

Cultural Production of Impairment and Disability

Building upon the distinction made between impairment and disability, it is possible to argue that both are culturally produced. Further, in seeking to develop a social theory of disability it has recently been argued that 'A theory of disability ... then must offer what is essentially a social theory of impairment.' (Abberley, 1987, p. 9)

While, from an epistemological point of view this may be the case, for present purposes it is a social theory of disability as social restriction that is being considered. However, it is possible to show that both impairment and disability are produced in similar ways.

IMPAIRMENT: A STRUCTURED ACCOUNT

Recently it has been estimated that there are some 500 million severely impaired people in the world today, approximately one in ten of the population (Shirley, 1983). These impairments are not randomly distributed throughout the world but are culturally produced.

The societies men live in determine their chances of health, sickness and death. To the extent that they have the means to master their economic and social environments, they have the means to determine their life chances. (Susser and Watson, 1971, p. 45)

Hence in some countries impairments are likely to stem from infectious diseases, poverty, ignorance and the failure to ensure that existing medical treatments reach the population at risk (Shirley, 1983). In others, impairments resulting from infectious diseases are declining, only to be replaced by those stemming from the ageing of the population, accidents at work, on the road or

in the home, the very success of some medical technologies in ensuring the survival of some severely impaired children and adults and so on (Taylor, 1977). To put the matter simply, impairments such as blindness and deafness are likely to be more common in the Third World, whereas heart conditions, spina bifida, spinal injuries and so on, are likely to be more common in industrial societies.

Again, the distribution of these impairments is not a matter of chance, either across different societies or within a single society, for

Social and economic forces cause disorder directly; they redistribute the proportion of people at high or low risk of being affected; and they create new pathways for the transmission of disorders of all kinds through travel, migration and the rapid diffusion of information and behaviour by the mass communication media. Finally, social forces effect the conceptualisation, recognition and visibility of disorders. A disorder in one place and at one time is not seen as such in another; these social perceptions and definitions influence both the provision of care, the demands of those being cared for, and the size of any count of health needs. (Susser and Watson, 1971, p. 35)

Social class is an important factor here both in terms of the causes of impairments or what Doyal (1979) calls degenerative diseases, and in terms of outcomes, what Le Grand (1978) refers to as longstanding illnesses.

Just as we know that poverty is not randomly distributed internationally or nationally (Cole and Miles, 1984; Townsend, 1979), neither is impairment, for in the Third World at least

Not only does disability usually guarantee the poverty of the victim but, most importantly, poverty is itself a major cause of disability. (Doyal, 1983, p. 7)

There is a similar relation in the industrial countries, as is clearly indicated by Townsend's research (1979) in Britain. Hence, if poverty is not randomly distributed and there is an intrinsic link between poverty and impairment, then neither is impairment randomly distributed.

Even a structured account of impairment cannot, however, be reduced to counting the numbers of impaired people in any one country, locality, class or social group, for

Beliefs about sickness, the behaviours exhibited by sick persons, and the ways in which sick persons are responded to by family and practitioners are all aspects of social reality. They, like the health care system itself, are cultural constructions, shaped distinctly in different societies and in different social structural settings within those societies. (Kleinman, 1980, p. 38)

The discovery of an isolated tribe in West Africa where many of the population were born with only two toes illustrates this point, for this made no difference to those with only two toes or indeed the rest of the population (Barrett and McCann, 1979). Such differences would be regarded as pathological in our society, and the people so afflicted subjected to medical intervention.

In discussing impairment, it was not intended to provide a comprehensive discussion of the nature of impairment but to show that it occurs in a structured way. However

such a view does not deny the significance of germs, genes and trauma, but rather points out that their

effects are only ever apparent in a real social and historical context, whose nature is determined by a complex interaction of material and non-material factors. (Abberley, 1987, p. 12)

This account of impairment challenges the notion underpinning personal tragedy theory, that impairments are chance events happening to unfortunate individuals. What now needs to be considered is the evidence on the cultural production of disability, before considering the ways in which disability (as social restriction) is structured.

CULTURAL CONSIDERATIONS OF DISABILITY

Anthropologists have placed culture at the centre of their enterprise but in looking at disability cross-culturally, it has to be stressed at the outset that an anthropology of disability has not yet been written. Thus, as one anthropologist has noted

The non-typical, the deviant, and the disdained were characteristically ignored, treated in footnotes, or considered within a quasi-religious mystique of the impure or tainted, a symbolic categorization, rather than universal phenomena integrated into other aspects of life. (Ablon, 1981, p. 5)

Where anthropologists (Foster and Anderson, 1978; Hellman, 1984) have discussed disability, it has been within a framework derived from health and illness, and dominated by the medical model. This is probably because most anthropologists have internalised the personal tragedy theory of disability and have therefore seen disability as a non-problematic category and not one to be subjected to critical analysis.

There have been exceptions of course; in the field of mental handicap Farber (1968) developed the concept of surplus population to explain the social status of mentally handicapped people historically, cross-culturally and contemporaneously, and Edgerton (1967) used anthropological methods to study the effects of stigma on mentally handicapped people within American society. Further, while Farber was able to acknowledge the view of disability as a social imposition rather than a personal limitation, 'the vicissitudes in the life of the mentally retarded individual result primarily from the status and role assigned him'. (Farber, 1968, p. 15) He concluded that the life-chances of mentally handicapped people are determined 'both by being labelled as deviants and by their incompetence' (p. 19).

Edgerton (1976) in his cross-cultural review of deviance suggests that disabled people are troublesome but that 'non-western societies vary in their response' to this trouble; sometimes treating these troublesome people preferentially, sometimes tolerantly, sometimes harshly and sometimes even killing them off. But, for him, the crucial issue is not that societal responses vary, but why this should be so.

The most relevant issue here is not what causes mental retardation - or blindness, or any other physical disability - but why some cultures regard it as seriously troublesome and others do not. About this subject, we remain almost wholly ignorant. (Edgerton 1976, pp. 62-3)

With regard to blindness, Gwaltney's (1970) study in a Mexican village showed that it could only be understood in terms of its own culture and not on the basis of pre-existing assumptions about the nature of blindness, a

point that has also been made in a comparative study (Scott, 1969). Thus Gwaltney suggests

The prevailing belief that filarially induced blindness is the consequence of omnipotent, divine intervention tends towards the emergence of an essentially accommodative cultural response. (1970, pp. v-vi)

This cultural response was manifested in the provision of child guides for blind people, social accolades for those who were deferential to blind people, social approbrium to those who were not, and an elaborate system of informal social mechanisms to ensure the participation and integration of blind people into the community. Further, there were no attempts through their own indigenous medical technology or sorcery to provide cures for blindness, indicating what was an 'essentially accommodative adjustment to blindness' (Gwaltney, 1967). Thus blindness was not seen as a tragedy that affected particular individuals but as part of the struggle to live in a harsh environment which could impose a number of disasters on the community, and hence blindness was a problem of the community and not for afflicted individuals.

In the case of deafness the claims of the deaf community for the existence of a separate deaf culture (Ladd, 1988) should make deafness an appropriate area for anthropological study. However, few have ventured into this territory, with the notable exceptions of Farb (1975) and Groce (1985). Groce's study of Martha's Vineyard, an island off the New England coastline, shows how deafness can be seen as social restriction rather than personal tragedy. There were a much higher proportion of deaf people on the island because of intermarriage and the presence of a dominant deafness gene. However, the deaf people were not excluded from society and did not forge their own deaf culture, for everyone knew sign

language and the society was 'functionally bilingual'. There thus existed few social restrictions on deaf people and they made a considerable contribution to the life of the community. Farb also found that deaf members of the Amazonian tribe he studied were accorded full social inclusion because of the ability of the whole tribe to use sign language.

These studies are important, not simply because they throw light on another culture, but because they highlight the way in which we disable deaf people in our own society. We do this because of our failure to learn how to communicate with them, not their inability to communicate with us. This might sound unrealistic but has to be seen in the context of our attempts to educate our children in other languages, including dead ones, and the recent plans for a national curriculum when all children will be taught a foreign language. Indeed, our failure to perceive signing as another language with all that implies, but instead to see it as a mechanical method of communication which deaf people use, is itself disabling.

There have been few anthropologists who have taken physical disability seriously as an analytical category, although a distinguished anthropologist, Professor Murphy of Columbia, has attempted to locate his own personal experience of disability within an anthropological framework (Murphy, 1987). His book is not an anthropology of disability but a personal account of a journey into disability, not dissimilar to the personal accounts of nineteenth-century anthropologists and their journeys to distant parts of the world and their encounters with strange and exotic peoples. While he acknowledges that disability imposes social restrictions, he does not suggest that disability is caused by social restrictions, and the weaknesses in his explanation of the marginality of disabled people will be discussed later in the chapter.

The central problems, therefore in trying to provide an adequate theoretical and empirical account of disability cross-culturally, stem from the paucity of existing material and the location of what material there is within personal tragedy theory and the medical model. However, by building on the work of those who have taken disability seriously, and by reinterpreting existing material, it is possible to move towards a more structured cross-cultural account of disability.

DISABILITY: A STRUCTURED ACCOUNT

Disabled people have existed in all societies and at any given historical period. However, the kinds of disabling restrictions that existed and the experiences of disabled people, both individually and collectively, have varied from society to society and from age to age. Two anthropologists, who have taken disability seriously as a category for analysis, have noted the difficulties involved in trying to provide appropriate 'ethnological data' on physical disability both because no logical or medical classifications exist cross-culturally and also because the social disabilities of individuals and groups are peculiar to the social conditions of the particular societies concerned.

For example, carrot-coloured hair is a physical feature and a handicap in certain social situations, but a person with this characteristic is not included in this class. Nor is the symptom itself the only criterion, for though the person afflicted with infantile paralysis may limp as a result of the disease and be deemed to be handicapped, yet the person with an ill-fitting shoe or a boil on his foot may be excluded. When one introduces the concepts of other cultures than our own, then confusion is multiplied. Even assuming the existence of such a class in other societies, its

content varies. The disfiguring scar in Dallas becomes a honorific mark in Dahomey. (Hanks and Hanks, 1980, p. 11)

Their contribution is important, not least because they recognise that disability and illness cannot be categorised as if they were the same thing, but they also acknowledge the cultural and situational relativity of both definitions and experiences of disability.

Further, in reviewing material on disability from a wide range of societies they found that the positions of disabled people 'are as varied as any normal group. The gamut runs from ruler to outcast, from warrior to priest, from infant to aged'. (Hanks and Hanks, 1980, p. 12) From this review it is clear that the individualised, tragic view of disability prevalent in modern industrial society is not universal by any means.

Such variations as do occur are not random, however, but are determined by a range of factors two of which Hanks and Hanks focus upon; the social obligations to and the rights of disabled people in a given society. They also recognise the existence of other determinants.

The type of economy is a factor with its varying productive units, need for manpower, amount of surplus and its mode of distribution. The social structure is important, whether egalitarian or hierarchical, how it defines achievement, how it values age and sex. To these may be added the 'Weltanschauung', the position of the group in relation to its neighbours, the esthetic canons and many more functionally related factors. (Hanks and Hanks, 1980, p. 13)

Few, if any anthropologists have taken this work seriously and built upon it in any way, though a sociologist (Safilios-Rothschild, 1970) did attempt to locate her work in a historical and cross-cultural framework, listing no less than seven factors which may influence prejudice towards disabled people.

Unfortunately none of these writers provide a conceptual framework which explains and integrates these differences, so while they may have dispensed with the issue of randomness, the problem of relativism remains. In addition, within the anthropological literature, three theoretical perspectives are drawn on, usually uncritically and often implicitly, in attempting to explain what happens to disabled people. None of these is adequate in itself but they need to be discussed before a more adequate social theory can be advanced.

IMPLICIT THEORIES OF DISABILITY

The first implicit theoretical underpinning stems from the influential work of Evans-Pritchard (1937) and suggests that in societies dominated by religious or magical ways of thinking, disability is likely to be perceived as punishment by the gods or individual disabled people to be seen as victims of witchcraft. For example, the Wapogoro tribe see epilepsy as a phenomenon that fits within their belief system.

Epilepsy is for them something dramatic, frightening and inexplicable. It must therefore be a spirit who has taken possession of the patient. Some epileptics may be regarded with a certain degree of respect on this account. They even can become a *mganga* should they not be too much affected intellectually. But mostly the spirit possessing them is supposed to be evil. (Aall-Jilek, 1965, p. 64)

Obviously the way disability is perceived will be dependent upon the specific content of the magical or religious beliefs of a given society. The problem with this explanation is that it sees religious or magical beliefs as autonomous and as the sole determining factor in both defining disability and accounting for the way disabled people are treated in a given society. Even amongst the Wapogoro, Aall-Jilek (1965) found it necessary to treat her epileptic patients within the context of their families rather than as individuals requiring specific modern medical treatments. Similarly, a study of Navajo Indians (Rubin et al., 1965) found a high incidence of limping within the population, due to congenital hip disease. But because the Navajo did not believe the condition was either stigmatising or disabling, they rejected all offers of modern medical treatment.

The second underpinning is based on the work of Turner (1967) and develops the concept of 'liminality'. This has recently been used to explain the social position of disabled people in all societies.

The long-term physically impaired are neither sick nor well, neither dead nor fully alive, neither out of society nor wholly in it. They are human beings but their bodies are warped or malfunctioning, leaving their full humanity in doubt. They are not ill, for illness is transitional to either death or recovery... The sick person lives in a state of social suspension until he or she gets better. The disabled spend a lifetime in a similar suspended state. They are neither fish nor fowl; they exist in partial isolation from society as undefined, ambiguous people. (Murphy, 1987, p. 112)

There are two problems with this explanation; to begin with, as has already been suggested, in not all societies are disabled people, either individually or collectively, placed on the margins. In addition, the explanation of the social position of disabled people is reduced to the idea of a binary distinction of human thought (Lévi-Strauss, 1977) or the search for symbolic order (Douglas, 1966). This reductionism, is grounded in

a particular kind of descriptive anthropology ... which sees societies as, in the final analysis, the embodiment not of social and economic relationships, but of thought systems. (Abberley, 1988, p. 306)

and further

it perpetuates the idea of a metaphysical 'otherness', whilst directing attention away from the real physical and social differences which disadvantage disabled people. (Abberley, 1988, p. 306)

leading to the absurd view that

There are, however, no strong economic reasons for systematically excluding and abusing the physically handicapped. (Murphy, 1987, p. 110)

There are, indeed, strong economic reasons for the exclusion of disabled people and it is the embodiment of these social and economic relations under capitalism which has led directly to the exclusion of disabled people within capitalist societies. This is a theme which will be returned to later.

The third underpinning is what could be termed the 'surplus population thesis' and argues that in societies

where economic survival is a constant struggle, any weak or dependent members who threaten this survival will be dealt with. Thus disabled children may be killed at birth, disabled adults may be forced out of the community and disabled old people simply left to die. Thus Rasmussen (1908) cites an example of an Eskimo man and one of his wives who were badly burned in an explosion. The wife was simply left to die but, the husband, if he recovered, might again make an economic contribution, and so was saved. Nevertheless he resolved the situation by flinging himself into the sea.

However,

One should not be misled by the simplicity of economic factors in this case. The Australians too had a slim margin of surplus, practised infanticide but seemed not to have disposed of the physically handicapped in this way. Certainly in Australia age was a mark of authority as to make this action difficult. The Paiute of the Great Basin of North America, who had an almost equally precarious existence, neither practised infanticide nor abandoned their disabled. (Hanks and Hanks, 1980, p. 16)

And certainly in relation to mentally handicapped people, both Farber (1968) and Soder (1984) attempt to go beyond economic determinism and point to the role of values and ideology in shaping social practices, in capitalist societies at least. As has recently been pointed out,

As the historical record has shown, the definitions of mental retardation have varied in direct correlation with the current social values and economic

demands of the defining society. (Manion and Bersani, 1987, p. 236)

TOWARDS A SOCIAL THEORY OF DISABILITY

In attempting to develop a social theory of disability within a sociological framework, it is necessary to stress what is and what is not being attempted. It is not the intention to use the category 'disability' to resolve disputes within sociology itself, whether they be about economic determinism, relative autonomy, ideology or whatever else. Rather the intention is more limited; to show that disability as a category can only be understood within a framework, which suggests that it is culturally produced and socially structured.

Central to this framework is the mode of production, what Hanks and Hanks (1980) refer to as the type of economy and its varying productive units: that is to say, whether a society has an economy based upon hunting and gathering, fishing, agriculture or manufacturing industry, and how it organises the production process, through the household or family unit, the band or the tribe or the individual wage labourer. Obviously the mode of production has important implications for disabled members of a given society. Restricted mobility, for example, is likely to be less life-threatening in an agricultural society than in a nomadic one.

However, as has already been suggested, disability is not defined or culturally produced solely in terms of its relationship to the mode of production. The core or central values may also have a role to play, whether these values are based upon magical, religious or scientific ways of thinking. Thus a society based upon religious or magical ways of thinking may define disability very differently from one based upon science or medicine. Thus, in some

societies, someone with polio may be seen as the victim of witchcraft, and someone with epilepsy as possessed by God or the devil. The important implication of this is that disability is not always defined as a personal tragedy with negative consequences; it may be seen as a sign of being chosen, as being possessed by a god, and consequently, the person may have their status enhanced.

Taking both a historical and an anthropological perspective, the position can be summed up as follows;

Throughout history, discriminatory practices against the sick and disabled have varied greatly from country to country and from century to century; they have ranged from complete rejection and ostracism to semideification and the according of special privileges and honors. (Safilios-Rothschild, 1970, p. 4)

The point has already been made that these differences cannot be explained by chance or cultural relativism, but are culturally produced through the relationship between the mode of production and the central values of the society concerned.

There have been disputes over the precise nature of this relationship, going back at least as far as Marx and Weber. For Marx,

The mode of production in material life determines the general character of the social, political and spiritual process of life. It is not the consciousness of men that determines their existence but, on the contrary, their social existence that determines their consciousness. (Marx, 1913, p. 266)

Weber (1948) took a less deterministic view and attempted to show how crucial the development of Protestant religious values were in shaping the development of capitalism. This is not the place to enter into these theoretical discussions, but while accepting that primacy must be given to the mode of production, there are other factors which also need to be taken into account.

In considering experiences of disability in different societies, it has been suggested that all disabled people have one thing in common,

On a material plane the disabled individual is ... less able to adapt to the demands of his environment: he has reduced power to insulate himself from the assaults of an essentially hostile milieu. However, the disadvantage he experiences is likely to differ in relation to the nature of the society in which he finds himself. (Wood and Badley, 1978, p. 149)

Two crucial factors in this are the size of the economic surplus produced by any given society and how this is redistributed amongst the population as a whole.

The size of the economic surplus available for redistribution is important for weak or dependent members: those societies with little or no surplus may be forced to leave individuals to cope for themselves, starve or may even deliberately put people to death. On the other hand, societies which produce very large economic surpluses will almost certainly have established elaborate mechanisms of redistribution; but who gets what amount will be significantly influenced by the ideology underpinning this redistribution process. Modern industrial societies invariably produce large economic surpluses which are redistributed and a major mechanism for this redistribution is the welfare state. Again, the way in which

the welfare state operates is significantly influenced by the ideologies underpinning it (George and Wilding, 1976) and in the case of Britain, the ideology underpinning redistribution for disabled people is personal tragedy theory.

Precisely why this should be so, given that personal tragedy theory is not the only way disability is culturally produced, will be considered later. This chapter has shown that this cultural production of disability is dependent upon a variety of factors including the type of economy, the size of the economic surplus and the values that influence the redistribution of this surplus. The general point to be emphasised is that

our consciousness of the world is a human construction rather than a merely mechanical reflection of external reality. Furthermore, this human construction of the world as perceived is different in different historical periods and different social groups. (Manning, 1985, p. 23)

Before looking at differences between groups within a particular society we need to look at how services for disabled people have developed from a historical perspective, for 'The history of disability is critical to understanding the contemporary situation and this has been completely ignored.' (Scott, 1976, p. 47)