III. Towards Integration of Identity(ies)

Disability, Political Activism, and Identity Making: A Critical Feminist Perspective on the Rise of Disability Movements in Australia, the USA, and the UK

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Introduction

At the end of the twentieth century, the disability movement was a global phenomenon with activists working on issues in advanced capitalist, industrialized, and industrializing post-colonial societies. Whether it be Thai wheelchair users challenging the inaccessibility of the multi-million dollar Skytrain rapid-transit system in Bangkok, or disabled Australian women pushing for national action against forced sterilization of disabled women in institutions, or disabled Japanese people seeking compensation for forced sterilization under the Eugenics law, disability movements have found firm places in the political lives of most nations. Activists are well aware, however, of the fragility of these movements, the toll activism takes on the health and energy of participants, and the constant struggle to gain minor victories and then hold onto those gains against the erosion generated by social hostility and bureaucratic indifference.

The intensity of this activism is belied, however, by the apparent absence of analysis of the disability movement as a social movement. This absence is reflected in the literature on social movements and in the internal literature of the disability movement where, in addition, the important insights of feminist social movement theorists rarely appear in theoretical analyses of the movement and its issues. This paper uses a comparative schema which reviews the genesis of movements in Australia compared with the USA and the UK. It seeks to appraise the conditions for their survival, utilizing feminist and social movement theory.

Social Movement Theory and the Absence of Disability

In the rapidly growing debate about social movements and the contemporary era, it is rare, not to say extraordinary, to find social movement scholars who seek to incorporate the disability movement in their analyses. Neither in the Australian discussions of social movements or the politics of identity (Burgmann 1993) nor among leading international analysts (Melucci 1995a, 1995b; Johnston and Klandermans 1995; Maheu 1995) does the worldwide phenomenon of disabled people beginning to mobilize in their own interests have any purchase, either descriptively or theoretically, on their arguments.

Yet the rise of the disability movement raises many questions for theorists of social movements in a mirror-reflection of the challenges that these same movements represent to traditional analyses of disability as dysfunction and disadvantage, as recognised by Mike Oliver (Oliver 1997). While this paper selectively addresses the rise of the disability movement in the English speaking, Western world, it focuses on Australia. It uses a politico-cultural analysis to challenge the failures of mainstream social movement and disability theory. Disability is integral to any understanding of social movements because it tests the limits of social-constructionist interpretations of difference.

These social-constructionist approaches argue that difference is formed through political and cultural projects rather than being innate in the biology of human beings (e.g., gender and race). Social organization and spatial relations (cities, ghettoes, etc.) are the result, therefore, of

relative power of groups which mobilise their power to sustain their privileges against weaker groups (men over women, white over black, able-bodied over disabled, etc). Drawing on these views, the Social Model of Disability, advanced by theorists such as Oliver (1990), argues that the primary locus of disability can be found in the disabling practices of an able-bodied society. Society systematically reproduces itself as though people with disabilities did not exist or, rather, in ways that ensure people with disabilities can gain little purchase on a broad range of social agendas - from the cultural priorities and reorganization of work life, through to transport, housing, and recreation.

The new discourses of critical disability studies seek to deconstruct and transform oppressive ideological and professional practices experienced by disabled people (Shakespeare 1998; Davis 1997). This perspective has advanced the idea of the Social Model of Disability which argues that the political and economic structures through which disability is created are based on self-serving assumptions of normality. The Social Model of Disability was generated by disability movement activists as a strategy to challenge the dominant ideologies of control embedded in the Medical Model with its individualized and biologized conception of disability. Yet within the disability movement there is also recognition of the common-sense realities occasioned by impairment: the specifics of constraint on individual autonomy which are the result of anatomical, psychological, and cognitive impairment.

The public face of disability politics is usually articulated by male scholars and activists (see for example Shakespeare 1993; Shapiro 1994; Charlton 1998; Morgan 1995; Newell 1996; Oliver 1997) who fail to include any sustained analysis of the gendered nature of the movement. This appears as a common dimension of the work in the USA, the UK, Ireland, and Australia with a few notable exceptions (Campbell and Oliver 1996; Morris 1993).

The Social Model of Disability can be understood as a counter-hegemonic ideology reflecting the growth of a disability culture. We can then see how disability movements can be interpreted from within social movement theory, but we can only do so if we incorporate an awareness of the gendered nature of the disabled bodies, gender power within organisations and social institutions, and thereby a feminist analysis of social movements.

Social Movement Theory

The growth in the interest in social movements reflects the real impacts of those movements globally from the movements for democratic reform in Eastern Europe, the international environmental movement, and the women's movement to intense movements of racial or ethnic exclusivism. The development of social movement theory in recent years pointed to the importance of cultural analysis within the framework of wider social relations and material conditions (e.g., see the collection edited by Johnston and Klandermans 1995 on cultural analysis). The emergence of collective action as a mode of practical politics was argued by some to be a feature of the contemporary (postmodern) era. The institutionalization of social movements of modernity - particularly the labour movement in its incorporation into capitalist state formations - was overtaken by social movements of postmodernity, of identity and lifestyle rather than class or the relations of production.

Thus, emphasis has been placed on the cultural relations of social movements: the conditions under which they emerge and the processes through which they form themselves as social entities. Women's and disability movements both reveal similar developmental elements. These include:

* Cultural and social dislocation: Societal tensions in which the cultural priorities of the dominant social groups seek to suppress or to marginalize the experience, needs and demands of particular minority sectors. For women (when they focus primarily on gender relations), their rising expectations were blunted by repressive patriarchal structures leading to critiques of patriarchy and the desire for liberation (reflecting the primacy of white, middle class, able-bodied women). For disabled people when they focus on the social relations of disability their marginalization at a time of wider societal demands for participation and equality led them to press for disability rights

(reflecting the primacy in the movement of more educated white men).

* Cultural models: The minority groups begin to take substantial social and political form through a gathering together and the emergence of a shared sense of common history and then purpose. For women, this was expressed in the development of a feminist culture and politics both in academic- and popular discourse and practice. For disabled activists, this meant a growing awareness of the commonality of disability experiences of discrimination even where the impairments were very different.

* Symbolic challenges: The emerging movement begins to challenge the dominant social priorities and, in this process, begins to engage with them and perhaps transform them in the direction of the interests of the minority. For women, struggles for affirmative action, reproductive rights, child care, right to sexuality, and equal pay mark these challenges and negotiations. For disabled people, the demand for citizenship rights, the right to participate in social, political and economic life, and the right to independent living mark this process.

In order to understand the emergence of particular social movements, the specific organizational issues - such as resources, organizational capacities, mobilization strategies - also have to be included so that the movements can be analyzed as socially constructed collective realities (Melucci 1995a). Thus, social movements are always in the process of becoming, and their form and coherence is a contingent phenomenon, the momentary outcome of many individual decisions as well as actual collective action. Social movements are also dependent on the existence of, and their entry into, public spaces through which they can make their key questions both visible and collective, particularly important for disabled people.

Collective action should thus be considered as the result of purposes, resources, and limits: as a purposive orientation, constructed by means of social relationships within a system of opportunities and constraints. The emergence, rise, and recurrent crises of disability movements indicate how fragile social movements can be. They demonstrate that collective action cannot be viewed as the simple effect of structural preconditions or as the expression of values and beliefs, but as a multi-polar action system (Melucci 1995a).

The emergence, rise, and recurrent crises of disability movements indicate how fragile social movements can be. The disability movement more widely depends, in part, on the participation and activism of people whose common interests are not, at first, evident. Their social participation may be characterized by isolation and constrained by discrimination, if not active exclusion. Their awareness of the potential of the movement therefore depends on a social understanding of disability.

The Emergence of Disability Movements as a Process of Forging Collective Identities

The disability movement has its initiating societal dislocation embedded in the ideologies of normalcy, work, and aesthetics all of which interpret those who are abnormal (deviant, bizarre, transgressive, challenging, physically marked, socially maladroit) as unmanageable and, therefore, outside the norm. These ideologies have their generating conditions within the economic processes of the regulation and exploitation of labour where the individual is assessed only in terms of his/her potential productivity and capacity to generate value.

As labour (both public and private) becomes increasingly regulated, categorized, and surveilled, those who are unable to fully labour (a condition that does not define all people with disabilities by any means) discover the constraining energies which marginalize them. This process of marginalization appeared in different forms in historical societies: disability as touched by Heaven, as touched by the Devil, as a matter of shame, as a sign of uselessness, as an indication of special insight or skill, and so on. In contemporary societies such as Australia this process of marginalization occurs within a wider societal situation of resistance, challenge, and cultural struggles. Disabled people find their encapsulation and presentation as "The Other" as demeaning and dis-empowering.

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The awareness of powerlessness is perhaps a necessary, but insufficient, condition for collective action. The emergence of the disability movement occurred in many places and around many different triggers and with very different goals and mobilizing processes. Some of the   . triggering elements included:

 * anger among parents and family over the institutional warehousing of people with developmental disabilities by state organisations;

 * anger over exclusion from employment on grounds of disability among highly employable disabled people;

 * poor housing and other service options;

 * scandals concerning ill-treatment in institutional confinement;

 * professional critiques of the traditional practices of containing people with disabilities influenced by client centered therapeutic regimes;

 * government intentions to reduce expenditure on disability services as part of the rolling-back of the welfare state;

 * extensive invasion of public culture by discourses of human rights, and their attractiveness to people with disabilities;

 * growth of key lobby groups, especially in USA, among Vietnam veterans;

 * client challenges to rules and surveillance in disability service organisations;

 * trade union involvement in traditional areas of institutional management of disability, especially sheltered workshops, confronting issues of exploitation and health and safety;

 * rise of evangelistic bureaucrats in human services bureaucracies and agencies building on interventionist social theories of 1960s progressive education and professional practice in human service industries; and

 * extension of state action through struggles over legislation.

Out of these experiences a variety of organizations began to grow which, over time, became recognizable as a Social Movement with disability as its motif and symbol of identification. The movement internationally faced its first institutionalizing challenge in the decade leading to and during 1981, the UN Year of the Disabled Person. The movement demonstrated increasing coherence while its critiques of the modes of control and exclusion began to resonate with the wider society as well as with the growing community of people with disabilities. In some important areas, disability activists began to gain purchase on the political system partly through the extensive work around the possibilities for independent living in the USA and elsewhere. The independent living movement placed autonomy and control as core goals of the group's struggle arguing that individual responsibility, personal freedom, and self-reliance should mark the program for the disability movement (Batavia 1997).

The independent living movement was one component of the emerging wider movement which sought to create that alternative imagined community that Melucci identifies as a crucial component of the mobilizing strategy of a social movement (Melucci 1995a). It challenged the pre-existing "formal framework of knowledge" and the claims to administrative rationality made by the disability service delivery system, through its traditional practices of enforced confinement and dependency. Drawing on subterranean networks - linkages between individuals in communities and agencies across the USA and, later on, through the development of Disabled Peoples International (DPI) - it questioned the rationality of containment and incarceration. It also criticized the deinstitutionalization practices which essentially dumped people with disabilities into the community without adequate resources and support.

Yet this was not necessarily the type of new community that disabled women imagined. It reflected many of the traditional values of a patriarchal, hierarchical, and authoritarian set of social relations that subordinated men with disability had themselves been subject to and with which they sometimes identified. Women with disabilities often expressed their subordination through compliance, feelings of rolelessness, and a desire for the most archetypal and traditional

female roles. The women who had been institutionalized saw their liberation at times as lying in the performance of a traditional femininity, the target for changes in the wider women's movement.

The sphere of reproduction was tightly regulated by society where women were controlled in relation to their sexual desire, their sexuality, their right to motherhood, and their right to care for their children. The primary vehicles for this control were the medicalization of the disabled woman and the construction of an apparatus of surveillance and management under the control of the medical and caring professions and the state. For instance, the mass sterilization of disabled women without their knowledge or consent was a regular feature of Australian and US medical services (Brady and Grover 1997). While women experienced the same sort of feelings of disempowerment as men, they also experienced the specific oppressive moments of gender power especially around sexual harassment and violence in institutions.

By the 1980s, a list of specific issues for disabled women was emerging demonstrating the ways in which the disempowerment of gender relations interacted with and intensified the disempowerment of disability relations. In 1986, an Australian government report (never released to the public despite demands from the disability movement) identified the priorities for women with disabilities as being income guarantees, rehabilitation options focused on work, rather than on domesticity, employment opportunities, and control over their sexuality and reproductive lives (Meekosha 1986).

Also to come under criticism was the US women's movement, which identified issues of reproductive rights, employment, and redesigned social roles, but ignored the disabled women's issues concerning accommodation, physical access, and social participation. By the late 1990s, these issues were extended to include the changes appearing in modern society such as: 1) genetic engineering technologies and the threats these pose to women with disabilities; 2) access to the new and liberating communication technologies; 3) the growing awareness of institutional, public, and familial violence perpetrated against disabled people; and 4) the postmodern concerns with untraditional sexualities and ideal bodies.

Disability Movements and the State

The rise of the movement and the process of turning personal troubles into public issues (Shakespeare 1993) represents an affirmation of identity in the face of massive delegitimizing processes in the wider society (Meekosha and Jakubowicz 1996). This activism was and is directed against state institutions and against social institutions that use the state to legitimize their power and defend their interests (e.g., organisations of medical professionals). In the process of confronting such well established fields of power, the movement provides and develops structures of meaning with which activists can identify and processes of organisation with which they can become involved. However, within those structures of meaning and organization women would find that masculinist assumptions and practices permeated the disability culture here, too. In response to this, they began to develop their own networks. These included the Women's Network of DPI (Australia), Great Britain's Sisters Against Disablement (SAD), and the Canadian Disabled Women's Network (DAWN).

Disability movements seek to provoke action by governments and a great deal of the community activism internationally is directed at raising public awareness so as to increase pressure on governments. The relationship between the state and the social movements of disabled people thus requires a careful analysis of strategies, outcomes, gains, and losses. The evolution of a movement, then, is a process that builds from a first affiliation by activists through to their rejection of normalizing ideologies which seek to demobilize their activism. Activists then progress to the internalization of an ideology which constructs the meaning of disability as the outcome of oppressive social institutions rather than as a consequence of an individual's circumstances (Shakespeare 1993).

Movements can be examined in terms of their impact as Oliver does for the UK (Oliver

1997; Marx and McAdam 1994) drawing on analyses of the effects of the movement on new political and economic changes, legislation, alterations in public opinion and behaviour, or the development of new organisations or institutions that deal with disability. Nowhere is this clearer than in the multilayered legislative and policy responses to the trigger events identified above and to the impact on public consciousness of the growing movement.

In the nearly thirty years since 1970 the legislative picture changed dramatically in most advanced capitalist societies. Yet, as Caroline Gooding observes in her discussion of the British and U.S. experience of such legislative changes (Gooding 1994), there are two important indicators to consider in analyzing the impact of the disability-rights movement. Firstly, the state only acted after sustained pressure from organisations of people with disabilities. Secondly, once legislation was enacted, additional pressure was necessary to have it implemented as it stayed a low priority with government agencies. In the Australian case, legislative change came about from a social justice agenda of the new Labor government in the period after 1983 and was a response to action as much by evangelistic bureaucrats of reform as by the movement directly.

In comparing Australia with Great Britain and the USA, the developments over this period shows clear signs of the state response to the movement; but in each case the specific outcomes have to be interpreted in terms of the balancing act between disabled people and lobbyists from other interests. The key elements in the national government response to disability in the USA began with the Architectural Barriers Act under a 1968 Democratic administration, the same year that Disabled in Action was formed in New York. The Rehabilitation Act was passed over Nixon's veto in 1973; but its regulations were not issued until 1977 under Democrat Carter following public demonstrations around Section 504 of the Act. That process of consciousness raising and political action was instrumental in the formation of the American Coalition of Citizens with Disabilities.

Over the next decade, public agitation grew for a more overarching approach to disabilities and discrimination. Finally, in 1990 under the Republican Bush administration the Americans with Disabilities Act was signed into law. While the Act prohibited discrimination in employment, public accommodation and services, commerce, transportation, and telecommunication, it provided a defense of "reasonable" accommodation and "undue hardship."

The British Labour government introduced two key pieces of legislation in 1970, the Chronically Sick and Disabled Persons Act and the Education (Handicapped Children) Act. The first required provision to be made for access by disabled people to public buildings if reasonable and practicable and was extended to employment in 1976. The second extended the provision of special education. Alf Morris' appointment as the first Minister for Disability (1974) was followed in the next year by the formation of the Disability Alliance, the first attempt to create a broad, cross-disability national lobby group.

The report of the government's review of the 1970 disability legislation in 1979 concluded that little progress had been made. The Labour government then created the Committee on Restrictions against Disabled People (CORAD) to report further and to develop options. The Conservative Thatcher government (after 1979) rejected CORAD recommendations for strong anti-discrimination legislation. The growing frustration with government inaction was one of the forces behind the creation of the British Council of Organisations of Disabled People (BCODP) during the 1981 U.N. Year of the Disabled Person. For the next four years attempts to get Private Members' Bills through Parliament met stony government opposition. By 1985 a lobby group of voluntary organisations was formed to lobby for effective legislation. Again in 1992 a Private Members' Bill modeled on the U.S. A.D.A. was defeated with the Tory government moving some 80 wrecking amendments when another attempt was made in 1993. Finally, in 1995 a very tame Act was passed by the Conservative government (Disability Discrimination Act) with wide escape clauses for employers and service providers. The return of the Blair Labour government in 1997 led to an examination of the Tory Act, but potential measures to reduce benefits and limit opportu-

nities for disabled people raised serious questions in the British movement about potential reforms.

In Australia, as in the USA and the UK, consciousness of disability discrimination came about partly as a result of forced segregation. The first winds of reform occurred under the Labor administration of Whitlam in 1974 with the Handicapped Persons Assistance Act. The government's Poverty Inquiry reported in 1977 (by then to a conservative Coalition government) on Disability and Poverty recommending major reforms without success. Even 1981, International Year of the Disabled Person, passed without significant innovation or reform.

The return of a Labor government under Prime Minister Hawke (1983) generated a series of inquiries and legislative reforms: a national Disability Advisory Council was set up in 1984 and the government began to support the national disability lobby group Disabled Peoples International (D.P.I.). The following year, the government's Handicapped Persons' Review reported identifying independent living options and employment and training opportunities as key priorities. Disabled women set up a national network and the government set up an Office for Disability to coordinate national planning. The Disability Services Act 1986 laid out a set of principles including participation by disabled people in planning service delivery. The 1988 Social Security Review pressed for labour market opportunities as a way out of welfare dependency for many disabled people. This was followed by a national Disability Reform package with Disability standards - both precursors to the 1993 Disability Discrimination Act. The Act created a Disability Commissioner in the Human Rights and Equal Opportunity Commission and put in train wider actions such as Disability Action Plans for all public institutions covering access, employment and service quality issues. With the conservative Liberal/National Coalition back in the driving seat in 1996, the advances of the previous decade began to unwind. Disability rights joined women's, Indigenous and ethnic rights as casualties of the government's war on political correctness. The Commonwealth reduced support to joint programs leading to a crisis with the States over service delivery. The Disability Commissioner retired and her position was not replaced. The DDA was amended to make it far more difficult for disabled people to take legal action beyond the complaint stage, while the Commission budget was slashed by 40% in 1996 alone.

It is clear that government political ideology plays a major role in innovation and advancement in Australia and Great Britain and some role in the USA. In Australia, as in the US and the UK, a heightened consciousness of disability discrimination came about partly as a result of forced segregation. Where the initial push was for the recognition of basic human rights, the movement's development and strength arose from the sense of unity that emerged out of the shared experiences of institutional oppression. It must be cautioned, however, that an ungendered analysis that focuses solely on legislative and policy responses in the public sphere (that is, in areas such as housing, services, education, employment and anti-discrimination) can camouflage data that suggests the impact of the movement in the private sphere, that social space where disabled women most experience marginalization: poverty, degendering (in the form of sterilization and other reproductive technologies), and male violence.

The Emerging Movements

The social contexts within which the movements emerged clearly differ from country to country and the civic cultures of the societies concerned do play an important role in this differentiation. As one activist, for example, interviewed in New South Wales, Australia, commented:

> I argue that people with disabilities in Australia as compared to the U.S. are
> very disadvantaged for one reason. In the US, public perceptions relate to rights
> - starting with the Constitution and the Bill of Rights. They've practiced it,
> particularly in relation to race relations. That provided people with a mental
> series of modeling which [was] then able to be transposed into the disability
> area. . . . People with disabilities in Australia have much more been oriented

around a welfare expectation. (Interview, 1 June 1995)

This is a contentious view, as activists in every country have noted similar characteristics of their struggle. That is, irrespective of the formal legal situation and despite the similarities of the overall civil rights questions for women and racial and ethnic minorities, disability presents a peculiar challenge both for the movements and for the wider governmental systems. Whenever activists were driven into a confrontational politics, such as the activities that the UK's Direct Action Network (DAN) frequently engages in, there is a recognition that while embarrassing politicians or police (as in roadway chain-ins) may bring short term gains, these gains have to be locked into bureaucratic schema. Indeed, cities such as Berkeley and San Francisco in the US have incorporated major strategies for accessible public transport when the number and intensity of disabled constituents render governmental avoidance of the issues impossible. And yet, as the strength and leverage of the movement grows, strategies by government can move to routinize the conflict through policies which are aimed in part at undermining the solidarity of the movement.

The trajectory of development is important demonstrating the interaction between context, movement, and the wider society over time. It reveals the points of resistance and rejection against which the movement has to struggle. A more detailed examination of the Australian movement is valuable here. Newell, in his discussion of the Australian movement (Newell 1996), traces a shift from human rights to consumer rights. He argues that the power discourse over the past decade shifted from disabled people to consumers, and this category includes parents, carers and professionals. Within this argument we can find, for example, that the Australian National Caucus of Disability Organisations - a peak of peaks - is not perceived by some in the wider movement as being representative of disabled people. This occurs as few of its constituent organizations are actually controlled by disabled people themselves. Inside the disability movement there is a growing concern that the nature of its representation in the policy and consultation processes is being appropriated by service delivery, carer and parent groups.

With the change in the Australian government in 1996 (from the more progressive Labor Party to the more free market and conservative Liberal National Coalition) two trends were apparent. Support for organizations of people with disabilities declined compared to that provided to service delivery organizations. Where it continues in areas such as advocacy, it was reinterpreted to focus on information giving rather than on communal organizing (Cooper 1997).

Even where consultation with disabled people was developing activists in the movement suggest it may result in disempowerment of elements of the movement if energies become en-grossed in meeting bureaucratic priorities. The press towards deinstitutionalization and integration under the so-called normalization strategies of recent years still does not empower the people with disabilities to whose benefit these policies are apparently directed. At the height of the debate around the development of the Disability Discrimination Act two Australian activists could argue that:

> the fundamental changes that integration promised, structurally and in attitude, remain for the most part as far off as they ever did. Government has hijacked integration and in its place, while maintaining the rhetoric, substituted its own agenda. People with disabilities are now experiencing a new institutionalisation. . .[it] is not being adequately challenged by the Disability Rights Movement. . . .[I]t remains our view that to a large extent the "fire has gone out of the belly" of the Disability Rights Movement. . . .[S]ome organiza-tions. . . [are at] the point where it is hard to work out whether they are the representatives of people with disabilities or the representatives of Government in the Disability Rights Movement. . . . Fundamentally tough disabled must reappropriate integration and once again define it in our own terms. In our

view, the starting point is participation; participation in social activity that gives people a sense of worth and of meaning. . .The next stage is for people with disabilities to be in control. (Harding and Attrill 1992)

Disability Movements, Women's Movements, and Identity Movements

The disability movement in Australia with its history of fragmentation along with organizational and strategic problems, recently, if reluctantly, acknowledged the experience of disabled women. Feminists with disabilities constitute a small, but increasingly assertive, political force in Australia. While individual women with disabilities have been active around gender issues since the beginnings of the disability rights movement in Australia, collectively they remained on the margins of debate and political action until the 1990s. But the discourses of disability are being affected by small groups of disabled feminists and their colleagues coming together to research and document issues such as employment (Davis 1991), education (Davis 1991), violence and abuse (Chenoweth 1993; Strahan 1997) health issues (Temby 1996; Temby and Cooper 1996), sterilisation and reproductive rights (Peteresen 1991; Handsley 1994), sexuality (Marks 1996), eugenics and euthanasia (Hume 1996) and media representation and stereotyping (Meekosha and Jakubowicz 1996; Meekosha and Dowse 1997).

In 1985 a group of feminists within Disabled Peoples International (Australia) formed a women's network and in 1994 Women with Disabilities Australia (WWDA), an independent organisation of women, received funding from the Federal Office of Status of Women following initial seeding support from the Federal Office of Disability.

The relatively recent process of collective identification by groups of disabled women marks a strategic positioning at the local, state and national level. Through the national body, WWDA, women are actively represented at both state and national levels on forums and government advisory bodies. Disabled women were active participants in the Australian delegation to the UN Decade of Women conference in Beijing in 1996 (Strahan 1996) and in the Federal Attorney General's Human Rights Forum. Newell (1996) notes the rise of WWDA as promising optimism for the growth of a disability rights movement in Australia.

The language and philosophy of WWDA distinguishes it from other disability groups. It sees other women in the feminist movement as a crucial target for action for WWDA believes that the advancement of disabled women will in part depend on the priority accorded to disability by the women's movement. As one WWDA activist noted,

> That enables them to not just concentrate on petty issues in the disability
> movement, but look at wider human rights issues. Women with disabilities set
> themselves up as a non-medical model group, and now it is the only group
> around that does this; the disability movement has not really taken on an
> analysis from a gender perspective. Women have not felt they had a voice. It's
> also that they felt locked out of the women's movement. (Interview, Activist,
> April 1999).

In recent years under the impact of an economically rationalist, conservative national government, WWDA's experience of governmentality also changed. Originally it was supported by the Prime Minister's Department through the Office for the Status of Women as an organisation of women. In 1996 the new government reclassified it as a disability organisation so it lost access to National NGO Women's funding program. WWDA would now have to depend on the disability development and research funding of the Department of Family and Community Services. No rationale was ever offered for this change even though WWDA saw itself as an organisation of women fitting the goal to "advance equality for women, improving their economic, social, political and legal status" (Women With Disabilities Australia 1999).

This is not to suggest an essentialist or fixed position is being adopted by women with disabilities. It is more contingent responding to changes in Australian society that witness, for example, moves towards care within the family away from care in the community and moves against equal opportunity programs and anti-discrimination legislation. Women with disabilities are not only constructing identities/subjectivities that challenge these practices, but are also claiming spaces from which to speak or perform. From within these new collectivities issues of language, culture and representation are under scrutiny.

The struggles of often small and isolated groups of disabled women around Australia remain largely undocumented. Identity constructions arise in part from what Stuart Hall (1997) called narrativisation and as result of power struggles around difference and exclusion. Lesley Hall's personal account of the first disabled women's collective in Melbourne that organized against the Miss Victoria Quest and marched in International Women's Day 1981 under the slogan "We'll Decide What Is Beautiful" records a milestone in feminist disability politics (Hall 1992).

Campaigns against charitable beauty-quests bring together a discrete set of issues for disabled women. Firstly, such spectacles raise issues of body image and representation in the public arena. Disabled feminists argue that the cult of the perfect body and personality is a form of policing their bodies and is central to the oppression of women with disabilities. Secondly, because the disability rights movement operates on a political platform of "rights, not charity," pageants or quests reinforce the status of disabled people as objects of pity and tragedy. Thirdly, issues of disabled women's sexuality - whether it is denied, repressed or violated - are evoked in debates around desirability which is socially constructed. The disability movement, therefore, has to be understood as having a range of values and social groupings whose priorities and perspectives are affected by gender, sexuality, ethnicity and class factors. Melucci has written, "...one cannot treat collective identity as a `thing,' as the monolithic unity of a subject; one must instead conceive it as a system of relations and representations... [it is] a laborious process in which unity and equilibrium are reestablished in reaction to shifts and changes in the elements internal and external to the field" (Melucci 1995b).

Conclusion

The rise of disability movements - especially those focusing their efforts around discrimination - reflects the increasing fracturing of societies around discourses of rights within a world of increasing economic rationalization. The distance between the ideology of equality and the experience of discrimination provided the trigger for many activist initiatives. In the process, activists have built a sense of some shared experience and, through this, the possibility of an identity politics which challenges the negative stereotypes of disability. The crucial challenge to this analysis lies in an assessment of how much the movement actually achieved in the lives of people with disabilities in addition to any the legislative and symbolic advances achieved however important these are.

It is a sign of the impasse that, despite years of negotiation informed by the new ideologies of consumer rights, in Australia the Commonwealth and the States were able to design an agreement acceptable to the movement. Indeed, the Commonwealth priorities now appear designed to limit rights; witness the termination of the Disability Discrimination Commissioner position on the Human Rights and Equal Opportunity Commission and the reduction of support for advocacy. The Commonwealth also systematically wound back material provision, standards, and social support (examples being the reduction in funding for services, the cuts in Home Care, and the reduction in standards on accessible transport).

The test of the success of a movement lies in part in the degree to which social transformations occurred which reflect movement goals and priorities. To what extent has the disability movement's imagining of an alternative future been incorporated into the wider values of society? Here, at the end of the century, most of the advanced capitalist societies recognised the moral

leverage of the priorities of the disability movement and incorporated some of them into public policy; but their realization was less emphatic. One dimension to the social transformation can be found in the degree to which people with disabilities feel more empowered to participate in society and are able to use the social institutions to meet their economic, social and cultural needs. On this criterion there is a long way to go. Most people with disabilities are still trapped in poverty, isolation and marginalization.

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