

(From 'Disabled We Stand' (1981) Sutherland, A. T., London: Souvenir Press).

Just as there exists a specific 'feminine' role (wife/ mother/housekeeper/sex object etc), quite distinct from the biological fact of being female, which women are expected to adopt and conditioned from early childhood to conform to, so there exists a role of 'disabled person', distinct from the fact of having a disability and any genuine limitations that disability may impose, which we are expected to adopt and conditioned to conform to.

Such role-conditioning is central to many, if not all, forms of oppression. The common factor throughout is that people are conditioned to play roles which serve the needs of their oppressors. And the most important part of such roles is always a feeling of powerlessness - a feeling that because one is black, female, working class, disabled or whatever, things are the way they are and one simply has to accept them, because one doesn't have the power to change them. Micheline Mason points out that this feeling is very clearly rooted in classism:

'While there've been rulers at all, it's always been a small minority having power over a much bigger number of people. That can only work because people are psychologically conditioned to believe in their own powerlessness, it can't work any other way. The way it works is that people are confused over who the enemy is, for want of a better word. Because the underlying processes are hidden from people, in the sense that information is very hard to come by, it's biased, and true information is very difficult to obtain. The vast majority of people have been divided up and set against each other, so that it appears that we're all in a minority. And it's an illusion. And it's an incredibly useful illusion to the ruling minority, because it saps people's energy.'

Micheline also points out that people with disabilities are more vulnerable to the effects of this conditioning than other groups. 'The thing that happens within oppressed groups is that they begin to realise that they're not all that powerless all together, it's a bit of a sham and that nobody can stand against them if they don't wish to remain in that position in society. But what happens with us, as people with disabilities, is that there's often a real dependence which is frightening, because you're feeling that if you then stand up for yourself and your rights you're biting the hand that feeds you, and you will lose the support that you actually physically need to survive. And it ties people's hands, it makes people frightened of feeling dependent on the goodwill of others, of the able bodied.'

`I think it is probably the one thing that has made us take longer as a group to dare to speak out at all. We're only just beginning to be able to do it, because we're only just beginning to feel vaguely self-sufficient, and only just beginning to feel that maybe we can support each other, and transfer some of that dependence to each other.'

We are beginning to rid ourselves of these feelings of powerlessness and dependence, and to become aware that we can exert a great deal more control over the situations in which we find ourselves than we have been led to believe. As we do so, we are becoming increasingly conscious that we are expected to play a role in which we accept our disabilities as purely personal inconveniences, placing little or no responsibility on the able bodied, and take responsibility for reassuring them and putting them at their ease even when it is against our own interests to do so.

Thus, when I tell somebody for the first time that I am epileptic, the information almost always elicits the question: `What should I do if you have a fit?' My usual response to this is to reel off an explanation that I've given innumerable times before, but I resent having to do this. This is partly because it bores me to do so, but mainly because I am aware that the question does not spring primarily from any concern for my needs. The question is not normally phrased in the form `Is there anything you'd like me to know . . . ?' and I am perfectly well aware that it would be inappropriate for me to respond as if that were all that were being asked. Because what is actually happening in such a situation is that I am being expected to calm the irrational fears that the mention of epilepsy tends to provoke in other people. I don't see it as my responsibility to sort out other people's neuroses about my disability, but because that role is firmly expected of me, I know it is likely to cause great offence if I refuse to do so and suggest, however tactfully, that my questioner sort out her problem for herself.

It will also cause offence if I point out that the likelihood of my having a grand mal fit in the immediate future is minimal and suggest that my questioner obtains the information they are asking for by visiting their local library. My crime in that case will be to have pointed out how little genuine interest my questioner actually has in the subject, and thus denied her the easy satisfaction of feeling concerned without actually doing anything concrete about it. It would in fact be very helpful to me and to many other people with epilepsy if others were prepared to take such measures to make themselves better informed about our disability. But to demand that people actually do so runs directly counter to the reassuring role that is expected of us, which is why it can provoke the offended responses it does.

To someone like myself, this is a consistent annoyance: it means I am continually forced to choose between accepting the role which is thrust upon me and embarking on long explanations of the expectations that other people are unthinkingly placing upon me. But to someone who needs some form of immediate co-operation - such as a partially hearing person who is trying to lipread - the matter acquires a crucial importance. - The person who continues to play a co-operative and undemanding role when faced with people who can not fingerspell, do not enunciate clearly and are possibly also speaking in dim light or against background noise, will be left out of the conversation as a result. In this instance the resentment that is caused by a refusal to play such a role effectively denies access to communication to all but the most determinedly thick-skinned partially hearing people.

Another variant of this expectation that we should avoid causing embarrassment or inconvenience to the able-bodied takes the form of pressure to strive to be as physically 'normal' as possible. Micheline Mason explains: 'There's a tremendous emphasis on a child who's had polio or whatever to walk, to be as able-bodied as possible. It's like standing up is considered infinitely better than sitting down, even if you're standing up by standing in a total frame - metal straps and god knows what - that weighs a ton, that you can't move in, which hurts and takes hours to get on and off, and looks ugly. It's assumed that that is what you want. The more you can possibly be forced to be as near normal as possible, it's assumed that that's what you want and that that's what is best for you. Again, that is stereotyping in the sense that it's that idea that it is unfortunate, that it's a pity, a tragedy, that person has less than I have and all the rest of it. That I am superior because I am able-bodied, and therefore the more like me they are, the happier they're going to be.

'Children are often very clear about it; they're not the slightest bit interested in their braces and crutches, and much happier to crawl around the floor. And then in their teens when they get more self-conscious and that sort of thing, then they change. But it's very difficult to know by then how much of that is able-bodied expectations and all the rest of it, all that emotional pressure.'

Merry Cross encountered this pressure in a particularly direct form when she was fitted with a built-up shoe in place of the caliper she had previously been wearing: 'I used to have such a thing when I was little, before I had the caliper - a boot with two struts and a rocker on the end. And that was great. I got on fine with it. The only thing I got a bit upset about was it meant I couldn't wear a pair of shoes, but always had odd shoes on.

'When it came to the possibility of having something like this again, I asked to have the same thing, because I had happy memories of it. The first fitter said

okay, but that was at the planning stage, and when it actually came to it, it was a different fitter and he tried to dissuade me, he said why don't you have a built-up shoe. I thought that would be gross, eight inches of it. His words were something like, "It'll look much nicer and most girls like to have those". I said, "I'm not most girls and I don't like to have that sort of thing".

Basically, we went on arguing for ages and in the end I said if it's more functional in some way I'll take it, because that's actually all I'm interested in. He said, "Well, with this one you can get it repaired at a cobbler's, but with the other one that you want you'd have to bring it back here". Since that was Birmingham I thought, "Alright I'll have it". So I was presented with this monstrosity that looked like a parody on platform heels, where, if you can imagine a platform heel of eight or nine inches high, and then an ordinary sole and heel of a shoe stuck on the bottom of it, that's what they gave me.

The day I picked it up my Dad came with me and he said, "What do we do about repairs?" And the man said, "Oh, you have to bring it back here". I was appalled. I wish now I'd kicked him, really. Anyway, I just found this shoe psychologically unbearable. Very similarly to when I had an artificial leg for a while, which I could wear for parties and dances or something. They were both a huge psychological burden, because they were a very clumsy attempt at deception, which is far more of a strain than something that looks like what it is.

I went back to the surgeon eventually and said, "Look, I can't bear this, it looks like a parody on platform heels". Whereupon he and the nurses and the secretaries and the physiotherapists and god knows who else that was standing about all fell about laughing, so it's quite apparent that they all felt the same thing.

I insisted on having what I've got now, which is similar to the boot I had when I was little, and which many people have described as quite elegant. And I'm very happy with it. That's something most able bodied people simply cannot understand, that I'm happier with something that isn't a deception than with something that is. And I have the sense that someone like you, who has a disability that isn't visible, would understand the thing about the whole strain of this issue about discovery and how much easier it is not to have that strain. But most people can't understand it and I have to hammer and hammer for them to understand it.'

Several things stand out about the incident which Merry has described. The first is that Merry had an extremely clear idea of what she wanted, based on practical experience, and yet pressure was put on her to accept something different. The second is that the fitter who pressurised Merry to change her mind was so

determined to have his way that he was prepared to lie about the matter of repairs. But the particularly significant feature of this incident is that the built-up shoe which Merry was persuaded to accept was *not* more unobtrusive than the type of shoe which she originally asked for and eventually got. It appears that what is considered important is that we be seen to be striving to appear 'normal', no matter how grotesque we may look in the attempt. A crude and obtrusive imitation of a 'normal' body is held to be preferable to an elegant and efficient tool that makes no pretence of being anything other than what it is.

This reverence for 'normality' has little to do with our genuine needs. We have it thrust upon us because many able bodied people have a great need to be reassured that there is nothing wrong with *their* bodies. They find it very difficult to conceive that we might attach more importance to our personal comfort, or to having adequate mobility, than to trying to look like them. If we deliberately choose alternatives which are efficient by virtue of their very difference from able bodied norms, such as Merry's 'metal shoe', we are doing something that many able bodied people find distinctly threatening. We are therefore subjected to continual pressure to conform to a 'normal' image; this is one of the major reasons for the manufacture of elaborate prosthetic limbs and hands, which are often poor substitutes for the purely functional devices such as wooden legs¹ or metal hooks which they replace.

Micheline Mason points out that the dependent role we are often placed in is also a result of the able-bodied making us the scapegoats for their insecurities: 'The role I see us continually being put in, both by individuals and by society, is that of being less fortunate, the one that no matter how bad things are for me there are always people worse off than I am. It's like an outlet for people's feelings of uselessness, the thing that makes people feel worthwhile.'

'It's a very confusing thing, because often when people are confronted with real-life people, a good deal of them knows that that is just not true. But the wish for it to be true is there. I really think there's a need for it. I was saying earlier, about people being delighted to help, that there is something right and okay about that, that there is a delight in being useful to another person. But a lot of that is denied to people, the way we live. And in most jobs, because of the structure of our society, it is denied people enormously. Even if you go into the "caring professions", most people are saying but we can't do our jobs, because of the way we're tied up. Innumerable people that like working with young people and become teachers get very frustrated by not being allowed to teach. So do nurses who are not allowed to nurse.'

¹ See C. Baker, *Out on a Limb* (McGraw-Hill, N.Y., n.d.) for a comparison of experiences of a prosthetic limb and a wooden leg

`So much of your role, for example in a state school as a teacher, is a disciplinarian role. And you're supposed to teach syllabuses that are already worked out for you and innumerable other things which are not to do with that thing that makes people want to teach, to explore learning together. I've seen it a lot in nursing, because it's so male-dominated. And also it's denied to a lot of men, or it's difficult for men, much harder, because there's more pressure to be the breadwinner and to earn big salaries, and because caring jobs are generally undervalued.'

`It also gets tied up with power, that we not only have to be more in need, we have to be weaker. The role is the weak and needy.' Because so many able bodied people are frustrated in their need to play a caring role (which is, at root, a natural and valuable human impulse), we, who are stereotyped as needing precisely that, form natural targets. I have already mentioned the fact that

we receive a lot of `help' that we don't need or want. What often happens when we point out that we don't need the help in question is that the would-be helper becomes angry at being thwarted in their desire. We are expected by many people to accept such help gratefully, whether we need it or not.

A point that may be very difficult for most able bodied people to understand is that we should not be expected to be exceptionally grateful even when the help being given is genuinely useful. Of course we appreciate it when people take account of our needs, but we ought to be able to take that for granted, something that does not need to be repaid with effusive thanks, because it's repaid by the fact that we have a similar respect for the other person. It is on this basis that we provide mutual help for each other when we are together on terms that are not dictated by the able bodied. The person who expects to be thanked is implicitly assuming that respecting another person's needs is a purely one-way process, and that we have no capacity for respecting their needs in return. (And some able bodied people would actually feel quite offended at the thought that they might be weak enough to be able to be indebted to a cripple.) An expectation of automatic gratitude thus places us firmly back in a position of dependence.

Maggie Woolley encountered the problem at a counselling workshop she attended: `I spent a week with about a hundred people and taught them all to fingerspell. One of the things that was said to me after this by one of the people who had been very worried about fingerspelling was an accusation that I had not congratulated them on their efforts or shown enough appreciation of the effort they'd made or shown my gratitude.

`The appreciation was certainly there, and I would have thought the very fact that I was listening to them was proof of my appreciation of them making the effort. I'm certainly delighted by anybody who makes any attempt, no matter how inept, to communicate with me. But I don't tend to go round saying you're doing frightfully well or thank you very much, because I don't think I could express gratitude or appreciation in anything less than a patronising way.

`That kind of attitude, that I should be saying thank you, is typical of some people's attitude towards us, that whatever effort they make,, we have to be grateful for it, openly and obviously grateful for it, and if we don't express gratitude, then we obviously don't deserve that effort. That sort of thing's an example of that.

`This particular disability involves communication and I think the fact that I am prepared to spend time listening to them is appreciation enough, because it means I want to know what they're saying, if I stay there. Sod the gratitude bit!

`Also, in this particular accusation, there's this thing of, it was very embarrassing for me and I'd made such an effort to try to fingerspell and yet I got no appreciation from you. It's a kind of inability to appreciate how much effort I put into that communication thing, not with just one isolated individual deaf person, but with every hearing person I meet, every person who has not got sign language, that this sort of effort is going on all the time for me.

`There's very little appreciation of that for me, because I tend not to keep ramming it down other people's throats. Nor do I expect them to show appreciation for the effort I make, or gratitude for that effort, because I know the appreciation is there if they're spending time with me. There's no need to express this whole thing about having to be grateful for somebody making an effort.

`It works both ways; I have the disability in relation to them, but when they communicate with me at first, they have a communication disability as well. It's a two-way thing, because communication is a two-way process.'

And yet it is Maggie who has to take the blame when difficulties in communication arise; she is the one who has to bear the responsibility for making communication possible, even though it would be much less difficult for the other person to adjust to her needs than it is for her to adjust to theirs. The label of disability provides the able bodied person with a justification for shirking the responsibility to play a full part in making communication possible. Perversely, it is the very fact of being less easily able to affect the mutual communication difficulty that lands one with the responsibility for doing so. `From each

according to their abilities, to each according to their needs' is a slogan that does not often get applied to disability.

The true absurdity of this becomes even more apparent if one compares Maggie's situation with that of Edwina McCarthy, who has a speech disability but perfect hearing. Maggie has difficulty understanding what other people say; other people have difficulty understanding what Edwina says. The roles are directly reversed - and yet Edwina too is labelled as disabled and expected to bear the responsibility for any difficulty that arises in communication with other people who lack the patience and courtesy to spend a little time getting used to the way she speaks.

Some of Edwina's communication needs are in fact identical with Maggie's; both find communication more difficult if there is loud background music, for example. It's not surprising that they should be identical, because they have the same cause: in the example I have quoted, background music makes it less easy to hear what is being said. But Edwina's disability does not affect *her* hearing; she merely has to take the consequences of other people's inability to hear her.

In contexts such as this, the question of who has the disability is essentially a question of power. We are a minority group, lacking in mass organisation and isolated from each other, and are subjected to many forms of discrimination as a result of which we are often poor, often undereducated, so our power to make our needs known or insist that they be provided for is limited. In most group situations we are outnumbered by the able bodied. They get to define who has the disability, and we get stuck with the burden of their inabilities (which, beside physical limitations, include the lack of skills which could be used to resolve mutual difficulties). One aspect of the role that is imposed on us is thus that we be disabled; we are made to act as scapegoats for whatever difficulties may arise in our dealings with the able bodied.

More generally, we are expected to treat our disabilities as personal problems. We hear a lot about 'learning to cope' and 'overcoming' disability. What that means is that we should try to adjust as effectively as possible to the circumstances in which we find ourselves; the idea that we are automatically totally dependent is waning, but it is being replaced by a concept of learning to live independently which implicitly demands that we should accomplish that without criticising the attitudes and actions which limit us. The blame for any difficulties we face still rests firmly on us and our bodies, not on the discriminatory attitudes of the society in which we live. We are expected to accept our oppression, and are accused of being bitter, or of having failed to adjust to our disabilities, if we so much as point out that it exists.

Disabilities are so firmly believed to be a cause of problems that any genuine problems we have are likely to be assumed to spring from our disability whether this is the case or not, as if we were somehow free from all the other damaging influences which also affect able bodied people - yet another variant of the inability to see the person behind the disability. Micheline Mason gives a clear example:

`You know there's this thing in the last five years about ending the taboo about sex and the disabled - books about it and symposiums on it, the sexual problems of the disabled. I get very angry about it really, because I don't know that many of the problems are caused by the disability. People are so fucked up about the whole thing in general that I really object to having people trying to make out that yet again it's because of the disability. Something that's very much changed for me is that I can see that I've moved from feeling unlovely to feeling lovely, but that people might not be able to see it.'

This is all part of a process of depersonalisation, robbing us of the right to be anything but `the disabled'. It is difficult for us to rid ourselves completely of the idea that we are different, that we have a special place in society, because almost anything we do tends to get twisted into a further affirmation of that belief. The message that we cannot just get on with living our lives, but have to go about being disabled all the time, is continually hammered into us. The most mundane acts can be turned against us and used to confirm that status, as Micheline points out:

`You go into a shop, for example, and buy something, and they'll say, "Oh, don't pay for it". I don't quite know how to deal with that sort of thing, because part of me thinks: "Alright!" But now it's beginning to make me furious, because I'm seeing what's happening, that the right to be well of is being taken away and replaced by charity.

`The assumption when people do that is that you're probably economically deprived. And the reason for that is that you're not able to have the job that they've bloody well got to put them in a position where they're able to say what they've been saying. I know the people doing it don't realise what they're doing, and it often is a genuine kindness, but it's infuriating in the sense that it's literally drawing the carpet out from under your feet and then giving you back the fluff.'

This pressure to be disabled all the time is something that people with visible disabilities cannot avoid being subjected to if they have any contact with the able bodied. For people with non-visible disabilities, it creates a particular tension arising from the fact that we can choose whether or not to make our disabilities public knowledge. We have to balance the advantages of coming out, and

thus freeing ourselves of the fear of discovery which might lead to such consequences as the loss of our jobs, against the knowledge that if we do come out we shall expose ourselves to the same pressures as anybody else who is identifiably 'disabled'. As someone who makes a point of being almost aggressively open about my epilepsy, I get heartily sick of having people who are often no more than slight acquaintances introduce into the conversation lines like: 'Of course you have ... trouble with your health, don't you?' When Chris Pearson was working in a job where he had told his employers about his epilepsy, he became very conscious of feeling that he had continually to counteract possible suspicions that he might have had a fit:

'It was a very free feeling. I felt ... it's hard to explain how I felt. I felt a lot of pressure off me because I didn't have to hide it. But there's one problem I did come up against. Any time when I was genuinely sick, not with epilepsy ... I'll give you an example. The window fell on both my fingers and I had to have them stitched up. And I came into work to show them I'm going sick and this is what's wrong with me. Because I was afraid to ring up and say, "I've hurt my fingers and can't come in to work", in case they'd say, "Oh, it's the epilepsy, don't worry". This is what I was always afraid of, that they'd always suspect he's had a fit, he's had a fit.'

The role we are expected to play, and conditioned into accepting, is closely linked with the question of stereotypes. It can be discomfiting for the able bodied if we challenge the stereotypes they have of us. If we behave in ways that differ from how they expect us to behave, and especially if we actually point out to them that they are making false assumptions about us, we are demanding, implicitly or explicitly, that they recognise that they have been mistaken and change their attitude and behaviour accordingly. This is something that many people find difficult to do - they may well find it threatening to be accused of being in the wrong - and so they frequently react by denying the criticism or finding some way of denying, at least to themselves, that any criticism has been made.

This may involve finding an interpretation of what they are confronted with which fits in with the stereotypes they already have, and possibly creates further stereotypes in the process, as when we are accused of being 'bitter'. When we receive patronising praise, it is often for this reason; we get told how wonderful we are because many people find it easier to see us as performing miraculous feats than to recognise the possibility that disability may be less innately limiting than they think it is. Or it may involve redefining the situation, as when we approach able bodied people as equals and they refuse to accept us as such.

Because so many people find it *difficult* to accept criticism, refuse to recognise criticism as such, or simply fail to notice that an implicit criticism exists, we find that when we criticise people, or simply behave in ways that do not accord with their stereotypes, they frequently react by criticising us, disregarding or denying our achievements (or giving patronising praise which effectively devalues them) and reaffirming the stereotypes. So we come to learn that if we challenge the stereotypes people have of us, or refuse to play the role that is expected of us, we are likely to provoke reactions that we may find unpleasant and distressing.

If one is already conscious of being stereotyped in some way - being thought stupid, for example - the last thing one wants is to have yet another person treat one in a way that implies that that is their view, too. So, like children who learn that it's safer to keep their mouths shut than risk making mistakes in a school system that attaches more importance to correct answers than to an interest in learning', we learn to keep a low profile. For the sake of our sanity, we become wary about when and how we challenge our oppression.

All of us do this to some extent. No matter how aware we are of our oppression, no matter how determined to refuse to accept it, there will always be times when we need to give our attention to other things, or want to avoid an argument for the sake of a longer term goal. (If, for example, you have organised a publicity stunt to draw attention to a particular campaign, it makes sense to avoid provoking the journalists and photographers who you are trying to persuade to cover the event.) Also, those of us who make a habit of challenging oppressive attitudes are likely to be particularly aware of the penalties attached to doing so, and to share Merry Cross's experience:

'Through counselling, and reading about other people's oppression and liberation, I started to twig ... I just started to twig that these kind of things happened to me too. And then my awareness of women's liberation and our liberation each tended to augment the other as they went along. I think I started to try and interrupt people's oppressiveness. And the more I tried to interrupt it, the more aware of it I became. There's this horrible trap, isn't it, that once you become aware you become extra-specially aware and sometimes you wish you'd never thought of the whole bloody thing in the first place.'

But becoming wary of hostile reactions can be a first stage towards acceptance of the role that is demanded of us. When we avoid confrontation, we step, at least temporarily, into compliance. (Indeed, not questioning our oppression is an important aspect of the role we are expected to play.) Regular behaviour turns rapidly into ingrained habit, and we can easily find ourselves behaving as we are

expected to, quite automatically. Which is how we get conditioned into our role. We may not accept other people's estimations of us, and yet in practice still be in the habit of acquiescing to them.

From there, it is only a short step to internalising the role and the stereotypes: if you get told often enough that you're stupid, and never manage to contradict it successfully, you may end up believing it, or at least being severely limited by the need for constant denial - having to keep telling yourself 'I *am* intelligent, I *am* intelligent' rather than just go ahead and make full and confident use of your natural powers. That serves its purpose perfectly adequately; what is being demanded of us is that we *play* a role. Nobody's going to complain if we don't believe in it as well, so long as we don't make the fact apparent.

In practice, very few, if any, people with disabilities internalise the role and stereotypes completely. It's difficult to suppress entirely one's awareness of one's own abilities and individuality. Even if it were, most of us would probably be saved by the fact that what is demanded of us is so contradictory. One might manage to be stubbornly brave and independent, walking the tightrope over Niagara Falls on crutches, and being too proud to accept any help whatsoever, even that to which one is legally entitled; but you can't do that *and* be a poor helpless cripple at the same time.

What is more likely is that, subject to continually conflicting demands and criticisms, one will end up in a state of confusion. If you are being presented with a succession of conflicting ideas about what you are or should be, it may become difficult to be sure enough of where you do stand to be able to clarify your objections. Being too confused to contradict people, we may end up appearing to accept their attitudes - which is just what is expected of us.

Nevertheless, many of us do internalise other people's expectations of us to quite a considerable degree. One major reason for this is that many of us either have our disabilities from birth or acquire them during childhood. Children are particularly susceptible to the kind of conditioning described above, because their lives are ruled by people who are very much more powerful than they are, who do not normally take kindly to having their attitudes contradicted. An adult can refuse to accept another person's behaviour towards them; for a child it is much more difficult, particularly if the other person is a parent or teacher.

As Micheline Mason explains: 'The divisive training starts off' when we're at our most vulnerable, which is when we're really tiny, and really are dependent on bigger people. And the first lesson we learn is that we are weak compared with adults; you have no power, you will always lose. And then it gradually gets broadened to other kids at school and other groups who you can vent your

feelings of powerlessness on, who you can choose to make even weaker than you are.

'We start off in a totally dependent position as babies, there's not much you can do other than holler, make a hell of a lot of noise. And it's up to the adults around that child whether they respond to that noise or not. We are powerless. In the beginning it's a reality. There are innumerable occasions when that inequality of size, weight, strength, bargaining power and so on is used to the benefit of the bigger person. Picking a kid up and putting them where they don't want to go, and moving them, and locking them in walls, and telling them to shut up, and forcing them to eat things they don't want to eat, and, generally speaking, do whatever you want them to do. Most of what people do to small children is reinforcing their powerlessness.'

This applies to all children, but for children with disabilities it can mean that they are forced to acquiesce to other, able bodied, people's interpretations of their capabilities and attitudes towards them, with very little opportunity to contradict these or to explore possible alternatives, for so many years that they may end up forgetting that there ever was a time when they didn't take these things for granted.

People who acquire their disabilities in adult life are in a very different situation. They have much more power than children, both physically and in terms of such factors as money, legal status, position in the social structure and experiences in handling encounters with other people, all of which make it easier for them to reject attempts to stereotype them or make them conform to a role they find undesirable. Having had the opportunity to establish a place in the world and become secure in their individual identities, they are also more likely to recognise such attempts clearly for what they are and to have the confidence to contradict them.

This kind of response to acquiring a disability can be clearly seen in Harold Chevigny's *My Eyes Have a Cold Nose*², the best personal account of disability that I know. Chevigny, an American professional writer, wrote the book a couple of years after going blind (the title refers to his guide dog), and it documents very clearly the pressures that were put on him to adopt a new role and the fact that they had little effect on him for the reason that he had confidence in what he already knew his own abilities to be. I retain a particularly fond memory of Chevigny's account of his reactions to being told that he, a successful radio scriptwriter, had no need to worry, because he was assured a secure future making mop heads in a sheltered workshop. (I also recommend the book for the

² Yale University Press, 1962 (Reprint)

reason that most of us who are now expressing radical attitudes to disability have drawn considerably upon the ideas of political movements of the last ten or fifteen years, such as feminism, gay liberation and black consciousness; to read a book that was first published in 1953 and find that its writer was thoroughly aware of the role that was being demanded of him, and refused to be limited by it, provides a useful reminder of our basic strength.)

But things also can and do happen the other way round. Some adults find the onset of disability difficult to adjust to for reasons that do not generally apply to people who have had their disabilities since childhood. Whereas children can grow up simply accepting the fact of their disability, and taking it into account as they establish the patterns of their lives, most adults have those patterns fairly firmly established before the onset of their disability, and may therefore find themselves faced with the prospect of making major changes in their lives. Many adults have great trouble making these changes.

Ironically, a major reason for such difficulties is their own stereotypes of disability. A person who holds exaggerated notions of the degree to which disability limits people's capabilities is likely, when she loses the security of being able to define herself as able bodied, to assume that her future prospects are much bleaker than is actually the case. In the case of a heavily stigmatised and particularly misunderstood disability such as epilepsy, the person may actually form false conclusions about what is happening to her, particularly if something in her experience of the disability appears to support the stereotypes she held of it before it affected her. This can be very frightening and distressing, as Chris Pearson's experience demonstrates:

`I think it was when I came back from overseas with the army, after I was with them in the Belgian Congo, that I started having blackouts. At first it was when I was drinking, so I was putting it down to the beer. I never for one moment thought it was an epilepsy attack. It had been hinted to me once or twice, people said this is epilepsy. I didn't even know what they were talking about, because I'd never heard of epilepsy, never knew what it was, but then when someone mentioned the fits to me, I got angry because I thought that fits means you're crazy, you go mad, you have fits and you hurt people, go violent. I totally ignored it.

`Then I started having them without. And to me they were just blackouts. I just blacked out, I didn't know I was having a fit. It was only when I had them on the streets, when I was taken to hospital because somebody phoned an ambulance, at the hospital they used to ask me how long was I an epileptic.

`One doctor mentioned it to me and I asked him what epileptic meant, and he explained the whole lot to me. He was terribly surprised that I didn't know that I was an epileptic; in fact he was quite shocked. He told me there was no doubt about it, he watched me in fits at the hospital. I was going from one fit to another and he witnessed it.

`When he explained that to me I became very hostile, I didn't believe him, I called him a liar. And I ran out of the hospital - never to be seen again! I think it was about ten days I disappeared for, I went on the road. I disappeared, didn't go anywhere, just stayed on the road.

`I was terribly upset. I even thought I was going to die, I was so ignorant of what epilepsy was. The fits started coming again. The more I worried about them, the more I seemed to have them. I was really having them bad ... going from one fit straight into another. They were violent. They were mostly violent because I'd come to and find people holding me down, policemen or whatever, and became violent because I was being pinned down on the ground by people with their [knees in](#) my back. I was always ending up in hospitals and police stations. I just think the policemen were totally ignorant of epilepsy; they had as much ignorance as I had at the time. To them it was a drunk going beserk or whatever.

`I literally was really violent. I was violent if I was interfered with; if I was left alone I was perfectly okay. The fact that people came near me and touched me in the fit, held me down, twisted my arms and things like that, their knees on my face, my neck, holding me there. I was reacting really violent; I was reacting to violence, I felt like I was defending myself because I didn't know why they were doing it to me. I became violent, went beserk, and would then pass out unconscious for five or six hours.'

The reactions Chris describes are not at all surprising; a grand mat epileptic seizure leaves one in a state of considerable confusion and disorientation - I find myself after a fit asking questions like, 'Where am I?' and 'Where do I live?' as I attempt to piece things together mentally - in which one is extremely ill equipped to make the complex judgements that would be required to realise that an apparent assault is not entirely what it seems. Chris is well aware of this now, but at the time it was not so easy to see. In possession of the idea that 'fits meant you're crazy, you go mad, you have fits and you hurt people, go violent', he found himself having fits and becoming violent. It is hardly surprising that Chris became worried and depressed about what was happening to him. In particular, he was concerned about possible consequences to his fiancée:

'I was afraid of having a fit in her presence and hurting her. I was afraid of hurting people that were close to me, so I was avoiding the friendship of people that I liked, because I was afraid I would become violent. I believed there was something wrong with me, that I was just a man who had fits, became violent and beat people up. Looking back, my ignorance was unbelievable. I did tend to avoid her. I coped, by not being with her too much.'

As Chris had further fits where he did not become violent, he gradually regained his confidence in himself and was able to realise how mistaken he had been. That the process took as long as it did is probably due to the nature of epilepsy: even when one does not have one's epilepsy under control with medication, fits occur only intermittently, and one therefore has less opportunity to assess the true nature of one's disability than, for example, someone who acquires a mobility disability.

But people who are more easily able to react to the stereotypes they have held, by recognising that the acquisition of a disability has not fundamentally changed them from the person that they always were, do not necessarily abandon those stereotypes altogether. One thing that seems to happen is that people recognise that they personally do not correspond to the general idea of 'The Disabled', but fail to take the further step of recognising that neither do other people with disabilities. Striving to appear as 'normal' as possible, they therefore avoid contact with, and remain isolated from, the very people who could give them the most effective support in challenging their oppression.

This probably happens least with disabilities which necessitate some degree of hospitalisation, which brings people into contact with other people with disabilities. It applies most strongly to nonvisible disabilities, such as epilepsy and deafness, both of which are strongly stigmatised disabilities, attracting little public sympathy, and which it is possible to conceal to some extent. The fact that it is not easy to conceal deafness during conversation is probably a reason for the fact that the majority of people with some degree of hearing loss describe themselves as 'hard of hearing' with the clear intention of distinguishing themselves from 'The Deaf' - that is, prelingually-deaf people who, as users of sign language, are much more visibly different. No such distinction exists in relation to epilepsy; people with epilepsy do not attempt to minimise their disability, they just conceal it altogether.

Paddy Ladd describes the position of deaf people: 'Deaf people are outwardly mobile, but driven very far within themselves, in the same way that a black person walking around in an exclusively white community would probably be driven into himself and not be able to confront the realities of oppression. Oppression in the guise of, if you demand something you are made to feel unreasonable, when really it's a fault in the building or a fault in the society.'

`I think when they see people signing in public, deaf people themselves feel a stigma about it. Not all deaf people, just those who have been creamed off and gone to grammar school. These sort of people feel they mustn't sign in public, and so they go around pretending they can talk to each other.

`A lot of them are very cut off from other deaf people. The intelligentsia's been creamed off' and divided up into a lot of lonely people sitting around on their own. There are some of them who mix in both worlds and have a really negative attitude towards deafness as they think other people must feel about it, and try not to be associated with it, but nevertheless have some contact with it.'

Maggie Woolley distinguishes four distinct categories of deaf people, each with a different relationship to the deaf culture:

`If you were born deaf, or you went deaf before you acquired English, you have an extremely slender chance of integrating with hearing people and society at large. You become part of the culture, what we call the deaf world.

`If you become deaf after you acquire language, but still as a child, you will probably still find yourself in the deaf culture. There are a lot of people who are quite oral, some will still use their voices when they're speaking to hearing people, others never do. But they are very easy to lipread, they've got English, they might have gone deaf from meningitis or something like that.

`There are other people who were born partially deaf, and were therefore helped by hearing aid technology and went to schools for partially hearing, who don't become part of the culture either. But they do experience being trapped between two worlds because of the communication thing. There are some people who are partially hearing and do make it because they are people who are less psychologically oppressed, they can put their needs forward and so on in a hearing world.

`Then you've got people who go deaf later in life, who constitute another group, who stigmatise the deaf world very, very heavily, in particular the sign language, because of the tyranny of normality. They would rather, it seems to me, suffer extreme isolation and curtailment of their social life and isolation within their family life than use something from this alien culture which would help them, which is a bit of manual communication.'

People who are trying to disassociate themselves from other people with disabilities are likely to have their attitude reinforced by well-meaning friends and acquaintances who, intending a supportive compliment, tell them, `But you're not disabled'. We get this kind of comment surprisingly often, and we don't

welcome it. What makes such remarks particularly damaging is that they tend to come from people one knows well. If I introduce myself to someone as disabled, that sets the pattern of the relationship from the start; whether it makes any difference to the relationship depends on the person's attitude to disability. But if describe myself as disabled to someone who knows me well, but is not accustomed to think of me in those terms, I am introducing a new element into a relationship that is already established, which is a move that may not be welcomed, as Merry Cross describes:

'I've often had other people trying to dissociate me from others with physical impairments, people sort of saying to me, "But, you know, you've succeeded, you've got a good job, you're happy, you live independently. How can you.. ?"

They're trying to pull me away. That happened recently with somebody, who luckily was a good listener, and she said to me something like, "Why do you identify yourself with people who are disabled?" If I dare to talk about myself as someone who's oppressed, then people get quite angry with me. "Look at you, you're an educational psychologist." And it gets to you: I think any people in any oppressed group do tend to look at other people and think they're worse off and say, "What right have I got?" Because I'm mobile, I have had difficulties with that.'

That one aspect of the role of disabled person should be a requirement to deny that she is a disabled person is a very curious phenomenon. It has several causes, mostly to do with distress reactions towards disability on the part of the person imposing the requirement to deny that one is a disabled person is a very curious they are not disabled . is effectively denying that person's experience of disability. I don't think this happens because people fully believe that the other person has no experience of disability, but because they don't want to hear about it. What they are doing is ruling out the subject, telling the person that their experience is not welcome and they should look somewhere else if they want support on that level.

But the disability itself is not necessarily being denied. I have been told I am not disabled by people who have known about my epilepsy for ten or fifteen years, who I am sure would be very supportive if I actually had a severe fit. What I think is happening in that case is that they are marking out the boundary of their acceptance of disability. They know and like me, and accept my disability, but on a personal level; it doesn't mean they are prepared to be equally accepting to every cripple on the street. So when I, by implication, align myself with other people with disabilities, they feel threatened with being drawn into a wider acceptance, and are moved to define its limits.

A further possible reason for the denial may be that people are clinging to their stereotypes. Having a particular set of stereotypes about disability, and knowing a particular person well enough to realise that the stereotypes are utterly inapplicable, many people reconcile the two by simply not counting that person as disabled. If she then actively identifies herself as disabled, this precarious arrangement is threatened, and the possibility arises that they might have to question their cherished prejudices. Rather than let that happen, they deny her assertion and tell her that she is not disabled, because she is not the things that they recognise the disabled as being. The list of reasons that Merry describes as being given by people who try to dissociate her from others with physical impairments ('You've succeeded, you've got a good job, you're happy, you live independently') seem at first sight to have an extremely tenuous bearing on whether or not one has a disability. But if one treats them as denials, and looks to see what is being denied, one comes up with a remarkably clear list of stereotypes of disability: unsuccessful, in menial employment or out of work, miserable and dependent on other people. It really is remarkable how determinedly many able bodied people cling to such preposterous generalisations as these, and to what extraordinary lengths they will go to prevent us from refuting them.

How much effect such attempts to dissociate us from other people with disabilities are likely to have depends very much on the extent to which we already have strong links with our fellows. I greatly value my friendships with other people with disabilities, including all those interviewed in this book, and the mutual support which we give to each other. If someone tries to tell me that I am 'not disabled', I am very conscious of the implied insult to a group of people whom I care about and respect a great deal - which is also, incidentally, an insult to me, since it's pure chance that it happens to be me that they have got to know rather than somebody else. I am just as much one of the people from whom Merry's acquaintances try to dissociate her as she is one of the people from whom mine try to dissociate me!

This is likely to be the reaction of anyone who has good links with other people with disabilities, and particularly so if they are aware enough of their oppression to be unwilling to try to suppress any distress they may feel, caused by physical pain or other people's treatment of them, in order to achieve a lonely 'independence'. Because in the face of such people - people like us - such denials of our disability contain the seeds of their own downfall. The person who tells any of us that we are not disabled is, as I have indicated, stating that she doesn't want to hear about our experience of disability and doesn't want to get involved in giving us any support we may need. In the very act of trying to dissociate us from other people with disabilities such persons provide us with a very firm reminder of why we value the mutual support we give to each other. If we end

up dissociating ourselves from anyone as a result of such comments, it's likely to be from the person who makes them.

The person most likely to be vulnerable to the effects of such denials of her disability is the person who is too isolated from other people with disabilities to be able to draw upon our shared strength, and who is trying to achieve a false independence by being as able bodied as possible and not making any demands on other people. That kind of `independence' is no independence at all, because it consists of living one's life on terms that are dictated by the able bodied and despising one's body rather than taking pride in oneself as a person with a disability. To this kind of person, the idea that she is not seen as disabled may prove very attractive, and encourage her to set herself apart from people who are `really' disabled. If she persists in that attitude, she is likely to end up thoroughly isolated, set apart from the able bodied by the fact of her disability (or, rather, the fact that her lack of pride in herself and fear of making demands keep her from being accepted on her own terms) and set apart from people with disabilities by her own belief that she is different. Such successful internalisation of her role is most convenient to the able bodied, on whom she makes few demands, but it produces a lot of sad and lonely people.

Just as it does not automatically follow that people who acquire their disabilities as adults will take advantage of their power to determine that their future as persons with a disability will be successful and fulfilling, so it is not necessarily the case that people who have their disability from childhood will become totally ground down into compliance with their role. The crucial factor seems to be the degree of support that children get from their parents and those around them. Almost all parents worry unnecessarily about their children to some extent, and parents of children with disabilities probably do so more than most (unless they have disabilities themselves, in which case they are likely to have more confidence in the child's capabilities). That does not necessarily matter; what counts is whether or not they swallow those anxieties and encourage the child to take a self-confident, unworried attitude to the disability.

As long as the child has the security of adequate support from parents who avoid inflicting their worries on her, or restricting her freedom because of anxieties for her safety, she will handle a great deal else for herself, as Merry Cross demonstrated: `People used to stare at me, particularly other youngsters used to stare at me. And my Mum tells a story of me at the age of about five coming down the steps of our local library and some little lad at the bottom was staring, and apparently I drew myself up to my full height of three foot something and said, "Hasn't your mother taught you not to stare?"

`At primary school there was one teacher in particular who used to fuss about me running around. And again there's some horrendous story about her saying, "God won't love you if you run around", because she was so scared of me falling, I suppose.' Merry, a Jewish child at a Catholic school, replied, `Oh, yes, God will love me, because I'm one of God's chosen people'.

I got the best of both worlds: because of the particular pattern of development my epilepsy took, I got the advantages attached to having my disability from childhood *and* those attached to developing a disability in adult life. I was diagnosed as epileptic at the age of four and a half, and throughout my childhood and adolescence had mild attacks where I did not lose consciousness, which my family described pretty accurately in referring to them as `twitches'. During my final year at university I also started having grand mal fits; the pattern since then has been a mixture of the two, with occasional grand mal seizures (the present frequency is one every few months), where I exhibit all the paraphernalia that makes up the popular idea of what epilepsy consists of, such as losing consciousness, biting my tongue, frothing at the mouth - plus, of late, dislocating my shoulder - and more frequent partial seizures of the sort I've been having for twenty-six years.

Because my `twitches' were so mild, they didn't cause me too many problems. I have sensible parents, who treated them in a very matter-of-fact way and never gave me the idea that there was anything to worry about. They weren't painful and weren't noticeable enough for me to get teased or bullied by other children because of them. Nobody ever gave me much cause to think of myself as abnormal, so I didn't. I learned to swim when I was five, I rode a bicycle, and I got on with the business of growing up.

But because of all this, the grand mal seizures, when I started having 'them at the age of twenty-one, caused few problems. I was used to living with epilepsy and thinking of myself as epileptic, so the subject didn't hold the terror of the unknown. I didn't think I was going mad, or feel I had to prevent people from finding out about it. I simply accepted the fact that a disability I was used to had taken a more severe form.

Obviously, having grand mal fits is not entirely a laugh-a-minute matter, and I don't want to give the impression that I think it is. To come round after having a fit in the street late at night, so disoriented that I don't know where I am, and can't even remember what day it is, is not pleasant, especially when I go up to someone for help and reassurance, putting a childlike instinctive trust in them, and they walk straight past. (That's happened to me a number of times, and it doesn't get any more bearable with repetition. But it's only since I've had the support of other people with disabilities that I've admitted to myself how much

distress it's caused me. At which point, I realised why Micheline Mason had given me such a cynical look when I'd told her that my epilepsy had never been any problem to me; she recognised that stiff upper lip conditioning of mine for what it was a while before I did so myself.)

But because I was used to having epilepsy, and had never been subjected to unnecessary anxieties about it, when I started having grand mal seizures I was able to keep them in perspective. One doesn't need to deny the existence of the distressing aspects of a disability, so long as one is able to see them for what they are and no more. That's why it was important to me to recognise the distress that had been caused by other people's rejection of me at times when I strongly needed reassurance; once I started to get rid of the invulnerable role I'd been playing, I was able to admit to the existence of that pain and stop running away from it.

When I started setting down this personal case history, I was going to point out that my particular experience was not typical. But it then struck me that several of the people I've interviewed for this book had, somewhere along the line, made a similar comment about their experience of disability, or some aspect of it. These observations are not untrue, if only for the reason that no real person's experience conforms exactly to a statistical norm, and it can obviously be useful to distinguish how one's own personal experience relates to that of other people who share the same oppression, but I am very suspicious of our reasons for making such comments.

It seems to me that what we are often doing, when we state that our experience is not typical, is being subtly apologetic, falling into the trap Merry Cross mentioned earlier, of feeling that other people are much worse off than we are, so we don't really have a right to complain. Put in those terms, that's an idea that every person quoted in this book would reject. But this feeling is a very important part of our conditioning; being told that we are not disabled is only one of the ways in which we are pressurised into accepting it. More generally, we are continually given the idea that our disabilities make us a nuisance to other people. They let us know directly by complaining that we're too demanding, telling us that they're too busy or in too much of a hurry to cater for our needs, going into long explanations of how inconvenient it would be for them to cater for them right now (frequently so long, in fact, that they'd save a lot of time by simply getting on with whatever's being asked of them) or by doing whatever's being asked, but with very bad grace, so that we think twice before asking them again. Or they let us know more subtly, by not doing anything unless it's specifically demanded of them, when they're quite aware of what that person's particular needs are; or by not bothering to learn such

simple skills as braille or fingerspelling, when they're in regular contact with someone to whom those skills would be a help.

There is actually no reason whatsoever why we should feel any responsibility for the fact that someone is too physically inhibited to fingerspell, too timid or afraid of 'getting involved' to stop to help the epileptic who's lying unconscious in the street, too unimaginative to be able to put herself in our position and realise how much difference it makes when our needs are adequately and willingly catered for, or just too generally discourteous. But when we are continually made to feel that we are a nuisance to other people, it's difficult to avoid becoming apologetic for the trouble we feel we are causing. If we persist in our demands, we then have to fight against feeling that we have been granted an enormous favour whenever some slight concession is made to them, so that it would be monstrously ungrateful to ask for anything further.

These apologetic attitudes tend to become very deeply ingrained, so that even if we are very aware of our right to have our needs as fully provided for as anybody else's basic needs, we may still find that we have not totally rid ourselves of a tendency to apologise. And the more we challenge other people's oppressive behaviour, the more we are likely to have it made clear to us how many people resent having to make the provisions that we should be able to take for granted. We can support each other on issues such as this; the more we make adequate provisions for each other's needs, so that we each have some experience of being able to take it for granted that our needs are fully provided for with no feelings of resentment, the more we will each be able to see how little is actually being done by the people who make such a fuss about the inconvenience we cause them, and recognise that we are not asking for favours but simply demanding an end to discrimination.

Recognising discrimination for what it is does much to counteract this particular piece of conditioning, as apology and servile gratitude are replaced by feelings of anger and a real belief in our right to have our needs provided for. And so we come to recognise that there is no reason for us to feel we have to justify the demands we make: it is our right to expect to receive equivalent treatment to that which we, as members of the society in which we live, give to other people. The fact that what we have a right to receive differs from what we give, because our needs are different from those of the people whose needs we provide for, makes no difference whatsoever.

That this is a two-way process is often forgotten by others. The resentment we often experience from the able bodied has much to do with the fact that people with disabilities tend to be viewed as having no contribution of their own to

make to society. Because we are viewed this way, provision for our needs is seen as a charitable favour, rather than as a right, to be responded to as a matter of course precisely because it is a right. So people who find themselves being asked to fingerspell, to haul a person in a wheelchair up a flight of stairs which wouldn't be there in the first place if we weren't discriminated against, or to reassure me and help me out of my confusion after I've had a fit, imagine that demands are being made on their generosity. It's time such people recognised that those of us who are managing to throw off our conditioning in this respect expect them to put up with such inconveniences for exactly the same reason that we expect them to put up with the inconvenience of working rather than breaking into our homes and stealing: namely that, as supposedly responsible members of society, they must accept their share of the necessary tasks of that society in exchange for the benefits they receive from it.

Micheline Mason draws attention to a frequent response to denials of our ability to contribute:

`I've noticed a tremendous thing in people with disabilities of wanting to be voluntary workers etcetera, of wanting to give. Because that has been threatened. I don't think it's threatened in almost any other section of society, except the elderly. Your feeling of usefulness is taken away at retiring age, really. I can often see an incredible over-compensation going on, where we do give much more than we should in many ways.

`There's just as many who have so internalised the idea that we have nothing to give that they actually don't. The awful thing about this whole stereotyping thing is when people internalise it so much that it is actually true. And then people see it, and there you are, it's proof.'

Micheline draws attention, very rightly, to the importance of not abandoning people who have internalised their oppression to this extent: `We as a group tend to get very angry with those people that have internalised it to that degree, and feel very betrayed and let down and ashamed. I think that's one of the things we've got to overcome.'

As we recognise and overcome the more obvious manifestations of our conditioning, we have to take care that we don't just let it crop up in subtler forms. It would be easy, for example, to let the benefits gained from a few modest achievements lead us back into comparisons with people who have not succeeded even that far, and the feeling that one doesn't really have a right to complain. When we say that our individual personal experience is not typical, I think we are often doing something of this sort: setting ourselves apart from other people with disabilities, with the unstated (and possibly unrecognised)

implication that our experience is therefore somehow less valid. What we are in effect saying is that we are not really disabled. If other people tell us that, we may be quite aware of what is going on, and refuse to accept it; and yet, because we have been steeped in the idea that we must apologise for our existence, we are quite capable of rephrasing that idea and coming up with it ourselves. Our conditioning goes very deep, and I am quite certain that as our liberation progresses we shall become aware of further aspects of our conditioning which at present we are no more aware of than the bulk of the able bodied world is aware that we are oppressed at all.

That we will continue to rid ourselves of this role, and refuse more and more strongly to play out the part demanded of us, is beyond question, for the reason that we have discovered what great advantages spring from such a refusal: pride, self-determination, having our needs met (which means, among other things, access to mobility and communication) and even greater acceptance. Because the ironic thing about the kind of attempted compliance practiced by people who don't want to be seen as disabled and are afraid of being rejected if they make a nuisance of themselves by imposing on other people, is that it produces less genuine acceptance, even by the able bodied, than does identifying oneself as disabled.

Because, quite frankly, a person who is worried, ashamed of her or his body, apologetic for her very existence and so afraid of causing offence that she lets herself be treated as a doormat, is not a very interesting person to know. Who can blame the able bodied if they fail to take great delight in her company? But as we stop being that kind of person and gain confidence in our strength, both individually and collectively, other people, disabled as well as able bodied, recognise that strength; as we take pride in our bodies, their true beauty starts to shine out; as we come to treat provision for our needs as an inalienable right, other people start to provide for them willingly, because working together is vastly more attractive than either giving or refusing charity; as we face our fears, they reveal themselves as harmless paper tigers. A proud and powerful future stands ahead of us.