Disability, embodiment and ableism: stories of resistance

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Non-disabled responses to visible impairment embody either social invisibility or over-attentiveness. The subjective and inter-subjective experiences of impaired bodies and intersubjective encounters within society are important aspects of disablement and the construction of a disabled identity. Impairment is read by and influences the social structure of ableism. This paper attempts to understand how ableist discourses about impaired bodies have impacted on and been resisted by disabled people and how embodiment is related to identity. In pursuit of these aims, a qualitative study was conducted with seven people who have visible physical impairments. The results indicate that disabled embodiment is produced and experienced within an ableist context that mobilizes the charitable gaze and the medical model to signify impaired bodies at the expense of the recognition of disabled identity. In order to deconstruct ableism and to recognize and respect the value of the disabled identity, a politics of recognition is required.

Keywords: ableism; body politics; embodiment; identity; impaired bodies; recognition

Points of interest

- Empirical research on ableism and disabled embodiment is relatively scarce in disability studies. The aim of this paper is to begin to plug the gap.
- This paper links the theory of ableism and embodiment in order to shed light on contemporary forms of disability experience in everyday life.
- It explores issues of physical capital, identity and resistance by drawing on disabled peoples narratives about being disabled in an ableist world.
- This paper highlights the ways in which disabled people seek recognition through resistance in their everyday encounters with non-disabled people.

Introduction

'What counts as a legitimate body' (Shilling 1993, 145) is a question that has been at the core of disability discourse. Disabled people have struggled with a corporeal identity that is predominately defined by a medical model that reduces it to

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abnormality (Zitzelsberger 2005), stressing the need for correction or normalization (Edwards and Imrie 2003). The medical gaze plays a crucial role in invalidating bodies that do not conform to the norm. Impaired bodies are regarded as abnormal, deviant, inferior and even sub-human (Campbell 2008). Furthermore, the prominence of bio-medical ideas in the public discourse on disability 'monopolizes not only physical capital but also political, symbolic and social capital, loosely corresponding to and operationalised on different social fields' (Gottfried 1998, 459). Subjects are produced and placed 'within a hierarchy of bodily traits that determines the distribution of privilege, status, and power' (Garland Thomson 1997, 6). As Braidotti (1996, 136, cited in Meekosha 1998) states, some bodies 'matter more than others: some are, quite frankly, disposable'. Disabled bodies epitomize the latter.

The social model of disability makes a clear distinction between impairment and disability. It rejects medical categories focusing on the elimination of prejudice and discrimination and defends self-determination, social integration and the civil rights of disabled people. The body is the site of physical disability (Stoer, Magalhães, and Rodrigues 2005), but a number of academics have argued that the social model of disability has excluded it from disability discourse (Morris 1991; Hughes 2000; Patterson and Hughes 2000). In fact, the social model considers 'the impaired body untouched, unchallenged: a taken-for-granted fixed corporeality' (Meekosha 1998, 175) and '… within disability studies the term "body" tends to be used without much sense of bodiliness as if the body were little more than flesh and bones' (Paterson and Hughes 1999, 600).

However, debate about the body and impairment is re-emerging within the disability movement (for example, Shakespeare 1992; French 1993). The movement has been recovering this lost corporeal space, and as Hughes and Paterson (2006, 101) emphasize: 'disability is experienced in, on and through the body, just as impairment is experienced in terms of the personal and cultural narratives that help to constitute its meaning'.

To bring 'bodies back in' (Zola 1991, 1) or to recognize how corporeal practices 'produce and give a body its place in everyday life' (Turner 2001, 259) are questions fundamental to the disability project. In order to validate the impaired body within disability studies, Campbell (2001, 44) has defined ableism as: 'a network of beliefs, processes and practices that produces a particular kind of self and body (the corporeal standard) that is projected as the perfect, species-typical and therefore essential and fully human'. Ableism imposes a corporeal standard, the falling away from which represents the pathway to disability (Campbell 2009), which for disabled people produces two consequences: the distancing of disabled people from each other and the emulation by disabled people of ableist norms (Campbell 2008).

The body politics of Critical Disability Studies that ableism envisages offers valuable ways to theorize disability and challenge disability oppression (for example, Corker 1999; Hughes 1999). Furthermore, the politics of difference can be an important lens for destabilizing ableism because it legitimates not sameness but human variation (Jones 2006). As Taylor (1994, 51) says, the politics of difference is about recognizing 'the equal value of different ways of being', and moving to a tradition concerned with rights to secure positive recognition, albeit symbolically, for minority identities (Galeotti 2002). The social struggle of disabled people understood as a struggle for 'recognition' (Honneth 1995a, 1995b) embodies the deconstruction of ableism and the celebration of difference.

This paper intends to understand how ableism has been imposed, incorporated, negotiated and resisted by disabled people and how embodiment is related to identity in an able-bodied (or ableist) culture.

Methods

The study was conducted in Portugal. We note that, in recent years, there have been some changes in social attitudes to disability in Portugal. Nevertheless, most disabled people live in a social context in which a paradigm of personal tragedy dominates social relations between disabled and non-disabled persons, disempowering the former. Furthermore, a remediation model of disability dominates the forms of welfare provision that are extended to disabled people (Loja, Costa, and Menezes 2011).

Participants included four men and three women who were selected using a 'purposive sample' (Portney and Watkins 1993), with criteria that included: visibility of impairment, sex, socioeconomic status, origin of impairment (acquired or congenital), causes of acquired impairment (accident, war), and length of disability (in the case of acquired disability). Two key informants from the disabled community (one disabled person and a non-disabled ally) helped in the selection and recruitment of participants. All of the participant's names are fictitious and some of their life-facts were changed in order to preserve their anonymity.

Mary is 36 years old, married and a mother of one child. She has a university degree and works. She has been paraplegic since she was 21 years old, the result of a traffic accident. She uses a manual wheelchair. Helen is 39 years old, single and works. She has had a progressive neuromuscular condition since she was a baby and she started to use a manual wheelchair, permanently, four years ago. Helen, a Paralympics medalist for more than a decade, has been a top-level athlete. Kate is 19 years old and she is a university student. She has cerebral palsy and uses a powerchair. John is 43 years old, single and works. He has had quadriplegia since he was 20 years old; it was the result of a traffic accident. He uses a manual wheelchair and is committed to sports. David is 22 years old. He dropped out of university after a traffic accident three years ago that caused quadriplegia. He uses a manual wheelchair. Bob is married, 65 years old and has two children. He is now retired from a job that he had prior to a leg amputation, which was the outcome of an injury during the Portuguese colonial war in Africa at the beginning of the 1970s. He has been an activist since after the end of the war and the democratic revolution of 1974. He uses prosthetics and crutches. Finally, Peter is 20 years old, single and a university student. He has been a Paralympian for some years. He has cerebral palsy and uses a powerchair.

Exploratory (semi-structured) interviews were conducted in order to ascertain participants' views on the psychosocial experience of disability, experience(s) of disabled embodiment, identity and its relation to embodiment, the politics of disability and empowerment and social change.

As a part of a PhD project, this research has followed the ethical procedures demanded by the Portuguese Foundation of Science and Technology and the Faculty of Psychology and Education of Universidade do Porto. All participants were given and completed an informed consent form.

The interviews took place during May–September 2010 and varied in duration between 31 minutes and two hours and 20 minutes. A content analysis of the

verbatim transcripts of the audiotaped interviews was conducted. We categorized the data using codification (Glaser 1978) with semantic criteria (Bardin 1977). The themes that emerged included: ableism and disabled embodiment; disabled identity; disabled life-stories; and the impact of social change on disability. This paper develops only the first two themes.

The interviewer is the first author; a wheelchair user with a sudden, acquired physical impairment dating from early adulthood. The research plan and interview processes were influenced by the interviewer's experiences of impairment, disabled embodiment and ableism as well as by her commitment to disability politics.

The non-disabled gaze

Impairment structures intercorporeal encounters (Hughes and Paterson 2006). In the shared space of 'intercorporeality' (Merleau-Ponty 1962), the privileged non-disabled gaze marks out the contours of ableism.

The non-disabled gaze invalidates impaired bodies. Its mode of perception is derived from the carnal point of view of non-disablement, recognizing 'truth' and 'perfection' only in normality (Hughes 1999). The gaze is invested with affects that shape the intercorporeal relations between disabled and non-disabled people.

Disabled respondents in this study noted that the non-disabled gaze included pity, curiosity as well as 'heroic' and positive views. Pity shapes intercorporeal emotions in abled-disabled encounters. It arises from what Oliver (1990) calls 'personal tragedy theory' and is institutionalized in the charitable disposition that constitutes disabled people as 'objects' of benefaction. One respondent described the demeaning power of pity.

> I was shopping and a lady approached me and gave me a coin and said 'Take it. It's the only money I have' and I looked to her and replied 'Lady, excuse me but I am not begging. Do I look like I am starving?' She just stood there and I gave her the coin back and went away. I felt so outraged! […] And I thought that it was a humiliation. It was like diminishing me to the bottom. Ok, she could have good intentions. But still, it's not because I am in a wheelchair that I am begging. I was really shocked with that situation; I didn't have time to react besides saying that. She was an elderly lady and it made me controlled a bit. (Kate)

Impairment is a part of the domain of history, culture and meaning (Hughes and Paterson 2006). The charitable disposition is part of the historical legacy of disability, and Kate's words remind us of how disabled people were treated in the past when begging was one of the only means of survival (Stiker 1997). Kate tells a story of oppression in everyday life of the demeaning consequences of unconscious assumptions and reactions of well-meaning people in ordinary interactions (Young 1990). The charitable inclination turns Kate into public property, and she is expected to have a public persona that is not always welcome or positive (Read 2000).

In the non-disabled imaginary, pity may be aligned with the attribution to disabled people of the quality of heroism. Paralympians may find themselves in this 'dual position', feted for their athletic achievements that, however commendable, are recognized largely because of their impairments. Disability is the master identity that transcends other identities (Shakespeare 1996), transforming achievements into something realized in spite of impairment. The gaze is double-edged:

> […] I am proud of the medals I won. It's a merit. And then the 'poor cripple' is substituted by 'There's the champion!'. But still there are those people who say 'Poor cripple, he can do so many things'. It still happens. So there's a mix of attitudes. (Peter)

The non-disabled gaze or ableist point of view is also driven by curiosity, perceived as a 'right' to intrude, inquire, appropriate impairment as a public spectacle. To stare is to 'enfreak' (Garland-Thomson 1997) and to assert power over. 'Curiosity' is an invasion of personal space and may manifest itself in direct personal questions, unthinkable in 'normal' discourse. Yet disabled people can and do tolerate these ableist interjections.

> Imagine what it is like that someone is staring at you, to the point of bothering you, and then you greet the person, and the person crosses the street and approaches you. This is spectacular [laughing]! This happened to me in the country. And then the person asks you: 'what happened to you? Whose son are you?' I have to say that I don't see meanness in that, it's curiosity in its pure sense. (John)

Change in social attitudes towards disability in Portugal (see Loja, Costa, and Menezes 2011) manifests itself in more positive forms of intersubjectivity. The emergence of a gaze that embodies recognition is related to contemporary practices of equality and to enhanced sensitivity to accessibility issues:

> Discrimination? No, to be honest, I don't feel it. Before there was a kind of bitterness when I asked for example if a place was accessible, and the other person would reply to me: 'no, we don't have that'. A bitter answer, you see? Today, there's a difference, if the place isn't accessible, they answer 'sorry, but we don't have access'. There's a difference. (Bob)

The non-disabled gaze for disabled people is an experience of power relations playing out on the surface of the body (Hughes 1999). The gaze is the medium through which ableism invalidates the impaired body and at the same time sustains its own authenticity.

Ableism and (physical) capital

Tyrannies of perfection (Glassner 1992) and normalcy (Davis 1995) are particularly relevant to a politics of disablement (Hughes and Paterson 2006). Hahn (1985b) suggests that discrimination results from perceptions of disability that are impregnated with assumptions that equate impairment with biological inferiority. This suggests that disabled people do not 'belong' and do not deserve the same treatment as able-bodied people (Morris 1991). Disabled people's bodily signals expose something unusual, imperfect and negative about their moral status. The stigma of bodily difference is interpreted as a moral deficit (Goffman 1963).

Ableist thoughts and practices undermine the physical capital of disabled people; it is annihilated by architectural and attitudinal barriers. Bourdieu (1990) argues that the body is a form of physical capital, a site of power and status that can accumulate various resources and convert them into economic, cultural, emotional or social capital. Disabled people, however, struggle to recognize themselves in this articulation of the values and uses of the body:

Sometimes the physical barriers make you feel vulnerable. There were times that I went to my parent's home and my mother was not there yet. So I had to stay inside my car because I can't get out without help. And then I felt: 'Here I am, at the door of the house, there are two steps and I can't get over it'. I had to stay there. […] (Mary)

Besides the impact of architectural barriers on physical capital, such barriers also undermine comfort in social space. Inaccessible public spaces curtail social relationships, and therefore the possibility of converting physical capital into social capital is significantly constrained:

When I go to parties that are accessible, there's no problem, but baptisms, weddings or communions … in those social events I feel as an obstacle. I kept thinking that the others were thinking 'if this guy wasn't here, it would be much easier'. E: But did you feel that in the past or now? e: Now I might have one situation or other, but it's rare. I felt more in the past because … Well, to be honest I avoid going to baptisms. (Peter)

The pervasiveness of physical barriers not only constrains social relationships but also work performance, undermining the professional competence and the economic capital of disabled people:

One time I went to a trial and I didn't have access to the lawyer balcony. I had to stay next to the formal suspect. The judge kept looking at the lawyer balcony to look at me and then he remembered I wasn't there, but I was next to the suspect. And I didn't even have a desk to put my papers on so I had to put it on my lap. So, I felt … I didn't feel discriminated but those difficulties end up interfering with our credibility in our work. People look at us with those difficulties and our performance is put aside. And that does create difficulties in our lives. (Mary)

Mary raised the issue of the struggle for 'credibility' and how the ableist organization of everyday public affairs weakens her physical, social and economic standing, spoiling her performance and her identity. The lawyer is continually converted into the cripple and capital accumulation is thwarted. And there is a psycho-emotional price to pay (Thomas 1999; Reeve 2006):

E: So even with the movement that you have, you still feel inhibited when you are around people? e: Sometimes. I never felt like that with disabled people. But with non-disabled I end up feeling a bit … E: And why does it happen? e: I don't know, maybe there are things that I didn't get over. It depends if I trust in those who are with me. If they are people from my day-to-day life, I don't feel it. But if I am going out to dinner and I am with people that I never met, then I would feel a bit lost but then I can put myself together. (Helen)

The difficulties in accumulating capital and sustaining credibility, which respondents refer to above, impact negatively on disabled people's desire to venture into public space. It is not just architectural barriers that are a form of confinement, but recognition of the inhospitality of public space.

In public, disabled people are regarded as 'unable', not able to be 'active doers'. In the ableist or non-disabled imaginary, disabled people are a dilemma of negotiation, reorganizing and reconfiguring social relations (Papadimitriou 2008). As a

consequence, disabled people are often uncomfortable in public spaces. They occupy an unexpected place in the field (Blackmore 2007):

> I avoid going to public places. E: May I ask why? e: Maybe I haven't adjusted well yet. I am better now because until now I've been running from those places because of the gazes. […] E: If there weren't the gazes, would it be easier for you to go out? e: Yes, if we were simply ignored and only seen as normal people. I would go out much more. (David)

For disabled women, public space maybe be doubly inhibiting because they must also deal with the masculine gaze as well as the ideals of beauty (for example, Thompson and Stice 2001) that construct aesthetics hierarchies in which disabled people are dis-figured:

> In my first years after the accident, I didn't go out. I mean I didn't go out during the day. I only went out at night. During the daytime, people looked a lot at me; especially the elderly people and that bothered me a lot. They said that phrase: 'Oh, it's a pity because you're so pretty'. So if I was ugly, that wouldn't be a problem! (Mary)

Feminine body-beauty ideals not only create distance between disabled and non-disabled women, but may also drive a wedge between disabled people – which may be explained by fear of being discredited through association (Titchkosky 2006):

> Even though I met many people who are in the same condition as I am, at the hospitals that I went through, I don't have any friend who is in a wheelchair. And maybe that's because I don't want to see my image reflected in front of me constantly. (Mary)

The invalidation of impaired bodies and the constant struggle to establish 'credibility' has a profound effect on intimate relationships, undermining how disabled people feel about their attractiveness and desirability and their possibilities for intimate partnerships. Fear of rejection is not unusual:

> I've been through some difficult situations [with boyfriends]. And in those cases, it's a fear situation. Fear of not being accepted, that the other person won't like you for what you are. […] (Helen)

> When I meet someone [in international tournaments] who have many more physical limitations than me but still have a family and even children, I feel stupid in a good sense because I think 'he can't do half of what I can and he has a family'. E: And why do you think it happens outside the country but not here? e: I don't know. Here mentalities are still very weak. People are afraid. (Peter)

> E: Why didn't you want to marry in the past? e: Well it had to do with my past and with the wheelchair. Does anyone want to be with a cripple? I say cripple now but I would even call me worse names. I devalued myself. (Peter)

The capital required to establish credibility as a lover or parent requires the kind of physical 'authenticity' denied to disabled people by ableist norms and practices, assumptions about the kind of 'clean and proper' body (Kristeva 1982) that is a pre-requisite for friendship, parenting and love and even everyday forms of social interaction.

Ableism invalidates the physical capital of disabled people in a complex and multifaceted way, including the construction of architectural barriers and the lack of tolerance of bodily difference. It also constrains opportunities for capital accumulation in the social and economic fields and is gendered in its forms of invalidation. But the non-disabled gaze is contested and refused. The humiliating, ableist eye of power (Hughes 1999) can be, and is, resisted.

Ableism: negotiation and resistance

Beyond the production of embodied selves by discursive processes, individuals are agents productive in conforming to, reiterating and contesting normative standards of 'acceptable' bodies (Csordas 1994; Sullivan 2001). The body is embroiled in social processes and consequently can be a 'site of economic, political, sexual and intellectual contestation' (Grosz 1994, 19). In this section of this paper, the focus is on how ableist constructions of impairment can be negotiated and resisted; how participants are able to confront physical and attitudinal barriers, standard body image and prescribed notions of romantic (un)attractiveness. Structure and agency, the economic, the cultural and the intimate gel together in patterns of negotiation and resistance (Thomas 1999). And that there is always a need to resist (Thomas 1999).

In a physical world replete with architectural barriers to wheelchair users and people with mobility impairments, one of the participants reveals his way of coping:

> I've always tried to adjust myself. I've never fought against physical barriers. I have always taken the curve on this issue. That's my way of being. But I always do what I want but in another way. […] And I am focused on that: this is the goal and I have to accomplish it. Of course I am aware that the entire environment should be more prepared and thought for disabled people. That's obvious! (John)

Attitudinal barriers invested in the ableist imaginary manifest in pity and tragedy, particularly in Portugal's Catholic-dominated community, may descend into verbal and physical harassment. One participant fights back with verbal attacks:

> There are people who start hugging me with a crucifix. E: But those people know you? e: No, no, they don't know me. They are people who see me in the street and hug me with a crucifix and start crying and this really bothers me, I mean, it's such a belittlement! 'Oh poor girl …' So I am rude to them and if I could I would stand up and get out of my wheelchair …! (Kate)

Helen copes with the tyrannies of perfection (Glassner 1992) and normalcy (Davis 1995) by celebrating her difference. She isolates the significant attributes that constitute her difference and 'wears' them in a way that suits her. She has a nuanced attitude incorporating ambivalence towards her body (Shakespeare 1996), and lives her identity as she sees it:

> Today if I have to wear a skirt or shorts, I do it without any problem. If someone is looking or doesn't like it, I don't care. I am like this and people have to like me as I am. I see things differently now because I know I can't change. A fat person, for example, might lose weight by doing diet and exercise. That person can do something if he/she has the strength to do it. But I, as stronger as I might be, I can never change and that's the difference. So we just have to accept who we are. (Helen)

The ambition to exercise the right to have a romantic partner and to develop the inner confidence that was built on past romantic relationships were strategies developed by two participants. They reject social judgments regarding their capacity to love and have replaced them with an internally based body image (Shakespeare, Gillespie-Sells, and Davies 1996) that is positive and competent:

> I know that at this moment I can have a life like anyone else. I want someone with me. And I am not ashamed of that, if that person loves me and I love her back. (Peter)

> When I say I don't care about what people think it has to do with my inner confidence. I've already had someone loving me. So if that has already happened, it can happen again. And if the other person doesn't like me, it's because we are incompatible and that's fine. (John)

Disabled people in contemporary society resist the accumulated history of disability oppression and ableism. They confront physical and attitudinal barriers and stereotypes about their capacity for intimacy and configure themselves in ways that challenge centuries of oppression, refusing to internalize ableism, demanding recognition for who they are and what they want to become. The evidence suggests that many people are prepared to challenge ableism by adopting disability as a positive identity.

Ableism and disabled identity

The evidence suggests that disability has been stigmatized as a negative identity (Goffman 1963). The concept of normality, embedded in the medical model, has been at the core of the othering process that has shaped the understanding of disability as a physical, moral, emotional, mental and spiritual deficit. As Tregaskis (2004, 93) claims: 'perhaps 'identity' is most important when you belong to a minority whose selfhood is constantly challenged by the presence and actions of a majority'.

Identity is fundamentally embodied for disabled people (Huang and Brittain 2006). As Shain (2002 cited in Campbell 2008, 159) states: 'my impairment CANNOT be separated from who I am. I cannot overcome my own body'. Yet the story is more complex.

Bodily differences have different implications for the construction of a disabled identity. For some participants, it seems that the focus is, self-consciously, on the body itself and the significant impact of ableism, particularly in the context of uncontrollable body movements:

> I don't know if I'd eliminated the part of my body that doesn't help me, if I would be more human … E: More human? In opposition to what, so I can understand? e: For example, if I am in a line, I am always holding my arm, otherwise I would hit someone. If my arm would disappear, I could be like this (not holding the arm). And maybe my impairment is more noticed because my hand is always folded. So, if my arm would disappear, Ok, I would miss an arm but how can I explain? People would know someone more controlled. I don't say that I am uncontrolled but without a defect, even though I would have a defect because I would miss an arm. (Peter)

Another respondent noted the considerable influence of the wheelchair, as symbol and prosthesis, on her sense of identity:

E: Do you think your impairment is in your identity? e: Yes, it is. I think that even though some people say 'I even forget you are in a wheelchair', I think the wheelchair is always present. E: But in the others or in you? e: In me, in me and in the others. It's always, always, always there. Sometimes I say that there are people who have more limitations than me but you can't see it. But mine, there's no way to escape from it. E: It is too visible? e: There's no way to escape from it. (Mary)

Within a culture that maintains perfectionist ideals of bodily beauty, gender and impairment intersect to complexify identity. In this context it can be difficult to acquire positive self-identity since the ideals of the ableist body appear to be so distant (Guthrie 1999):

E: What's the influence of your body on the person that you are? e: I think it has to do with the feminine vanity. I miss that part … The heels and the dresses … [laughing]. Of the power, of having more freedom of choice. Imagine, I am going out with a group of girlfriends and they are all dressed up, with their heels and dresses and of course I feel different there. I wished I could be different. Not as much as in the past when I really got upset. (Mary)

Two participants with acquired impairments make a comparison between 'before and after'. They conclude that their self-characteristics can be separated from their impairments. The respondent with the more recent impairment attests to changes in his perspective on accessibility and on the penetrating nature of the non-disabled gaze but contends that his inner self has been uninterrupted by the changes to his body:

[…] we learn to see life in a different way due to our limitations that we didn't have before. For example, giving value to accessibility or being on the other side of the 'poor guy' look or the curiosity 'what's wrong with him?'. Now I understand that side and also the side where I am now and that might change our personality a bit. E: So it has changed in our values but as a person, did it change you? e: No, my inner self is basically the same. Only those values became more relevant. (David)

John who has an acquired impairment that has been part of his life for a long time, is comfortable in distinguishing between impairment and self-identity, emphasizing the continuity of the latter:

I think my characteristic would be the same. [Pause] Ok, I wouldn't have to fight so much. But my fighting is in a good way. […] But there's a huge difference between now and before the accident. But in my inner self, I don't know if it influenced me because, by the end, it's just a physical change. We, as we are inside, everything are the same. If the physique contributes to change … I don't think so. (John)

For those with acquired impairments a stable sense of self-identity has been sustained. Yet this may indicate an understandable reluctance to focus on that aspect of their identity which is most negatively stigmatized (Hahn 1985b). It could also, however, represent a strategy of resistance to ableist invalidation (Hahn 1985a). Maintaining an identity of equal value and worth 'before and after' the acquisition of impairment can be read as an egalitarian gesture.

For Bob, who is a disability activist, it seems that 'communal attachment', identification with the 'disabled minority' (Hahn 1994), has a strong influence on his identity. Bob takes the view that, whatever his body can or cannot do, he is the

equal of anyone. He links his citizen identity to his long experience of activism. Indeed, the evidence suggests that positive self-identification is more likely to be asserted in a collective context (Shakespeare 1996):

> There was a short time that I fell out of bed because I forgot that I didn't have my legs. Then the awareness came up and sometimes I feel my feet hurting, but that's rare. But that says nothing to me, it's normal. […] This is my feeling: I don't feel less than anyone, I feel perfectly equal to anyone. (Bob)

The results make it clear that identity is an embodied construction and is influenced by subjective bodily experience as well as social and intercorporeal encounters. In addition, gender, nature, severity of impairment and ideological perspective are among a host of factors that shape and modify identity. Ableism may dominate the social and cultural landscape but it is not the well-spring of disabled identity. Disabled people contest ableism by struggling for recognition in terms that they themselves set and seek to control, responding actively to their individual and collective experiences and their multiple identities (Tregaskis 2004). As Jones (2006, 29) claims: 'the imperative for recognition is grounded not in the value that that identity has for those who do not share it, but in the value it has for those whose identity it is'.

Conclusions

Ableism is a concept that is useful in explaining disabled people's experience of oppression and constructions of disabled identity because it focuses on the contours of the non-disabled perspective. The non-disabled gaze invalidates impaired bodies undermining the physical capital of disabled people, which in turn compromises their opportunities to convert it into economic, cultural, social and emotional capital.

However, the stories of disabled people are marked by strategies of resistance that embody individual and collective struggles for recognition. The everyday challenge to ableism is a carnal style 'of being in the world that embodies resistance' (Hughes and Paterson 2006) to the multiple tyrannies that constitute the ableist imaginary. In order to deconstruct the exclusionary and demeaning aspects of ableism and respect the value of disabled identity, an embodied politics of recognition is required.

Affirming the diversity of bodies as a plus in a pluralist and inclusive society is the task of this kind of politics. In the current economic climate, the politics of redistribution must be central to disability strategy – but there is no doubt that the struggle for recognition (which is the struggle against ableism) is important in keeping on the agenda disabled people's demands for respect and esteem.

The participants in this study were relatively privileged disabled people with capital resources who had opportunities to participate in non-disabled social settings such as mainstream schools. Less privileged disabled people, who have experienced more exclusion and segregation, are more readily habituated to the dominant practices of ableism (Blackmore 2007). Opportunities, therefore, for the majority of disabled people in Portugal to acquire cultural, social and economic capital are severely constrained by the limited fields in which they have the chance to operate.

Further empirical research needs to explore the impact of ableism and capital accumulation as they impact variably across class, structuring disabled lives differently and influencing the types of agency and resistance that emerge out of the struggle against the non-disabled imaginary.

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