Capitalism, Disability and Ideology:
A Materialist Critique of the
Normalization Principle

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Introduction

At the outset, I should say two things. I have no particular interest in the history of normalization and therefore, I am not attempting to provide a revisionist history of it. Neither do I think that normalization, or social role valorization as it has become in its reincarnation, has much to offer in developing a social theory of disability. I am interested however in the oppression of disabled people in capitalist societies and what normalization does, or rather does not say about it.

This interest has led me to begin to sketch out what a social theory of disability might look like (Oliver 1990) .For me, all social theory must be judged on three inter-related elements: its adequacy in describing experience; its ability to explain experience; and finally, its potential to transform experience. My own theorizing on disability is located in Marxist political economy which, I would argue offers a much more adequate basis for describing and explaining experience than does normalization theory which is based upon interactionist and functionalist sociology.

In fact I would go further and argue that the social theory that underpins Marxist political economy has far greater transformative potential in eradicating the oppression that disabled people face throughout the world than the interactionist and functionalist theories that underpin normalization ever can have. And I will go even further than that and argue that already this theory has had a far greater influence on the struggles that disabled people are themselves currently engaged in to remove the chains of that oppression than normalization which is, at best a bystander in these struggles, and at worst part of the process of oppression itself.

In presenting this argument, I will begin by articulating my own theoretical position based upon Marxist political economy and hereinafter referred to as materialist theory. I will then demonstrate the inadequacies of normalization theory's explanation of the rise of the institution before going on to provide a critique of the ideology which underpins it. Next, I will take issue with the argument that normalization has been successful because it is based upon 'experience'. Finally I will

look at what both normalization and materialist theories say about change, having briefly described the appalling material conditions under which disabled people live throughout the world.

Before proceeding further, it is perhaps necessary to explain the use of terminology in this chapter. Underpinning it is a materialist view of society; to say that the category disability is produced by capitalist society in a particular form implies a particular world view. within this world view, the production of the category disability is no different from the production of motor cars or hamburgers. Each has an industry, whether it be the car, fast food or human service industry. Each industry has a workforce which has a vested interest in producing their product in particular ways and in exerting as much control over the process of production as possible.

Producing a materialist theory of disability
The production of disability therefore is nothing more or less than a set of activities specifically geared towards producing a good - the category disability - supported by a range of political actions which create the conditions to allow these productive activities to take place and underpinned by a discourse which gives legitimacy to the whole enterprise.   As to the specifics of the terminology used in this discourse, I use the term disabled people generically and refuse to divide the group in terms of medical conditions, functional limitation or severity of impairment. For me disabled people are defined in terms of three criteria; (i) they have an impairment; (ii) they experience oppression as a consequence; and (c) they identify themselves as a disabled person.

Using the generic term does not mean that I do not recognise differences in experience within the group but that in exploring this we should start from the ways oppression differentially impacts on different groups of people rather than with differences in experience among individuals with different impairments. I agree that my own initial outlining of a materialist theory of disability (Oliver 1990) did not specifically include an examination of the oppression that people with learning difficulties face (and I use this particular term throughout my paper because it is the one democratic and accountable organisations of people with learning difficulties insist on).

Nevertheless I agree that

> "For a rigorous theory of disability to emerge which begins to examine all disability in a materialist account, an analysis of normalization must be included".

> (Chappell 1992.38)

Attempting to incorporate normalization in a materialist account however, does not mean that I believe that, beyond the descriptive, it is of much use. Based as it is upon functionalist and interactionist sociology, whose defects are well known (Gouldner1970), it offers no satisfactory explanation of why disabled people are oppressed in capitalist societies and no strategy for liberating us from the chains of that oppression.

Political economy, on the other hand, suggests that all phenomena (including social categories) are produced by the economic and social forces of capitalism itself. The forms in which they are produced are ultimately dependent upon their relationship to the economy (Marx 1913) .Hence, the category disability is produced in the particular form it appears by these very economic and social forces. Further, it is produced as an economic problem because of changes in the nature of work and the needs of the labour market within capitalism.

> "The speed of factory work, the enforced discipline,
> the time-keeping and production norms -all these were
> a highly unfavourable change from the slower, more
> self-determined methods of work into which many
> handicapped people had been integrated" .
> (Ryan and Thomas 1980.101)

The economy, through both the operation of the labour market and the social organisation of work, plays a key role in producing the category disability and in determining societal responses to disabled people. In order to explain this further, it is necessary to return to the crucial question of what is meant by political economy. The following is a generally agreed definition of political economy,

> "The study of the interrelationships between the polity,
> economy and society, or more specifically, the
> reciprocal influences among government the

economy, social classes, state and, status groups. The central problem of the political economy perspective is the manner in which the economy and polity interact in a relationship of reciprocal causation affecting the distribution of social goods".

(Estes et al 1982)

The central problem with such an agreed definition is that it is an explanation which can be incorporated into pluralist visions of society as a consensus emerging out of the interests of various groups and social forces and indeed, this explanation has been encapsulated in a recent book on disability

"A person's position in society affects the type and severity of physical disability one is likely to experience and more importantly the likelihood that he or she is likely to receive rehabilitation services. Indeed, the political economy of a community dictates what debilitating health conditions will be produced, how and under what circumstances they will be defined, and ultimately who will receive the services".

(Albrecht (1992.14)

This quote lays out the way in which Albrecht pursues his argument in three parts. The first part shows how the kind of society people live in influences the kinds of disability that are produced, notably how the mode of production creates particular kinds of impairments. Further, he traces the ways in which the mode of production influences social interpretation and the meanings of disability and he also demonstrates how, in industrial societies, rehabilitation, like all other goods and services is transformed into a commodity.

The second part of the argument shows how intermediate social institutions in America, such as the legal, the political and welfare systems contribute to the specific way in which disability is produced and their role in the transformation of rehabilitation into a commodity. The final part considers what this may mean in terms of future developments in social policy and what effects it may have on the lives of disabled people.

It is difficult to disagree with this formulation at the descriptive level but the problem with this pluralist version of political economy is that the

structure of capitalist America itself goes unexamined as does the crucial role that the capitalist economy plays in. shaping the experience of groups and individuals. Exactly the same criticism can be levelled at normalization theory. Devaluation according to normalization theory is a universal cognitive process and economic and social conditions are only relevant to who gets devalued.

Political economy, as it is used here, takes a particular theoretical view of society; one which sees the economy as the crucial, and ultimately determining factor, in structuring the lives of groups and individuals. Further, while the relationship between various groups and the economy may differ in qualitative ways, the underlying structural relationship remains.

> "The convergence and interaction of liberating forces at work in society against racism, sexism, ageism and economic imperialism are all oppressive 'isms' and built-in responses of a society that considers certain groups inferior. All are rooted in the social-economic structures of society. All deprive certain groups of status, the right to control their own lives and destinies with the end result of powerlessness. All have resulted in economic and social discrimination. All rob (American) society of the energies and involvement of creative persons who are needed to make our society just and humane. All have brought on individual alienation, despair, hostility, and anomie".
>
> (Walton 1979.9)

Hence the oppression that disabled people face is rooted in the economic and social structures of capitalism. And this oppression is structured by racism, sexism, homophobia, ageism and disablism which is endemic to all capitalist societies and cannot be explained away as a universal cognitive process. To explain this further it is necessary to go back to the roots of capitalism itself.

Disabled people and the rise of capitalism

Whatever the fate of disabled people before the advent of capitalist society and whatever their fate will be in the brave new world of the twenty first century, with its coming we suffered economic and social

exclusion. As a consequence of this exclusion disability was produced in a particular form; as an individual problem requiring medical treatment.

At the heart of this exclusion was the institution -something on which we would all agree. In the nineteenth and twentieth century, institutions proliferated in all industrial societies (Rothman 1971) but to describe this, as Wolfensberger does, as 'momentum without rationale' (p3) is patently absurd. The French Marxist, Louis Althusser (1971), suggested that all capitalist societies are faced with the problem of social control and they resolve this by a combination of repressive and ideological mechanisms.

The reason for the success of the institution was simple; it combines these mechanisms almost perfectly. It is repressive in that all those who either cannot or will not conform to the norms and discipline of capitalist society can be removed from it. It is ideological in that it stands as a visible monument for all those who currently conform but may not continue to do so -if you do not behave, the institution awaits you.

It is for this reason that the institution has been successful. Its presence perfectly meets capitalism's needs for discipline and control (Foucault 1972). It is also the reason why, despite the fact that the defects of institutions have been known for the 200 years that they have existed, they have remained unaddressed. Indeed, the principle of 'less eligibility' was central to the rise of the institution. It is simply not true to say that we have only known of their defects in recent years because, if this were the case, they would then not have been performing their ideological control function. Day trips to institutions, which originated in the 1850's not the 1950's, were precisely for this purpose; to demonstrate how awful they were for the purposes of social control, not to educate the public about their reform (p8)

What is also not in dispute between us is that in the second half of the twentieth century, the physical and ideological dominance of the institution began to decline (Scull 1977). What is in dispute however, is why this should be so. While not claiming that the normalization principle was the only causal factor in what has become known as de-institutionalization or de-carceration, Wolfensberger nonetheless claims that it 'broke the back of the institutional movement' (p60) and without it 'there would have been massive investments in building new, smaller, regionalised institutions' (p16). I would not wish to dismiss the role of

ideas, or more appropriately, ideologies in this process but there were other, more important factors.

Most importantly, the rising costs of institutional care were becoming a major factor in the shift to community based care. Ideology was turned into political action when this, along with other factors such as rising oil prices, spiralling arms expenditure and so on, brought about fiscal crises in many capitalist states (O'Connor 1973. Gough 1979). This fiscal crisis explanation stands in stark contrast to Wolfensberger's assertion that while de-institutionalization may have started in the 1950's, it was a 'drift that occurred without much planning, intent or consciousness' (p98) .

The transition to late capitalism (the post-industrial society as some writers have called it or its more recent fashionable manifestation as post-modernity) has seen this process continue apace. The question it raises is what does this process mean. Cohen suggests that it

> "...is thought by some to represent a questioning, even a radical reversal of that earlier transformation, by others merely to signify a continuation and intensification of its patterns".
>
> (Cohen 1985.13)

Those who have promoted the idea of normalization would, I suspect place themselves in the first camp. That is to say, the move from the institution to the community is part of a process of removing some of the apparatus of social control by the state. I would place myself in the latter camp seeing this move as an extension of the processes of control within the capitalist state.

After all, the balance of power between disabled people and professionals has not changed at all. The situation described by Cohen (1985) remains unchanged.

> "...much the same groups of experts are doing much the same business as usual. The basic rituals incorporated into the move to the mind -taking case histories, writing social enquiry reports, constructing files, organising case .conferences - are still being enacted".
>
> (Cohen 1985.152)

In the world of late capitalism, the same people, albeit with different jobs titles and perhaps in plusher buildings, are doing the same things to disabled people although they may now be calling them 'doing a needs led assessment' or 'producing a care plan' in Britain. Elsewhere it may be called individual programme planning, social brokerage, change agentry and the like. But the material fact remains, it is still professionals doing it, whatever 'it' is called, to disabled people.

The ideology of normalization All social changes require an ideology to support the economic rationality underpinning them. So the ideology underpinning the rise of the institution was ultimately a medical and a therapeutic one; accordingly placing people in institutions was not only good for the health of individuals, it was also good for the health of society. Normalization, it could be argued, is the ideology (or one of the ideologies) that allowed people to be returned to the community in that they can be 'normalized' or in its later variant, be allocated normal (valued) social roles. After all, we don't want the different, the deviant or even the dangerous returned to our communities.

I fully realise that here I am stepping on dangerous ground and that both Wolfensberger (1994) and Nirje (1993) would probably argue that I am confusing normal with normalization. There is not the space to demonstrate that I realise that this is not the case nor to draw attention to their own published ambiguities on this issue. Instead I wish to point out that normalization is part of a discourse which is predicated on the normal/abnormal distinction and it is certainly clear that Wolfensberger thinks this distinction is real rather than socially constructed (p95).

A materialist approach to this would suggest, as does the French philosopher Foucault (1973) , that the way we talk about the world and the way we experience it are inextricably linked -the names we give to things shapes our experience of them and our experience of things in the world influences the names we give to them. Hence our practices of normalizing people and normalizing services both constructs and maintains the normal/abnormal dichotomy.

It is becoming clear that the social structures of late capitalist societies cannot be discussed in a discourse of normality/abnormality, because what characterises them is difference; differences based on gender, ethnic backgrounds, sexual orientation, abilities, religious beliefs, wealth, age, access or non-access to work and so on. And in societies founded

on oppression, these differences cross cut and intersect each other in ways they we haven't even begun to properly understand, let alone try to resolve (Zarb and Oliver 1993).

The concept of simultaneous oppression (Stuart 1993) may offer a more adequate way of understanding differences within the generic category of disability. Certainly people are beginning to talk about their experience in this way.

> "As a black disabled women, I cannot compartmentalise or separate aspects of my identity in this way. The collective experience of my race, disability and gender are what shape and inform my life".
>
> (Hill1994.7)

Kirsten Hearn provides a poignant account of how disabled lesbians and gay men are excluded from all their potential communities. Firstly,

> "The severely able-bodied community and straight disabled community virtually ignored our campaign".
>
> (Hearn 1991.30)

and,

> "Issues of equality are not fashionable for the majority of the severely able-bodied, white, middle-class lesbian and gay communities.
>
> (Hearn 1991.33)

The point that I am making is that the discourse of normalization (whatever the intent of its major proponents and however badly they feel it has been misused by its disciples} can never adequately describe or explain societies characterised by difference because of its reductionist views of both humanity and society. Individual and group differences cannot be described solely in terms of the normality/abnormality dichotomy and inegalitarian social structures cannot be explained by reference only to valued and devalued social roles. Normalization can also never serve to transform peoples lives; a point to which I shall return.

The Role of Experience

In explaining why the idea of normalization was so powerful for many people, Wolfensberger claims that it connected with their common sense, it gave them a language or discourse in which to talk about the issues and it gave them a unified mental scheme (social theory) connecting a range of issues (p59). Of course, in talking about this he is talking about the connection of these ideas to the experience of academics, professionals and policy makers not to the experience of people with learning difficulties

He also claims that 'a single theory or principle could be applied to all; not only to all retarded people and not only to all handicapped people but to all deviant ones' (p58) .I remember attending the first conference on normalization in Britain in the mid 1970's when such claims were made. Vic Finkelstein and myself vociferously denied the claim that the half-digested mish mash of functionalist and interactionist sociology we were being presented with had anything to do with our experiences as disabled people.

Our claims were of course denied, as they often have been in the past on the grounds that as isolated, elite disabled individuals, our experiences did not accord with those of the majority of disabled people (a basis on which you may wish to deny my claims in this paper) .And of course the normalization band wagon rolled on in Britain, into social service departments, health authorities and undemocratic voluntary organisations. But not into the newly emerging democratic and accountable organisations that disabled people were setting up at the time. To this day, not a single one of these organisations of disabled people has adopted the normalization principle as the basis for its operations or as a rationale for its existence.

Our experiences at that conference mirrored our experience in terms of disability politics more generally. We were already being told by groups of able bodied experts that not only did they know best what our problems were, they also knew best how to solve them. And disabled people were developing our own views both on those experts who wished to define or colonise our experience and to identify what our problems really were. These views were encapsulated in 'a little red book' called Fundamental Principles of Disability (UPIAS 1976) and which, I would argue, is far more important for disabled people than all the publications on normalization put together.

This slim volume is not widely available but the debt that disabled people owe to it is enormous. I, and many other disabled people, openly acknowledge our debt to the document in the way it shaped our own understanding of disability (Oliver 1995) .The document has never been widely available and with the demise of the Union in 1991, it will become increasingly difficult to obtain. I reproduce two passages here, the first of which exposes the role of 'experts' in our lives and the second which defines our own problems for us.

The Union maintains that, far from being too concerned with the cause of disability, the "experts" in the field have never concerned themselves with the real cause at all. The fact that they had delusions that they were looking at the cause, when they were typically concentrating on its effects, on confusing disability with physical impairment, underlines the imperative need for disabled people to become their own experts. It is only when we begin to grasp this expertise that disabled people will be able to see through the "experts" attempt to disguise as something "entirely different" the traditional, clearly failed, "spontaneous" struggle against aspects of disability, such as poverty.

Disability is something imposed on top of our impairments by the way we are unnecessarily isolated and excluded from full participation in society. Disabled people are therefore an oppressed group in society". To understand this it is necessary to grasp the distinction between the physical impairment and the social situation, called 'disability', of people with such impairment. Thus we define impairment as lacking part of or all of a limb, or having a defective limb , organ or mechanism of the body; and disability as the disadvantage or restriction of activity caused by a contemporary social organisation which takes no or little account of people who have physical impairments and *thus excludes them from participation in the mainstream of social activities. Physical disability is therefore a particular form of social oppression.*

It was from this work that I and a number of other disabled people began to write and talk about the social model of disability. For my own part I originally conceptualised models of disability as the binary distinction between what I chose to call the individual and social models of disability (Oliver, 1983). This was no amazing new insight on my part dreamed up in some ivory tower but was really an attempt to enable me to make sense of the world for the social work students and other professionals who I was teaching at the time. The idea of the individual and the social model was taken quite simply and explicitly from the distinction originally made between impairment and disability by the Union of the Physically Impaired Against Segregation in the 'Fundamental principles' document (1976).

The articulation of this new view of disability did not receive universal acceptance. Originally, it was professionals, policy makers and staff from organisations for disabled people who, because they had vested interests in maintaining the status quo underpinned by the individual model, questioned the experiential validity and explanatory reliability of the social model. However, we have seen a paradigm shift and many professional bodies and groups have now come to espouse the social model, in theory at least (DHSS 1988 Gillespie-Sells and Campbell 1991). Whether it has had much impact on professional practice is another question altogether and beyond the scope of this paper.

The articulation of the social model was received much more enthusiastically by disabled people because it made an immediate connection to their own experiences. It quickly became the basis for disability awareness and later disability equality training. It was adopted by democratic disability organisations allover the world including Disabled Peoples International (DPI) and the British Council of Organisations of Disabled People (BCODP) and remains as central to their rationale.

In reading Wolfensberger's comments about how Changing Patterns came to be written, I am struck by just how much in the way of economic resources (plane tickets, hotel bookings, secretarial support etc} went in to producing it. Similarly the World Health Organisation has spent millions of pounds, dollars and yen on trying to describe and classify us (Wood 1980} and have lamentably failed.

Disabled people, whose intellectual labours have produced the social model, have done this without access to the kinds of resources available to international academic superstars, professionals and policy makers, as well as the usual coterie of hangers on and free loaders. Imagine how much farther down the road we might be if disabled people had been given these resources to develop our own social theory, our own quality measures for human services and our own classification schemes.

The material conditions of disabled people throughout the world

Developing materialist theory in respect of disability requires us to understand the material conditions under which disabled people live throughout the world. A recent UN report (Despouy 1991) has confirmed earlier estimates that there are more than 500 million impaired persons in the World; that is one in ten of the World's population. The report goes on to suggest that at least "25 per cent of the entire population are adversely affected by the presence of disabilities".

There have been very few international studies of the lives of disabled people although the ON Report did come to the following conclusion.

> " these persons frequently live in deplorable conditions, owing to the presence of physical and social barriers which prevent their integration and full participation in the community. As a result, millions of disabled people throughout the world are segregated and deprived of virtually all their rights, and lead a wretched, marginal life".
>
> (Despouy 1991.1)

It is possible to put some descriptive flesh on the bones of these figures and what follows relies heavily on figures present in a recent special edition of the New Internationalist (No 233/July 1992) called 'Disabled Lives'.

Of the 500 million disabled people in the world, 300 million live in developing countries, and of these 140 million are children and 160 million are women. One in five, that is one hundred million of the total population of disabled people, are disabled by malnutrition. In the developing countries, only one in a hundred disabled people have access to any form of rehabilitation and 80% of all disabled people live in

Asia and the Pacific, but they receive just 2% of the total resources allocated to disabled people. In the third world, the death rate of people with a spinal injury within two years of the injury is as high today as it was in the developed world before the second world war.

While not being able to put an accurate figure onto it, there is no doubt that, allover the world, there is a close link between disability and poverty.

> "There is a close relationship between poverty and disability: malnutrition, mothers weakened by frequent childbirth, inadequate immunisation programmes, accidents in over crowded homes, all contribute to an incidence of disability among poor people that is higher than among people living in easier circumstances. Furthermore, disability creates and exacerbates poverty by increasing isolation and economic strain, not just for the individual but for the family: there is little doubt that disabled people are amongst the poorest in poor countries".
>
> (Coleridge 1993.64)

While in an absolute sense, the material conditions of disabled people in the developed world are vastly superior to their third world counterparts, they still experience conditions of life far inferior to the rest of the population. Thus, for example, more than 60% of disabled people in both Britain and America currently live below the poverty line.

Labour markets in the developed world continue to discriminate to the point where disabled people are three times more likely to be unemployed than their able-bodied counterparts. In education, the majority of disabled children are still educated in segregated special schools and less than three in a thousand disabled students end up in higher education, when, according to prevalence figures, it should be one hundred. On any indicators, disabled women and black disabled people fare worse than their white, male counterparts.

While, the accuracy of some of these figures might be called into question in respect of both the developed and developing world, no one would deny that they paint an authentic picture of the lives of disabled people throughout the world. The point at issue is what can be done

about producing the necessary changes. In the next section, I shall discuss the different positions of normalization and materialist theories in respect of producing changes in the lives of disabled people.

Economic, Political and social Change - How will it be delivered?

In comparing what normalization and materialist theory have to offer in respect of these changes, I want to concentrate on three inter-related areas; change in individuals, change in social policy and welfare programmes and change through the political process.

Partly, I suspect, because of the unacknowledged impact that the social model has had, both Nirje and Wolfensberger are anxious to claim that normalization does not mean making individuals normal. They go further and suggest that it can be applied even more fruitfully to environments. Wolfensberger however honestly admits that

> "… as long as one grants that abnormalization abnormalizes a person, and not just the person's environment, one cannot say that normalization only normalizes life conditions...In short I cannot see how Nirje's formulation allows an exclusion of actions on a person"
>
> (Wolfensberger 1994.97)

It is the final sentence which raises issues of grave concern. The history of oppression is underpinned by allowing 'actions on persons' and the crucial questions this raises are who decides, what actions and which persons? To answer, as normalization does, that prevailing life conditions, environments and values are the ones into which to normalize individuals, begs huge questions and may take us down the road to death making, sterilization, physical torture, incarceration and mind control. This list is part of our collective history as disabled people as we are beginning to discover as we begin to write this history, and not some emotive or exaggerated imagining to make a political point (Morris 1991, Coleridge 1993).

Materialist theory does not have the same problem with changing individuals, although it is their consciousness that it wants to change, not their bodies, their behaviour or their social roles. Transforming consciousness is a matter changing personal experiences into political

issues. This materialist theory does, and it also links the two; at the collective level disabled people may 'false consciously' believe that the difficulties they face are because of their individual impairments. Hence they 'internalise oppression' (Sutherland 1981, Morris 1991) by believing that it is their fault that they cannot get a job, use public transport and so on.

Social and individual transformations are inextricably linked. However, in materialist theory individuals must transform themselves through collective action, not be transformed by others who know what's best for them or what's best for society.

Empowerment is a collective process of transformation on which the powerless embark as part of the struggle to resist the oppression of others, as part of their demands to be included, and/or to articulate their own views of the world. Central to this struggle is the recognition by the powerless that they are oppressed; first articulated in respect of disability by the Union of the Physically Impaired Against Segregation in the 1970s and more recently been given a theoretical re-formulation within 'oppression theory' more generally (Abberley 1987).

Normalization theory sees improving human services as a major platform for improving the quality of life for disabled people and indeed much time and energy is devoted to precisely this. Wolfensberger's position on this is unequivocal; he is vehemently opposed to services provided by institutions but has spent much of his working life developing and improving community based services. As I suggested earlier, this is because he views community based services as radically different from institutional ones in that they are not part of the social control apparatus of the state.

While his position on community based human services may be unequivocal, it is certainly contradictory. In the paper he gave at the international disability conference in Bristol in 1987, he came very close to taking a materialist position on all human services, not simply institutional ones, when he argued that their real purpose (latent function) was to provide employment for the middle classes and in order to continue to do that

> "...merely enlarging the human service empire is not sufficient to meet all the requirements that a post-primary production economy poses. In addition, one

> has to make all the services that do exist as
> unproductive as possible - indeed one has to make
> them counterproductive if at all possible, so that they
> create dependency, and so that they create impaired
> people rather than habilitate them".
>
> (Wolfensberger 1988.34)

The problem with this formulation is that it mistakes the symptom for the problem. If human services under capitalism are part of the state apparatus of social control as materialist theory would argue, the reason they employ the middle classes is simple; they are not the groups who pose a threat to capitalism and therefore, they do not need to be controlled, but instead can become agents for the control of others.

It is precisely for this reason that the demands of disabled people allover the world are not, any longer, for improvements in existing services but control over them. And further, their struggles around welfare issues are about producing and controlling their own services through centres for independent living, direct payments to enable them to purchase these services for themselves and peer counselling to enable them to develop the necessary skills and support to meet their own self-defined individual and collective needs. This is not an anti welfare or anti human services position but one which raises fundamental issues of who is in control and in whose interest?

In looking at the issue of political change, within normalization theory it is difficult to find anything beyond descriptions of the kinds of things devalued people should be entitled to. How to achieve these entitlements at the political level is not really discussed although Wolfensberger confidently asserts that if we want to valorize someone's social roles

> "...we know from social science what the overarching
> strategies are through which this can be accomplished
> if that is what one wants to pursue".
>
> (Wolfensberger 1994.96)

I don't know what social science he is referring to but I have to say that I know very few social scientists who are, any longer, convinced that the concept of social roles has very much value to the development of social theory let alone for the promotion of political action. Not only are Talcott

Parsons and Erving Goffman dead in a material sense but so are their products; the macro and micro versions of role theory.

One can only assume from normalization writings that political change will be a gift from the powerful to powerless once they have come to a true understanding of disability through exposure to the teachings of normalization and social role valorization.   Nowhere does normalization acknowledge that

> "...the conviction that one's group is worth fighting for
> has to come at least partly from within. The alternative
> is to wait passively for the advantaged group to confer
> limited equality which does not essentially alter the
> status quo, and which it may be motivated to avoid".
>
> (Dalley 1992.128)

Again, materialist theory is much more upfront about political change. It will only be achieved through struggle, and that struggles will be by oppressed groups themselves against the forces that oppress them. In order to do this it is necessary for oppressed groups to organise collectively to confront this oppression. That inevitably means confrontation and conflict with powerful groups, interests and structures for there are few examples in human history of people willingly giving up power to others.

As far as disabled people are concerned, we have seen over the past fifteen years disabled people coming together to organise themselves as a movement at local, national and international levels. In Britain, for example, in order to harness this growing consciousness of disabled people, to provide a platform to articulate the re-definition of the problem of disability and to give a focus to the campaigns for independent living and against discrimination, the British Council of Organisations of Disabled People (BCODP) was formed in 1981 and its success in the subsequent decade is entirely an achievement of disabled people themselves (Hasler 1993).

Its conception and subsequent development have been achieved without extensive financial support from Government or from traditional organisations for disabled people. On the contrary, the BCODP was criticised from the start as being elitist, isolationist, unrepresentative, and

Marxist by a collection of unrepresentative people with abilities, right and left wing academics, isolated and elitist staff and management of traditional organisations and many professionals whose very careers were bound up with keeping disabled people dependent.

Yet despite these attacks, BCODP has gone from strength to strength, now representing over 90 organisations of disabled people and 300,000 disabled individuals. These initiatives not only established BCODP as the only representative voice of disabled people in Britain but by its very success it stimulated an ever growing number of disabled people to adopt a disabled identity. Similar stories of the rise of the disability movement could be told from other parts of both the developing and the developed world.

With this growing sense of a collective, political identity has developed the self-confidence not simply to ask for the necessary changes but to demand them and to use a whole range of tactics including direct action and civil disobedience. What's more, this movement is democratic arid accountable to disabled people themselves (Dreidger 1988 Oliver 1990 Davis 1993) and its collective voice is demanding that we be included in our societies everywhere by ending the oppression that confronts us, not by offering us and our oppressors normalization or social role valorization programmes.

Conclusion

In this paper I have argued that normalization as a social theory is inadequate in that it does not describe experience satisfactorily, its explanation of why disabled have the kinds of experiences they do is wholly inadequate, and its potential for transforming those experiences to something better is limited. It is not only those unsympathetic to normalization who question its future, however.

> "What does normalization now have to do in order to be a positive force for change in the 1990's. The answer may lie in going back to its roots and realigning itself in relation to other sociological theories".
>
> (Brown and smith 1992.176)

Whether such a realignment, even with materialist theory, is likely to resuscitate normalization is itself doubtful, because what is at stake is a vision of the kind of society we would like to live in. Normalization theory offers disabled people the opportunity to be given valued social roles in an unequal society which values some roles more than others. Materialist social theory offers disabled people the opportunity to transform their own lives and in so doing to transform the society in which they live into one in which all roles are valued. As a disabled person I know which of those choices I prefer and I also know which most of the disabled people I meet prefer.

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