

Szasz, T. (1983). Primary values and major contentions. Buffalo, NY: Prometheus Books.

Thistlewaite, D. (1974). Impact of disruptive external events on student attitudes. Journal of Personality and Social Psychology, 30, 33-38.

Trawick, S. (1990). Attitudes of baccalaureate nursing students and faculty toward persons with physical disabilities. Miami, FL: Florida State University Press.

Weschler, I.R. (1950a). A follow up study on the measurement of attitudes toward labor and management by means of the error choice method. Journal of Social Psychology, 32, 63-69.

Weschler, I.R. (1950b). An investigation of attitudes toward labor and management by means of the error choice method. Journal of Social Psychology, 32, 51-62..

Weschler, I.R. (1950c). The personal factor in labor mediation. Personnel Psychology, 3, 113-133.

Webb, E., Campbell, D., Schwartz, R., & Sechrest, L. (1966). Unobtrusive measures: Nonreactive research in the social sciences. Chicago, IL: Rand-McNally.

Wilczenski, F. (1992). Measuring attitudes toward inclusive education. Psychology in the Schools 29(4), pp. 306-312.

Wilde, G., & deWit, O. (1970). Self-report and error choice: Inter-individual differences in the operation of the error choice principle and their validity in personality questionnaire tests. British Journal of Psychology, 61, 219-228.

Wilde, G., & Fortuin, S. (1969). Self-report and error choice: An application of error choice principle to the construction of personality test items. British Journal of Psychology, 60, 101-108.

Yuker, H. (1988). Attitudes toward people with disabilities. New York: Springer.

### **The History of Disability: Perspectives and Sources**

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During the past decade and a half, the emergence of disability studies as an academic discipline has led to a call for the application of new research paradigms within the field. In 1990, Michael Oliver, in the introduction to his Politics of Disablement, wrote of the "urgent need" for scholars in disciplines other than medicine and psychology to apply their research methods to the "issue of disability and the experiences of disabled people." (p. x) He noted that, on the rare instances in which other disciplines (among which he included sociology, anthropology, and history) had addressed disability, they had typically adopted the dominant perspectives of medicine and psychology. For the purposes of this paper, his comment on history of disability is particularly telling: "On the experience of disability, history is largely silent, and when it is discussed at all, it is within the context of the history of medical advances." (p. xi)

With few exceptions, at the time that Oliver made this observation, it was an accurate assessment of the historiography of disability. Not only did historians of disability write from a predominantly medicalised perspective, but on the rare occasions when they attempted to do otherwise, their studies almost without exception drew on a body of source material that was, if not always medicalised, at least institutional in its approach to disability. For the would-be historian of disability the problem is less that "history (is) largely silent about the experience of disability," than that, throughout history, people's expressions of their experience(s) of disability have been largely unheard and very rarely recorded. This latter fact poses even more of a challenge to any historiography of disability than does the tradition of hagiographic medical history. Oliver's observation about the dominance of medicine and psychology in historical writing reflects his focus on industrialised, capitalist society; when the domain of historical study is extended to earlier societies it becomes apparent that similar documentary sources to those used in the writing of medicalised history reflect the perspective of other social institutions, among them, law, religion, and state or private charity.

It is not surprising that sources representative of an institutional perspective on disability are as widely cited as they are or that they have survived to be read by modern scholars. The institutions that generated them were often dominant institutions within their societies; to the extent that the societies were themselves literate, the institutions, managed by experts, would have been among the most likely members of a society to have preserved records of their activities. Gary Woodill's extensive and frequently cited bibliography, his *History of Disabilities and Social Problems*, is an indicator of the sway held by the institutional perspective over sources recognised as having a potential contribution to the history of disability. Despite his espousal of the application of non-medical research paradigms in his other writings (e.g., Woodill, 1994, and Woodill et al., 1992), his bibliography contains an overwhelming preponderance of institutional sources. Of the twenty-three headings within the bibliography, eleven refer explicitly to institutions or to institutionalised practice (e.g., asylums, special education, psychiatry, medicine) as they have been involved with disability. An overview of the titles listed under the remaining headings indicate that a substantial majority of the sources listed in these, too, reflect an institutional perspective. "Deafness and Speech Disorders," despite the vehement refutation of medicalisation by Deaf culture, contains 237 references of which forty-one (17%) are not explicitly institutional. When compared to the other headings "Art, Literature and Photography," as might reasonably have been expected, has a relatively low incidence of explicitly institutional references - only 69 of 143 sources or 48%. That percentage, however, is still startlingly (and probably artifactually) high. Numerous articles in this category are found in medical journals and take the form of an attempt at diagnosis of medical on the basis of its representation in either literature or a work of visual art.

The above observations should not be taken as dismissive of Woodill's bibliography. It undeniably represents a substantial and valuable resource for historical investigation; it focuses on disability as an area of investigation rather than as a subset of the history of either medicine or technology; and, importantly, it includes sources that antecede the centuries in which medicine has dominated the institutional perspective. This longer view, despite its own one-sidedness, nevertheless provides solid evidence that there are indeed more than one perspective from which even dominant social institutions may view disability.

The extensiveness, however, of the bibliography is at once its virtue and a stone of stumbling for historiography of disability. Although in his introduction to the bibliography Woodill acknowledged that "(w)hile the bibliography is extensive, it in no way is exhaustive," its length can mislead beginning scholars to treat it as such and to overlook a substantial body of information about disability that can provide a very different, and no less significant, perspective. Although it presents an interesting and important diachronistic overview of one type of societal responses to disability, its synchronistic presentation of that response for any point in history or any culture lacks breadth.

For most (literate) societies, there exists in fact a second type of evidence from that generated by the institutional perspective on disability. This non-expert (or vernacular, in the sense of the language of laypersons) perspective differs from the institutional in several important respects:

1. Personhood and directionality. Although neither perspective involves the first-hand experience of a disability (see below), the vernacular is typically more personal, and usually interactive, whereas the institutional is impersonal and one-directional. In any institutional response to the existence of disability, the personhood of both the agents of the institution and the persons with disabilities are subordinated to their two roles as they have been defined by the development of the institution within society (cf. Berger & Luckmann, 1966). The person with a disability is involved in the action of the institution by virtue of the problem that he or she poses to society, be this a functional impairment that impedes performance of some expected social role, some trait perceived as physically or morally contagious (leprosy, mental illness), or bearing some other form of stigma. Identity is in fact defined by this trait; other details of the person have no bearing on the interaction. The vernacular perspective, by contrast, tends to be characterised by some form of personal involvement between nondisabled (but) nonexpert members of a society and people with a disability. Personalisation should not be taken to imply any greater degree of openness to the person with the disability - the response may simply be rejection or derision at a personal level in contrast with an (at least officially) affective neutrality on the part of an institutional agent.

Agency and interactivity are associated with the above difference between the degree of personalisation in the two perspectives. The institutional perspective is part of a unilateral action on the part of the institution towards the person with a disability who is expected to be the passive object of this action. (In this instance it would be more apt to refer to a disabled individual; personhood does not enter into this process and the disabled status is the defining trait of the individual.) The personalised vernacular perspective makes action possible in both directions. Throughout history, and in a variety of possible settings and situations, when a nonexpert member of society has encountered a person with a disability both parties in the interaction are likely to have been affected even though not necessarily with a mutual response.

2. Language. As might be expected from the selection of the term, vernacular, the language in which accounts of the two perspectives are couched often differs. Accounts of institutional activity are often quite standardised within a particular culture. The agency of the persons with disabilities often disappears into a passive voice; they are reported on as recipients of charity, or as patients receiving treatment, or as threats to society who must be contained. The institution is the agent: medicine diagnoses and treats, education identifies and trains

(unfortunately, it rarely educates), the law judges and contains. Even in generalised vernacular proverb the person with the disability acts: his or her presence brings about a change of fortune; if blind, he or she misleads his or her fellows; the fool's actions provide the rest of society with mirth and more importantly examples to be avoided. In other instances, the person with the disability is a person, howbeit often a defective one, often given a name that identifies him or her with a disability, but still involved in other activities. Thus the deaf painter Averkamp was referred to as Averkamp "de Stomme" (the Mute), but recognised as active in other significant spheres than his invidious title would have implied. In the vernacular perspective people with disabilities act: they may act as beggars, they may offend public decency, they may act as models of virtue, but in any case the language with which they are described represents them as recognised as individual agents. Vernacular language, it should be noted additionally, is not necessarily less schooled than institutional language; Shakespeare's depiction of Richard III is using a set of vernacular expectations in his depiction of a morally corrupt individual as matched by his physical deformity. Although the language is certainly that of schooled culture, it is not that of the institution. Richard, however much he may be a caricature, is a person.

3. Logic. By virtue of its apersonal nature, the institutional perspective regarding disability is driven by the motion from generality to specificity and back again of inferential logic. Persons identified as objects of institutional action become so by virtue of being perceived as displaying a particular set of traits that fit them into the generality with which the institution is concerned. This generality then defines the treatment to be meted to the newly identified "disabled individual." The syllogism of "everything that has a B is an A; C has a B; therefore C is an A" is linked to "All As require D; C is an A; therefore C requires D" and it becomes the paradigm of institutional response. Although the vernacular is not entirely without examples of the above logic (proverb can take the form of an implied or explicit syllogism), it can also have a different form of argument as its basis - that which may be described as interpretative. In their collection, "Interpreting Disability: A Qualitative Reader" (Ferguson, Ferguson & Taylor, 1992), the authors call for parity in epistemological status between interpretivism and objectivism. Interpretivism, they suggest, is particularly well suited to address the myriad contextual issues that arise in consideration of the human, individual narratives of disability. "Interpretivism maintains that disability is not a fact or an entity, whose nature is just waiting to be discovered. Disability is rather an experience waiting to be described, or, more precisely, a social construction of multiple experiences waiting to be recognised." (p. 296)

The experience of disability, if it is to be understood with any fullness, ought then to be analysed from the multiplicity of vantages that a society can present. The complexity of these vantages mandates that the investigator of the history of disability be, not only competent in disability studies, but also competent in the social history of the period under investigation.

4. Sources. As was noted at the beginning of this paper, the institutional perspective regarding disability is that which has been most extensively and explicitly documented. That documentation, moreover, by virtue of stemming from institutions representing social hegemony, is most likely to be preserved in archives and institutional records. The content of these records is similar regardless of the institution that has generated it. The perceived (i.e., constructed) problem posed to society by the targeted disability is explicitly addressed. Interventions, regulations, treatments, etc., are described; the "disabled individuals," the nominal beneficiaries of

these processes, are enumerated, sometimes by name, sometimes simply by numbers and by expenditure. In some instances it has prescribed activities for members of society with particular impairments as in the Levitical prohibitions of the Old Testament. The homogeneity of these sources, often from one locale of institutional activity, reflects the fixed roles of both those who have acted for the institution, its agents, and those who have been recipients of that activity. Even where names are provided for the participants in this role-play, identities are subsumed into roles. Personality is not a factor in these documents unless it, too, has been identified as part of an abnormality that determines a disabled role.

The sources that provide information about the vernacular perspective towards disability are much more diverse and can challenge the researcher's interpretive and analytic competence. This use of nontraditional sources or of traditional sources in nontraditional readings has been productively applied to other areas of historical investigation. A lateral use of evidence (be it from the visual arts, literature, or historical documentation not explicitly dealing with the subject in question) has been in use at least since Warburg used the visual arts as evidence for his study of pagan influences in the European renaissance (1936). The contextual richness of the work of the *Annales*, beginning with the first publication in 1929 of the *Annales* by Bloch and Lefebvre, also contribute models for the incorporation of both material objects and non-traditional textual sources (literature, letters, etc.) as data and the inclusion of the other social sciences as historical material. Much more recently the techniques of microhistory have been applied to studies of the experiences of populations previously ignored by history (cf. Muir & Ruggiero, 1991). Similar approaches to these, applied to representations of people with disabilities in (among others) literature, the visual arts, and personal letters, can provide the investigator with material that is not directly concerned with the "expert" response to disability. This broader perspective can yield a deeper understanding of the nature of the responses of non-disabled society and thus to the experience of disability at least as influenced by those responses.

As noted above under "Logic," the vernacular perspective poses particular challenges to the competence of the historian investigating a particular period or culture. This is especially true with respect to the use of non-traditional sources, the interpretation of which much arise from a sound grasp of the traditions from which they stem. In addition, the vernacular perspective may be apt to generate contradictions within itself in a way that is not commonly found within the perspective of an institution. The vernacular, by virtue of its personalised nature and by often encompassing a spectrum of educational and socio-economic statuses, may generate more diversity than a policy-driven institution. As a result, one body of evidence regarding attitudes and practices from one historical period may be substantially at odds with another.

In addition to the two non-experiential perspectives on disability discussed above, there exists, of course, a third, that of disability as it is experienced at first hand. Unfortunately, despite its focal importance for disability studies, it remains the most difficult to support by historical evidence. Few explicit accounts of the experience of disability have been preserved and lateral evidence such as that used to adduce information about the vernacular perspective seems also to be rare. Moreover, those sources that do exist may be subject to questions regarding their validity; to what extent, it must be asked, does the fact of the preservation of the writings of this person suggest that he or she may be quite atypical of people with a disability of his or her time? Are, for example, the multitude of biographies and autobiographical writings of Helen Keller more

indicative of her experience of disability or of the degree to which the institutions involved with her were able to use her as a figurehead? Or of the attraction of a "heroic and inspirational" figure to the contemporary vernacular readership? Finally, any use of sources taken as representative of any of these perspectives should take into account the presence of interactions among them. The degree to which this will be the case will vary. Inevitably the experiential perspective will reflect the two non-experiential just as any experience of life will reflect its environment. The degree to which the non-experiential perspectives will reflect the experiential is likely to be, in most cases, far less significant. To the extent that the vernacular perspective can include observations of family and intimates of people with disabilities, their experiences may indeed be reflected, but there is little evidence to suggest that the apersonal, institutional perspective can be taken as reflecting, to any significant extent, the experience of the "disabled individuals" on whom the institution acts.

The interactions between the institutional and vernacular perspectives are possibly more complex than the above. The question of directionality becomes more difficult: almost inevitably (barring a few instances in which the institutional activities have been carried out by family dynasties as was the case with deaf education in Britain until the beginning of this century) the agents of institutional action will have been drawn from a non-expert population and will bear with them the vernacular perspective of their parental culture. This may not be immediately evident in the role-driven documentation of their activities, but it may exist as an attitudinal substrate of institutional decision making. In the same society, however, the vernacular attitude may be shaped by the institutional. Various factors may influence the degree to which this is the case. Literacy can be a factor: a society with a literate population is more likely to be able to follow the activities of an institution whether it can grasp the esoteric details of those processes or not. Thus, the popularity and mystique of the medical profession seems to have been heightened by a body of popular literature tracing its accomplishments. In some instances the institution may encompass all the members of a society to varying extents as was the case with the Church during the European Middle Ages. In such a case, the activities of the institution, as well as the language in which those activities are couched, will be part of the vernacular awareness and will influence its perspective to a substantial extent.

In some instances, the vernacular perspective can shape the development of institutional practice. In sixteenth-century Venice, charitable orders within the Church were pressured into establishing the ospedali degli incurabili by the general public's revulsion and fear at the presence of increasing numbers of syphilitic beggars on the city's streets (Pullan, 1971). A population of chronically disabled people, who typically in the past would have been recipients of public and institutional charity, but who would have been more or less free agents living where and however they could, were forced into segregated enclosure by city ordinance. While the fact that their maintenance in the ospedali was in the hands of charitable orders, who undertook their physical and spiritual well-being as a matter of religious duty, the syphilitics thus enclosed were regarded by the public as a source of both moral and physical contagion. As Pullan observes, this perception found its way into the policies of the ospedali which gradually treated their segregated inhabitants, even when their background included education and high social status, as objects of religious instruction in a way that had not been the case in, for example, the leprosaria maintained by similar organizations in previous centuries.

The inter-relationships discussed above may not only exist synchronically, but also diachronically. A development in either perspective may have a later impact on the other. Such an interaction may be represented neither as a line nor as a circle, but as a spiral. In the example cited above of the ospedali degli incurabili, the institution which came into being in response to public attitude reflecting a vernacular perspective began to generate its own, distinctive, institutional perspective within a period of decades. This differed from the initial vernacular perspective in its assumption of enclosure which rendered its objects less of a threat of physical contagion and more of an object of moral correction than had been the case in the initial vernacular perspective. This attitude, in its turn, was absorbed into the vernacular perspective of Venice by the eighteenth century when the incurabili seem to have ceased to be seen as physically threatening and become objects appropriate to institutional charity. The public attitude would seem to have shifted from one which wished to rid itself of the presence of a population that it viewed with loathing and fear to one which regarded the population as in need of moral counsel and physical support. Similarly, the emergence of education for deaf children in the eighteenth century seems to have led to the development of a vernacular perspective with a quite different set of expectations of deaf persons than had existed prior to the development of schooling. In fact, a substantial body of popular literature was published during this period generating a perception of "the Deaf" as a collective identity in a way which had not existed prior to this period.

Social status may be a factor in the determination of disability within a given society and in the inclusion of persons of particular social statuses within the institutional perspective. Sufficient status (whether inborn or attained) seems to enable its bearer to achieve a selective, interactive relationship with the institutional perspective, and to be seen as persons regardless of the characteristics that would ordinarily define them as disabled. Franklin Delano Roosevelt's polio, for example, although treated by the medical institution, did not result in his assuming the typical "patient role" of those within the purview of medical expertise. It would appear that the social status of the presidency of the United States may itself be indicative of a distinctive institutional perspective that dominated that of the medical perspective.

Evidence suggests that social status may also influence the experiential self-perception of disability both at an individual level and at a level of self-definition as part of a group. Comparison of Victorian narratives of the experiences of blind people from the upper classes of British society and from those interviewed in Mayhew's (1861) London Labour and the London Poor supports this possibility. The availability of servants to blind members of upper-class British society would appear to have enabled them to function in such a way that their blindness was not an impediment to pursuing many of the life options that would typically have been pursued by that class. As such, their self-perceptions, although they included blindness, did not necessarily include their involvement as subjects of institutional intervention. Conversely, the blind street musicians interviewed by Mayhew often defined themselves in terms of their disability and of the (in mid-Victorian times) minimal institutional services available to them.

#### Conclusion: Utility of Concepts

Despite the limitations inherent in the three perspectives identified and discussed above, they remain a useful conceptual tool in the analysis of source material for the social history of disability. The risk of over generalisation from a single source is reduced when it is identified as representative of one of the three perspectives. As characteristics of any one perspective within a

particular society and historical period gain recognition through investigations of numerous similar sources, their comparison with those of other societies and previous historical periods may provide insights into the socio-historical factors which contribute to shape attitudes towards, and consequently, the experience of, disability in a society.

Recognition of different attitudes within the three perspectives that may co-exist synchronically and their comparison can serve to reconcile otherwise evident contradictions in sources and help to develop a complete picture of attitudes as they may have existed in a given time and society. The identification of the existent inter-perspective differences within a social setting may help to assess the validity of the interpretation of a single source. Light may be shed on atypical material which seems to be part of a particular perspective by examination of the other coincident perspectives. Anomalous attitudes from sources that are otherwise valid may necessitate reconsideration of the existing understanding of perspectives; they will in any case have a basis for the analysis of where and in what ways they differ from the norms of the society which may give direction to their investigation.

Finally, comparisons of which institutions within particular societies have concerned themselves with the "social problems" of disability may be a source of information regarding the valuation of people with disabilities in those societies. Conclusions may be justifiable in light of comparison of other populations served by institutions concerned with persons with disabilities as well. If those populations were typically devalued, such as prisoners or beggars, it may be reasonable to conclude that devaluation was associated with all of the segments of society who came within the domain of that institution. As such, educational and medical institutions are in themselves comparatively valorising, particularly if they are not subordinated to some other dominant institution.

### References

Berger, P.L. & Luckmann, T. (1966). The social construction of knowledge: A treatise in the sociology of knowledge. New York: Doubleday.

Ferguson, P.M., Ferguson, D.L., and Taylor, S.J. (1992). The future in interpretivism in disability studies. in P.M. Ferguson, D.L. Ferguson, and S.J. Taylor (Eds.). Interpreting disability: A qualitative reader. pp. 295-302 New York and London: Teachers College Press.

Mayhew, H. (1861) London labour and the London poor: The condition and earnings of those that will work, cannot work, will not work. London: Charles Griffith and Company.

Muir, E. & Ruggiero, G. (Eds.)(1991). Microhistory and the lost people of Europe. Baltimore: Johns Hopkins Press.

Oliver, M. (1990). The politics of disablement. London: The Macmillan Press, Ltd.

Pullan, B. (1971). Rich and poor in renaissance Venice: The social institutions of a Catholic state to 1620. Oxford: Basil Blackwell.

Warburg, A. (1969) (c. 1932) (Bing, G., Ed.) Die Erneuerung der heidnische Antike: kulturwissenschaftliche Beitrage zur Geschichte der europaishe Renaissance. in Gesammelte Schriften, Bd. 1. Liechtenstein: Krauss Reprint.

Woodill, G. (1994). The social semiotics of disability. in M. Rioux and M. Bach, Eds., Disability is not measles: New research paradigms in disability. pp. 201-226 North York, Ontario, Canada: The Roeher Institute.

Woodill, G., Ravaud, J.-F., Ville, I., and Bredberg, E. (1992) The disabled body as text: A reading of handicaps as cultural metaphors. Paper presented at the International Conference on Language and Social Intervention, the University of Rouen, Rouen, France, 1992.

Woodill, G. (1989). History of disabilities and social problems [On-line]. Available: <http://codi.buffalo.edu>

### Communications

The federal INTERAGENCY SUBCOMMITTEE ON DISABILITY STATISTICS meets on the second Wednesday of each month from 1:30pm - 3:00pm EST: May 14, June 11, July 9, August 13, September 10, October 8, November 12, December 10, 1997. Contact Sean Sweeney at OSERS/NIDRR, Switzer Building Room 3421, 400 Maryland Ave, SW, Washington, D.C. 20202-2646, 202-205-5449, fax 202-205-8515, email <SEAN\_SWEENEY@ED.GOV>; OR Paul Placek, NCHS/CDC, Presidential Building, Room 1100, 6525 Belcrest Rd, Hyattsville, MD 20782, 301-436-7104 x 152, FAX 301-436-4233, EMAIL <PJP2@NCH11A.EM.CDC.GOV>. It meets at seven locations:

1. Hubert H. Humphrey Building, Room 727E, 200 Independence Avenue, SW in D.C. and the nearest Metro Stop is Federal Center SW.
2. Baltimore SSA meets in room 1-28b-Link (between Operations & Altmeyer). SSA Anchor Persons are Paula Franklin, 410-965-8152, and Erma Barron, 410-965-1123.
3. Atlanta/CDC meets now in Chamblee 101. Shirley Holmes-Envision Coordinator at 770-488-7665.
4. Hyattsville/NCHS will meet in the Presidential Bldg. Room 10-66.
5. Research Triangle Park, NC, 12 Davis Drive, Building B Room 212, Coordinator C. Frank Rawls, 919-541-4402.
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NICAN, an Australian organisation funded to provide information on recreation, tourism, sport and the arts for people with disabilities, held its first bi-annual conference entitled 'Citizenship.....beyond disability - the power and potential of recreation', in October of 1996. The conference was held in Brisbane, Australia attracting people with a variety of interests from throughout the country.

Conference organisers were keen to develop themes for the conference to surpass traditional views of recreation for people with disabilities. They wanted to not only look at the practical delivery of recreation, but also the reasons and benefits for participation for the