students in doubt’ (Button, 1998c), statements are included from the chair of the Anti-Discrimination Tribunal and from the parents of the young woman with an intellectual disability who had challenged the laws:

In the tribunal, Ms McKenzie [president of the Anti-Discrimination Tribunal] noted that Ms Lisa Bolten, 18, had lodged her complaint before the laws came into effect.

...

She also drew attention to the “surprising omission” in the laws, that assumed no student at any special school would undertake VCE” (Button, 1998c: 3).

Outside the court, Mr Daryl Bolten and his wife, Jane, said it was appalling they had to launch a legal battle for the education of their daughter (Button, 1998c: 3).

In both of these examples, it is others who make explicit the bias of policies on behalf of people with intellectual disabilities. This suggests that people with intellectual disability are in reality powerless without powerful people to ensure their rights are recognised and enforced. Indeed, their voices were absent from most articles, including those where the Formal-Rights discourse was present. For example, in ‘School ban on intellectually disabled students in doubt’ (Button, 1998c), the voice of the complainant, a young woman with an intellectual disability is not present, even though it is about her ‘right’ to an education. Similarly, at no point in the article ‘First day back brings victory over age ban’ (Das, 1998c: 9) are the views sought of the young man with an intellectual disability who has won the right to remain at school. It is, instead, the views of his father, the Education Department, and the Opposition spokesman that are included. This absence of the voices of people with intellectual disability suggests that the Formal-Rights discourse also constructs people with intellectual disability as
powerless, vulnerable and unable to speak on their own behalf. In this sense, while this discourse asserts their rights, its practices depend on advocates to operationalise.

**Formal-Rights Discourse Summary**

The Formal-Rights discourse emphasises fixing problems of discrimination and exclusion through the enforcement of the formal legal rights of individuals with intellectual disabilities. It assumes that once their formal rights are recognised, then a degree of equality will be attained. However, the Formal-Rights discourse does not give voice to people with intellectual disabilities, and in this sense constructs them as powerless individuals dependent despite their legal rights. Their rights then, are only realisable if advocates ensure they are acknowledged and recognised.

A possible reason for the rise of Formal-Rights discourse is that the rights of people with intellectual disabilities are still contested, and that legal action and individual struggle are seen as needed in order to enforce them. It is also not surprising to see an individualistic Formal-Rights discourse develop within contexts of economic constraint where collective and social notions of rights found in Victorian disability policy and international covenants on disability are contested by government (Young and Quibell, 2000; Bigby and Ozanne, 2001: 178).

**Social-Progress Discourse**

The Social-Progress discourse was characterised by the notion that progress for people with intellectual disabilities is possible. It constructs intellectual disability as at least in part shaped by their environments and the attitudes of others. Inclusive attitudes and environments are practices advocated in this discourse to bring about social change for people with intellectual disabilities. The Social-Progress discourse, which was also identified in the Annual Report data, was most commonly identified in those few articles about the benefits of community education and participation programs, or reflections on the problems posed by life in an institution.

**‘Just Like the Rest of Us’**

The Social-Progress discourse was present in several articles that constructed people with intellectual disabilities as being ‘just like the rest of us’. This emphasis on the
common humanity of people with intellectual disabilities is illustrated in the following excerpts about the television series ‘House Gang’:

[T]he second series … is a full-fledged sitcom in its own right. The message is still the same – that people with disabilities are just like the rest of us. They fall in and out of love. They bicker. They have aspirations. They enjoy going to the football (Warneke, 1998: 5).

[I]n the new series, the fact that the three are handicapped is almost irrelevant. Their adventures in life and love are the same as those of any other set of flatmates (Warneke, 1998: 5).

The first episode of the second series about three intellectually disabled young people who share a house with owner Mike … and his daughter Chloe … The standard of the show’s humour is still shaky … but the open portrayal of intellectually challenged people having vibrant emotional, sexual and social lives is something we simply wouldn’t see coming out of any other station (Schembri, 1998: 32).

Similar themes were present in an article about the participation of people with intellectual disabilities, who live at The Kew Cottages Residential Services Complex, in the annual Melbourne Moomba Parade:

The parade gives our clients (the residents) an opportunity to be involved in an event on the same basis as the rest of the community … For a group like us, it (the parade) provides a real focus. We feel more a part of the general community (Charles Clarke, Arts Coordinator, cited in Fannin, 1998: 8).

In each of these examples, intellectual disability is not constructed as a difference that renders people with intellectual disability fundamentally different or outside of society. Rather, this discourse emphasises their humanity and promotes practices that are inclusive.

The common humanity of people with intellectual disabilities was further emphasised by constructing them as developing individuals. Contrary to static notions of people with intellectual disability as an undifferentiated, needy and vulnerable Others, as found in some of the dominant discourses, the Social-Progress discourse views people with intellectual disability as being able to learn, develop and mature. This theme was present in several articles emphasizing the capacity to learn and the achievements of people with intellectual disability, such as the following:

Colin Morris, the solicitor for the Berendale students and former president of the Combined Councils of Specialist Schools, says that while intellectually disabled students might take a while to learn, they do get
“Are these kids useless? They are not,” Mr Morris says. (Gorman, 1998: 18).

[F]ive months after Dominic entered the Uniting Church-sponsored Genesis program, he was the proud recipient of a certificate declaring he’d learnt: cooking, public transport use, ironing, washing, time management and other vital skills.

... He moved from the Genesis home ... into a share house in Glen Waverly with two other men his age. A Genesis worker continued to visit Dominic once a week to fill in bank slips for him and keep an eye on his budgeting. He’d never been happier (Brady, 1/6/98: 7).

These achievements of individuals with intellectual disabilities are further highlighted when juxtaposed with parental fears and expectations of their child’s lifelong dependence upon them:

Dominic Sietzma’s parents never envisaged him leaving home. They fully expected to live out their days caring for their smiling son, who was born 26 years ago with Down’s Syndrome (Brady, 1/6/98: 7).

How would their illiterate son ever shop, cook, wash or clean for himself? How would he manage his money, or get to his job working in a recycle factory alongside others with similar disabilities? The thought of him banking, let alone budgeting, seemed far-fetched (Brady, 1/6/98: 7).

Dominic has a life of his own now, the umbilical cord’s been cut (Brady, 1/6/98: 7).

This discourse, and the examples to support its claims that people with intellectual disabilities are developing individuals who flourish in the community, also serves to disturb taken for granted assumptions of people with intellectual disability as inherently limited. In this sense, the Social-Progress discourse runs directly counter to the Psy-Developmental and Community-Welfare discourses and their constructions of people with intellectual disability as inherently limited and highly dependent on others.

**Environments and Attitudes**

Environments and attitudes are seen within the Social-Progress discourse as fundamental in shaping how intellectual disability is understood, how much it matters, and the learning and life options available to people with intellectual disabilities. The closed environments of institutions and overprotective parents, together with fearful
attitudes of the community, are constructed as creating many of the problems seen as intrinsic symptoms of intellectual disability, such as behaviour problems:

By the time the women inmates had been there for some time, she says, it would have been almost impossible to disentangle their original problems from the effects of the environment and the side-effects of medications (Kissane, 1998: 18).

The women were confined in this way ostensibly because they were unmanageable in a more open environment. But when Johnson searched their files, trying to piece together their histories, she found the original reasons for their incarceration were often undocumented.

... The system abused human rights, she says: “Their families were not involved in the decisions about their entrance to a locked ward. There wasn’t one family I interviewed who knew precisely why their relative was placed in that unit” (Kissane, 1998: 18).

Institutional incarceration is constructed as leading to the abuse, denial of rights and the removal of freedoms of people with intellectual disability without justification. Exclusion is also constructed as a process that adds to, and compounds, public fears of difference, resulting in further social distance from people with intellectual disability, as the following example illustrates:

Johnson believes her time in the unit allowed her to understand how “normal” people can treat those with disabilities as fundamentally different. There were moments when she became caught up herself.

... “These women had terrible lives. I think it was painful for anyone to confront those lives and the decisions that had been made in relation to them. You look for ways to protect yourself from that guilt and anxiety, and so you depersonalise them” (Kissane, 1998: 18).

In contrast, the Social-Progress discourse emphasises the capacity of people with intellectual disabilities to learn, achieve and gain degrees of independence with support, positive attitudes and in inclusive environments. Surprisingly, though, as was the cases with the Formal-Rights discourse, the voices of people with intellectual disabilities were largely absent in the Media data. Only one article included the voice of a person with an intellectual disability, and then he only was quoted saying two words about his new home: ‘It’s groovy’ (‘Travelling the path to independent living’, Brady, 1/6/98: 7). The absence of the voices of people with intellectual disabilities in articles undermines the authenticity of the Social-Progress discourse’s key theme: that people with intellectual disability are capable of learning, achieving and becoming independent. Importantly, this suggests a pervasive social ambivalence about the capabilities of people with
intellectual disabilities. It draws attention to implicit power relations that structure discussions around intellectual disability issues, such as who a journalist chooses to interview and quote, and how this may undermine the credibility and truth claims of the Social-Progress discourse through its communication to a broader audience.

Social-Progress Summary
The Social-Progress discourse emphasises the abilities and capacities of people with intellectual disabilities, and the ways in which these may be facilitated or inhibited by attitudes and environments. Environment and attitudes are constructed as having a crucial role to play in shaping the life options of people with intellectual disabilities, with community-based supports advocated as offering better options for people with intellectual disabilities to learn and develop, and for the community to better understand and recognise their common humanity.

Minor Discourses
Several discourses were only identified in a small number of articles. These discourses were the Economic-Rationalist, Politically-Correct, and Individualist-Materialist discourses. Evidence of the main themes of these discourses will be considered below.

Economic-Rationalist Discourse
The main focus of the Economic-Rationalist discourse in the Media data, as it was in the Annual Report data, is the health of the economy. Ensuring the health of the economy is seen as the main priority of government, whereas people with intellectual disability are constructed as an economically dependent group to whom social support can only be extended when the economy can afford to pay ‘social dividends’.

The Health of the Economy and Paying Social Dividends
The Economic-Rationalist discourse was indicated in a number of articles that focused on the health of the economy, and that contained the justification for government actions in ensuring the health of the economy by cutting back on social expenditure. This was conveyed by the use of the following key words and phrases that were repeatedly emphasised: ‘social dividends’, ‘commitment to a Budget surplus’,
‘improving balance sheet’, ‘reinstate Victoria’s AAA credit rating’. Achieving a healthy economy is seen as a legitimate first goal of government, and is used to justify cutting back and withholding funds to social services and groups who are struggling:

When we started out in 1992, we knew we had a lot to do, and we knew a lot of it would be unpopular. But as we near 2001, our goals will be more rapidly reached and I think people will see a lot more of these benefits flow through (Premier Kennett, cited in Parkinson, 1998: 1).

Within Economic-Rationalist discourse, social obligations to disadvantaged and marginalized groups are conceived of as ‘social dividends’ that only become payable when the economy is doing well, irrespective of need, as the following examples illustrate:

Mr Kennett said he accepted some schools and hospitals were stretched for resources. He emphasised that the Government would not relent on its commitment to a Budget surplus, but said that the state’s improving balance sheet would allow it to progressively increase “targeted assistance” to areas of health and education struggling to cope on existing funds (Parkinson, 1998: 1).

Many of the public are not aware of it. But as we get towards the end of this time frame, the benefits of all the hard yards will be there for everyone to see (Kennett, cited in Parkinson, 1998: 1).

While social services are recognised as ‘struggling’ and as ‘pockets under stress’, their needs are only seen as being able to be met when the economy can afford to pay ‘social dividends’. In prosperous economic times, benefits can be extended to such groups from the ‘social dividend’ made possible by the ‘budget repairs’ undertaken by the Victorian Government.

Within Economic-Rationalist discourse, people with intellectual disabilities are constructed as a dependent group, but one that can only be economically supported by government in times of ‘economic health’. The capacity of government to spend in times when the economy is doing well will is described as one of the ‘rewards of change’, as the following examples illustrate:

Mr Kennett cited $900 million being spent on new hospitals over five years, $100 million on the intellectually disabled, and a further $100 million on the Turning the Tide drug program as evidence of the new strategy (Parkinson, 1998: 1).

We still have debt, but it’s manageable. We have broken the back of the challenges we had in 1992.
... You are not going to see in the next two, three or five years the sort of dramatic change you have seen in the past five. It’s a totally different environment.
...

We will be in a better position to deal with the social dividends, the rewards of change (Premier Kennett, cited in Parkinson, 1998: 1).

Here, rather than making a commitment to fund or provide services for all those in need, this new funding is quite clearly constituted according to an Economic-Rationalist view of the world. Simply put, it is only made possible because of economic surplus, but that economic management will need to continue and inform decisions about ‘social dividends’ in the future.

**Economic-Rationalist Summary**

Overall, the Economic-Rationalist discourse prioritises the health of the economy, over social obligations to dependent groups and individuals. It is implicit within Economic-Rationalism that people with intellectual disabilities are an economically unproductive and dependent group, whose needs cannot be met by government during times of economic belt-tightening for the sake of ensuring the health of the economy. Within Economic-Rationalist discourse, as expressed in the Media data, the economy that does well can afford to pay ‘social dividends’, with this metaphor implicitly transforming society into a market place.

**Individualist-Materialist Discourse**

The Individualist-Materialist discourse was identified in the Media, Annual Report and Lay data. In the Media data it only featured in one article, on the work of a geneticist. However, this discourse was strongly expressed by its main theme that each individual’s physical matter determines fundamental aspects of their lives. Moreover, this article illuminated another aspect of Individualist-Materialist discourse: that intellectual disability is constructed as a tragedy for parents of people with intellectual disability that medical science is making progress to prevent.

Individualist-Materialist discourse’s central truth claim is that each individual’s physical matter determines core aspects of their lives. This theme found modern expression in
the following explanation of the role of genetic matter described in the article ‘Gene Genius takes Prize’ (Ewing, 1998h: 15):

These genes – either on their own or in combination – are responsible for the color of our hair, the depth of our intellect and probably our sexual orientation.

However, it is faulty genes that fascinate him – mistakes in the genetic code that lead to disease (Ewing, 1998h: 15).

This theme sees genetic material as strongly determining our lived reality, and de-emphasises the significance of our social world in shaping each individual. Accordingly, Individualist-Materialist discourse understands intellectual disability stemming from faults, defects, mistakes and abnormalities in genetic material. If our genetic matter determines these important aspects of our lives, then ‘faulty genes’ are the defects, mistakes and abnormalities that result in intellectual disability. Consequently, the birth of a child with an intellectual disability is viewed as a tragedy fated by defective genes. This view is expressed in the article ‘Gene Genius takes Prize’ (Ewing, 1998h: 15), where intellectual disability arising from Fragile X syndrome is described as:

... a particularly tragic disease, with the child's intellectual disability often initially misdiagnosed as cerebral palsy or as a result of a difficult birth. “When the parents find out that the child inherited the disease from them, they feel enormous guilt,” he says (Ewing, 1998h: 15).

In this example, intellectual disability is equated with tragedy and disease, and the birth of a child with an intellectual disability is seen as causing guilt. This biologically-reductionist, static and negative view of those with intellectual disability de-emphasises the role of culture and society in shaping how people feel about intellectual disability, and the life trajectories and options open to people with intellectual disability and their families.

Individualist-Materialist discourse also constructs the discoveries of medical science as progress, in the sense of new research improving the state of genetic knowledge. This model of medical and scientific knowledge assumes that there is a genetic puzzle to be put together. This view was apparent in the description of how scientist’s work has improved knowledge of how mutated genes are inherited and multiply down the generations, to result in Fragile X:
With Fragile X, some males can carry the gene without suffering the consequences. Large family studies conducted in South Australia in the 1970s revealed some males as carrying the faulty chromosome only because their grandsons were intellectually disabled. They had passed the Fragile X gene to their daughters who, in turn, had passed it on to their sons.

These “disease-free” male carriers of the gene **confounded traditional genetic wisdom**. “There was no way a male could pass on an X-linked disease without having it himself, or so we thought,” Sutherland says.

“We’d go to medical conferences with photos of these men, photos of their businesses and copies of their university degrees to show the sceptics they were normal. They didn’t believe that a male could have this genetic mutation and be OK.”

Sutherland knew that the conundrum would not be solved until they looked closely at the DNA of these genetic oddities. Sutherland found that, unlike most genetic mutations, the fragile X fault would replicate down the generations until it reached a threshold in number enough to trigger **full-blown intellectual disability**. This explained why some men could carry the mutation but not develop the disease, while their grandsons, having inherited a much amplified number of mutations, could be struck down (Ewing, 1998h: 15).

Moreover, within this view of medical knowledge, geneticists and doctors are constructed as ‘battlers’ working in the interests of everyone to expand conventional scientific and medical knowledge. Medical science is also viewed as progress in the sense of creating the knowledge to prevent intellectual disability:

Now, a child born mentally handicapped is tested to see if it has Fragile X Syndrome. If it does, the family is counselled about the risk of passing on the abnormality, as well as considering the option of determining the sex of their foetus and aborting the pregnancy if it is a boy, because of the greatly increased risk of a son having the disease (Ewing, 1998h: 15).

Implicit in such practices is the view that intellectual disability is something bad that should be prevented. Consequently, while the terms ‘risk’ and ‘choice’ are used to describe the outcomes of new genetic knowledge, they are underpinned by an imperative to prevent genetic mistakes that result in children being born with intellectual disability.

Individualist-Materialist discourse constructs medical and scientific experts as those who know and understand what is best because they have access to specialized knowledge about intellectual disability. This hierarchy was clearly present and reinforced with a geneticist being described as a ‘gene genius’ and ‘a code-breaker’ (Ewing, 1998h: 15). Throughout the article, the geneticist’s views on normality and
intellectual disability are presented as the neutral truth, concealing their value orientation.

**Individualist-Materialist Summary**

Individualist-Materialist discourse was one of the least commonly articulated discourses identified in the Media data. Its core themes were that individual matter is more fundamental than society and culture, that intellectual disability as an individual tragedy to be avoided, and that medical scientific practices can identify and prevent intellectual disability.

**Politically-Correct Discourse**

The Politically-Correct discourse was the final discourse identified in the media data. It was a discourse that was also identified in the Lay data, but not found in previous empirical studies of intellectual disability discourse. It was indicated by self-conscious selection of the ‘right things to say’ about people with intellectual disability. It is an actively constructed discourse in the sense that it was present in articles where there is a desire by the author to appear sensitive and caring about people with intellectual disabilities, rather than ignorant and vulgar. Interestingly, this discourse was only present in one confessional article by an author reflecting on his past ‘politically-correct’ practices.

The self-censoring in order to say ‘the right thing’ about intellectual disability is clearly conveyed in the following reflections by Warneke on his previous television review of ‘House Gang’, a SBS drama series featuring actors with intellectual disabilities:

> I felt that the reaction to the first series was colored by the fact that it was a show about teenagers with intellectual disabilities. Furthermore, the show broke new ground by putting such kids in starring role.

> ... It was hard to criticise their efforts. To do so would have seemed cruel.

> ... I remember feeling in an awful bind when I reviewed it. Political correctness – yes, I am as guilty of it as the next man! – meant that I, and many others, tossed around words such as “worthy”, “important” and “noble” to describe a series that, fundamentally, was a mish-mash of awful acting, exaggerated emotions and corny humour.

> ... In hindsight, it was important and worthy. But it was not very funny (Warneke, 1998: 5).
Chapter 8: Media Discourses

The first series of House Gang looked and sounded like a sheltered video workshop for a group of young unaccomplished actors with intellectual handicaps conscripted to push the line that which they might look and sound different to the rest of us, deep down they are not.

... I do not mean to sound unfeeling, but it's a fact. It gave us a nice inner glow to acknowledge that someone was giving people with intellectual disabilities a chance on prime-time national television. But watching it was a chore (Warneke, 1998: 5).

These confessional statements bring out the usually hidden character of the Politically-Correct discourse. They also explain how this discourse is drawn on as a practice to obscure negative opinions and not appear to others as ‘unfeeling’ and ‘cruel’. As was the case when this discourse was identified in the Lay data, Politically-Correct discourse was also drawn on to obscure uncertainty about the right thing to say, which suggests that it is a conservative response to a changed socio-political environment where it is no longer possible to make statements about people with intellectual disabilities without some concern about how they might be perceived.

While talking about intellectual disability may have been politicised, the Politically-Correct discourse still preserves the notion found in Community-Welfare and Psy-Developmental discourses that people with intellectual disability do not know the true, harsh nature of the world and should be protected from criticism. The actors in ‘House Gang’, for instance, are seen as ignorant of the fact that they are pushing an ‘ideological script’ that does not ring true.

**Politically-Correct Summary**

In summary, while the Politically-Correct discourse only featured briefly in the Media data, it is clear that it replicates the construction of people with intellectual disabilities as vulnerable and naïve. Unlike other discourses identified in the Media data, and as we saw in the Lay data, the Politically-Correct discourse is a concealing discourse that is tactically used in times of uncertainty or to obscure real feelings and thoughts. It assumes that there are the ‘right things to say’ about them in order to protect them and not appear ignorant, although the presence of this discourse itself suggests that this assumption is problematic. Overall, the appearance of the Politically-Correct discourse suggests that intellectual disability has become a politically-sensitised subject, with a degree of socio-cultural awareness attached to it that brings uncertainty about how to
talk about people with intellectual disabilities but still preserving notions of that they are vulnerable and naïve innocents.

**Chapter Summary**

This chapter has identified and described the nine discourses of intellectual disability present in 118 newspaper articles in *The Age* newspaper throughout 1998. It has explored how they constructed intellectual disability issues. Identifying these discourses has provided tangible evidence of these discourses and how they inform and frame media reporting of intellectual disability issues, problems, and solutions.

The discourses were conceptually distinct, yet many different discourses shared common assumptions about people with intellectual disabilities as vulnerable, naïve and innocent, and therefore promoted practices where they would be protected. This was the case with Psy-Developmental, Community-Welfare, Managerialist and Politically-Correct discourses. Other discourses, such as Individualist-Materialism, Economic-Rationalism, and Neutral-Bureaucratic discourses de-emphasised the personhood of people with intellectual disabilities, and in various ways advocated responses that ultimately prioritised other elements. In the case of Individualist-Materialist discourse the focus was on genes and scientific progress, in the case of Economic-Rationalist discourse it was the health of the economy, and in the case of Neutral-Bureaucratic discourse it was neutral and responsible administration of services. The pervasive similarities between different discourses’ constructions of people with intellectual disabilities as essentially vulnerable, innocent dependents who should be protected suggests a contingently stable and homogenous notion of intellectual disability is in contemporary society. The similarities identified between the discourses indicate that there is a fair degree of inter-discursive agreement that intellectual disability is largely an unproblematic and uni-dimensional category, even if each discourse advocates different practices. Moreover, that there is widespread acceptance of the category intellectual disability in the different discourses suggests that there is a relatively narrow range of ways of thinking about people with intellectual disability within our society.

However, there was evidence of increasingly social and cultural sensitivity about who people with intellectual disabilities are and how they may be spoken about. This was
clear in the Formal-Rights discourse where the often-repeated commitments to ensuring the equal citizenship and rights of people with intellectual disabilities were drawn on to inform legal challenges. Similarly, although with much less desirable outcomes, the emergence of the Politically-Correct discourse suggests increasing awareness of the politicisation of intellectual disability. However, it appears that Politically-Correct discourse is a concealing discourse that maintains the view that people with intellectual disabilities are vulnerable, inherently naïve and unaware of the demands of the real world, while professing surface equality.

Following Chapter

Overall, the media discourse analysis points to the narrow constraints on what it is possible to say about intellectual disability in the public domain. The overall thesis findings will be further discussed and interpreted in concert with the findings of the other data chapters in the following chapter.
CHAPTER 9: DISCUSSION OF THE DISCURSIVE STATE OF PLAY

Contemporary Discourses, Possibilities and Constraints

The power to conceptualise is also the power to hypostatize, to reify. And what we have brought into conceptual existence, we are prone to believe has actual existence (Nisbet, 1969: 241; emphasis added).

[C]hanging the world presupposes a change in the conception of the world. A conception of the world can only be won by adequately interpreting the world (Heidegger, cited in Neske and Kettering, 1990: 82).

Introduction

The aim of this thesis has been to address the following questions: What meanings are given to intellectual disability in contemporary society? How are people with intellectual disability constructed? How dominant is the view that people with intellectual disability are ‘one of us’? Has their construction as other been transformed during the time of community living reforms? And, if not, why? Accordingly, the main concerns of this thesis were located in response to the debates and assumptions about the social and cultural construction of intellectual disability that have dominated during the period of community living reforms. Substantial financial and existential hopes were invested in the community living reforms that began in the late 1960s, including integration and deinstitutionalisation, to bring about changes in the ways in which people with intellectual disability are constructed. While significant concerns have been raised about the success of community living reforms, there is still a dearth of research exploring the social and cultural meanings of intellectual disability in contemporary society.

To address these shortcomings, this thesis has offered a sophisticated, comprehensive, and theoretical analysis of the social constructions of intellectual disability during the 1990s. Drawing on Foucauldian theory, it has identified and explicated fourteen discourses of intellectual disability. The purpose of this chapter is to consolidate this research by describing and discussing the main contributions of this thesis to disability theory and practices. In short, these main contributions are: identifying and analysing
Chapter 9: Discussion

the relationships between the fourteen discourses of intellectual disability; articulating how the relations between the discourses can maintain the appearance of dominant power relations; illustrating the relevance of Foucauldian theorising and empirical analysis of discourse to understanding change and continuity in intellectual disability discourses; and identifying the potential for purposeful struggle. The importance of these contributions for future research, theoretical development, changes in policy and professional practices, and activist struggles are elaborated throughout the course of this chapter.

Identification and Analysis of Intellectual Disability Discourses

A number of Australian theorists and researchers have developed theoretical models or devised typologies of disability discourses from empirical research (Fulcher, 1989a; Chenoweth, 1998; Johnson, 1998a, 1998b; Easthope, 1993; Cocks and Allen, 1996; Hazelton, 1993). Most of these works are implicitly or explicitly informed by the insights of Foucault's theorising of discourse, yet few have sought to identify and explicate the range and diversity of, and competition and collusion between, the discourses of disability within contemporary society. By drawing more precisely on Foucault’s theory of discourse, the findings of this study provide a more theoretically sophisticated and methodologically detailed account of the intellectual disability discourses present within contemporary society than previous empirical or theoretical studies. Consequently, a number of important contributions of this study stem chiefly from the increased sensitivity of the methodology, and the advantages of the theoretical position that informs it.

In this research, a fine-grained, applied approach to discourse analysis was adopted with categories of discourse derived from the data itself, rather than from pre-existing categories commonly used in the field. This is in contrast to other studies that have explicitly drawn on existing typologies. For example, Chenoweth (1998) used Fulcher’s (1989a) five-category typology of disability discourse to code newspaper reporting of the debate over the closure of a Queensland institution for people with intellectual disabilities. Similarly, Easthope (1993) acknowledges that he drew ‘heavily upon the work of both Lupton and Albrecht’ (Easthope, 1993: unpaginated document). Although both the aforementioned studies identified further discourses, their authors did
not focus on identifying the subtle differences between, and complexity of, disability discourses. By comparison, the resulting findings of the current study offer a more comprehensive and detailed explication of fourteen contemporary discourses of intellectual disability. This has resulted in a clearer mapping of the local discursive context, and provides a stronger basis for theorising about discursive conflict and stability and social change than previous studies. The discourses identified in this study, and their relationships to previous discursive schemas, are summarised below in Table 9.1.

Table 9.1: Disability Discourses Identified in Six Australian Studies, 1989-2004

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<td>RIGHTS DISCOURSES</td>
<td>Rights</td>
<td>Rights Inclusion</td>
<td>Rights</td>
<td>Consumer</td>
<td>Political Disadvantage(^g)</td>
<td>Social-Progress Formal-Rights</td>
</tr>
<tr>
<td>INDIVIDUALIST DISCOURSE</td>
<td>Medical</td>
<td>Intellectual disability</td>
<td>Medical</td>
<td>Medical</td>
<td>Individualist- Materialist Individualist- Idealist Positivist-Medical Psych-Developmental</td>
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<tr>
<td>COMMUNITY DISCOURSES</td>
<td>Charity</td>
<td>Charitable need</td>
<td>Pity-charity</td>
<td>Community-Welfare</td>
<td>Enigmatic-Apprehension</td>
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</tr>
<tr>
<td>LAY DISCOURSES</td>
<td>Lay</td>
<td>Economic-Rationalist</td>
<td>Managerialist</td>
<td>Economic-Rationalist</td>
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<td>CORPORATE DISCOURSES</td>
<td>Corporate</td>
<td>Economic-Rationalist</td>
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<tr>
<td>ADMINISTRATIVE DISCOURSES</td>
<td></td>
<td>Political-Administrative</td>
<td>Disadvantage(^g)</td>
<td>Neutral-Bureaucratic</td>
<td>Politically-Correct Relativist</td>
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<tr>
<td>INVISIBLE DISCOURSES</td>
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\(^a\) Fulcher’s (1989) categories of disability discourse related to disability as a socio-culturally constructed category.  
\(^b\) Chenoweth’s (1998) categories of disability discourse related to ‘intellectual disability’ and how people with intellectual disability were constructed in media reporting of institutional closure.  
\(^c\) Johnson’s (1998) categories of disability discourse related to ‘intellectual disability’ and how it was constructed in the deinstitutionalisation process.  
\(^d\) Hazelton’s (1993) categories of disability discourse related to his study of how ‘mental health’ and ‘psychiatric disability’ were constructed in the papers of a mental health conference.  
\(^e\) Easthope’s (1993) categories of disability discourse were related to disability in general and were theoretically devised, but based on his studies of disability in Higher Education in Australia.  
\(^f\) This study’s categories of disability discourse related to intellectual disability and how intellectual disability was constructed in annual government reports, newspaper reporting and lay people’s discussions.  
\(^g\) This discourse, which Easthope terms the ‘discourse of disadvantage’, does not fit neatly within one of the overarching categories. For this reason it appears twice under the categories of ‘Rights’ and Administrative’ discourses.
As a result of the theory and methodology used, five discourses were identified that are unique to this study. These are: Politically-Correct, Relativist, Psy-Developmental, Individualist-Idealist, and Social-Progress discourses. The first three of these newly identified discourses appear to be responses to contemporary debates about the nature of intellectual disability and the inclusive goals of community living reforms. Politically-Correct and Relativist discourses are attempts to incorporate notions of membership, albeit at a relatively superficial level, while the Psy-Developmental discourse is a reassertion of protectionist debates in the guise of professionalism that challenges the less protectionist notions of supporting people with intellectual disabilities in community settings, such as the focus on the least restrictive environment. The identification of these discourses suggests that community living reforms have had an impact on the discourses of intellectual disability available within contemporary society, even if they have not been the types of changes that were desired by community educators. Moreover, the Individualist-Idealist and Social-Progress discourses identified in this study are the result of necessary analytical refinements of existing categories of discourses, such as Individualism and Rights discourses, undertaken during the process of analysing the data. The introduction of these newly identified sub-categories under the broad umbrella of Individualist or Rights discourses more adequately conveys the characteristics and the subtle but important differences amongst contemporary intellectual disability discourses. Individualist-Idealism is not the same as Individualist-Materialist discourse, with the latter’s crude biologically-reductionist explanation of intellectual disability. Rather, Individualist-Idealist discourse is characterised by an emphasis on transcending any bodily or mental limits via individual will, personality or special capacities. Similarly, Social-Progress discourse with its emphasis on broad and systematically planned social change emanating from government is not informed by the notion of an individual rights-bearing agent that is conceptually present at the heart of standard formulations of Rights discourse.

The replicated discourses identified in previous schemas of disability discourses are also important. Many of the discourses found in this study are similar to those previously been identified in a range of earlier Australian studies, such as those by Fulcher (1989a), Johnson (1998a, 1998b), Cocks and Allen (1996) and Chenoweth (1998). These previously identified discourses include the Neutral-Bureaucratic, Managerialist,
Chapter 9: Discussion

Economic-Rationalist, Pity-Charity, Enigmatic-Apprehension, and Individualist-Materialist discourses. This replication of discourses serves to validate the findings of earlier studies. However, the current study extends on previous research by more clearly explicating the discursive parameters within which intellectual disability is known, while at the same time exposing the subtle differences and similarities amongst these previously identified discourses. These subtle differences and similarities among the discourses identified in this and earlier studies will be explored in more detail below.

First, this study has identified two distinct types of Rights discourse. While a number of previous studies have identified the presence of a Rights discourse, the findings of this study suggest that there are individualist and collectivist variants of Rights discourse. The Formal-Rights discourse emphasises an individual approach that entails official legal recognition of an individual’s rights. This individualist variant of the Rights discourse was most often identified in newspaper articles where claims were being made to resources by, or on behalf of, an individual with an intellectual disability. In contrast, the Social-Progress discourse emphasises collective strategies for bringing about justice and social change for people with intellectual disabilities. This discourse was present across all three arenas for which data were analysed, particularly in those instances where general and normative claims were being made about how people with intellectual disabilities should live and how services should be delivered to them. The emphasis in Social-Progress discourse is on equality for the group of people who are categorised as having intellectual disabilities, particularly on ensuring that their negative rights are protected, such as freedom from abuse. Both of the Rights-type discourses identified in this study run the risk of reinforcing paternalistic approaches because of the absence of the voices of people with intellectual disabilities in the texts that are about them. This is an important finding for several reasons. Recognition of the differences between these discourses will help avoid the conflict and confusion engendered by their undifferentiated discussion. Moreover, by definition, the identification of these discourses requires those who would seek to reform intellectual disability services to reflect on how these ‘Rights’-style discourses may preserve, rather than transform, dominant expectations about the intrinsic voicelessness and powerlessness of people with intellectual disabilities.
Second, this study has revealed a cluster of essentialist and individualising discourses of intellectual disability. Individualist, particularly medical, discourses have been theorised as the dominant form of discourse of disability within society (Oliver, 1990, 1996a, 1996b; Meekosha, 1998b), and have been identified in the majority of previous typologies and studies of disability discourse. This research also revealed similar essentialist discourses of intellectual disability, but identified considerably more variation amongst them than previous studies and schemas. Rather than there being just one medical discourse, there were four discourses that variously emphasised the bodily, genetic, psychological or developmental aspects of intellectual disability. These were the Individualist-Materialist, Individualist-Idealist, Psy-Developmental, and Enigmatic-Apprehension discourses.

Surprisingly, individual will or special gifts were also emphasised in the newly identified Individualist-Idealist discourse. The finding of this discourse with its emphasis on an extreme individual will or mystical gift that can overcome intellectual disability has not been identified in previous studies. It suggests that an extreme form of idealism still exists in our contemporary society and that this co-exists alongside medico-scientific discourses that stress objective and value-neutral facts about the body, brain and mind. While an Individualist-Idealist discourse has not been identified in previous studies of disability discourses, its assumptions about the importance of an individual’s ‘positivity’ are frequently found in the popular media concerning people with physical disability or cancer (Cumberbatch and Negrine, 1992; Barnes, 1992; Valent, 2003: 42), and in studies of the lived experiences of people with disabilities (Seymour, 1998: 55). However, a major problem of this Individualist-Idealist discourse is that it is accompanied by binary moral categories, where positive and strong people were seen to overcome their disability, while other people were often conceptualised as weak, lazy and as dwelling on their incapacities. The Individualist-Idealist discourse’s promotion of such a moral economy of binary categories of personhood is problematic, particularly considering the goals of community living reforms, as this discourse may promote a selective form of social inclusion where only those individuals who do not radically disturb the able-bodied and able-minded human ideal are acceptable. Consequently, given the problematic character of the Individualist-Idealist discourse and its emergence at this particular point in history, there is considerable justification
for further research and theorising about what its presence in contemporary society means and exploration of its consequences for practice.

Thirdly, and in contrast to traditional definitions of Charity discourse proposed in previous studies, the Pity-Charity discourse identified in this study’s analysis of Lay interview data appears to be a modern variant of the Charity discourse found in previous studies. Interestingly, a traditional Charity discourse was only explicitly acknowledged in two previous studies (Fulcher, 1989a; Easthope, 1993), with neither of these studies exploring how this discourse has been transformed in contemporary society. Charity discourse is traditionally defined as a discourse that has its basis in middle class philanthropy where pitying and giving support to people with disabilities were seen as ‘a moral duty’ (Fulcher, 1989a: 28). People with disabilities were, in turn, expected to be grateful recipients of any assistance given to them. However, the Pity-Charity discourse is different from its predecessor because contemporary lay people believe that they should see people with disabilities as equals, while also expressing notions of having a ‘moral duty’ to be friendly and helpful to them. This suggests that there have been some changes in the Pity-Charity discourse over time, and that these changes either were not discernible or not noted by Fulcher (1989a) and Easthope (1993) when they devised their typologies. It is difficult to know, however, if there have been actual changes in the character of Pity-Charity discourse over time or if these differences are due to methodological or sample differences, or a combination of both, between the current and previous studies.

There are several reasons to believe that there have been actual changes in the character of the Charity discourse in recent years. In the past the Charity discourse may have been relatively unproblematic given the long-held, historical distinctions between the deserving and undeserving that stretch back to the British Poor Law (Best, 1971). However, recent social changes relating to people with disabilities, such as community living reforms, have made this discourse more problematic, particularly for young lay people. Changes, such as the introduction of rights legislation, the rise of integrated schooling, the closure of institutions and active lobbying to change the practices of disability charities (such as lobbying by disabled activists to stop the Spastic Society’s Miss Australia Quest), are all possible reasons why the ‘older’ Charity discourse may now be changing. In a nutshell, in this changing context it appears that the ‘older’
Charity discourse is seen as a patronising or divisive response to a group that was increasingly integrating into mainstream society. In the Pity-Charity discourse, tensions between inclusion, pity and moral duty are explicitly acknowledged, even if they are not clearly reconciled.

Fourth, the finding that young lay people drew on many differing discourses contrasts significantly with the uniform character of Lay discourse as proposed by Fulcher (1989a: 29-30). With the exception of Fulcher’s schema, the discourses of lay people have not been identified in previous studies, possibly because other researchers have seen them as a subset of other dominant discourses. For Fulcher, Lay discourse is a single discourse drawn on by lay people. It is a combination of Medical and Charity discourses combined with themes of ‘fear, prejudice, pity, ignorance, misplaced patronage and even resentment’ (Fulcher, 1989a: 29). Certainly, the Enigmatic-Apprehension discourse identified in some young lay people’s talk is akin to Fulcher’s category of Lay discourse. Yet this study has identified that lay people draw on a broad range of different discourses of disability, of which the Enigmatic-Apprehension discourse is but one. Consequently, this study broadens our sense of the lay construction of disability.

Fifth, the identification of Economic-Rationalist and Managerialist discourses in this study enriches previous work by contributing a unique understanding of the processes whereby these discourses rose to dominance in Annual Reports during the 1990s. It also identifies considerable opposition to the truth claims of the Economic-Rationalist and Managerialist discourses by those drawing on a Community-Welfare discourse, as clearly indicated in the Media data. It is sufficient to state here that the findings of Economic-Rationalist and Managerialist discourses in this study concur with the identification of similar discourses in previous studies by Fulcher (1989a), Chenoweth (1998) and Johnson (1998a).

Sixth, the Neutral-Bureaucratic discourse identified in this study is essentially an administrative discourse that upholds the importance of the ‘ideal’ of the politically-neutral Public Service Administration. People with intellectual disabilities are marginal in this discourse as they are simply cast as the ‘recipients’ or ‘clients’ of departments that neutrally administer entitlements. Similar administrative discourses were identified
in the work of Easthope (1993) and Hazelton (1993). The difference with this analysis of Neutral-Bureaucratic discourse comes mainly from the insights of the Media data. Analysis of this data revealed how those who strongly promoted or opposed new and controversial government actions, such as the competitive tendering to provide disability services, drew on the Neutral-Bureaucratic discourse. The Neutral-Bureaucratic discourse was invoked to point out either deficits or strengths in administrative processes, and how they conformed with or departed from the ideals traditionally expected of government. Overall, the Neutral-Bureaucratic discourse in the data concurs with previous research but it explicates how this discourse may be drawn on strategically to promote or defend practices.

Finally, an entirely new category of intellectual disability discourse was identified in which intellectual disability was rendered invisible. Two discourses were identified that fell into this category: Politically-Correct and Relativist discourses. Politically-Correct discourse is characterised by careful and sanitised speech about intellectual disability. Similarly, the Relativist discourse stresses that equality is achieved by minimising the importance of intellectual disability. Neither of these two discourses has been identified in previous typologies of disability discourses. This suggests that these discourses are relatively new phenomena in relation to intellectual disability in contemporary society. Indeed, Stiker (1999) has recently argued that there is a trend towards the erasure of disability in our culture. Rudge and Morse (2001: 68), in their discourse analysis, also observed a similar trend towards sanitising schizophrenia in psychiatric disability talk. There are also indications that these discourses have a longer history in the debates over multiculturalism and race politics (Wetherell and Potter, 1992). Both Politically-Correct and Relativist discourses appear to be either an outgrowth of, or response to, attempts to change the social relations surrounding intellectual disability. These two new discourses have probable logical affinities with an earlier generation of discourses. At this point, it is simply necessary to note the importance of these two ‘new’ discourses, and how their identification contributes a distinctly new dimension to the understanding of intellectual disability discourses in contemporary society.
Theoretical Insights – Power, Discourse and Change

A number of theoretical insights that emerged as a result of this discourse analysis deepen existing knowledge about the relationships between discourse, power and social change. There has been significant discussion and speculation about change in the intellectual disability sector and the role that dominant discourses have played in advancing and justifying changes in ‘real life’ practices (Cocks and Allen, 1996; Meekosha, 1998; Bowman and Virtue, 1993). However, a great deal of this discussion has focused solely on identifying marked shifts between the dominant discourses of a given era, such as a shift from Rights to Economic-Rationalist discourse, without explicit attempts to explain how these discourses attained a dominant position (Whyte, 1995; Shaddock, 2002). Indeed, popular explanations of discursive change often seem to rely on a crude model of power, where the rise to dominance of a particular discourse is simply noted or alternatively explained purely in terms of it being the ‘agenda’ of powerful individuals and groups. For example, a common explanation is that a Rights discourse rose to dominance in the Australian State during the late 1980s and early 1990s under the Federal Hawke-Keating Labor Government. At the time it was believed that this discourse that dominated government departments would diffuse out from government and its agencies to become the dominant discourse within the broader Australian society (Law, 1991; Johnson, 1998a; Cocks and Allen, 1996; Bigby and Ozanne, 2001; Oliver, 1990). More recent commentators argue that this broader goal was never achieved because the fledgling Rights discourse was subverted by the rise of Managerialist and Economic-Rationalist discourses and practices during the mid 1990s (Parmenter, 1999: 145; Bigby and Ozanne, 2001: 179; Bowman and Virtue, 1993; The People Together Project, 1998; Starbuck, 1998, 1999).

While this general picture mirrors the overall findings of this thesis, particularly the analysis of Annual Reports, the explanatory efficacy of such an interpretation is useful but compromised because it is based on simplistic and generalised theoretical claims about power. It seems that there are more implicit theoretical conceptualisations of what the dominant discourses are, how they relate to power, and how they have changed over time than there are actual examples of what and where they are, where their power derives from, and how they work. This means that such explanations are of limited use in understanding what changes have occurred, in accounting for why they were possible, and what can be done about them. Moreover, there is a tendency on the part of
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some commentators drawing on the concept of discourse in a very general, yet non-Foucauldian way to explain discursive change wholly in terms of a zero-sum model of power (Bowman and Virtue, 1993; The People Together Project, 1998), where power is like a weapon used to shape discourse, held by the state to the exclusion of the people. However, Foucault himself adopted a very different conceptualisation of power that sought to avoid an over-emphasis of the state. Instead, he located political subjectification as the result of productive and repressive practices, techniques, and discourses found in “… numerous sites within and beyond the state” (Hazelton, 1999: 225). Accordingly, this section attempts to further explain the discursive changes identified in the data while at the same time better explicating the Foucauldian view of power in state and society.

First, this thesis has made an important contribution to debates about discursive changes within the State by documenting discursive patterns and changes within the Annual Report data. Several commentators lament the rise of Economic-Rationalist discourse and the decline of a Rights discourse that many hoped would transform how the State responded to people with disabilities (Bowman and Virtue, 1993; The People Together Project, 1998; Starbuck, 1998, 1999). The findings of this thesis expand upon this simplistic conceptualisation of this decline and rise of key discourses in several ways. The longitudinal Annual Report analysis charts changes in the relations and dominance of discourses and also identifies the key processes by which such changes occurred. Identification of the trajectories of the discourses in the Annual Report data provides tangible evidence that a Rights-type Social-Progress discourse did exist in the early 1990s, but was gradually eroded by the emergence and eventual rise to dominance of the Economic-Rationalist and Managerialist discourses by the mid 1990s. By 2000, however, both the Economic-Rationalist and Managerialist discourses were subsumed within a Third Way discourse that emphasised themes of paternalistic social responsibilities and democratic participation in addition to economic health. The findings of the Annual Report analysis deepen existing commentaries by evidencing claims that discursive change occurred, as well as describing the processes by which it occurred. The processes by which discursive change occurred were:

a) Overlapping themes: the analysis highlights how most of the discourses identified in the Annual Reports shared fundamental concepts such as rights, choices and needs, but with subtle and nuanced differences in how they constructed them.
Discursive change was made possible because competing discourses subtly shifted the meaning of key concepts by adding to or more clearly specifying their meaning. There was no one sharp dramatic shift from the Social-Progress discourse being dominant to the Economic-Rationalist replacing it. Rather the competing discourses subtly altered the meaning of key policy concepts. The role of shared concepts in the subtle process of discursive change accords with Chenoweth’s observation that ‘…discursive fields overlap and what appears to be competition is actually a strategic sharing of common ideologies and assumptions’ (Chenoweth, 1998: 234).

b) **Loosely defined claims susceptible to redefinition:** The core concepts of Social-Progress discourse were particularly susceptible to being changed by competing discourses because they were only loosely defined motherhood statements that did not specify definite practices for their administration, funding and implementation. In short, Social-Progress discourse was prescriptive about the direction of change, but insufficiently descriptive about how such changes should be realised. This meant that opposing discourses were able to maintain the key concepts promoted by the Social-Progress discourse, but were able to subtly shift the meaning of these concepts. For example, the claims of the Social-Progress discourse in the Annual Report data came to be incorporated within the discourses of Economic-Rationalism and Managerialism by translating its central concept of rights, into what could be costed and measured. This is consistent with Yeatman’s argument that claims on the State can be restricted through the use of a ‘politics of discourse’, where claims are transformed when subjected to a technicist mode of administrative rationality. A claim is granted ‘legitimate existence only if it accords with tightly controlled criteria, the value-orientation of which is thoroughly hidden within the smokescreen of technical rules and norms’ (Yeatman, 1990: 173-4).

c) **Conditionalising strategies:** Successful discursive competition was also facilitated by explicit discrediting or conditionalising strategies that undermined existing discourses. Economic-Rationalist discourse, for instance, discredited Social-Progress strategies as ‘utopian’. It also placed new conditions on universal access to services, claiming that funding constraints meant that services would never be available to everyone who needed them. Wetherell and Potter (1992) identified similar discrediting strategies in their study of how White New Zealanders rejected the reasons for Maori Protests (Wetherell and Potter, 1992: 150- 154). For Wetherell and Potter these discrediting strategies were tactics of racist discourse in
practice that resisted social movements around Maori land ownership. Perhaps more relevant to the field at hand, Stewart (2002) draws attention to similar conditionalising strategies being used by intellectual disability policy makers to constrain inclusive practice, resulting in a situation where governments can ‘sometimes act as if individual rights and responsibilities are discretionary’ (Stewart, 2002: 235).

d) **Meta-discursive reframing:** The introduction of a new meta-concept ensured that a discursive reframing of intellectual disability issues occurred. For instance, the Economic-Rationalist discourse reframed rights by introducing the conditional concept of ‘within available resources’. Similarly, the Third-Way discourse tempered the hard economic focus of the Economic-Rationalist discourse that had dominated previous Annual Reports by introducing the new concepts of ‘balance’ and ‘participation rights’. All in all, these arguments show how social change and the exertion of power is more complex than explicit government departmental decision-making, or implicit agendas of new governments, and involves a variety of discursive tactics.

The identification of these four processes is an important contribution to existing debates about discursive changes at the State level because too often there is the tendency on the part of local commentators on the rise of Economic-Rationalism in the Australian state (The People Together Project, 1998; Bowman and Virtue, 1993) to explain discursive change wholly in terms of centralised, external and institutional factors, such as a change of government. What the findings of this discourse analysis show is that the consequences of institutional changes are diverse, and characterised by the susceptibility of opposing discourses to subvert explicit policy goals. Consequently, it is not simply a matter of ‘policy equals change’ or ‘new government equals discursive change in a particular direction’.

Second, the findings of the discursive differences and continuities across the three arenas problematise models of the powerful sovereign State, where powerful discourses dominate and then diffuse out into the broader society. In contrast, and as illustrated in Table 9.2, some of the discourses identified in the Annual Report data were not reflected in the Lay or Media data. Similarly, many of the discourses identified in the Lay data were not identified in Annual Reports, but were reflected in the Media,
particularly the Community-Welfare discourse. This suggests that the state cannot simply impose discursively justified changes and practices on society, as the state is but one site in a network of competing and colluding discursive struggles. This finding is sympathetic to Foucault’s critique of the over-emphasis of the role of the state in explanations of domination, subjugation and subjectification (Foucault, 1997: 300), and supports his claim that there are “… manifold forms of domination that can be exercised within society” (Foucault, 1983: 232). Of course, some discourses, such as the Individualist-Idealist discourse are strongly entrenched within each of the arenas studied and consequently appear to have taken on the status of a taken for granted truth. Also, the Social-Progress featured in all three arenas, but was less forcefully expressed. This certainly points to the dominance of certain Individualist discourses over Social discourses, but once again this supports Foucault’s refusal of simplistic conceptualisations of discursive dominance as simply the result of ‘top-down’ State power. In problematising top-down models of State power I am not denying that external institutional factors do play an important role in discursive change. However, the results of this study suggest that these factors do not play a straightforward causal role. Moreover, they suggest that domination or struggle should not be theorised too simplistically, and it is to reconceptualisations of these that we now turn.

Table 9.2: Presence of Discourses of Intellectual Disability within Three Arenas Analysed*

<table>
<thead>
<tr>
<th>Number of Arenas identified in</th>
<th>Discourse</th>
<th>Annual Reports</th>
<th>Media</th>
<th>Lay People</th>
</tr>
</thead>
<tbody>
<tr>
<td>Three Arenas</td>
<td>Social-Progress</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Individualist-Materialist</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Two Arenas</td>
<td>Neutral-Bureaucratic</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Manageralist</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Economic-Rationalist</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Community-Welfare</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Relativist</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Politically-Correct</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>One Arena</td>
<td>Third Way</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Political-Consensus</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Formal-Rights</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Psy-Development</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Enigmatic-Apprehension</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>Pity-Charity</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Data sources: Annual Reports published by Victorian Disability Services Departments 1990-2000; Newspaper reporting of intellectual disability issues in The Age (1/1/98-31/1/98); Interviews with 22 lay people (aged 18-30 years) about intellectual disability ideas, knowledge and experiences.
Mapping and Theorising Patterns of Discursive Dominance

The meaning of disability, and theoretical accounts of how dominant discourses engender, maintain and reflect power relations within society, has been the subject of much academic and political debate by disability theorists and disability rights activists (Oliver, 1990; Corker, 1998a, 1998b; Shakespeare, 1994; 1996; 1998; Meekosha, 1998b). Proponents of the Social Model position, such as Oliver (1990, 1996a, 1996b) and Barnes (1992), contend that an Individualist model of disability is dominant in society and, reinforced by an ideology of ablebodied- and ablemind-ness, has taken on the status of ‘commonsense’. However, Oliver (1996b) argues that a Social Model of disability has challenged the Individual model of disability and has had ‘unparalleled success in changing the discourses around disability’ (Oliver, 1996b: 29). In contrast, Titchkosky (2000) has questioned the influence of the Social Model in transforming society and the dominance of the Individualist model (Titchkosky, 2000: [4]).

Similar arguments are advanced by the small number of theorists who have adopted elements of Social Model theorising and Foucauldian insights on discourse and power. They have attempted to identify the dominant discourses of disability within contemporary society, and have conceptualised existing power relations within society as both the artefacts and reflections of these dominant discourses (Meekosha, 1999b, 2000; Newell, 1999: 9-10). However, as I have argued, many of the works on disability discourses and the respective influences of the Social and Individual models of disability have been deduced from theoretical claims. The relative dominance of given discourses and Individual and Social models of disability have not previously been empirically explored in the Australian context. This literature thus has lacked a sufficiently complex and detailed understanding of how these discourses achieve or continue to maintain their dominant status and the power relations that they engender. One of the clear contributions of this thesis is that the findings allow us to further theorise about how patterns of discursive dominance are achieved. Indeed, it is Foucault’s theoretical framework that facilitates this type of analysis. The findings, in turn, support Foucault’s theoretical claims regarding the complexity of power, truth, and governmentality. As Foucault puts it, “We are subjected to the production of truth through power and we cannot exercise power except through the production of truth” (Foucault, 1983: 229-230). It is therefore essential that the characteristics of this dynamic co-production of power and truth in governmentality are examined.
specifically, rather than simply accepting Foucauldian theory for its own sake. Moreover, the findings of this study add important empirical data to extend current debates and theories within the disability literature by identifying what discourses of intellectual disability are present within and across three specific sites. Turning to these findings, and comparing them to previous studies, reveals a more fruitful model of power.

It was significant that the only two discourses identified as present across all three arenas were the Individualist-Materialist and Social-Progress discourses. These two discourses in many ways mirror the binary Social and Individual Models of disability described by disability theorists (Oliver, 1990; 1996a, 1996b; Barnes, 1992). Moreover, the majority of the other discourses identified in this study share a number of affinities or allegiances with one or the other of the two poles that the Individualist-Materialist and Social-Progress discourses represent, particularly in their construction of intellectual disability and the nature of the world. Certainly, Individualist-Materialist and Social-Progress discourses can be conceptualised as representing the two extreme poles of discursive thinking about intellectual disability in contemporary society, as illustrated below in Table 9.3.

Table 9.3: Characteristics and Clusters of Individualist and Social Discourses

<table>
<thead>
<tr>
<th>Core Discourse</th>
<th>Characteristics of Intellectual Disability</th>
<th>Discourses belonging to cluster</th>
</tr>
</thead>
<tbody>
<tr>
<td>INDIVIDUAL</td>
<td>Intellectual disability as fact, deficit, and problem.</td>
<td>Individual-Materialist</td>
</tr>
<tr>
<td></td>
<td>Provides the basis for administrative discourses that view intellectual disability as a legitimate eligibility for services</td>
<td>Individual-Idealist</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Psy-Development</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Enigmatic-Apprehension</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pity-Charity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Neutral-Bureaucratic</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Manageralist</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Economic-Rationalist</td>
</tr>
<tr>
<td>SOCIAL</td>
<td>Intellectual disability as relative to or mediated by society, community and related institutions.</td>
<td>Social-Progress</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Relativist</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Community-Welfare</td>
</tr>
</tbody>
</table>

However, to simply collapse the various discourses, and their many diverse characteristics, into two categories around these oppositional poles is to ignore the many other ways in which these disparate discourses overlap with one another and share other
themes and concepts. An alternative approach is to conceptualise the Individualist-Materialist and Social-Progress discourses as representing two opposing ends of a spectrum of thinking about intellectual disability, from extreme individualism to extreme sociality. Yet, conceptualising the discourses as permanently situated along this spectrum also runs the risk of reification and oversimplification of the discursive relationships. This approach fails to convey the many different ways in which discourses may compete or combine depending on the issue concerned. Indeed, the findings of this study suggest that the fourteen discourses fall along various spectrums, competing and combining differently depending on the issue at hand.

Consequently, a more adequate explanation of discursive dominance is that overlaps between discourses allow temporary clusters to form along various spectrums, with the make-up of each cluster largely dependent on the ‘state of play’ concerning a particular issue. In this light, the Individualist and Social poles must be seen as only two of many possible poles, albeit important ones, around which discursive clusters can form. It seems that the more often these clusters are formed, the more they come to resemble two stable and enduring binary models of disability. Nonetheless, it must be continually stressed that these clusters and poles are contingent. This is why Clegg (1989) likens Foucault’s theorising of power to that of Machiavelli, with the latter’s emphasis on contingent, unstable strategies (Clegg, 1989: 1-7). Clegg (1989) has also argued for a similar conceptualisation of how patterns of meaning become fixed around ‘nodal points of power’ that ‘acquire stability and solidity’ (Wetherell and Potter, 1992: 172). This conceptualisation is more consistent with this study’s finding of the ways in which discourses share themes and concepts, but with subtle differences. Consequently, one key contribution of this thesis is to resist simplistic binary models of disability, and show how even dualistic models may have diverse and shifting undercurrents. Indeed, exposing the contingency of dominant discourses reveals that it may be possible for certain individuals and groups to rework, use or take a position in opposition to these discourses (Weedon, 1987; Clinton and Hazelton, 2002: 20-21).

**Pervasive Individualism and Essentialism**

Despite this theorisation of discursive dominance as contingent and unstable, researchers in the intellectual disability field have contended that Individualist
conceptualisations of intellectual disability remain very influential (Cocks and Allen, 1996: 305; Ryan and Thomas, 1980: 116). Moreover, they argue that the focus on individual deficits found in Individualist discourses reduces people with intellectual disabilities to the status of dangerous and defective objects to be managed. This study’s findings mirror those claims of previous researchers, however, it adds several new dimensions to our understanding of Individualist discourses. First, the majority of discourses identified do share a common construction of intellectual disability as an unproblematic, uniform and extreme marker of difference. Second, it is the presence of shared themes of intellectual disability between different discourses that best explain why Individualistic explanations of intellectual disability continue to dominate even in the face of superficial differences and diversity of discourses. Although these discourses vary in actual content, they all appear to agree that intellectual disability is an unchanging difference within the individual, which renders people with intellectual disability as deficient in personhood and voice. Third, the pervasiveness of a cluster of colluding discourses suggests that Individualist discourses have an almost hegemonic truth status in our society. This quasi-hegemony is so fixed it leaves few opportunities for considering that intellectual disability may be anything other than a negative thing. Put simply, this thesis concludes that there is common agreement between various discourses about what intellectual disability is, and that this agreement results in the dominant view that people with intellectual disabilities are others. One consequence of this dominant, mutually reinforcing cluster of Individualist discourses is that it may result in little space for thinking about how people with intellectual disability may be capable of contributing to the fullness and diversity of humanity (Hirst and Woolley, 1982: 194). However, the specific theoretical contribution of this study has been to explain that the dominance of this discursive cluster is neither inevitable nor homogenous, but merely one cluster amongst many possible clusters that may develop. Moreover, there are also further factors to consider that more fully account for the persistent voicelessness of people with intellectual disabilities within contemporary society. It is to a consideration of these that we now turn.
Excluded Discourses – People with Intellectual Disability as Absent or Silent?

Silence is the condition of one who has been dominated, made an object; talk is the mark of freeing, of making one subject (bell hooks, 1989, cited in Meekosha, 1998a: 164).

To speak on this subject, to force the institutionalised networks of information to listen, to produce names, to point the finger of accusation, to find targets, is the first step in the reversal of power and initiation of new struggles against existing forms of power. If the discourse of inmates or prison doctors constitutes a form of struggle, it is because they confiscate, at least temporarily, the power to speak on prison conditions (Foucault, in Foucault and Deleuze, 1977: 214).

While this study has identified the presence of fourteen discourses of intellectual disability, it has also exposed the absence of the voices of people with intellectual disability within these discourses. There was an absence of what Hazelton terms a ‘consumer discourse’. Consumer discourse, according to Hazelton is a version of a rights discourse that emphasises self-determination by the person with disability, and challenges Political-Administrative discourses that assume people with disabilities are powerless and unable to make their own decisions (Hazelton, 1993: 151-152). A possible explanation for the absence of the voices of people with intellectual disabilities is that few of the discourses identified in this study actually constructed them as capable of exercising voice.

The emergence of discourses that emphasise the rights and personhood of people with intellectual disabilities is cause for hope. However, even in these discourses, such as Formal-Rights and Social-Progress discourses, it is still others who are defining and representing the needs and wants of people with intellectual disabilities. Consequently, even in discourses that emphasise the humanity and rights of people with intellectual disabilities, they may still be constructed as requiring others to speak for them. Commentators have similarly identified the absence of the voices of people with intellectual disabilities from contemporary media texts and debates over disability politics (Johnson, 1998a: 164, 176-177; Chenoweth, 1998: 224; Barton, 1993). Foucault’s concept of governmentality offers some insights here, as it is possible that the allies and advocates of people with intellectual disabilities are in some ways responsible for veiling and limiting the freedoms of those for whom they purport to speak (Davidson, 1994: 118-119). This points to the need for reflexivity amongst those
who “… try to control, determine and limit the freedom of others” (Foucault, 1997: 300).

There may be instances in which such ‘speaking for’ is legitimately justified, and advocacy clearly plays an important role in the striving for justice for those voices are not listened to (Larbalestier, 1996: 30). However, the absence of the voices of people with intellectual disability within these discourses inadvertently maintains the construction of them as non-speaking objects, and serves to legitimise the practice of others speaking for them. Discourses that routinely deny voice to people with intellectual disability, even those that seek progressive social change, may mean that the act of ‘speaking for’ becomes an unreflexive habit of those who live, work, or meet people with intellectual disability. In seeking to speak for some people with an intellectual disability, all people with an intellectual disability may be assumed to be unable to exercise voice. Such ‘speaking for’ may reinforce the view in the mind of the ‘speaker for’ and others that all people with intellectual disability are powerless and incapable. Such unreflexive discursive habits are problematic. As Larbaleister, writing on social and welfare discourses, contends ‘[t]here is no a priori ground for assuming that all (many? some?) people in contact with social and welfare workers are unable to, or do not, understand issues generating disadvantage and inequity’ (Larbaleister, 1996: 26). Moreover, valorising the spoken or written word may come at the expense of undermining the other ways by which some people with intellectual disabilities communicate, such as Comics and Auslan sign languages, or other non-verbal behaviour. While the evaluation of what is meaningful communication is an area that is fraught with debate (see Johnson, 1998a; Penhallurick, 2000), it is clear that there are alternative ways to communicate other than speech or writing. Yet, those discourses that, intentionally or unintentionally, promulgate the view some people with intellectual disabilities are unable to meaningfully communicate deny these alternatives. Indeed, you cannot hear someone if you do not think they have a voice or something meaningful to say.

The continued absence of the voices of people with intellectual disabilities is cause for concerns regarding the capacity of community living reforms to change the position of people with intellectual disabilities in society. This is a particular concern when even the ‘well intentioned’ proponents of Social-Progress and Formal-Rights discourses
ignore the voices of people with intellectual disabilities. Clearly, more work is needed to better understand the marginalisation of people with intellectual disability in such discourses and more generally in the processes that concern their lives. This calls for further research into strategies to facilitate and better understand how the subjectivities of people with intellectual disabilities are constructed (Davidson, 1994: 119), including the barriers to the ‘non-tokenistic’ expression of the voices of people with intellectual disabilities within official documents, media, policy development, and everyday life. However, this study has also revealed new, and perhaps more easily overlooked, forms of voicelessness: Relativism and Political-Correctness.

**The Rise of Relativism and Political-Correctness**

In this study, Politically-Correct and Relativist discourses were identified that minimised discussion of what intellectual disability is and who people with intellectual disability are. This was indicated by concerted attempts within texts to avoid making references to the category of disability, in particular the avoidance of the term ‘normal’. There is no straightforward interpretation of what the presence of these discourses within the data tells us about contemporary society. Two explanations are offered here. Firstly, the optimistic take on the emergence of these discourses is that they offer opportunities to minimise the negative connotations usually associated with intellectual disability by taking a neutral approach to difference. They may reflect attempts in our culture to challenge, reverse, or move beyond the dichotomous binary categories that are theorised as entrenched in our culture (Meekosha, 1998a: 163; Plumwood, 1993; McNay, 1992; Fullagar and Hardaker, 1993; Fullagar, 2000). Within these counter-discourses, the entrenched dualisms surrounding intellectual disability, such as normal/abnormal and able/disabled, are dissolved and intellectual disability becomes just another variation of the human condition (The Roeher Institute, 2002: 119).

Secondly, a pessimistic interpretation is that the emergence of Politically-Correct and Relativist discourses are evidence of the difficulties entailed in deliberate attempts to bring about socio-cultural changes and the contradictory and limited nature of interventions thus far. These Politically-Correct and Relativist discourses may be a direct outgrowth of, or reaction to, the politicisation of disability in recent years, or alternatively, a deeper trend within our culture to deny the presence of any disability
Chapter 9: Discussion

(see Rapley, Kiernan and Antaki, 1998: 807; Stiker, 1999: 121-200). Several commentators have made similar arguments (Stiker, 1999: 121-200; Everingham, 1998). As a consequence, the Politically-Correct and Relativist discourses may only indicate a pseudo-acknowledgement of the personhood of people with intellectual disabilities. Such discourses may also be more problematically drawn on as a tactic to obscure, hide or soften Individualist discourses rather than changing them.

Community educators and consumer groups, who have identified their own interest in attempting to redefine and shift dominant notions of disability, may have played an important part in developing or popularising these Relativist and Politically-Correct discourses in order to challenge Individualist and essentialist notions of intellectual disability. However, the findings of this research illustrate that resisting and redefining discourses is a difficult process that goes beyond simply using new phrases and words, and that new discourses may still preserve aspects of older discourses or have unintended consequences. In exposing the difficulties of this process, this thesis exposes the problems with existing community education practices. Given the potentially negative consequences of the Politically-Correct and Relativist discourses, there is an urgent need for community educators, policy makers and disability workers ‘on the ground’ to better consider and engage with the range and complexity of the discourses of intellectual disability within contemporary society. Yet, the problems posed by the discourses that construct intellectual disability are not adequately addressed within the existing attitudinal framework of community education and expose the dangers of continuing to adopt simplistic community education strategies. Therefore, this study’s findings should fruitfully inform further research on community education strategies and their evaluation, with a view to devising more sophisticated models that advance practice in this integral part of community living reforms. Clearly, an important implication of this study’s finding is the need to adopt more complex models of community education that acknowledge and respond to the contradictions that this study has exposed (Petersen, 1994: 213; Peersman, 1999: 127; Small and Associates, 1998: 7).

One key area in which the findings of this study should find practical application is in the training and everyday practices of workers in the intellectual disability field. First, professionals and community educators can play a key role in renegotiating these
discourses by fostering a critical awareness of how their own language and practices may indicate a given discourse, and the unintended consequences of such a discourse (Lupton, 1995: 158-9). Second, training strategies could be devised to assist workers to develop a reflexive understanding of their own discourses, and to provide the grounds for changing understandings and practices. This may enable workers and professionals to recognise their own position within the range of discursive possibles, and create a basis for strengthening their own convictions about the way they practise, while also recognising their limitations. By identifying the discourses available, workers may be able to gain a fuller understanding of the discourses that constitute intellectual disability within contemporary society, and how they shape overt expressions of ‘real world’ power and knowledge in the everyday lives of people with intellectual disabilities and their families. For example, professionals in institutions such as medicine and social work often make key decisions that are shaped by the discourses that they draw on. While the aim of this thesis has not been to explore these ‘real world’ practices, professionals, community educators and workers in the intellectual disability field are well situated to further explore how practices are mutually shaped and justified through discourses. In doing so, practitioners, community educators and workers may join people with disabilities in creating ‘space for the acknowledgement of differences and diversity, new ways of relating, [and] new forms of social experience’ (Lupton, 1995: 161). Furthermore, this approach to training may enable ‘on-the-ground’ workers to understand the conflicting occupational goals that they confront, highlight the range of options available to them, and better equip them to deal with the occupational dilemmas they face. Intellectual disability support workers need to be informed that they do not have to be completely subjugated to the occupational setting within which they work, as they do possess the power to ‘conduct their own conduct’ in how they shape their own practices, in collusion or resistance to dominant professional norms and occupational controls (Clinton and Hazelton, 2002: 20-21). What is necessary to acknowledge is that the diverse nature of discourse is precisely what may enable these freedoms, spaces and changes to occur. Yet, what discourses in particular are best situated to consolidate this change?
Hope and Struggle – Social and Community Discourses

Despite the pervasive construction of people with intellectual disabilities as voiceless and lacking full humanity, several discourses were identified that suggest change has occurred in how people with intellectual disabilities are constructed. For example, the Social-Progress, Community-Welfare and Formal-Rights discourses each emphasise the responsibility of the community to care for and provide opportunities to its most vulnerable citizens. In this respect, the identification of these discourses that emphasise social and community responsibilities is cause for cautious hope. These discourses have the potential to politicise the diagnosis, treatment and government support offered to people with intellectual disabilities. Indeed, they highlight the emergence of new discursive spaces for thinking about the personhood of people with intellectual disabilities, and also provide important counter-points to the dominant Individualist cluster of discourses that fundamentally view intellectual disability purely as an individual problem.

The findings of this study have, however, revealed the limited impact on contemporary society of those discourses that emphasise rights, community and society in their construction of intellectual disability. These discourses occupied a marginal status in each of the three arenas analysed. Nonetheless, one of the fruits of this analysis is that we now better understand the processes by which such Social discourses are marginalised. Consequently, proponents of such discourses can be more specific in the strategies they adopt to strengthen and protect these discourses from challenges and distortions by opposing discourses. Knowledge of competing discourses may mean that activists can more clearly and extensively explicate their own discursive position and the practices informed by it, anticipate and actively respond to criticisms, and explicitly discredit and reject opposing discourses that would undermine such claims (Shaddock, 2002: [2]). This familiarity with the many discourses of intellectual disability allows an understanding of the ‘state of play’ (Quibell, 2002: 14, 19). With such understandings, people can become conscious of how they position themselves, their stories and their actions (Whyte, 1995, Quibell, 2002: 14, 19). That is, they can come to recognise the way in which they are constructed and held captive by particular discourses, and that this recognition is in itself a source of potential power. By making explicit the discourses that are taken for granted, individuals can reflect on how their own subjectivity has been shaped. Moreover, as products as well as producers of discourses,
they may be able to claim the power to construct themselves by actively drawing on a
given discourse or set of discourses (Quibell, 2002: 14, 19; Foucault, in Foucault and
Deleuze, 1977: 214). The critical practice of exposing and challenging such discourses,
and the assumptions, habits, and understandings they perpetuate may assist people with
intellectual disabilities and their allies to think beyond the identities that have trapped
them, and to foster alternatives.

An initial step in this direction is further research to explore how people with
intellectual disabilities think about themselves and how others view them, and whether
or not their participation in contesting and re-authoring the discourses that construct
them can become a fruitful and empowering strategy (White, 1992, Whyte, 1995;
Rapley, Kiernan and Antaki, 1998: 807; Davies and Jenkins, 1997). Certainly, if reality
is always a discursive struggle between competing discourses, proponents of Social-
Progress, Community-Welfare and Formal-Rights discourses can seize the power to
partake in this struggle.

**Concluding Statement – Diversity, Struggle and Hope**

A superficial examination of policy, legislation and practice over the past 30 years
would suggest an overly optimistic view of how the meanings of intellectual disability
have changed (Lewis, 1988: 165). However, this thesis has illustrated the diversity and
complexity of discursive constructions of intellectual disability in contemporary society.
The principal argument of this thesis is that changing policy and legislation is
insufficient to transform social and cultural understandings of intellectual disability.
The findings have highlighted the constraints on attempts over the last two decades to
radically alter the conceptualisation of people with intellectual disability within society.
Although it appears that the ideas central to social model theories and disability politics
have permeated contemporary understandings of intellectual disability to a certain
extent, they have not provided a successful alternative to those discourses that privilege
the able-minded subject and construct people with intellectual disabilities as *other.*
Overall, the majority of discourses in the data constructed people with intellectually
disabilities as inherently limited beings.
More specifically, the findings of this study have painted a complex picture of intellectual disability discourses in the time of community living reforms. On the one hand, Individualist discourses are enduring. On the other, Rights-type discourses are proliferating but remaining marginal. Older, Charitable discourses appear to be changing, yet it is unclear if the emerging discourses will offer any new possibilities for people with intellectual disabilities. And still, the voices and discourses of people with intellectual disability remain absent. Community living reforms, such as deinstitutionalisation, integration and inclusion, may not have successfully unmade or alternatively constructed people with intellectual disabilities from their status as other. In one sense these findings are disappointing, particularly for those who have, to borrow a phrase from one of the earlier Annual Reports, ‘sweated blood’ to bring about change.

Yet, there is also much to celebrate in the diversity and complexity of the discourses of intellectual disability that have been identified. Individualist discourses of intellectual disability may still be enduring, but their taken-for-granted status is not inevitable. Remnants of historical discourses that cast people with intellectual disabilities as defects, dangers, and victims may remain with us (Cocks and Allen, 1996), but the range of discourses identified in this thesis challenges the homogeneity and historical dominance of any one discourse. This creates possibilities for new discourses and new practices to emerge that challenge the old and create spaces for new thinking about the identities of people with intellectual disabilities (Yeatman, 1990; Penhallurick, 2000). Even the marginal presence of Social-Progress and Relativist discourses suggests that some change has already occurred, with greater attention being paid to the role of society in creating, exacerbating, challenging and changing the social aspects of disablement. This thesis has clearly shown that the current situation and the types of social change needed are more complex than as conceptualised by proponents of the Social Model of disability, and has illustrated the fruits of drawing on Foucauldian theory to inform analysis.

The complexity of the discourses identified is cause for hope. Identifying and exploring the discourses of intellectual disability within contemporary society has allowed for a fuller understanding of their complexity, and how they may inform traditional power relations in the lives of people with intellectual disabilities. Accordingly, this thesis has also proposed a number of strategies for how further changes can be worked towards in
light of knowledge about the complex network of meanings and practices surrounding intellectual disability.

The many different discourses identified and the resulting discourse map to emerge from this study are cause for hope because they demonstrate that there is no one hegemonic truth about intellectual disability and people with intellectual disabilities. In this diversity, and in the gaps between these discourses, are the potential spaces of power where changes can occur. This power is exposed for people with intellectual disabilities and their allies to seize.
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References


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Rudge, T. and Morse, K. (2001), ‘Re-awakenings?: A discourse analysis of the recovery from schizophrenia after medication change’, *Australian and New Zealand Journal of Mental Health Nursing*, Volume 10, Number 2, pp. 66-76.


References


**LEGISLATION**

*Disability Discrimination Act (1992, Commonwealth)*

*Disability Services Act (1992, Commonwealth)*

*Disability Services Act (1992, Victoria)*

*Guardianship and Administration Board Act (1986, Victoria)*

*Intellectually Disabled Persons Services Act (1986, Victoria)*
APPENDIX I: Timeline of Significant Intellectual Disability Reforms

1976 United Nations declares 1981 as the *International Year of Disabled Persons*

1978-9 Under Premier Hamer, a committee on mental retardation was established. This resulted in the completion of a report on mental retardation in 1978-79. The report led to the separation of intellectual disability from mental health as “…the Government put in train plans to establish a separate Division of Mental Retardation within the Health Commission of Victoria.”

1981 *International Year of Disabled Persons*

The International Year of Disabled Persons generated a great deal of activity by and for disabled people and generally stimulated immense interest regarding the various barriers confronting all disabled people in our community. Tangible developments are now emerging and will continue to emerge, which can be described as a tribute to what can be accomplished when many sections of society work together for a common cause.

**Accommodation**

*Report of the Committee into St Nicholas Hospital released (Victoria)*

*Minister for Health announces the closure of St. Nicholas Hospital announced*

Development of Community Residential Unit (CRU) program in Victoria

**Advocacy**

*Office of the Commissioner for Equal Opportunity report released.* People with disability surveyed for the study speak about their experiences of discrimination

*Reinforce*, a self-advocacy organisation of people with intellectual disabilities was established. It replaced *Force 10*.

1982 **Access/Transport**

*First Multipurpose taxi program for people with mobility impairments*

**Accommodation**

Plans to close St. Nicolas Hospital announced. Some residents – children and young adults – moved to Community Residential Units

*Attendant Care Allowance recommended in the report of the McLeay Committee*
Pilot Attendant Care Study commenced in NSW

**Advocacy**

*Disability Resources Centre* (Victoria) established. The opening of the centre for, and operated by, people with disability was made possible with a start-up grant from the Victorian Government.

*Disabled People’s International*, an international advocacy group of people with disability established its Victorian branch.

Money from the International Year of Disabled Persons made available to “develop regional groups or councils of people concerned with disability” (Cooper, 1999: 203).

**Education**

*Primary and Secondary Education* report states that: “The proper place of disabled children is side by side with their fellow citizens at study, work and recreation” (cited in *Integration in Victorian Education*, 1984: 6).

**Legislation**

*Discrimination Against Disabled Persons Act* (Victoria)


**1983 Access/Transport**

Multipurpose taxi program introduced, providing a 50% fare reduction to people with disability.

*Transport Act* (Victoria) – Requires the State Transport Authority and Metropolitan Transport Authority to identify the transport needs of disadvantaged groups, particularly people with disabilities, and to implement appropriate services.

**Advocacy**

*Disabled People’s International* establishes an Australian division, DPIA. DPIA received a $50,000 grant from the Commonwealth Government.

Disability Advisory Council of Australia established.

Report on the sterilization of disabled women and girls published by the National Women’s Advisory Council.

**Education**

Release of the Ministerial Paper on *Decision Making in Victorian Education*.

APPENDIX I: Timeline of Significant Intellectual Disability Reforms

Legislation
Review of the Handicapped Persons’ Assistance Act produced by the Disability Resource Centre of Victoria 47

The Report of the Minister’s Committee on Rights and Protective Legislation for People with Mental Retardation was released. Cocks (2005) describes this report as:

… the basis for the establishment of the Public Advocate and underpinning legislation in Victoria and in fact was the forerunner of similar legislation in all jurisdictions in Australia. Subsequently, the committee that developed the IDPS in Victoria was established. Both initiatives were on the agenda of the MRD [Mental Retardation Division].” (Cocks, 2005: 2). 48

1984 Education

The Review has proposed a policy of integration which has as its basis the guiding principle that every child has a right to be educated in a regular school (Integration in Victorian Education, 1984: 80).

Report proposes a model of integration emphasising the rights and choices; equalising of school-parent relationships and promotion of partnerships; a focus on changing the educational environment and system rather than the child or their impairment. The review rejects concepts of normalisation, ‘least restrictive alternative’, ‘most appropriate setting’ and the view that professional expertise should be primary in decision making.

Legislation
Sex Discrimination Act (Commonwealth) passed

Services/Government
The Mental Retardation Division becomes the Office of Intellectual Disability. 49

1985 Accommodation
Final closure of St. Nicolas Hospital. 50

Advocacy
Disability Resources Centre release report on the rights of residents in institutions 51

Employment
Disability Employment Action Centre (DEAC) funded and developed 52
APPENDIX I: Timeline of Significant Intellectual Disability Reforms

Legislation
Home and Community Care Act (Commonwealth)

Services/Government
Release of New Directions: Report of the Handicapped Programs Review (Commonwealth)\(^53\)

Commonwealth Office of Disability established

1986

Accommodation
Attendant Care Scheme established under the Commonwealth Department of Health and Family Services\(^54\)

Advocacy
Office of the Public Advocate (Victoria) created

Human Rights and Equal Opportunity Commission (Commonwealth) established\(^55\)

Schizophrenia Australia established\(^56\)

Consumers’ Health Forum established\(^57\)

Protests over the need for attendant care programs led by DPIA\(^58\)

Forums on public transport and independent living options held by DPIVic\(^59\)

Legislation
Affirmative Action Act

Disability Services Act (Commonwealth)

Guardianship and Administration Board Act (GAB, Victoria)

Human Rights and Equal Opportunity Commission Act (Commonwealth)

Intellectually Disabled Persons’ Services Act (IDPS, Victoria)

Mental Health Act (Victoria)

Mental Health Review Board Act (Victoria)

Policy/Government
Victorian Government releases the Victorian Social Justice Strategy

1987

Services/Government
Victorian Government takes over responsibility for administering the
APPENDIX I: Timeline of Significant Intellectual Disability Reforms

PAPD program

Commonwealth Rehabilitation Service (CRS) decentralised

1988

Access
Commissioning of report on accessible transport planning (Victoria)

Advocacy and Rights
Release of a discussion paper on the rights of people with disability by the National Council on Intellectual Disability (NCID), ACROD and DPIA

Education
Guidelines on quality education for children with disability published by the Commonwealth Program for Schools

Income Support

Services/Government

Intellectual Disability Services formally moves from the Health Department Victoria to the Community Services Victoria.

Review of the Home and Community Care Programme (Commonwealth)

1989

Education
Publication of Disabling Policies? by Gillian Fulcher; a comparative analysis of integration policies from around the world and the strategies used by key stakeholders to implement them.

Services/Government
Minister for Community Services, Peter Spyker announces a new plan for Intellectual Disability Services in Victoria

1990

Accommodation

Employment
Discussion paper released by the Commonwealth Government entitled National Employment Initiatives for People with Disabilities. The report comes to be known as the ‘Ronals Report’.
APPENDIX I: Timeline of Significant Intellectual Disability Reforms

Services/Government
Work begins to develop shared funding agreements between the Commonwealth and State Governments – What would later become the Commonwealth/State Disability Agreement.

1991

10th Anniversary of the International Year of Disabled Persons

Accommodation
Victorian Government announces the closure of the Caloola Training Centre67 for people with intellectual disabilities

Employment
DEAC release report on the disadvantages faced by women with disabilities working or looking for work (Victoria)68

Legislation
*Disability Services Act* (Victoria)

*Social Security Act* (Commonwealth)69

Services/Government
Commonwealth/State Disability Agreement principles accepted by Council of Social Welfare Ministers70

Health Department Victoria releases Head Injury Services Plan. Formation of the Ministerial Implementation Committee on Head Injury (MICHI)

1992

Access
Nine Victorians “launch a class action against discriminatory policies and practices by the Victorian Public Transport Commission” (Cooper, 1999: 213).

Accommodation
Caloola Training Centre, an accommodation facility for people with intellectual disability, decommissioned.71

Advocacy
National Carers’ Association formed

Education
Victorian Auditor-General’s Office release the report *Integrated Education for Children with Disabilities: Special Report, Number 17:* (May 1992) – Controversial report that identifies a range of concerns with the integration program and the maintenance of a dual education system (special and mainstream), staffing, and evaluation of the Integration program

_The Victorian Federation of State School Parents’ Club Inc_ reject the
APPENDIX I: Timeline of Significant Intellectual Disability Reforms

Auditor-General’s report:

Parents do not accept the unbalanced and biased report of the Auditor-General on the Integration program in State schools...The Auditor-General has strayed far beyond his brief in making many of the recommendations contained in the report... His comments on policy issues are quite inappropriate and appear to have ignored the extensive body of Ministry policy which exist at both the statewide and regional levels.72

Integration and Special Education in Victorian Schools (August 1992) contends that “Education in a regular school is now the majority choice of parents of children with disabilities in Victoria” (Cullen and Brown, 1992: 3). This report commissioned by the Department of School Education addresses key issues raised in the Auditor-General’s report.

1993

Access
Review of Australian Standard Building code AS.142873

National Accessible Transport Committee formed74

Accommodation
Last residents moved from Caloola

Legislation

Government/Policy
Amalgamation of Victorian Departments of Community Services Victoria (CSV) and Health to form the Department of Health and Community Services (DHandCS).

Commonwealth Disability Strategy announced75

Release of New Directions: The Changing Face of Disability Services. This document provides

...the policy framework for the delivery of intellectual disability services in Victoria over the period 1993-95.76

1994

Accommodation
The redevelopment of the Janefield and Kingsbury Training Centres announced77, including the building of a new institution – Plenty Residential Services – on the Janefield site (November).
APPENDIX I: Timeline of Significant Intellectual Disability Reforms

Government/Policy
Release of the *Victoria’s Mental Health Services: Frameworks for Service Delivery*

1995

Accommodation
Building of a new institution at Janefield commences

Services/Government
Office of Disability (Commonwealth) sets up the Australian Caucus of Consumer Oriented Disability Organisations

Mental Health Division of DHS releases document entitled *Working With Consumers - Guidelines for Consumer Participation in Mental Health Services* (June)

1996

Government/Policy
Australian Health Minister's Advisory Council's National Mental Health Working Group endorse the *National Standards for Mental Health Services* (December)

Victorian Government announces the State Plan for Intellectual Disability Services 1996-99. Major objective of the plan is to: “Create a better future for people with an intellectual disability and to increase and enhance their lifestyle opportunities.”

1997

Services/Policy
An information and management system for clients with intellectual disability (DISCIS) implemented within Human Services (Victoria) for use at a state-wide level.

Non government organisations (NGOs) that provide accommodation services are integrated into the Human Services (Victoria) regional coordination process for managing and allocating accommodation vacancies.

1998

Services/Government
Report tabled in the Parliament of Victoria on the poor conditions at Kew Cottages Residential Service. A newspaper editorial in *The Age* newspaper describes the findings of the report as follows: “[M]ore than 18 months after the fire that killed nine men at Kew Residential Services, conditions in some sections of the facility remain substandard…” (Editorial Opinion, 1998a: 16).

There is considerable opposition to the State Government’s announcement of the closure of the Prahran Magistrates Court, a court expert in dealing with marginalised groups.

State Government pledges to spend $100 million on people with
intellectual disability. Community groups express scepticism about how this pledge will translate into practice.83

2000  
**Activism**  
‘Young People in Nursing Home’ Campaign Launch and National Day of Action

**Welfare Reform/Government**  
Release of the ‘McClure Report’, *Participation Support for a More Equitable Society* (July 2000), emphasising social and economic ‘participation support’.84

2001  
**20th Anniversary of the International Year of Disabled Persons**

**Access/Transport**  
Several people with disability injured or killed by trains at railway stations and crossings. Disability activist groups respond by establishing the *Safe Action Transport Group* (STAG). Victorian government responds by announcing a transport review.

**Accommodation**  
Bostock and Gleeson argue that “…deinstitutionalisation processes appear to be slowing”85

**Education**  


**Policy/Services**  
Department of Human Services launch ABI strategic plan

**Welfare Reform/Government**  

2002  
**Access/Transport**  
Release of *Wheelchair Safety at Rail Level Crossings Taskforce: Report to the Minister of Transport* (March, 2002)

**Advocacy**  
Australian Association for Families of Children with Disability formed.

‘Young People in Nursing Homes’: National summit agrees to
coordinated action for the development of age appropriate support and accommodation options for young people with very high support needs

**Government**

Launch of the Victorian Government State Disability Plan

Release of *New Directions For Victoria’s Mental Health Services: The Next Five Years* by the Mental Health Division of the Department of Human Services (September, 2002)

Release of *Standards for Psychiatric Disability Support Services* (November 2002) by DHS
## APPENDIX II: Lay People Profile of Participants

Table II.I: Discourses identified in Victorian Government Disability Services Annual Reports

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<tr>
<th>Pseudonym</th>
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APPENDIX III: Lay People Consent Form

STATEMENT OF CONSENT

This research is part of my studies at Swinburne University of Technology. It will contribute to my postgraduate research thesis. I am investigating the cultural meanings associated with disability. The research findings of this work are potentially useful in the formulation of disability policy, legislation, service provision, and public education campaigns.

In particular, I am interested in:

- Your understanding of disability and how you perceive people with different types of disabilities, and
- Your opinion of the role the media plays in reporting disability issues and representing people with disabilities.

This interview will take approximately 45 minutes of your time, and you can stop being interviewed at any time you wish. If you find any of the questions upsetting or intrusive, you can choose to suspend or terminate the interview. Please let me know if this occurs.

If you approve, the interview will be tape-recorded. After we have finished the interview I will transcribe the tapes and write down what was said. This will be reported in my thesis and any publications that arise from this study. Your name and any directly identifying features, however, will only be known to the researcher. When I write up this interview I will use substitute names (pseudonyms) to protect your anonymity and the anonymity of the people who you talk about.

If you have any further questions about the study, you can contact me in the following ways:

Ruth Quibell
Swinburne University
Postgraduate Studio AR204, Office of Research and Graduate Studies
APPENDIX III: Lay People Consent Statement

Email: rquibell@swin.edu.au
Telephone: (03) 9214 5553 (w)
          (03) 9804 0418 (h)

- Do you have any questions about the process outlined above?
- Do you need any further information?
- Are you prepared to be interviewed?
- Is it okay to tape record this interview?

Please sign below to indicate that you understand and agree to the conditions outlined above. Thankyou for your participation.

____________________________________________________________________
_____

I, ________________________________________________________________ (print your name), understand and agree to the interview conditions outlined above. I understand what my participation will entail and I am satisfied with the ethical assurances and protection of anonymity offered by the researcher, Ms Ruth Quibell. I give my informed consent to be interviewed for this study.

Signature________________________________________________________

Date__________________________________________________________
APPENDIX IV: Lay People Interview Schedule

Thank you for agreeing to be a participant in this study. I’m interested in your thoughts, experiences, knowledge, and beliefs about disability and people with disabilities. I’ll be asking you a number of questions, and I would like you to answer them honestly and to the best of your ability. If you find that these questions address issues that you haven’t thought about before, don’t know how to answer, or can’t remember the precise details of, please let me know and we can discuss them together, or return to them later on. If you aren’t sure about the nature of the question, please let me know and I’ll try to clarify it. Please keep in mind that this is not a test and there are no right or wrong answers to the questions. Rather I’m concerned with your descriptions, personal perceptions and beliefs. Remember, participation is voluntary and you may exercise your wish not to answer any question, or withdraw from the study altogether, at any stage of the interview.

To begin with, I’d like start by asking some very specific questions about how you think the media (including television, newspapers, and radio) represent disability issues and portray disabled people.

DISABILITY AND THE MEDIA

A. Disability in General

1. How do you think the media portrays people with disabilities in general?
   [Prompts: For instance, is reporting/are representations positive, negative, other, mixed?]

2. a. Why do you believe that is the case?
   b. Can you think of an example in the media where this was the case?

3. a. Can you recall any incidents of news reporting or popular representations of people with disabilities, featured in the media over the last few months?
   If yes:
   Please describe the incident/s that you recall.
APPENDIX IV: Lay People Interview Schedule

If no:
Do you recall any incidents at all of disability issues or people with disabilities featuring in the media?

4. a. If a news report, what was the tone of the reporting? Please elaborate
b. If a popular representation, what was the type of representation and what context did it appear in?

5. a. Why were these reports or representations memorable to you?
b. What aspects of these reports were memorable to you?

B. Psychiatric Disability and Mental Illness

6. How do you think the media portrays people with psychiatric disability and/or mental illness?
   [Prompts: For instance, is reporting/are representations positive, negative, other, mixed?]

7. a. Why do you believe this to be the case?
b. Can you think of an example in the media where this was the case?

8. a. Can you recall any incidents of news reporting or popular representations of people with psychiatric disability or mental illness, featured in the media over the last few months?
   If yes:
   Please describe the incident/s that you recall.
   If no:
   Do you recall any incidents at all of disability issues or people with disabilities featuring in the media?

9. a. If a news report, what was the tone of the reporting? Please elaborate
b. If a popular representation, what was the type of representation and what context did it appear in?

10. a. Why were these reports or representations memorable to you?
b. What aspects of these reports were memorable to you?

C. Intellectual Disability

11. How do you think the media portrays people with intellectual disabilities in general?
   [Prompts: For instance, is reporting/are representations positive, negative, other, mixed?]

12. a. Why do you believe that is the case?
   b. Can you think of an example in the media where this was the case?

13. a. Can you recall any incidents of news reporting, or popular representations of people with intellectual disabilities, featured in the media over the last few months?
   
   If yes:
   Please describe the incident/s that you recall.
   If no:
   Do you recall any incidents at all of disability issues or people with disabilities featuring in the media?

14. a. If a news report, what was the tone of the reporting? Please elaborate
   b. If a popular representation, what was the type of representation and what context did it appear in?

15. a. Why were these reports or representations memorable to you?
   b. What aspects of these reports were memorable to you?

D. DEFINITIONS AND DESCRIPTIONS

So far in this interview, you’ve been asked to comment about media reporting and representations of people with several different types of disability. The next set of questions ask you to explain how you understand these types of disability. I’m interested in what you believe and understand here, so there are no right or wrong answers.
a. Definitions
1. What does the word ‘disability’ mean to you?

2. Can you tell me your understanding of the different disability types we've been talking about so far?
   [Initial Prompts: ‘physical disability’, ‘psychiatric disability’, ‘intellectual disability’/ If initial prompts fail, refer back to the details of the participant’s discussion of media representation and reporting of people with disabilities.]

3. What do you think are the key distinctions to be made between the types of disability we’ve discussed so far in the interview?

b. Descriptions
4. a. How would you describe a person with a psychiatric disability or mental illness to someone who did not know what was meant by references to ‘mental illness’ or ‘psychiatric disability’?
   b. What points would you emphasise in your explanation?

5. a. How would you describe a person with an intellectual disability to someone who did not know what was meant by references to ‘intellectual disability’?
   b. What points would you emphasise in your explanation?

6. a. How would you describe a person with a physical disability to someone who did not know what was meant by references to ‘physical disability’?
   b. What points would you emphasise in your explanation?

C. Experiences
7. a. Do you know anyone with a physical disability?
   b. How and when did you come to know them?
   c. What is your general impression of them, and how relevant is their disability to your relationship with them?

8. a. Do you know anyone with an intellectual disability?
b. How and when did you come to know them?

c. What is your general impression of them, and how relevant is their disability to your relationship with them?

9. a. Do you know anyone with a psychiatric disability or a mental illness?
   b. How and when did you come to know them?
   c. What is your general impression of them, and how relevant is their disability to your relationship with them?

D. Disadvantage and Discrimination

9. Do you think that people with disabilities are disadvantaged?
   If yes:
   In what ways do you think they are disadvantages?
   If no:
   Do you believe that people with disabilities have equal opportunities? [e.g. in terms of access to the community, health, work opportunities, establishing family and friendships]

10. Do you think that people with different types of disabilities are differentially disadvantaged?
    If yes:
    In what ways are they differentially disadvantaged? Please give some examples.
    If no:
    Why not?

11. Do you think people with disabilities are discriminated against?
    If yes:
    How do you think that people with disabilities are discriminated against? In what ways? Please give examples.
    If no:
    Do you think people with disabilities are treated differently?
      If yes, please explain why? Is this discrimination?
      If no, why do you think that this is the case?
E. General Discussion and Follow-Up Information

The following section is the less formal, more conversational, aspect of the interview. There are only a few formal questions that I would like you to answer, as I am more interested in following up some of the issues that you have mentioned so far in more detail.

- Firstly, do you feel that there are any issues that have been raised in the interview that you would like to discuss further?
- Would you like to return to any parts of your earlier discussion to talk further, and more informally, about the issues that you have raised? [Use prompts]
- May I ask some further questions that occurred to me whilst listening to your discussion? [N.B. These questions were based on the observations noted over the course of individual interviews, particularly the need to acquire more details of the unique issues raised in discussions.]
- What do you think would improve disabled people’s life experiences?
- What do you think would worsen disabled people’s life experiences?

F. Demographic Information

Finally, the last set of questions relate to some basic demographic questions about yourself.

1. How old are you?
2. What gender do you identify with?
3. Are you presenting studying?
   - If yes, what are you studying, and at what stage in your studies are you at present?
   - If no, what is the highest level of formal education or training that you have undertaken?
4. What is your current occupation?
5. How would you describe your ethnic or cultural background?
6. Were you born in Australia or overseas? If overseas, please state where?
Thankyou for taking the time to be interviewed for this study. I will be transcribing your interview in the near future.

- In the event that any of the information is unclear, may I contact you by again by phone to clarify the details of your interview?

- If you find that some more issues spring to mind that you would like to discuss in further detail with me, please do not hesitate to contact me at Swinburne University, Office of Research and Graduate Studies, Research Students Studio AR204 on (03) 9214 5553. Please leave a message if I am not there when you call, or alternatively you can contact me on my home number at (03) 9804 0418.
**APPENDIX V: Annual Report Discourse Tables**


<table>
<thead>
<tr>
<th>Discourse</th>
<th>Key Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social-Progress</td>
<td>&quot;Intellectual disability&quot; as: Located in an individual’s need for support; Created by their social environment; People with intellectual disabilities as: developing individuals with rights contributors to society Government as: service provider Family as: in need of social and professional supports Practices as: Past practices as having negative residual effects on individuals and society in general. e.g. ‘challenging behaviour’ Success/Progress as the attainment of an individual’s choice to live in the community, and the development of associated skills Social change as facilitated by political acknowledgement of issues Concern with rights and opportunities of people with disabilities Residual discourse that adds a rhetorical touch, Discourse of long-term progress in disability services and concern about people with disabilities.</td>
</tr>
<tr>
<td>Neutral-</td>
<td>People with disabilities as: “clients” with “needs” who are “provided for by “government”. Emphasis on: Ensuring Access Improving the equity of resources Bettering and expanding current services Administering needs Ensuring standards Setting policy directions</td>
</tr>
<tr>
<td>Bureaucratic</td>
<td></td>
</tr>
<tr>
<td>Managerialist</td>
<td>Improving accountability and establishing lines of authority Quality and ensuring standards Standardisation Increasing control of NGOs via program evaluation and contractual obligations Managing at a distance via ‘objective’ performance measurement and data analysis Managing via ‘objective’ quantitative performance measures Using information systems to manage funds Restructuring management to implement cost model funding Codification of staff instructions Standardisation as a means to ensure ‘quality services’ People with disabilities as ‘clients’ Services as more responsive via the introduction of new technology for management. ‘Talk of strategic directions’ and ‘objectives’ Managing via information systems technology Implementing processes to manage better Quality Performance Objective measurement of programs Quality of Life</td>
</tr>
<tr>
<td>Economic-</td>
<td>Emphasis on ‘new realism’: economic and service realism Dismissal of utopian dreams in favour of what can reasonably be achieved Working dollar harder; getting rid of inefficiencies and duplications Sharing the cost: family contributions to cover costs; private payment for support services People with disabilities as ‘consumers’ Ensuring efficiency and effectiveness Tendering out Pay for use and private responsibilities Creating a ‘pseudo-market’ in disability services Changing the roles of the key stakeholders Decreasing the ‘Hands-on’ Role of Government: Government as purchaser/manager/regulator rather than direct service provider State bureaucracy seen as rigid, inequitable, ineffective and inefficient Increasing the role of the Non-Government sector via tendering out Spending less: user pays, new funding formulas Focus on individual ‘consumer’ choice The belief that government funding is finite We will never able to meet all needs Defends cutting back government spending: e.g. It is ‘common-sense’ to reduce expenditure in a constrained economic environment; Tough decisions have to be made</td>
</tr>
<tr>
<td>Rationalist</td>
<td></td>
</tr>
</tbody>
</table>
Disability Services as an ‘economic system’ that operates to economic laws.
Improvements to services, achieved through increased efficiency and consumer outputs, can be attained without spending increases
Targeting services
Tendering out and reducing the role of government
Consumer Management
Individual focus
Standardisation and Flexibility
‘Lifestyle choice’
Progress
Value for money
Expanding the non-government sector
Changes as in the best interests of people with disabilities
Concern to objectively improve efficiency and effectiveness of services economic expenditure
Contestability
Managing at a distance
Care choices
Budgetary Efficiency
Quality of Life of people with disability

<table>
<thead>
<tr>
<th>Individualist-Materialist</th>
<th>Disability as an objective and measurable phenomena</th>
<th>Disabilities as having a nature and distribution that can be described</th>
</tr>
</thead>
<tbody>
<tr>
<td>Political-Consensus</td>
<td>There is general consensus on the goals of the disability services system; shared interests</td>
<td>All people involved in the disability services system’ can agree on objective goals; we are all travelling down same path</td>
</tr>
</tbody>
</table>
APPENDIX VI: Sample of Articles from *The Age* (1/1/98-31/12/98)

Articles included in this study featured one or more of the following key search terms. Some articles were duplicated in the search process as they contained more than one of the key search terms. The following table illustrates the raw search findings, the number of duplications generated in the search process, and the total number of articles included in the final sample.

<table>
<thead>
<tr>
<th>Key Terms</th>
<th>Articles featuring terms</th>
<th>Duplications*</th>
<th>Duplications removed</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. ‘intellectually disabled’</td>
<td>72</td>
<td>0</td>
<td>72</td>
</tr>
<tr>
<td>B. ‘intellectual disability’</td>
<td>29</td>
<td>14</td>
<td>15</td>
</tr>
<tr>
<td>C. ‘intellectual disabilities’</td>
<td>26</td>
<td>20</td>
<td>6</td>
</tr>
<tr>
<td>D. ‘intellectually impaired’</td>
<td>5</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>E. ‘intellectual impairment’</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>F. ‘intellectually handicapped’</td>
<td>8</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>G. ‘intellectual handicap’</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>H. ‘mentally retarded’</td>
<td>6</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>I. ‘mentally handicapped’</td>
<td>9</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>J. ‘mental handicap’</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>K. ‘mentally retarded’</td>
<td>9</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Totals</td>
<td>167</td>
<td>45</td>
<td>122</td>
</tr>
</tbody>
</table>

*Final Total Number of Articles Analysed: 122*

*A. Articles featuring the term ‘intellectually disabled’*

1. ‘School ban on intellectually disabled students in doubt’ (Button, 1/1/98: 3)
2. ‘Relief on the way: Kennett’ (Parkinson, 6/1/98: 1)
3. ‘Kennett cash pledge met with scepticism’ (Das, 7/1/98: 4)
4. ‘Getting the Message’ (Editorial Opinion, 7/1/98: 10)
5. ‘Fare Game’ (Elder, 11/1/98: 8)
6. ‘First day back brings victory over age ban’ (Das, 29/1/98: 9)
7. ‘Judge tipped for tribunal’ (Conroy, 31/1/98: 7)
8. ‘Kew blaze prompts fire-safety overhaul’ (Das, 10/2/98: 5)
9. ‘The state acts on Kew’ (Editorial Opinion, 11/2/98: 16)
10. ‘Man who spread HIV convicted’ (Milburn with AAP, 3/3/98: 1)
11. ‘Team spirit with a special sparkle’ (Fannin, 5/3/98: 8)
12. ‘A tale of a little boy lost … and a little boy found’ (Conroy, 17/3/98: 3)
14. ‘Briefs: $6.7m boost to disabled youth’ (n.a., 30/3/98: 4)
15. ‘Moe girl abused, inquest told’ (Button, 31/3/98: 4)
16. ‘Just because they care … a lot’ (Stone, 31/3/98: 16)
17. ‘Girl dies despite alleging abuse’ (Button, 1/4/98: 7)
18. ‘$280m plan to keep aged at home’ (Wright, 2/4/98: 4)
19. ‘The tragic reality behind the panic over kids who kill’ (Smallwood, 2/4/98: 17)
20. ‘Where’s Wally?’ (Schwartz, 4/4/98: 11)
21. ‘Events’ (n.a., 8/4/98: 14)
22. ‘Obituaries’ (Madgwick and Strauss, 9/4/98: 18)
23. ‘The parents who fear leaving loved ones behind’ (Lawrenson, 17/4/98: 15)
24. ‘Highlights’ (Hughes and Harris, 22/4/98: 29)
25. ‘Gene genius takes prize’ (Ewing, 1/5/98: 15)
26. ‘Heads we win…’ (Reilly, 10/5/98: 4)
27. ‘Spastic Centre faces cuts to redress funds shortfall’ (Gray, 19/5/98: 5)
28. ‘Catholic carers ‘abused disabled’’ (Ewing, 23/5/98: 1)
29. ‘Claims of sexual abuse by intellectually disabled’ (Ewing, 23/5/98: 6)
30. ‘Travelling the path to independent living’ (Brady, 1/6/98: 7)
31. ‘No laughing matter’ (Hill, 4/6/98: 2; Green Guide)
32. ‘Our communal shame’ (Thomson, 9/6/98: 17)
33. ‘Home at last after a 48-hour ticket to ride’ (Foley, 12/6/98: 5)
34. ‘Keene/Taylor Theatre Project Inc, Season 3’ (Carroll, 14/6/98: 13)
35. ‘Briefs: Doctor not told facts, court told’ (n.a., 17/6/98: 2)
36. ‘Briefs: Seven injured in bus crash’ (n.a. 25/6/98: 2)
37. ‘Judge refuses to order DNA tests on defendants’ (Butcher and Carson, 11/7/98: 3)
38. ‘Hanson hit for slur on solo mums’ (Daley and Darby, 17/7/98: 3)
39. ‘When is too old for school?’ (Gorman, 21/7/98: 18)
40. ‘Disabled teen moved from jail’ (Butcher, 22/7/98: 5)
41. ‘Protests as Wade plans new court’ (Button, 25/7/98: 11)
42. ‘The quiet betrayal of an odd couple’ (Ewing, 27/7/98: 13)
43. ‘Sex-case order favoured in state contracts’ (Ewing, 23/8/98: 1)
44. ‘Give up favored tendering: ALP’ (Ewing, 24/8/98: 6)
45. ‘I misled House: Minister’ (Ewing, 6/9/98: 1)
46. ‘Minister could clarify remarks’ (Das and Ewing, 7/9/98: 5)
47. ‘Kennett stands by his man’ (Das, 8/9/98: 2)
48. ‘Learning curves’ (Crawford, 19/9/98, Saturday Extra: 1)
49. ‘Man of the streets’ (Reilly, 27/9/98: 8)
50. ‘Monday’ (Schembri, 1/10/98: 32, Green Guide)
51. ‘Gang comes up with the laughs’ (Warneke, 8/10/98: 5, Green Guide)
52. ‘Television Highlights’ (Hughes and Harris, 13/10/98: 25)
53. ‘Coming Soon’ (Griffin, 25/10/98: 19)
54. ‘In the line of fire’ (Schauble, 30/10/98: 18)
55. ‘Disabled drugged, restrained: report’ (Brady, 1/11/98: 3)
56. ‘Briefs: Carer for disabled dies in crash’ (n.a. 2/11/98: 2)
57. ‘Briefs: Search for missing man’ (n.a., 6/11/98: 2)
58. ‘Adam calls his grandmother Mum…’ (n.a., 8/11/98: 1)
59. ‘State sued over rape of woman by carer’ (Ewing, 8/11/98: 8)
60. ‘Why Adam calls a grandmother Mum’ (Ewing, 8/11/98: 8)
61. ‘Doctors in distress’ (Johnston, 8/11/98: 12)
62. ‘Disabled at high risk of sex abuse’ (Ewing, 9/11/98: 1)
63. ‘Report blasts Kew Cottages’ (Ewing, 11/11/98: 1)
64. ‘Losing a voice for the voiceless’ (Ewing, 12/11/98: 19)
65. ‘Listen, please, to pleas from parents of disabled’ (Guy, 15/11/98: 11)
Appendix VI: Media Sample

66. ‘Caring for the vulnerable’ (Editorial Opinion, 16/11/98: 16)
67. ‘Life on the other side of the wall’ (Kissane, 17/11/98: 18)
68. ‘Harmony can be harmful’ (Timms, 18/11/98: 22)
69. ‘The two faces of state care for the impaired’ (Brady, 24/11/98: 6)
70. ‘Protecting the right to remain silent’ (Editorial Opinion, 9/12/98: 14)
71. ‘A matter of conscience’ (Lampe, 14/12/98: 7)
72. ‘Briefs: Disabled man missing’ (n.a., 31/12/98: 6)

B. Articles featuring the term ‘intellectual disability’
1. ‘Career born out of childhood stress’ (7/2/98: )
2. ‘Disabled get home sales agency’ (25/2/98: )
3. ‘Opening doors with dyslexia’ (24/3/98: )
4. ‘Just because they care … a lot’ (31/3/98: ) - DUPLICATE
5. ‘The parents who fear leaving loved ones behind’ (17/4/98: ) - DUPLICATE
6. ‘Rent crisis hits the disabled’ (29/4/98: )
7. ‘Gene genius takes prize’ (1/5/98: ) –DUPLICATE
8. ‘Catholic carers abused disabled’ (23/5/98: 1) – DUPLICATE
9. ‘Putting out the fire’ (25/6/98)
10. ‘Golden Sauvage is mother’s pride’ (13/8/98)
11. ‘Making the most of Miranda’ (18/8/98)
12. ‘Sex-case order favored in state contracts’ (23/8/98) – DUPLICATE
13. ‘All you need is love’ (11/9/98)
14. ‘Learning curves’ (19/9/98) - DUPLICATE
15. ‘A playground for adventurers of all abilities and ages’ (22/9/98)
16. ‘Trustees accused of profit bias’ (26/10/98)
17. ‘Disabled drugged, restrained: report’ (1/11/98) - DUPLICATE
18. ‘We wouldn’t give him up for the world’ (1/11/98)
19. ‘State sued over rape of woman by carer’ (8/11/98) – DUPLICATE
20. ‘Why Adam calls a grandmother Mum’ (8/11/98) – DUPLICATE
21. ‘Disabled at high risk of sex abuse’ (9/11/98) – DUPLICATE
22. ‘Listen, please, to pleas from parents of disabled’ (15/11/98) – DUPLICATE
23. ‘Caring for the vulnerable’ (16/11/98) – DUPLICATE
24. ‘Life on the other side of the wall’ (17/11/98) – DUPLICATE
25. ‘The two faces of state care for the impaired’ (24/11/98) – DUPLICATE
26. ‘Ready, willing and able’ (5/12/98)

C. Articles featuring the term ‘intellectual disabilities’
1. 'School ban on intellectually disabled students in doubt' (Button, 1/1/98: 3) - DUPLICATE
2. 'Kew blaze prompts fire-safety overhaul' (Das, 10/2/98: 5) - DUPLICATE
3. 'The state acts on Kew' (Editorial Opinion, 11/2/98: 16) - DUPLICATE
4. 'Opening doors with dyslexia' (24/3/98: ) - DUPLICATE
5. 'Moe girl abused, inquest told' (Button, 31/3/98: 4) - DUPLICATE
6. 'The parents who fear leaving loved ones behind' (17/4/98: ) - DUPLICATE
7. 'Rent crisis hits the disabled' (29/4/98: ) - DUPLICATE
8. 'Catholic carers abused disabled' (23/5/98: 1) - DUPLICATE
9. 'Making the most of Miranda' (18/8/98) - DUPLICATE
10. 'Sex-case order favored in state contracts' (23/8/98) - DUPLICATE
11. 'Learning curves' (19/9/98) - DUPLICATE
12. 'Trustees accused of profit bias' (22/9/98) - DUPLICATE
13. 'Gang comes up with the laughs' (Warneke, 8/10/98: 5, Green Guide) - DUPLICATE
14. ‘RMIT chooses holistic doctrine ahead of indoctrination’ (10/10/98)
15. ‘Out of sight, not out of mind for those with a feel for art’ (22/10/98)
16. 'We wouldn't give him up for the world' (1/11/98) - DUPLICATE
17. ‘Fans applaud a pop politician’ (7/11/98)
18. 'State sued over rape of woman by carer' (8/11/98) - DUPLICATE
19. 'Disabled at high risk of sex abuse' (9/11/98) - DUPLICATE
20. 'Listen, please, to pleas from parents of disabled' (15/11/98) - DUPLICATE
21. 'Life on the other side of the wall' (17/11/98) - DUPLICATE
22. 'The two faces of state care for the impaired' (24/11/98) - DUPLICATE
23. 'Ready, willing and able' (5/12/98) - DUPLICATE

D. Articles featuring the term ‘Intellectually Impaired’

1. ‘Court rules for special students’ (1/5/98)
2. ‘Most of us think the Port Arthur massacre was the work of one crazed individual. But within the twilight zone of the lunar right, one man’s madness is actually a global conspiracy’ (Forbes, 30/8/98: 13)
3. ‘Learning curves’ (19/9/98) – DUPLICATION
4. ‘The prison system’s hard cell’ (Brady, 24/10/98: 6)
5. ‘Two faces of state care for the impaired’ (24/11/98) – DUPLICATION

E. Articles featuring the term ‘Intellectual impairment’

1. ‘Out of sight, not out of mind for those with a feel for art’ (Lancashire, 22/10/98: 8)
2. ‘We wouldn’t give him up for the world’ (Kermond, C., 1/11/98: 3) - DUPLICATION

F. Articles featuring the term ‘Intellectually handicapped’

1. ‘Fare Game’ (11/1/98) – DUPLICATE
2. ‘TV tonight’ (18/2/98)
3. ‘Lawyer, Lawyer’ (19/4/98)
4. ‘Court rules for special students’ (1/5/98) - DUPLICATE
5. ‘Gene genius takes prize’ (1/5/98) - DUPLICATE
6. ‘When is too old for school’ (21/7/98) – DUPLICATE
7. ‘POSTscript’ (26/9/98)
8. ‘Gang comes up with the laughs’ (8/10/98) – DUPLICATE

G. Articles featuring the term ‘Intellectual handicap’

1. ‘About Us: Against All Odds’ (Farrant, D., 12/2/98: 3, Green Guide)

H. Articles featuring the term ‘Mental Retardation’

1. ‘There’s no humanity in making replicas for spare parts’ (Williamson, B., 15/1/98: 13).
2. ‘Brain researchers make breakthrough’ (Strong, G., 1/2/98: 5).
4. ‘Briefs: Four share science prize’ (n.a., 1/5/98: 4).
Appendix VI: Media Sample

5. ‘Mental risk fear over IVF technique’ (Ewing, T., 23/5/98: 5).

I. Articles featuring the term ‘Mentally handicapped’

1. ‘New Releases’ (1/1/98, Green Guide)
2. ‘Nothing like a cuddle from a motherly dolphin’ (5/3/98)
3. ‘Talking Pictures’ (12/3/98)
4. ‘Highlights’ (13/3/98)
5. ‘Stasi links doctor to Nazi child victims’ (6/4/98)
6. ‘Gene genius takes prize’ (1/5/98) – DUPLICATE
7. ‘Obituary – Enez Domec-Carre, A legacy of grace’ (5/5/98)
8. ‘Once were connies’ (1/6/98)
9. ‘Oxford embraces modern lingo’ (14/8/98)

J. Mental handicap

No instances in which this phrase was used. Search only turned up articles where the words ‘mental’ and ‘handicap’ were used separately.

K. Articles featuring the term ‘Mentally Retarded’

4. ‘Claims of sexual abuse of intellectually disabled’ (Ewing, T., 23/5/98: 6) – DUPLICATION
5. ‘One man’s tears, another’s fears’ (Parsons, B., 20/7/98: 16)
6. ‘Something hilarious about Mary’ (Schembri, J., 4/9/98: 9).
8. ‘Sex, lies & shotguns’ (Diamond, J., 25/10/98: 3).
9. ‘Orphans in Russia face cruel abuse’ (By Source – AFP, 17/12/98: 12).
APPENDIX VII: Media Discourse Tables

Table VII.I: Community-Welfare Discourse

<table>
<thead>
<tr>
<th>Community-Welfare Discourse</th>
<th>Properties of Discourse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emphasises</td>
<td>People with Intellectual disability as:</td>
</tr>
<tr>
<td></td>
<td>- vulnerable</td>
</tr>
<tr>
<td></td>
<td>- like other disadvantaged groups in society (e.g. poor)</td>
</tr>
<tr>
<td></td>
<td>- enigmatic</td>
</tr>
<tr>
<td></td>
<td>- voiceless and/or not listened to.</td>
</tr>
<tr>
<td>Parents as:</td>
<td>- unsupported and tired</td>
</tr>
<tr>
<td></td>
<td>- struggling for social change</td>
</tr>
<tr>
<td></td>
<td>- exercising voice and advocating for people with intellectual disability</td>
</tr>
<tr>
<td></td>
<td>- ignored and disempowered</td>
</tr>
<tr>
<td>Government as:</td>
<td>- should be responsible for meeting needs of the vulnerable and needy</td>
</tr>
<tr>
<td></td>
<td>- but not meeting these needs</td>
</tr>
<tr>
<td></td>
<td>- more interested in health of economy than the most vulnerable and needy in our society</td>
</tr>
<tr>
<td>Society as:</td>
<td>- paternalistic</td>
</tr>
<tr>
<td></td>
<td>- obliged to care for its most vulnerable people</td>
</tr>
<tr>
<td></td>
<td>- failing in its obligations to its most vulnerable people</td>
</tr>
<tr>
<td>De-emphasises, exclusions, silences, etc.</td>
<td>The economy as:</td>
</tr>
<tr>
<td></td>
<td>- basis for decisions about care and support for people with intellectual disability</td>
</tr>
<tr>
<td>Responses, practices, etc.</td>
<td>Supports or endorses practices and responses:</td>
</tr>
<tr>
<td></td>
<td>- Challenges closures based on economic logic</td>
</tr>
<tr>
<td></td>
<td>- Endorses independent advocacy and review of intellectual disability services</td>
</tr>
<tr>
<td></td>
<td>- Challenges privatisation that may threaten independent review</td>
</tr>
<tr>
<td></td>
<td>- Works towards change</td>
</tr>
<tr>
<td>Dualisms</td>
<td>- Society/the market</td>
</tr>
</tbody>
</table>

Table VII.II: Psy-Developmental Discourse

<table>
<thead>
<tr>
<th>Psy-Developmental Discourse</th>
<th>Properties of Discourse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emphasises</td>
<td>People with intellectual disability as:</td>
</tr>
<tr>
<td></td>
<td>- children or childlike in their naivety</td>
</tr>
<tr>
<td></td>
<td>- vulnerable victims</td>
</tr>
<tr>
<td></td>
<td>- inherently incapable</td>
</tr>
<tr>
<td></td>
<td>- irresponsible, lacking reason, rationality and ‘moral judgement’</td>
</tr>
<tr>
<td></td>
<td>- not wise to the ‘real’ world</td>
</tr>
<tr>
<td></td>
<td>- easily manipulated</td>
</tr>
<tr>
<td></td>
<td>- in need of protection</td>
</tr>
<tr>
<td>Government as:</td>
<td>- failing to protect people with intellectual disability</td>
</tr>
<tr>
<td></td>
<td>- as having misguided policies and practices</td>
</tr>
<tr>
<td>De-emphasises, exclusions, silences, etc.</td>
<td>People with intellectual disability as:</td>
</tr>
<tr>
<td></td>
<td>- having rights and citizenship</td>
</tr>
<tr>
<td>Society as:</td>
<td>absent</td>
</tr>
<tr>
<td>Responses, practices, etc.</td>
<td>- protection of people with intellectual disability</td>
</tr>
<tr>
<td>Dualisms</td>
<td>- socialised/lacking socialisation</td>
</tr>
<tr>
<td></td>
<td>- capable/incapable</td>
</tr>
<tr>
<td></td>
<td>- knowledgeable/manipulated</td>
</tr>
</tbody>
</table>
### Table VII.III: Managerialist Discourse

<table>
<thead>
<tr>
<th>Properties of Discourse</th>
<th>Managerialist Discourse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emphasises</td>
<td>People with Intellectual disability as:</td>
</tr>
<tr>
<td></td>
<td>▪ Vulnerable and at risk</td>
</tr>
<tr>
<td></td>
<td>▪ Posing risks to others</td>
</tr>
<tr>
<td></td>
<td>Disability services as:</td>
</tr>
<tr>
<td></td>
<td>▪ Ad hoc and poorly managed</td>
</tr>
<tr>
<td></td>
<td>▪ Staff as poorly trained</td>
</tr>
<tr>
<td></td>
<td>▪ Lacking resources to address problems</td>
</tr>
<tr>
<td></td>
<td>Government as:</td>
</tr>
<tr>
<td></td>
<td>▪ Having a duty to care and protect</td>
</tr>
<tr>
<td></td>
<td>▪ Failing to manage risk factors</td>
</tr>
<tr>
<td>De-emphasises, Exclusions, silences, etc.</td>
<td>De-emphasises:</td>
</tr>
<tr>
<td></td>
<td>▪ Professional judgement and discretion</td>
</tr>
<tr>
<td></td>
<td>▪ Equal rights and citizenship of ‘risky’ people</td>
</tr>
<tr>
<td></td>
<td>▪ Lifestyle choices and freedoms of people with intellectual disability</td>
</tr>
<tr>
<td></td>
<td>Excludes:</td>
</tr>
<tr>
<td></td>
<td>▪ Voices of people with intellectual disability</td>
</tr>
<tr>
<td></td>
<td>▪ Consideration of alternative support services and strategies</td>
</tr>
<tr>
<td>Responses, practices, etc.</td>
<td>Practices:</td>
</tr>
<tr>
<td></td>
<td>▪ Managing and preventing problems</td>
</tr>
<tr>
<td></td>
<td>▪ Risk assessment and management</td>
</tr>
<tr>
<td></td>
<td>▪ Policy and protocols</td>
</tr>
<tr>
<td>Dualisms</td>
<td>▪ Good/bad management</td>
</tr>
<tr>
<td></td>
<td>▪ Reality/idealism</td>
</tr>
<tr>
<td></td>
<td>▪ Control/neglect</td>
</tr>
<tr>
<td></td>
<td>▪ Predictability/unpredictability</td>
</tr>
<tr>
<td></td>
<td>▪ Risk/safety</td>
</tr>
</tbody>
</table>

### Table VII.IV: Neutral-Bureaucratic Discourse

<table>
<thead>
<tr>
<th>Properties of Discourse</th>
<th>Neutral-Bureaucratic Discourse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emphasises</td>
<td>People with Intellectual disability as:</td>
</tr>
<tr>
<td></td>
<td>▪ Passive recipients of services</td>
</tr>
<tr>
<td></td>
<td>Government as:</td>
</tr>
<tr>
<td></td>
<td>▪ Having a duty to neutrally administer services, apply rules, and formulate policy</td>
</tr>
<tr>
<td></td>
<td>▪ As failing often failing to live up to standards.</td>
</tr>
<tr>
<td></td>
<td>Society as:</td>
</tr>
<tr>
<td></td>
<td>▪ absent</td>
</tr>
<tr>
<td>De-emphasises</td>
<td>▪ independent judgement</td>
</tr>
<tr>
<td></td>
<td>▪ situational ethics</td>
</tr>
<tr>
<td></td>
<td>▪ emotion and involvement</td>
</tr>
<tr>
<td>Exclusions, silences, etc.</td>
<td>▪ voices of people with intellectual disability and their families</td>
</tr>
<tr>
<td>Responses, practices, etc.</td>
<td>▪ rules</td>
</tr>
<tr>
<td></td>
<td>▪ inquiries</td>
</tr>
<tr>
<td>Dualisms</td>
<td>▪ objectivity/subjectivity</td>
</tr>
<tr>
<td></td>
<td>▪ neutrality/bias</td>
</tr>
<tr>
<td></td>
<td>▪ impropriety/propriety</td>
</tr>
</tbody>
</table>
### Table VII.V: Formal-Rights Discourse

<table>
<thead>
<tr>
<th>Properties of Discourse</th>
<th>Formal-Rights Discourse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emphasises</td>
<td>People with intellectual disability as:</td>
</tr>
<tr>
<td></td>
<td>• having equal rights</td>
</tr>
<tr>
<td>Government as:</td>
<td>• needing to recognize formal citizenship rights of people with intellectual disability</td>
</tr>
<tr>
<td>Society as:</td>
<td>• Excluding and discriminating</td>
</tr>
<tr>
<td>De-emphasises</td>
<td>• Individual pathology</td>
</tr>
<tr>
<td>Exclusions, silences, etc.</td>
<td>• Voices of people with intellectual disability are absent</td>
</tr>
<tr>
<td>Responses, practices, etc.</td>
<td>• Challenging discrimination</td>
</tr>
<tr>
<td>Dualisms</td>
<td>• included/excluded</td>
</tr>
</tbody>
</table>

### Table VII.VI: Social-Progress Discourse

<table>
<thead>
<tr>
<th>Properties of Discourse</th>
<th>Social-Progress Discourse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emphasises</td>
<td>People with Intellectual disability as:</td>
</tr>
<tr>
<td></td>
<td>• Having capacity to learn and gain independence</td>
</tr>
<tr>
<td>Society as:</td>
<td>• Shaping intellectual disability. Intellectual disability as malleable, depending on environment and attitudes</td>
</tr>
<tr>
<td>De-emphasises</td>
<td>• Individual pathology</td>
</tr>
<tr>
<td>Exclusions, silences, etc.</td>
<td>• Voices of people with intellectual disabilities as absent</td>
</tr>
<tr>
<td>Responses, practices, etc.</td>
<td>• Inclusive environments</td>
</tr>
<tr>
<td></td>
<td>• Changing attitudes about intellectual disability</td>
</tr>
<tr>
<td></td>
<td>• Building a supportive community</td>
</tr>
<tr>
<td>Dualisms</td>
<td>• Good/bad</td>
</tr>
<tr>
<td></td>
<td>• included/excluded</td>
</tr>
<tr>
<td></td>
<td>• developing/static</td>
</tr>
</tbody>
</table>

### Table VII.VII: Economic-Rationalist Discourse

<table>
<thead>
<tr>
<th>Properties of Discourse</th>
<th>Economic-Rationalist Discourse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emphasises</td>
<td>People with Intellectual disability as:</td>
</tr>
<tr>
<td></td>
<td>• needy</td>
</tr>
<tr>
<td></td>
<td>• Economically dependent</td>
</tr>
<tr>
<td>Government as:</td>
<td>• Needing to ensure the health of the economy</td>
</tr>
<tr>
<td></td>
<td>• Needing to make hard decisions</td>
</tr>
<tr>
<td>Society as:</td>
<td>• Secondary to the economy</td>
</tr>
<tr>
<td></td>
<td>• Being in economic surplus is important</td>
</tr>
<tr>
<td></td>
<td>• Needs can only be met with resources to go around</td>
</tr>
<tr>
<td>De-emphasises</td>
<td>• Ethical obligations to support the needy and vulnerable</td>
</tr>
<tr>
<td>Responses, practices, etc.</td>
<td>• Cutting back on funding</td>
</tr>
<tr>
<td>Dualisms</td>
<td>• Reality/utopianism</td>
</tr>
</tbody>
</table>
### Table VII.VIII: Politically-Correct Discourse

<table>
<thead>
<tr>
<th>Properties of Discourse</th>
<th>Politically-Correct Discourse</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Emphasises</strong></td>
<td>People with Intellectual disability as:</td>
</tr>
<tr>
<td></td>
<td>- Naïve and ignorant</td>
</tr>
<tr>
<td><strong>Society as:</strong></td>
<td>- Politically-Correct</td>
</tr>
<tr>
<td></td>
<td>- Protecting the ignorant and naïve</td>
</tr>
<tr>
<td></td>
<td>- The real world</td>
</tr>
<tr>
<td><strong>De-emphasises</strong></td>
<td>- Honesty</td>
</tr>
<tr>
<td><strong>Responses, practices, etc.</strong></td>
<td>- Self-conscious choice of words</td>
</tr>
<tr>
<td><strong>Dualisms</strong></td>
<td>- Harsh reality/naivety and ignorance</td>
</tr>
</tbody>
</table>

### Table VII.IX: Individualist-Materialist Discourse

<table>
<thead>
<tr>
<th>Properties of Discourse</th>
<th>Economic-Rationalist Discourse</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Emphasises</strong></td>
<td>Human lives as:</td>
</tr>
<tr>
<td></td>
<td>- determined by our genes</td>
</tr>
<tr>
<td></td>
<td>- you can’t beat your genes</td>
</tr>
<tr>
<td>Intellectual disability as:</td>
<td>- a genetic mutation</td>
</tr>
<tr>
<td></td>
<td>- an abnormality</td>
</tr>
<tr>
<td></td>
<td>- a tragedy to be prevented</td>
</tr>
<tr>
<td>Medical science as:</td>
<td>- ‘discovering’ causes of intellectual disability disability</td>
</tr>
<tr>
<td></td>
<td>- making ‘breakthroughs’ (progress)</td>
</tr>
<tr>
<td>Geneticist as:</td>
<td>- ‘codebreaker’</td>
</tr>
<tr>
<td></td>
<td>- ‘gene detective’</td>
</tr>
<tr>
<td></td>
<td>- responsible and in control</td>
</tr>
<tr>
<td></td>
<td>- able to predict</td>
</tr>
<tr>
<td><strong>De-emphasises</strong></td>
<td>- Society</td>
</tr>
<tr>
<td></td>
<td>- Learning and development</td>
</tr>
<tr>
<td></td>
<td>- Similarities between disabled and non-disabled people</td>
</tr>
<tr>
<td><strong>Responses, practices, etc.</strong></td>
<td>- Genetic testing</td>
</tr>
<tr>
<td></td>
<td>- abortion</td>
</tr>
<tr>
<td><strong>Dualisms</strong></td>
<td>- abnormality/normality</td>
</tr>
<tr>
<td></td>
<td>- conventional genetic thinking/discoveries and progress.</td>
</tr>
</tbody>
</table>
Publications Resulting from this Thesis


NOTES

Chapter 2: Background Context
1 It also overlooks the move away from ‘community ties’ (gemeinschaft) to ‘ties of association’ (gestellschaft) (Nisbet, 1969: 286).

Chapter 3: Theoretical Literature
2 There has been a much longer recognition of the history of institutionally-made lunatics (Barham, 1992).

Chapter 4: Theoretical Framework
3 On this point, Hirst and Woolley (1982) have argued that:

Foucault has too much practical psychiatric experience and too much sympathy for the sufferings of the insane to treat madness as a mere label. In this he differs from much of the medical sociology and deviancy theory that has appropriated his work (Hirst and Woolley, 1982: 167).

4 It would be possible to analyse the various practices, rationalities and techniques of governing, or ‘conducting the conduct’ of people with intellectual disabilities in everyday life (Clinton and Hazelton, 2002: 20-21). However, the specific focus of this thesis is on the identifying and exploring the discourses of intellectual disability in contemporary society.

5 Multiple discourses also may complicate efforts for social change. For instance, multiple discourses on intellectual disability make it difficult to generalise about the meanings given to ‘intellectual disability’ within a given era, population, and so on. This may make the instrumental changes sought by policy makers and community educators much more problematic than they have hitherto assumed. Indeed, the implications of intertextuality for the governance of lay people remains unclear. But it seems appropriate to assume that if it is not explored then important value positions remain invisible and not subject to critique. The politics of defining ‘intellectual disability’ effectively remain submerged.

Chapter 5: Methodology
6 There is a diversity of choice regarding the type of data that may be amenable to discourse analysis, including ethnographic field data (Johnson, 1998), policy texts (Price, 1995; Fulcher, 1989a, 1989b), survey responses (Chadwick, 1994), historical legal documents (Cocks and Allen, 1998; Chenoweth, 1998), and a range of cultural texts drawn from the Western canon (Stiker, 1999). Lupton (1992) has identified a range of areas in traditional ‘health’ sociology where discourse analysis could offer a fruitful alternative methodological approach, potentially expanding existing knowledge. She identifies a range of key areas where applied discourse analysis may facilitate an expansion of existing knowledge, including: the interpersonal communication processes between doctors and patients; in-depth interviews about lay health beliefs; conversations between lay people about risk issues; analysis of medical and public health journals; and analysis of official texts, such as government documents (Lupton, 1992: 46).

7 Similarly, Freedman and Combs (1996) contend:

Speaking isn't just neutral or passive. Every time we speak, we bring forth a reality. Each time we share words we give legitimacy to the distinctions that those words bring forth (Freedman and Combs, 1996: 29).

8 Fairclough (1995) contends that:

Choosing to analyse texts does not mean that language is being conceptualised as merely a tool that conveys our meanings. Rather, subjecting them to discourse analysis allows us to explore how language actually constrains what can be said and thought. Discourse analysis of language texts offers valuable insights into the communicative and constitutive role of language as one of the building blocks of discourse” (Fairclough, 1995: 53).
This thesis is not entering into the debate about what policy actually is, and whether a distinction can be made between written or stated policy and policy practice. However, the ongoing debates in this area are acknowledged.

Note: The Victorian State Government Departments responsible for intellectual disability services underwent through numerous name changes throughout the period 1989/90-1999/2000.


Further to this, Ball (1988) writes:

Foucault puts forward four bases for the isolation and identification of a discursive formation. One, a set of statements which refer to one and the same object. Two, a regular "style" or common way of making statements. Three, a constancy of concepts employed in the making of the statements. Four, a common theme, or 'strategy', or institutional, administrative or political drift or pattern supported by statements (Ball, 1988: 150).

As I have argued in the previous chapters, 'disability' is becoming increasingly recognised in research and theorising as a socially constructed, contingent, and contestable category (Rapley, Kiernan & Antaki, 1998: 807). The challenge of this thesis is to reappropriate 'intellectual disability' as socio-cultural process.

A further perceived limitation of the study, particularly for social researchers accustomed to examining established 'social things' or 'social facts', rather than cultural pre-dispositions, symbols or representations, may be the value of studying discourses. Discourse analysis may appear far removed from the concerns of traditional sociological inquiry. A familiar criticism is that discourse analysis deals with words and cultural symbolism, rather than 'real' things (Wetherell and Potter, 1987, cited in Hazelton, 1993: 144). This criticism has often been levelled at abstract concepts that are used to name the presence (or absence) of particular symptoms, elements or practices. Discourse analysis, however, has the potential to devise new explanatory concepts to explain social problems and phenomena. If the key tenets of discourse theory are accepted, it is also the case that discourses do have tangible elements or symptoms that impact significantly upon how we live within a particular society, whether they be the exclusion of disabled people, women or people from particular cultural backgrounds. Discourse analysis may reveal valuable insights into how intellectual disability issues, problems and solutions are constructed in daily life, the social and cultural contexts in which they emerge, and devise concepts that explain the links between social contexts and meanings produced. Discourse analyses can provide us with a snap-shot cultural map of the range and intensity of intellectual disability discourses, extending our knowledge of the cultural and textual dimensions of disability within contemporary society. As Wetherell and Potter (1992) have argued, it must be recognised that: discourse does have substance, it is a material which can be explored and chartered. Racist [or disabling discourse] practices may not fit together into a neat whole. Yet they have an organization, and that organization can be discovered and recorded. It is important to stress, however, that cultural maps and inventories keep changing (Wetherell & Potter, 1992: 1-2, emphasis added).

Such concerns cut to the heart of sociology’s task. The concerns of this project, therefore, sit comfortably within the purview of the sociological tradition, and its examination of how “social institutions, populations and social practices are created, legitimated and maintained” (Munford and Sullivan, 1997: 19).

This is not, however, to suggest that an individual’s personal experiences of intellectual disability are unimportant, or that material, economic and political circumstances are lesser concerns (Whyte, 1995; Pilgrim and Rogers, 1994). In contrast, this thesis is an attempt to bring to a field already steeped in such issues, an analysis of language and the socio-cultural discourses that constitute intellectual disability as something to be known, understood, researched and explored. Exploring the socio-cultural discourses of ‘intellectual disability’ may expose other limitations and obstacles than currently receive attention. I do not, however, believe that taking such an approach places us in a relativistic position where every discourse is equal and they cannot be criticised. Rather, with a map of the discursive terrain (Wetherell
and Potter, 1992: 1), we create the space in which we can begin to know and understand alternatives. Indeed, these discourses can only be judged relative to one another.

Chapter 6: Lay Discourses
15 The term ‘lay people’ is used here to mean non-disabled people with no specialist training or knowledge in the disability sector.

16 A minority of participants also asserted given ‘facts’ about physical disability, such that there are various types and degrees of ‘physical disability’. For instance, Daryl commented on the breadth of what can be defined as physical disability: ‘Physical disability can be anything from you lost the top of your finger to a broken spine’ (Daryl, age 22). Such comments suggest that lay people are reluctant to generalize about physical disability and its social implications.

Another fact noted by some participants was that there is a distinction between being born with a disability, and acquiring one later in life. Some participants stated that the cause of a physical disability was relatively unimportant, given that physical disabilities ‘obviously aren’t a person’s choice’ (Jeremy, age 22), others believed that it was important to acknowledge that those born with disabilities were ‘not to blame’ (Amanda, age 20). This construction of people with physical disability as not to blame, suggests the presence of its opposite within our culture: that some people with disability are to blame or are at fault. Indeed, it may be that these lay people, through the Individualist-Materialist discourse, are opposing historical or marginal cultural discourses that construct people with disability as evil or signs of sin (Wolfensberger, 1972; Whyte and Ingstad, 1995; Stiker, 1999).

17 There is also anecdotal evidence that some lay people who acquire a disability draw on the Individualist-Idealist discourse to view their own situation. For example, jockey Bey Buckingham, who broke her neck in a racing fall in 1998, reflecting on her response to becoming quadriplegic, said:

It was not a fortunate time to break my neck. I was really riding well, winning cups, derbies, all the major races. I was really improving as a rider. My career got ripped out from under me. I went from being a confident, attractive, slim woman who was on top of the world to someone who put on weight, who was bound up in a wheelchair, part of the disabled world, a quadraplegic. One day I was laying in ICU at four in the morning and I got so sick and tired of being in the hospital I thought, ‘I don’t believe them, I’m going to get up and walk out of here’. I always believed that I could do anything. I was the type of person who thought if I got cancer, I’d cure it with the power of the mind. So I didn’t have any ifs or buts in my mind. I spent 10 or 15 minutes building it up in my head and when I went to move, there was nothing. I thought, ‘No big deal, I’ll roll out of bed, that’ll be easier’. But when I went to move, there was absolutely nothing. That was devastating (Valent, 2003: 42).

18 Commercial television current affairs programme, Channel 9.

Chapter 7: Official Discourses
19 A more detailed, year by year, chronological discourse analysis of the annual reports can be found in Appendix IV.

20 Original emphasis in bold.

21 An Individualised Program Plan (IPP) is a plan that is devised for each person with an intellectual disability residing in Community Services provided or funded accommodation. It is usually devised with input from the individual, their family or advocates, and staff who work closely with them. The annual development of IPPs is a legislative requirement under the Intellectual Disabled Persons Services Act (Victoria, 1986). A recent Community Visitors Victoria report states that “IPPs should be a planning tool that assists staff in individualising the support provided to residents” (Community Visitors, 2001: web-based report).
22 There is a corresponding strong redefinition of the role of the broad objective of the Department of Human Services is described as implementing the policy platform of the government. This consisted of the following four policy ‘pillars’:

- restoring democracy
- improving services to all Victorians
- growing the whole of Victoria
- responsible financial management (Department of Human Services, 2000: 1).

23 This point follows Weedon’s (1987) contention that:

  [d]iscourses exist in both written and oral forms and in the social practices of everyday life. They inhere in the very physical layout of our institutions, such as schools, churches, law courts and houses (Weedon, 1987: 111-112; emphasis added).

Chapter 8: Media Discourses

24 Full details of the sampling technique and justification were described in the Methodology Chapter.

25 Metaphors are more than mere literary devices, as they “play a role in creating social reality …[and] they actually work to reproduce and maintain that reality. Metaphors may create realities for us, especially social realities” (Cheek et al., 1996: 190).

26 As Chappell writes, “[t]he labelling of people with Down’s Syndrome as ‘mongols’ underscores the link that was made between racial and intellectual inferiority” (Chappell, 1998: 15) Cunningham also observes that “the nickname ‘mongol’ came about because Langdon Down – the doctor who first identified people as having Down’s syndrome – believed that they were a ‘throw-back’ to a more primitive racial type… Thus the condition became known as ‘mongolism’. This was in 1866 and Darwin had not long put forward his theory of evolution” (Cunningham, 1986: 68).

27 On this point Conrad and Schneider (1992) write that: “Children are a special group of people in our society; they are considered innocent, dependent, and, because of their immaturity, not wholly responsible for their deviant behaviours” (Conrad and Schneider, 1992: 145).

28 Blue Heelers is an Australian television drama series that focuses on the happenings in a country police station. It appears on Channel 7 in the State of Victoria.

29 House Gang was a sitcom screened in Australia on Channel 28 SBS.

Appendix I


31 Bruce Ford, Victorian IYDP Chair, in Victorian State Committee for International Year of Disabled Persons (1982), Break Down the Barriers, Government Printer, Melbourne, p. 3.

32 Source: Cooper, 1999: 202

33 Source: Bowman and Virtue, 1993: 194

34 Source: Bowman and Virtue, 1993: 194

35 Source: Cooper, 1999: 202

36 Source: Prof Errol Cocks, 2005, Thesis Examination Notes.

37 Source: Cooper, 1999: 203

38 Source: Bowman and Virtue, 1993: 194

39 Source: Cooper, 1999: 202
40 Source: Cooper, 1999: 203

41 Source: Bowman and Virtue, 1993: 194

42 Source: Bowman and Virtue, 1993: 194

43 Source: Cooper, 1999: 203

44 Source: Cooper, 1999: 203

45 Source: Cooper, 1999: 204

46 Source: Cooper, 1999: 204

47 Source: Cooper, 1999: 204

48 Source: Prof Errol Cocks, 2005: Thesis Examination Report


50 Source: Prof Errol Cocks, 2005: Thesis Examination Report

51 Source: Cooper, 1999: 205

52 Source: Cooper, 1999: 205


54 Source: Cooper, 1999: 207

55 Source: Cooper, 1999: 205

56 Source: Cooper, 1999: 205

57 Source: Cooper, 1999: 206

58 Source: Cooper, 1999: 206

59 Source: Cooper, 1999: 206

60 Source: Bowman and Virtue, 1993

61 Source: Cooper, 1999: 208-9

62 Source: Cooper, 1999: 208

63 Source: Cooper, 1999: 208

64 Cass, B., Gibson,

65 Source: Cooper, 1999: 208

66 Source: Cooper, 1999: 209

67 Source: Bowman and Virtue, 1993: 195

68 Source: Cooper, 1999: 212
69 Source: Cooper, 1999: 210

70 Source: Cooper, 1999: 211


73 Source: Cooper, 1999: 213

74 Source: Cooper, 1999: 214

75 Source: Cooper, 1999: 213

76 Picton *et. al* (1997), *Evaluation of the Relocation of the Aradale and Mayday Hills Clients Project*, Human Resource Centre, Graduate School of Social Work, La Trobe University, Bundoora, p.1


78 Source: Cooper, 1999: 215


82 Source: Button, 1998a: 11.


