

INAUGURAL PROFESSORIAL LECTURE

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**WHAT'S SO WONDERFUL ABOUT WALKING?**

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## **Introduction**

It is, perhaps, perverse to choose as the focus for my professorial lecture, an activity that I myself have not engaged in for more than thirty years. It may be, but it is also deliberate. It is to counter the criticism sometimes wrongly levelled at my work; namely that I privilege experience over methodology. In other words, that I believe that only disabled people should do disability research.

To say that research by able-bodied researchers has served disabled people badly, or indeed work by men has served women badly and work by whites has served black people badly, is not privileging experience over methodology. It is criticising inaccurate, distorting and at times, downright oppressive, sociological research dominated by white, able-bodied males. Hence, I hope to demonstrate that a non-walker can make a significant contribution to our understanding of walking, both sociologically and anthropologically and without distorting the experience of walkers.

Before going on to develop this further, I should include a cautionary note about the political correctness of the terminology I shall be using. I am well aware that disabled people is the politically correct term for describing the people I will be discussing, but I am going to put that aside for the purposes of this lecture. As walking is the central, organising concept of the discussion, I am going to

divide the world into walkers, non-walkers and nearly-walkers.

When I have finished may be the time to discuss the political correctness or incorrectness of this classification but if I offend any disabled people, then I apologise in advance. If I offend any academics, researchers or professionals who have wrongly categorised us or distorted our experience with their schemes; then now you know how it feels.

Finally, I should add that walking is an appropriate topic for my professorial lecture, for as a young academic, the very first paper I ever had published was on this subject; in the International Journal of Medical Engineering and Technology. For a sociologist this was no small feat. Having re-read this paper recently when preparing this lecture, I was pleasantly surprised to find how much I still agreed with. So much so that I was tempted to merely reproduce it as the lecture and then confess at the end.

However, while that might have been a clever trick, it would not have shown how my own understanding of walking has developed over the years and the role that sociology has played in this development. So, for those of you bursting to know how clever and insightful I was all those years ago, you will have to be satisfied with the following quote

unless you want to read the original yourself.

"....the aim of research should not be to make the legless normal, whatever that may mean, but to create a social environment where to be legless is irrelevant".

(Oliver 1978.137)

While I cringe, some fifteen years later, at the political **incorrectness** of some of my terminology, I still agree with the sentiment behind it.

I would not want to pretend that, following such seminal insights, such a thing as the sociology of walking has sprung up or even that sociologists have been queuing up to study the topic in the way that they have other more sexy topics like class, or deviance, or medicine, or more recent discoveries like race and gender. However the sociology of the body has become sexy recently and one of its leading theorists, Bryan S Turner, made a throw away comment on walking in one of his attempts to theorise the body.

He wrote,

"Walking is a capacity of the biological organism, but it is also a human creation and it can be elaborated to include the `goose-step', the `march', and `about-turn'. Walking is rule-following behaviour, but we can know a particular person by his walk or **by the absence of a walk.**

.....my way of walking may be as much a part of my

identity as my mode of speech. Indeed, the 'walk' is a system of signs so that the stillness of the migrainous person or the limp of the gouty individual is a communication".

(Turner 1984.236)

What for him was a throw away comment, I take as the starting point for this lecture. Walking is not merely a physical activity which enables individuals to get from place a to place b. It is also a symbolic act, but not merely symbolic as far as individuals are concerned; it is also culturally symbolic and therefore it is necessary to understand walking sociologically, given that a central problematic of sociology is to understand 'the meaning of life'.

I do not intend here to provide 'the' or even 'a' sociology of walking, nor do I intend to sketch out an agenda for what a sociology of walking might look like. Instead, I shall apply some sociological ideas to the issue of walking and see how far that gets us. In so doing, I shall focus on three areas; the meaning of walking at the cultural level; the pursuit of the idea of walking as a millenarian rather than medical activity; and the influence of the ideology of walking on the enterprise of rehabilitation. Finally, I shall address some remarks to the purpose of this, or to quote the words of a currently unfashionable sociologist called Lenin.

"What is to be done?"

### **Walking and culture**

In considering the meaning of walking at the cultural level, I have decided to concentrate on its cultural production within the realms of the popular song, not simply because it is something I have a passing interest in, but because popular songs tell us more about the meaning of life than do other more elitist cultural forms such as squawking in a foreign language, jumping around on stage by over-muscled men and anorexic women or reading sunday supplement novels.

My interest in the relationship between popular song and walking was awakened by a remark made by David Swift, a nearly-walker who appeared on the recent Channel 4 series on the history of disability. As a nearly-walker, he was reflecting on his ability or inability to attract girls in the dance halls of Nottingham in the 1950's.

"I didn't have many girlfriends, more casual acquaintances. Once they got to know the way I walked... I mean there were plenty of songs coming out where they say, 'Look at the way she walks'. Everything was 'He walks like an angel... Just walking in the rain... Walking my baby back home'. And I'm thinking to myself about all these songs related to walking. And I couldn't even walk properly. What had I got to show? But I found the key pretty early. I found the key to

getting a girl was to play the fool. I'd got to get their eyes away from my legs. So as long as I could keep them laughing I was alright. But as soon as I saw their eyes lowering, I knew the danger was coming".

(Humphreys and Gordon 1992.114)

Perhaps the song that says it all is one by Val Doonican called 'Walk Tall' which contains the refrain,

Walk tall, walk straight  
and look the world right in the eye  
that's what my momma told me  
when I was about knee high.  
She said, son be a proud man  
and hold your head up high  
walk tall, walk straight  
and look the world right in the eye.

Though, I don't know for sure, I like to think that when Lois Keith made her poetic attack on the sexist and ambulist nature of language, she had that song in mind. For those of you who don't know it, I'll read her poem now.

Tomorrow I am going to re-write the English language  
I will discard all those striving ambulist metaphors  
Of power and success  
And construct new images to describe my strength  
My new, different strength.

Then I won't have to feel dependent  
Because I can't Stand On My Own Two Feet  
And I will refuse to feel a failure  
Because I didn't Stay One Step Ahead.  
I won't feel inadequate  
When I don't Stand Up For Myself  
or illogical because I cannot  
Just Take It One Step at a Time.

I will make them understand that it is a very male way  
To describe the world  
All this Walking Tall  
And Making Great Strides.

Yes, tomorrow I am going to re-write the English  
Language,  
Creating the world in my own image.  
Mine will be a gentler, more womanly way  
To describe my progress.  
I will wheel, cover and encircle

Somehow I will learn to say it all.

(Lois Keith)

Popular songs do not simply dismiss non-walkers or nearly-walkers in symbolic or metaphorical terms. The classic of



the genre is the Kenny Rogers hit which features the paralysed veteran of some 'crazy, asian war' pleading with his wife not 'to take her love to town'. It contains my favourite lyric in the whole of popular music, 'It's hard to love a man whose legs are bent and paralysed'. So, non-walkers and nearly-walkers are not simply socially inadequate, they are sexually incompetent as well.

I know, just as one swallow doesn't make a summer, a few lyrics from one cultural form are not the whole story, but as more and more disabled people are subjecting other cultural forms to critical analysis, the full picture of just how disablist our culture really is, is beginning to emerge. But to stay unapologetically within the cultural form I have chosen, as Lesley Gore once sang, 'It's my party and I'll cry if I want to' so 'It's my lecture and I'll say what I want to'.

### **Walking and cure**

The pursuit of restoring the ability to walk or nearly walk is better understood, I would argue, as a millenarian movement rather than as the logical application of modern medical knowledge. For those of you unclear what such a movement is, I offer the following definition.

"In sociology, a millenarian movement is a collective, this-worldly movement promising total social change by miraculous means".

(Abercrombie et al 1988.157)

In Britain, I would argue, a number of such movements currently exist; exclusively, or almost exclusively, to solve the 'problem' of non-walking or nearly walking. They call themselves charities and they raise and spend probably in excess of one hundred million pounds in pursuit of cures for what they usually call 'chronic or crippling diseases' every year.

It could, and usually is, argued that these are organisations devoted to the pursuit of scientific research, and they cannot even be conceived of as millenarian movements awaiting the second coming, the arrival of the inter-galactic spaceships, the return of long dead ancestors and the like.

The problem is of course, that throughout the history of humankind, the number of cures that have been found to these 'chronic and crippling diseases' could be counted on the fingers of one hand and still leave some over to eat your dinner with. And in empirical terms, there are considerably more examples of 'so-called' miraculous cures, than there are of those produced by scientific medicine. Finally, creating a society where all non-walkers and nearly-walkers walked properly, would indeed require total social change.

Can you imagine it; architects could let their imaginations run riot and design buildings without worrying about access; employers could recruit whoever they wanted without considering disabled applicants, the problem of integrating disabled children would disappear and all those professionals currently employed in 'looking after' disabled people would be out of work; revolutionary social change indeed!

If we take one example of which I am familiar and in which I have a personal interest, then perhaps it will become even clearer. The example is the International Spinal Research Trust and an anthropological case study of it might look like the following.

"A prophet wandered the land (Britain) and he had a vision; that all those who had a spinal injury would one day be able to walk again. Not only that but that this vision could be achieved within five years if certain things were done. These included a range of behaviours and rituals and necessitated forming an organisation to support them. He wandered the land and spoke to people of both high and low status, those afflicted and those not and convinced some that his vision was true. So the organisation was formed.

But this was the beginning, not the end. In order for his vision to be achieved a number of rituals had to be performed and repeated. These included persuading the great and the good to get dressed in their finest clothes, go to places of high social status, drink too much alcohol, jump up and down and throw money at a table strategically placed at the end of the room. Those of lower social status performed rituals of a different kind; usually involving cutting holes in the tops of tins and then accosting non believers in the street and demanding that they place money in them. Even the afflicted were expected to participate, either by inviting people to their houses, offering them coffee and then charging them extortionate prices for it or by pushing their wheelchairs right round the island to end up in exactly the same place they had started from.

This was not the end of the rituals however, for the organisation then collected all this money and passed it on to a group of men of special status, who wore white coats who worked in places called laboratories. These men, then proceeded to buy or breed thousands of animals who were then ritually slaughtered. These men in white coats then meticulously recorded these activities and wrote about them for other men in white coats who could not be present while the rituals were

being performed.

However, despite religiously following these rituals for the appointed time period, the vision did not materialise in the time period specified, the original prophet was forced to flee the land to an island on the other side of the world (Australia). Whether he is still having visions is unknown. The sect did not however disintegrate at this point, but continues today, still urging its believers to intensify their rituals and indeed blaming them for the 'failure of prophecy'".

In case you think that my description is (too) subjective, which of course it is, as is all anthropology and indeed, sociology too; then I reproduce a statement from the current research director of the movement, responding to criticisms of their claims made by another organisation representing people with a spinal injury; the Spinal Injuries Association (SIA).

"The criticisms in the SIA magazine were against a claim made in 1986 that a cure was realisable within 5 years. Given that this claim was hedged with the proviso that enough money had to be available, I still claim that it was not irresponsible... I still believe that the timing is not impossible. There can be no certainty that a model of cure can be constructed in

the laboratory by the end of 1992, but progress on the repair of damaged tracts has been so swift that it should not be ruled out".

(Banyard 1991)

This quote contains all the elements that characterise the response of millenarian movements when prophecy fails. Firstly, the timeframe was elastic, not absolute. Secondly, the message was misunderstood; it was not a cure that was promised but 'a model of cure in the laboratory'. Thirdly, the rituals necessary to bring about the millennium were not properly followed; in this case, not enough money was raised.

It is not just nineteenth century millenarian movements like the Melanese cargo cults or the North American Indian Ghost Dance, that these charities have much in common with, but also twentieth century religious sects. One such sect visited Britain last year and claimed that 'some will be moved by the power of God for the first time'. And when, of course, no-one left their wheelchair and started to walk, it was because the message was misunderstood; people would be moved spiritually, not physically.

From the false prophets of religious evangelism, from the dashed hopes of cargo cultists, from the abandoned visions of the ghost dancers to the exaggerated claims of the

impairment charities (Hevey 1992); the idea of restoring the function of walking to those who cannot or have lost the ability to do it, reigns supreme. It reigns supreme too, in the enterprise of rehabilitation.

### **Walking and rehabilitation**

Rehabilitation can be defined in many ways but what is certain is a whole range of practices stem from the definition adopted; to paraphrase the old W I Thomas dictum, 'if people define situations as real, then they are real in their consequences'. This is not contentious but the central problem with rehabilitation is that none of the definitions adopted can be shown to be in accord with the experience of disability and none of the practices stemming from these definitions can be shown to work effectively. To put matters bluntly, all is not well in the enterprise of rehabilitation, whether it be rehabilitation professionals expressing their anxiety (RCP 1986) or their victims, and I use the term advisedly, expressing their discontent (Oliver et al 1988, Beardshaw 1988).

I shall argue that central to the problem of rehabilitation is the failure to address the issue of power and to acknowledge the existence of ideology; both good, reputable sociological concerns. Hence for me, rehabilitation is the exercise of power by one group over another and further,

that exercise of power is shaped by ideology. The exercise of power involves the identification and pursuit of goals chosen by the powerful and these goals are shaped by an ideology of normality which, like most ideologies, goes unrecognised, often by professionals and their victims alike.

More of this later but let me further emphasise here that I am not suggesting that we can eradicate the influence and effects of power and ideology in rehabilitation, but that our failure to even acknowledge their existence gives rise to a set of social relations and a range of therapeutic practices that are disabling for all concerned, whether they be professionals employed in the provision of rehabilitation services or disabled people as recipients of these services.

Space will not permit a detailed, sustained and comprehensive critique of rehabilitation so in order to illustrate my argument I shall focus on a topic at the heart of the rehabilitation enterprise and this lecture - that of walking.

Rehabilitation constructs the concept of walking uncritically in that it is never analyzed or discussed except in technical terms - what surgical operations can we perform, what aids can we provide and what practices can we use to restore the function of walking? Walking is more



complex and complicated than that, both as a physical act and, indeed, a social symbol, as I hope I have already demonstrated.

In terms set by the rehabilitation enterprise, walking is rule-following behaviour; not-walking is rule-ignoring, rule-flouting or even rule-threatening behaviour. Not-walking can be tolerated when individuals are prepared to undergo rehabilitation in order to nearly walk or to come to terms with their non-walking. Not-walking or rejecting nearly-walking as a personal choice is something different however; it threatens the power of professionals, it exposes the ideology of normality and it challenges the whole rehabilitation enterprise.

A classic example of the way the ideology of normality linked to an uncritical concept of walking informs rehabilitation practice is this description and analysis by a person with a spinal injury.

"The aim of returning the individual to normality is the central foundation stone upon which the whole rehabilitation machine is constructed. If, as happened to me following my spinal injury, the disability cannot be cured, normative assumptions are not abandoned. On the contrary, they are reformulated so that they not only dominate the treatment phase searching for a cure but also totally colour the helper's perception of the

rest of that person's life. The rehabilitation aim becomes to assist the individual to be as 'normal as possible'.

The result, for me, was endless soul-destroying hours at Stoke Mandeville Hospital trying to approximate to able-bodied standards by 'walking' with callipers and crutches."

(Finkelstein 1988.4-5)

Nor indeed would I want to argue that most rehabilitation victims reject the idea of walking. One disabled person who clearly didn't was Philip Olds, an ex-policeman who was shot while trying to prevent an armed robbery. According to Jenny Morris,

"As he put it, before his injury, 'I was a motorcycle riding, fornicating, beat walking, criminal catching man - a bit of a cross between Telly Savalas and Dennis Waterman'".

(Morris 1992,2)

He couldn't accept not-walking or nearly walking and encouraged by both national newspapers and television producers, he pursued the idea of walking with a commitment bordering on desperation. As the general public, we read about and watched his efforts to walk, or nearly walk, with baited breath. He failed. While Vic Finkelstein, the

author of the first quote, is still around more than thirty years after rejecting nearly walking, Philip Olds took an overdose in 1986. One commentator said he had been "pressed to death" (Davis 1987).

Polarising two such different examples is, of course, being selective but all attempts to understanding the meaning of life, depend upon us selecting and interpreting. I do not claim that my interpretation is the only one but I do claim that it is a valid one, and I further claim that it says much about the way power operates in the rehabilitation enterprise as well as much about the way the mass media operates currently.

Power, of course, is a slippery concept to define, let alone recognise in operation. According to Lukes (1974), central to the operation of power in society is what is not placed on the political (with a small p) agenda. Hence, as I have already suggested, the questions that are not asked are as important for rehabilitation as are those that are. A central question that is never asked of rehabilitation is its links with social control.

Questions concerning the therapeutic nature and effectiveness of rehabilitation are often asked; questions concerning the way rehabilitation often forces impaired individuals to do things that they would not freely choose

to do for themselves are almost never asked. Links between the whole rehabilitation enterprise and wider aspects of social control are also never asked; after all, the ideology of the therapeutic state is caring, not controlling.

There are two dimensions to the operation of power which are relevant to questions of control; power to control the individual body and power to control the social body. The connections between the two are encapsulated in the work of the French philosopher Michael Foucault, whose discussion of health care systems has been summarised as follows;

"An essential component of the technologies of normalisation is the key role they play in the systematic creation, classification and control of anomalies in the social body."

(Rabinow 1984.21)

The relevance of the work of a dead French philosopher to rehabilitation may not be immediately apparent but if for 'technologies of normalisation', we read rehabilitation practices, then uncomfortable questions are raised. The quote might then look something like this.

"An essential component of the **rehabilitation enterprise** is the key role it plays in the systematic creation, classification and control of anomalies in the social body."

To put the point succinctly in the language of this lecture,

the aim of rehabilitation is to encourage walking and nearly walking, and to control through therapeutic interventions, non-walkers and nearly-walkers both individually and as a group.

Like power, ideology is at its most influential when it is invisible and the ideology of normality permeates throughout the whole of society; a society which, according to Nabil Shaban, is based on body fascism. And of course, body fascism affects the lives of more of us than merely non-walkers and nearly-walkers; women for example to name one not unimportant section of the population.

The ideology of normality permeates most rehabilitation practice; from paediatrics through rheumatology and onto geriatrics. One example of where it surfaces is the current 'success' of conductive education. Many disabled people are profoundly disturbed by the ideology underpinning conductive education which I have likened to the ideology of Nazism (Oliver 1989).

Lest anyone should be unclear about what's wrong with conductive education, its pursuit of nearly walking to the detriment of family, social and community life for many disabled children, can only be countenanced as therapeutic intervention.

If able-bodied children were taken from their local school, sent to a foreign country, forced to undertake physical exercise for all their waking hours to the neglect of their academic education and social development; we would regard it as unacceptable and the children concerned would rapidly come to the attention of the child protection mafia. But in the lives of disabled children (and adults too), anything goes as long as you call it therapeutic.

What can be pernicious about ideology is not simply that it enables these issues to be ignored but sometimes it turns them on their heads. Hence conductive education is not regarded as child abuse but as something meriting social applause, as something to make laudatory television programmes about, as something worthy of royal patronage, and finally as something that should be funded by government and big business alike.

The reality, not the ideology of conductive education, and indeed many other rehabilitation practices, is that they are oppressive to disabled people and an abuse of their human rights. We should not pretend it is any other way.

This critique should not be regarded as an attempt to throw out the baby as well as the bath water. Rather it is an attempt to force onto the agenda of the rehabilitation enterprise, issues it has barely considered. It is my belief

that properly addressing these issues will make rehabilitation a more appropriate enterprise for all concerned - not only will the bath water be clearer but the baby healthier as well. At the end of the day

"To `rehabilitate' rehabilitation (and other human service agencies), we need to `rehabilitate' ourselves".

(Higgins 1985.221)

### **What is to be done**

A similar point is made by Ken Davis when he says,

"We can elevate the act of walking to an importance higher than engaging in the struggle to create a decent society".

(Davis 1986.4)

The point is, as I hope I have demonstrated, that walking has a significance beyond merely the functional. If it did not have, why would society punish non-walkers for not walking?

After all, we do not punish non-flyers for not flying. In fact we do exactly the opposite. We spend billions of dollars, yen, deutschmarks and pounds every year providing non-flyers with the most sophisticated mobility aids imaginable. They are called aeroplanes. An aeroplane is a mobility aid for non-flyers in exactly the same way as a

wheelchair is a mobility aid for non-walkers.

But that is not the end of it, we spend at least as much money to provide environments, usually called runways and airports, to ensure that these mobility aids can operate without hindrance. Further, hundreds of thousands of people are employed worldwide, in helping non-flyers to overcome their particular mobility difficulties. And finally, in order to provide barrier free environments for non-flyers, we trample on the rights of others, ignoring their pleas not to have their homes bulldozed, their sleep disrupted, or their countryside undisturbed.

Non-walkers are treated in exactly the opposite way. Environments are often designed to exclude us, transport systems that claim to be public continue to deny us access and when we protest, we are told there is no money. We are also told that giving us access to such systems would adversely affect the rights of others; journeys would take longer and would be more expensive for everyone. Perhaps a useful slogan for the next direct action demonstration could be 'equal treatment for non-walkers and non-flyers'.

Of course, it could be argued that not walking and not flying are not the same kinds of non-activity; the former affects only a minority, albeit a substantial one, whereas the latter affects everyone. True, but the numbers of non-



flyers who are provided with the mobility aids to enable them to fly are even smaller; in other words, in world population terms, flyers are a smaller minority than non-walkers and nearly-walkers. My point is essentially one concerning social justice; treat both groups equally, or at the very least, stop punishing non-walkers and nearly-walkers for not walking.

To conclude then, some of you may have been surprised not simply by what I have said, but also by the way I have attempted to substantiate what I have said. In the world in which we live today, there are few certainties; knowledge, or what counts as knowledge, is both contested and contestable, and objectivity has been rigorously and rightly attacked by the politics of subjectivity.

In both sociology and the study of disability, this is doubly true. So, do not reject my arguments out of hand; if you disagree, contest them. If you think my comments on both elitist and popular culture are unfair, give me non-disablist examples of where disability is handled sensitively. If you think my characterising medical charities as millenarian movements is inappropriate, give me examples of where they have provided cures rather than promises. If you think my description of rehabilitation as control rather than therapy is inaccurate, give me examples of non-controlling rehabilitation.

If Jenny Morris is right when she says

"Disabled people are increasingly challenging the attitude that says that if you cannot walk, then your life isn't worth living".

(Morris 1992.3)

and I believe that she is; then that challenge faces us all. As Ken Davis put it, we have to put our struggle to create a decent society above our vain attempts to force non-walkers and nearly-walkers to walk. I hope in addressing the question of what's so wonderful about walking? I have made a contribution to this struggle.

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