Potential Maximization: Toward a
Micro-Sociological Approach
in Disability Studies
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Abstract

This article includes sociological concepts of post
modernity, stigma, victimization, self-actualization,
and, finally, suggestions toward future research. To
begin with there will be a brief macro-sociological
analysis followed by micro-sociological concepts I
think are relevant to disabilities. The major theorists
are sociologist Anthony Giddens and psychologist
Abraham Maslow. This paper attempts to link the
aforementioned theories along with the writings of
political activists of the Disability Rights Movement.
These activists include Tom Shakespeare, Michael
Oliver, Colin Barnes and Lerita Coleman.

I did not want to write a book on my disability, but it was
the best thing I ever did. *Seen But Not Heard* is the title of my
yet-to-be published manuscript. The idea to write an
autobiographical book about my own and others deafness came after
a passionate argument with a staff member of the local newspaper.
She had not paid me for twenty articles I had written on various
local topics. I asked if my deafness prohibited me from working
full time as a journalist since I had the university
qualifications and work experience. She replied, indirectly, that
it did. My best chance of becoming a paid writer, she said, was
to publish a book about hearing impairment. Whichever way she
meant it, that was good advice.
    The exercise took two years. While writing for the general
public much of my ideas stemmed from my sociology education at
university. In the process, I found myself unwittingly assisted
by the theories of sociologists Anthony Giddens and Ervin Goffman
as well as humanist psychologist Abraham Maslow. In particular, I
had to work through the idea of the self in relation to the
sociological concepts of post modernity, stigma, victimization
and, finally, self-actualization. This paper attempts to link the

aforementioned theories along to the writings of political
activists of the Disability Rights Movement. There will be a
brief macro sociological analysis followed by micro sociological
concepts I think are relevant to disabilities.

Traditional and Post Traditional Concepts
in Relation to Disability

   Central to Giddens' philosophy of modernity are the concepts
of traditional and post traditional. These general themes can
lead to a distortion of the nature and theories of societies
before modernity.[1] Traditional communities are mechanical
solidarities that function best with the allocation and interplay
of roles. Traditional modes of thought have been and continue to
be oppressive. There is a tendency to denounce, or even
eradicate, individual autonomy. Pressure toward conformity is
another inherent trait. (Giddens, 1996: 126) The human soul is
deemed too complex to master. Things that occurred in an
individual's life is due to 'fate' or destiny and a person cannot
determine who they are, influence or make things 'happen.' With
arbitrary and authoritarian tendencies, traditional constraints
often rely on blind belief and loyalty or faith for faith's sake.
Largely, a person's powers of critical thinking are rendered
ineffective since they are lead to believe that their fate is
beyond control or determined by an unseen force. It is no
coincidence that people who question the prevailing ideals are a
threat or deviant.
   Tom Shakespeare (1997: 34) postulates that traditional
approaches towards disabilities, of which 'The Personal Tragedy
Theory' is very much part of, are increasingly becoming redundant
- "the mobilization of disabled people on a grand scale has seen
to that." Mobilization is a key component in the macro
sociological phenomenon Giddens calls 'detraditionalization.'
Detraditionalization entails that tradition, or traditional
constraints of behavior, have become exposed to interrogation and
discourse. A post traditional social order is not one where
tradition disappears, but one in which tradition changes status.
(Giddens, 1996: 5)
   Detraditionalization has been largely created by
globalization which is not exclusively an economic phenomenon.
Societies enduring the pressures of detraditionalization are
societies where there has been a large-scale intensification of
reflexivity.[2] The emergence of mass transportation and
instantaneous global communication has been largely responsible
for this. (Giddens, 1996: 4) Globalization has ignited pervasive
processes of detraditionalization in everyday social activity.
There has been an evident acceleration of reflexivity of lay
populations. This growth appears likely to continue and is the
common denominator in a diversity of changes that may otherwise
have no shared theme. (Giddens, 1996: 7, 42)
   Consequently, a world of intensified reflexivity is one
where people are literally demanding more autonomy than

previously, thus, the emergence of what Giddens (1996: 7) believes is "a world of clever people." Feminism is an example. Traditional societies restricted women's autonomy. Feminism, together with the improved education of women, brought about an altered consciousness or a detraditionalization of traditional concepts of femininity. Particularly in western countries, women have asserted and continue to prove as individuals and a gender that they are not content with identities imposed, inherited or derive from a traditional status. By challenging a second rate inferior gender role, Feminism produced a profound change in women's views about their actual and possible roles. In effect, what it means to be a woman has changed status. Increasingly, women are more in control of their social destiny or 'fate.' (Giddens, 1996: 82) This concerns a life politics that is not so much "of life chances, but of lifestyle." (Giddens, 1996: 14)

In a post traditional order, self-identity has become a psychological rather than a social construction simply inherited or predetermined by status. Identity concerns generative politics where the self, and increasingly the body also, operate as a reflexive project. To determine the health of one's lifestyle, a "person's identity has in large part to be discovered, constructed and actively sustained." (Giddens, 1996: 82) This implies that people have control over their destiny and presumes a close tie between individual autonomy and productivity.

"Rarely," wrote Fiona Campbell (2001: 1), "is the matter of ontology considered a paramount concern in unpacking the ways in which a 'disabled person' is produced." In large, this part may be due to Michael Oliver's 'Personal Tragedy Theory' that suggests that disability cannot be thought of as anything but an anathema, a terrible chance event that occurs to unfortunate individuals. (Campbell, 2001: 1; Oliver, 1996: 32) This is not only relevant to the medical industry, but in the media and everyday life.

The theory also implies that a person with a disability is in an irreparable or 'static' state, either physically or emotionally. (Barnes & Oliver, 1993: 8) Somehow, they become less human and certainly not autonomous. This stigma is inaccurate. (Oliver, 1990) Zola (1982) proposed that this has created artificial constructs and barriers for people with disabilities. It also assists the cultural hegemony of ableist thought in many forms and wastes "valuable resources on a grand scale." (Barnes & Oliver, 1993: 8) Furthermore, Campbell (2001: 2) states, that disability "is assumed to be ontologically intolerable," yet another instance of 'The Personal Tragedy Theory' whereby the experiences of the disabled are ignored and expelled to Michel Foucault's concept of 'unthought.'[3]

Increasingly, as Shakespeare suggested, people with disabilities are questioning traditional modes of disability. Lerita Coleman (1997: 221) explains:

Traditional approaches to sociocognitive processing ... do not offer ideas about how people can perceptually

move beyond the stereotype, the typification, or stigma
to perceive an individual. ... People are treated
categorically rather than individually, and in the
process are devalued.

Coleman's notion of sociocognitive processing is something I
will shortly link with Giddens and Maslow. Meanwhile, Coleman has
insinuated that traditional perceptions of disability remain
strong in the medical industry, media, workforce and general
everyday activities. These prevailing ideologies have been
commonly associated with ableist thought and are yet to be
reflexively challenged or detraditionalized on a large scale.

The Role of Victimization and Stigma

Although committed to political activism, I share Michael
Oliver's reluctance to use the judicatory system as a political
weapon. The approach can be too dogmatic and can have adverse
effects on addressing social inequalities by means of legally
enforceable rights. (Bickenbach, 1997: 105; Oliver, 1990: 105-
106, 121-22) The macro sociological approach of appealing to one
of the many social establishments that oppress people with
disabilities can be counterproductive. Political activism, wrote
Shakespeare (1997: 31), "is a very powerful rhetoric device for
demanding social change," because "it identifies society as the
main problem for disabled people, but it says little about the
experiences of disabled people." The consequences for the
disabled are that they remain exiled as a 'ghettoised' social
minority who are "considered as a separate political and social
constituency." (Shakespeare, 1997: 31) In addition, the
experiences of people with disabilities have been put to little
use. Shakespeare (1997: 34) warns, "political activism has not
contributed to comparable intellectual advance. Disability is
still under theorized and the activists have been slow to apply
the insights of other movements to the experience of disabled
people." I interpret this as a demand for a micro-sociological
analysis in Disability Studies.
The problem for people with disabilities attempting to
maximize their potential is partly identified by Paulo Freire's
(1993: 12) description of a 'culture of silence' that perpetuates
the oppression of disadvantaged minority groups including people
with disabilities. The oppressive and alienating consciousness
exhausts the critical powers and vivacity necessary for a person
to respond to their circumstances. The social outcast, as it
were, remains fixed in this bind since they lack the vital
resources, motivation and vocabulary to expose and articulate
their oppression. Jennifer Fitzgerald (1997: 267) elaborates
further:

While this 'culture of silence' amongst the oppressed
means that the oppressed cannot speak about their
oppression, there is a different 'culture of silence',

which exists amongst the oppressors which ensures that
they will not speak about the vulnerability and
marginalisation of significant groups of people within
the community.

In terms of disabilities, stigmatization is evident in this
concept of ableist cultural hegemony. Refusing to acknowledge or
understand the experiences of stigmatization is a form of passive
aggression. Social rejection or avoidance is not only a form of
'social death,' but also an execution of containment or social
control. (Coleman, 1997; Edgerton, 1967; Goffman, 1963; Schur,
1983; Scott, 1969) This also says much about expectations of the
non-stigmatized regarding the stigmatized. In terms of lifestyle,
they are not expected to develop emotionally, to have ambitions
or be successful, and are presumed to have reduced if any life
chances. As a result, some stigmatized people can "become
dependent, passive, helpless, and childlike because that is what
is expected of them." (Coleman, 1997: 224) From this emerges the
social phenomenon of victimization.
On a personal level, this maybe explained by the notion that
a detraditionalizing society also "tends to stimulate addictions
- addiction being understood as a driving emotional or
motivational force which is un-mastered by the individual."
(Giddens, 1996: 175) Victimization has perplexed feminists,
minority groups and individuals who come up against
stigmatization most sharply. In addition, I believe a solid
understanding of victimization is something that is critical for
disability political activists. It could mean the difference
between being a ghettoized minority or a dynamic and progressive
social movement.
Victimization is a bind, an unhealthy dependence and an
addiction of a kind. In many ways it is a refusal to take on
personal risks and often assumes that someone else will take care
of the problem(s). Unwittingly or not, victimization assumes an
endless variety of neurotic role-takings. The experience implies
resignation to 'fate' and that nothing can be done to rectify the
low quality of life. Fuelled by self-pity, the common denominator
appears that to preserve pseudo or dysfunctional identities
social victims must have others to play reciprocal roles. The
desperate game requires securing a supporting response in order
to maintain character defenses. The serious flaw of the person
who plays the role of victim is that they remain a stranger to a
stranger. They bypass (or mistake) genuine interaction or
feelings for ready-made responses. Kopp (1971: 117) said this can
be "accomplished through threat, flattery or pathetic appeal."
This may cause a vicious cycle of desperation and other socially
undesirable behaviors.
Various character defenses of social victims are part of
her/his escaping genuine interaction with others. They avoid
avenues offering new experiences. By protecting themselves from
risks they can never really develop emotionally. In forfeiting
risks essential to self-actualization, the social victim cannot

lose, nor can they win. Instead, they may 'sit out' and remain at an infantile level of dealing with the world.

'Winning' from the passive position is unproductive. It has the capacity to generate mistrust and widespread disillusionment. By forgoing autonomy of action, victimization can be viewed as refusing to counteract stigma. Victimization is exploiting a situation whereby the passive aggressor seeks to exculpate themselves from any responsibility for their actions. Seeking refuge in a victim status threatens to propel people with disabilities backwards both as a individual and as a minority group. Coleman (1997: 225, 228) believes this is largely due to personal choice. One barrier to self-actualization for stigmatized people has been that they sometimes "blame their difficulties on the stigmatized trait, rather than confronting the root of their personal difficulties." In other words, we can choose to accept our stigma and its inhibiting consequences or take on the responsibility to counter it. The later approach is preferable for stigmatized people or groups.

There is potential for changing and re-shaping social responses to disability in a positive way. Otherwise, our devalued social position is not likely to change. The denial of agency and the refusal of autonomy of action can reinforce traditional perceptions of the disabled as infantile, dependant and essentially incapable of making life choices. The cultural phenomenon of victimization is inherently fundamentalist, since fundamentalisms are "nothing other than tradition defended in the traditional way." (Giddens, 1996: 48) In the case of disabilities, it is remaining as the traditional stereotype prescribes whether as a political group or as an individual person.

Another issue for stigmatized people is normalization. By trying to 'pass' as 'normal' they may attempt to disguise their difference in order to blend in with non-stigmatized people. (Coleman, 1997; Davis, 1964; Goffman, 1963) Normality takes on an exaggerated importance until the stigmatized person realizes "that there is no precise definition of normality except what they would be without their stigma." (Coleman, 1997: 225) Most, disabled or not, never reach this point of self-actualization.

The Importance of Dignity of Risk in Potential Maximization

The term 'potential maximization' can easily be confused with 'overcoming disability' or the 'attempt to be normal' - two ideals that can be equated with traditional modes of thought still prevalent toward disability in western societies. 'Triumph over adversity' might be closer to the truth. However, the self is forever in flux. Thus, there is never a point of completion or exact moment of triumph over adversity. Instead, there might be what Maslow termed 'peak experiences.'[4]

Maslow's psychological theories stem from his studies of people notable for their creative, rich and productive lives - a critical break away from the mainstream psychological studies of

'dysfunctional' or troubled people. From this he created his vision of psychological health and productivity, in particular, self-actualization. Clarified in his hierarchy of needs, the foundation of the pyramid concerns physiological (hunger and thirst) and safety (physical security and emotional stability) needs. Next are needs of belongingness (social acceptance and love) and esteem (competence and respect from others). Self-actualization needs sit atop the pyramid. These connote the need to reach one's potential. This highest level, according to Maslow, may not be reached if the lower needs are not satisfied.

Maslow reported that people like Abraham Lincoln, Thomas Jefferson and Eleanor Roosevelt had many shared characteristics. These traits included self-acceptance and self-awareness, spontaneity and openness, generosity and compassion, and not being inhibited by the opinions of others. Their focus remained primarily on tasks concerned with long-term gratification rather than short-term gratification. Self assured, their pursuits were problem-centered and not self-centered. (Maslow, 1970: 480)

Maslow argued that dissatisfaction motivates people with the need to compensate for their perceived deficits. Victims of stigma are usually stuck at the lower levels of the hierarchy and often strive for belonging, protection and affection. This can cause adverse effects.

An autotelic individual, one whose basic needs are met, no longer struggles to cope in the same manner. Instead of displaying rigid thinking or conveying a neurotic sense of desperation, the self-actualized person appears spontaneous, self content and capable of rewarding relationships with others - relationships that are not superficial or conditional. They have outgrown self-centered yearnings to become compassionate. If need be, the self-actualized person has courage to be unconventional. Other people's opinions matter little because this person has a powerful sense of ontological security. His/her quality of detachment, need of privacy and genuine self-acceptance, may sometimes project a hostile, unfriendly or apparently arrogant facade. But the autotelic individual knows the line between selfishness and unselfishness, between what 'I must do' and 'what is expected of me.' (Kopp, 1971: 142) In doing so, they will override the 'fear choice' by making the 'growth choice'. Let others have their palm read, consult the horoscope or observe tarot cards. For this person, there are surer ways of seeing into the future. Through autonomy of action,[5] the future is not somewhere we are heading but, largely, what we create.

An important component of self-actualization for people with disabilities involves what I will call 'dignity of risk.' Dignity of risk is linked to the notion of autonomy of action. There is dignity in taking risks because through taking risks we attain dignity, whether from others or for ourselves. Dignity of risk does not involve foolhardy or outrageous risk, but taking calculated risks. It is about achieving realistic goals and is a vital element of self-actualization because risks are required for self-discovery. Rather than being imprisoned by character

defenses, a disabled person who takes risks can hope to test the
impositions of stigma and achieve a greater sense of self-
awareness. Dignity of risk is the opposite of victimization.
Through taking risks one actively performs self-autonomy.

To some extent, the future is not something to be feared and
the present becomes more manageable. Increasingly, through taking
risks, a person will be more able to refrain from projecting
negative thoughts on the world which is neither 'unfair' or
'fair,' but a continuous flow of experiences. Others are not
there to serve a purpose or exploited. We begin to see ourselves,
through developed confidence, as independent and as part of a
whole of humanity.

A friend of mine told me a story of a German man with
cerebral palsy he had met in India. Fritz told my friend he had
traveled to India alone. He said that traveling was immensely
difficult. At Delhi Airport a taxi driver had robbed him at
knifepoint. Thrown out of the taxi into a dark road, Fritz's
moment of decision was to walk back to the airport and go home or
to hitchhike into Delhi. He punted for life. On the first night
in his hotel, Fritz deliberated over whether he should return
home. India had few disabled facilities and he had already
confronted the unkind opinions of others. When asked why he went
to India of all places considering his disability, Fritz replied,
"Because there was nothing better for me to do at home." In time,
he met some Indians who were intrigued and kindly asked him about
his disability. The German, having great difficulty speaking,
managed to explain. One Indian said in amazement, "But in your
country, surely modern medicine would have the cure for your
disability." Fritz assured them that medicine could not better
his condition.

In talking about his experience with the Indians, Fritz told
my friend that the highlight of his travels was he felt
comfortable talking about his disability for the first time. He
not only gathered confidence, but also managed to get to know
other people - something that had rarely happened with him
before. He found similar interests shared with his new friends
not related to disability. "Once others got passed seeing me as
'crippled', I became their equal," he said. "That was something I
have never done before. Previously, I never got passed the first
hurdle, because I believed no-one was interested in me as a
person." By taking a risk, and a huge one at that, he
'discovered' a liberating attribute - self-assertion - he may
never have known. This, Maslow would say, was a 'peak
experience.'

I believe Fritz's traveling would have gone a long way
toward rectifying the internal struggle whereby he turned the
deliberating question 'Can I do it' into the assuring 'I did it.'
By taking risks he not only attained dignity from others but
self-respect. "I can't wait to go home," said Fritz to my friend.
"I have learnt so much in India. I now know that people can see
me as a person and not just a guy with a disability." Fritz's
story is a spiritual one, a tale of a self-developmental process

whereby he has been able to exercise his own voice. Through the process of self-actualization, he promises to realize his potential as a social being - something I believe to be a instinctual human need.[6]

As already mentioned, two of the most common ways in which non-stigmatized people impose a sense of fundamental inferiority onto stigmatized people are social rejection and lowered expectations. Coleman sees these situations as a blessing in disguise. Stigmatized people who manage to shun inferior perceptions of them bolster their inner strength. Questioning the definitions of normality might be difficult and painful. Yet, through redefining normality, a stigmatized person can regain and maintain their identity. Through self-actualization and autonomy of action they are more self-aware and realize "that it is acceptable to be who they are." (Coleman, 1997: 225)

Fifteen-year-old Hero Joy Nightingale exemplifies autonomy of action. She has multiple disabilities called 'locked in condition.' Her muscles are unable to perform any complex movements, she has low muscle tone and an unknown neurological disorder. Unable to speak, walk or care for herself, Hero is confined to a wheelchair. Her Internet magazine *Beyond The Window*[7] began in 1997 as way of meeting people beyond her English city of Canterbury. It is written by her mother, Pauline, who transcribes Hero's thoughts by recognizing subtle hand movements on her palm - an arduous word-by-word form of finger spelling.

One extract from her magazine reads:

> Some adults would kill me up until to the day of my birth, some adults think I should be put down even though I am alive and kicking, some ... see me as someone who is being punished for wickedness in an earlier life, some people feel sorry for me. These people are unable to see past disability. They fail to see the whole person is the same as them.

Having not attended school since the age of six, the Internet is a critical part Hero's life. Seven issues and four years later, the magazine boasts readers in seventy-seven countries including prominent people such as author Margaret Atwood and the United Nations Secretary General Kofi Annan. Hero is living proof of overriding the isolation and alienation purported by her disability. Hero's social life has advanced considerably since the magazine started. Her disability disappears via means of the Internet because her voice, her self is the only thing that matters. Some might regard this as a miracle of technology. I beg to differ. It is strength of will and a refusal to adhere to traditional constructs of her disability. Through dignity of risk Hero has 'transcended' the stereotypes and purposefully continued to maximize her potential. Her Internet venture could have been a failure, but if she had not have taken the risk it is unlikely she would communicate with as many people as she does now.

Inabilities, through courage, support and incentive, can be compensated so that they can even become greater abilities. When accounted for, an inability can provide a rich resource or a stimulus that can propel individuals toward higher achievement. Those who question what it is to be 'normal' often take the first step towards rejecting stigma. Only when one takes risks, confronts the consequences of ones acts, and takes on responsibility for the self as it were, can a person begin to 'transcend' traditional constraints and stigma.

The presumption is that in the process stigmatized people develop inner strength and come to depend on their own resources. They literally redefine who they are. No longer inferior, they attain a sense of self-acceptance previously denied them by stigma. Arguing this vein of thought is Ervin Goffman (1997: 209) citing a multiple sclerotic:

> Both healthy minds and healthy bodies may be crippled. The fact that 'normal' people can get around, can see, can hear, doesn't mean that they are seeing or hearing. They can be very blind to the things that spoil their happiness, very deaf to the pleas of others for kindness; when I think of them I do not feel any more crippled or disabled than they.

The more 'mature' a person becomes, disabled/stigmatized or not, the more they may be able to see that handicaps are not just a product of physical, sensory or psychological impairments. They may see that all humans are encumbered by the unseen 'emotional' implications at some point in their life. This flies in the face of 'normality.' The self actualizing individual exercises the autolytic self which Giddens (1996: 192) explains as:

> ... one with an inner confidence which comes from self respect, and one where a sense of ontological security, originating in basic trust, allows for positive appreciation of social difference. It refers to a person able to translate potential threats into rewarding challenges, someone who is able to turn entropy into a consistent flow of experience. The autotelic self does not seek to neutralise risk or to suppose that 'someone else will take care of the problem'; risk is confronted as the active challenge which generates self-actualisation.

The presumption, therefore, is that self-esteem, inner confidence or ontological security comes from active engagement with life tasks. "Happiness", said Mihay Csikszentmihalyi, "is not something that happens," nor is it "the result of good fortune or random chance." (Csikszentmihalyi, 1992: 2) Accordingly, happiness is not so much determined by external factors and events, but rather our own interpretations of them - a condition that must be prepared for and cultivated. The two

enemies of happiness are demoralization - a lapse into seemingly irreversible apathy and despair - and compulsiveness, that driven dependency on an unmastered emotional past or physical dependency. (Giddens, 1996: 192) The latter, however, may have nothing to do with lack of financial, emotional or physical needs, but very much a refusal or withdrawal from commitment to life tasks.

In a post traditional society responsibility, whether the individual chooses to take it or not, is devolved onto the inner world more so than controlling the outer. Ignoring 'reality' whether by being 'lazy' in friendship, work, personal mental and physical well being, can, I believe, lead to a feeling of personal meaninglessness and that life has nothing worthwhile to offer. Giddens (1991: 9) believes the latter is characteristic, and is a widespread, "fundamental psychic problem in circumstances of late modernity." The notion of responsibility, or the successful management of an individual's choices, has close associations with commitment or the creation of commitments. This has a close attachment with dignity of risk, reciprocity and interdependence. Commitment, whether to people or to life goals, allows individuals to better handle difficulties and cope with otherwise disturbing life patterns or events. Commitment also focuses on self-development and the capacity to sustain involvement in a series of tasks maintained over an extended period of time. (Giddens, 1996: 192)

In the words of Csikszentmihalyi:

> A person who pays attention to an interaction instead of worrying about the self obtains a paradoxical result. She [sic] no longer feels like a separate individual, yet her self becomes stronger. The autotelic individual grows beyond the limits of individuality by investing psychic energy in a system in which she is included. Because of this union of the person and the system, the self emerges at a higher level of complexity ... (this, however) requires determination and discipline. Optimal experience is not the result of a hedonistic, lotus-eating approach to life ... one must develop skills that stretch capacities, that make one become what one is. (Csikszentmihalyi, 1992: 212-213)

Barnes and Oliver cite problems with potential maximization. They claim that the 'process of adaptation' is expected of people with impairments in order to acclimatize and become 'normal' as possible. This pressure can add to an already hostile environment. On the other hand, those who 'overcome their disability' "are sanctified and held up as exemplars of individual will and effort, while the majority who do not are referred to as passive, apathetic or worse." (Barnes and Oliver, 1993; Reiser and Mason, 1990) Susan Wendell (1997: 271) refers to these people as 'disabled heroes': "people with visible

disabilities who receive public attention because they accomplish things that are unusual even for the able-bodied." In addition, Lennard Davis (1996: 10) believes that the majority sees the disabled as individuals without abilities, social functions or status, and that those who 'perform successfully' somehow lose their disability.

The manufacturing of 'disabled heroes' creates a 'feel good' factor that is comforting to the able-bodied and largely perpetuates the myth that "science will eradicate the disabled body." (Davis, 1995: 40) The many who cannot meet the ideal set by 'disabled heroes' are the truly 'disabled' and abnormal. The fact that they are feared, stigmatized and excluded might be because they "symbolise failure to control the body and the failure of science and medicine to protect us all." (Wendell, 1997: 271)

Very rare is the 'disabled hero' without social, financial or physical resources lacking for most people with the same disabilities. Maslow would argue that their basic need have been gratified because it is precisely these support systems that have enabled them to maximize their potential. However, they are examples that disabilities are manageable. Indeed, they may prove inspiring to a few disabled people. The problem of the 'sanctified' concept arises in the creation of an ideal that serves to increase "the 'otherness' of the majority of disabled people." (Wendell, 1997: 271) Wendell critiques western culture's insistence on self-reliance and if our culture held interdependence with greater esteem the energies of disabled people would be better utilized. Projecting blame onto external factors will only go so far. In a detraditionalizing society, individuals must become skilled to filter an extensive array of information relevant to their life situations and routinely act on the basis of that filtering process. People "have no choice but to make choices; and these choices define who they are." (Giddens, 1996: 6,126) Also, it is worth remembering that it is through the acceleration of reflexivity that an environment for questioning approaches to disability has come to being.

The 'sanctified' concept argued by Wendell, Barnes and Oliver is not clear. Is it wrong for people with disabilities to maximize their potential? What's the alternative? If these authors better argued the point, perhaps the media's representation of 'disabled heroes,' then I am inclined to agree. The 'feel good' factor' so often exploited by tabloid newspapers and television and citing the 'miracle of medical science' for 'cures' play no small part in undermining personal development. Both play significant roles in separating disabled from able-bodied and help bolster artificial constructs of them and us, unknown and familiar, of failure and success, bad and good, and permanent and temporary.

I argue that a person who maximizes their potential, disabled or not, deserves acknowledgement. Ironically, such self-actualized people probably would not care for such accolades. More importantly, they would turn away from media attention,

because, in their minds, they would not think themselves as heroes or any better than others. Secure, they do not have the desperation to prove themselves.

Many people with disabilities face difficulties, but still manage to live productive lives. They are not necessarily 'sanctified.' I think the Disability Movement has a vital responsibility to learn what it takes and how it is possible to live a rewarding life with all kinds of disabilities. Increasingly it has become necessary for people with disabilities to learn skills that will enable them to cope with inevitable loss of dependence - a common occurrence in a dynamic social order. We, as individuals with disabilities, are perhaps more vulnerable to these changes.

Conclusion

Coleman (1997: 229) advocates an innovative cross-disciplinary collaboration of researchers who do not commonly study stigma. These include historians, economists, novelists, anthropologists, linguists, sociologists and psychologists. They will be primarily concerned with "how some stigmatised persons overcome their discredited status." For example, psychologists might collaborate with anthropologists to investigate case studies in cultures where the stigmatized have been successfully integrated into non-stigmatized communities. More importantly, they might be able to better understand how stigmatized persons utilize their talents and resources. (Coleman, 1997: 229; Halifax, 1979, 1982)

Currently disability activists and theorists understand the external factors that restrict people with disabilities. This is essential knowledge. The Disability Movement, as a collective group, has a distinctive advantage in our heterogeneity. Unlike the majority of non-disabled people, each of us has a unique experience. We are adept in managing what has been deemed 'ontologically intolerable.' Is not this a vital component of human struggle? Is not this valuable to share, not only among us but also to the world as a whole?

It is time to investigate the positives on a personal level and share them freely among us - to form a trans-disability solidarity. Through increased communication, interdependence and reciprocity, there is a potential goldmine of shared experiences that future generations of disabled people will be able to utilize.

It is almost a carbon copy of Maslow's methods. Focus on the enlightened. What shared traits do they have? Social and civil rights movements that preceded the Disability Movement have had individuals who have accelerated the detraditionalization and deconstruction of oppressive traditional constraints. Feminism, indigenous rights, and gay and lesbian suffrages have been largely responsible for creating new ways of thinking. As former 'deviants' they can be credited for promoting tolerance and flexibility in lay populations.

There is much evidence to suggest disabled people are lacking these essentials. Self-actualization has been denied them because the foundations of Maslow's hierarchy of needs are not in place. However, I believe interpersonal politics and self-actualization has an important role to play in this expansion of Disability Studies thought. That is not to ignore the macro sociological thought and progress of political activism - far from it. It responds to a need to 'think out' means of utilizing the experiences of people with a disability. It empowers them on an individual level. It is an empowerment that derives from increased interdependence and ability to operate within social spheres.

Endnotes

1. I want the reader to be aware that I am conscious that Giddens is not without his critics. He has been accused of underestimating complex relationships of the self in relation to the social world, in particular the inevitable practical restrictions individuals encounter. Also, He has a tendency to construct a view of the self as almost detached from social constructs. (Tucker, 1997: 7). Perhaps his glaring fault, something he concedes, is the recognition for financial, emotional and physical resources required to achieve self-actualization.
2. Reflexivity refers to not only intelligence, but mostly self-determination. Increased reflexivity in a population is therefore a macro-sociological concept. In a micro-sociological context a reflexive person is one who executes autonomy of action.
3. Campbell (2001: 2) describes Foucault's 'unthought' in relation to disabilities as: "The ongoing stability of ableism, a diffuse network of thought depends upon the capacity of that network to 'shut away', to separate and cast out (unthink) disability and its relevance to the essential (ableist) human self."
4. Peak experiences are a subjective experiential response commonly associated with the restrictive confines of religious or mysterious experience. Maslow (1964: xi) states that peak experiences are triggered by many other situations and stimuli. These "can be produced by sexual love, or by philosophical insight, or by athletic success, or by watching a dance performance, or by bearing a child."
5. Autonomy of action is the active component of self determination.
6. Personal conversation with Gerry Gill, Sociology lecturer, LaTrobe University, Bendigo, Victoria, Australia.
7. http://atschool.eduweb.co.uk/hojoy/

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