

## Manufacturing categories – the case of disabled sportspersons

**To the Editor:** Our constitution proudly affirms the rights of others — those who do not conform to predetermined norms — who have in the past been silent or silenced by the powerful and authoritarian. Historically the other has included specific ethnic and racial groups, those suffering from specific illnesses and those with specific sexual orientation, who have, on the basis of specific characterisation been excluded from society or been seen as social failures. Otherness in our country has included (or excluded) black people, gays, women, those with leprosy and HIV, and those with disabilities. Our constitution affirms and includes these subaltern populations, including the disabled who constitute approximately 6.5 - 8% of our population (about 3.5 million people).

Even history has been cruel to the disabled — the memory of their persecution at the hands of the Nazis has been ignored or erased. It is little known that the first victims of the holocaust were none other than the disabled; they were seen by the Nazis as aberrations, just as the gays and gypsies. In their zeal to rid the world of imperfections and otherness, those who did not fall within the Nazi definition of normality were exterminated.

What of our attitude towards the disabled? How often have we frowned at comfortable and convenient parking bays for the disabled, especially when empty in a full parking lot? Or have we frowned on sign language on TV as being a distraction. Have we felt repulsion at seeing disabled people, or felt that the disabled should not be seen or heard. It reminds me of the response of a doctor whom I approached to accompany the team to Athens: I do not feel comfortable with *these* athletes. I was taken aback, probably by both the honesty and brutality of that statement. The scourge of discrimination against the disabled, overt or covert, is as bad as racism. This irony plays itself out when people attempt to racially classify the paralympic team — are not all of them classified as previously disadvantaged individuals (PDIs)?

When people are exposed to disability, they develop a new understanding. They are no longer meeting disability in the form of tragic stories on television and in the papers. They are meeting people in ordinary situations, so now they can start seeing us as equals, says former head of the Offices of the Status of Disabled People (OSDP), Shuaib Chalken, a view borne out by my involvement with Paralympians. I have met and worked with highly talented athletes who are functional, intelligent, witty, and who have an abundance of self-deprecating humour. This experience has forced me daily to confront the notion of categories and definitions — including definitions of impairment, disability and handicap — categories created and defined by society, and used to exclude the other. If these categories conflate with being abnormal, how then does one define normality and abnormality and who draws that solid line

that seems to separate normal from abnormal, the able from the disabled.

In our authoritarian and hierarchical world we create institutions and structures that define, and then give effect to such definitions. We create models to determine a person's fitness. One such model, the medical model, defines disabled persons as those who fall below some baseline level, who fall outside a curve characterising the population, or those who fall outside an average or a median range that defines normal human functioning. This level is considered natural, determined by biological facts about the human species. Medical professionals, who are considered specialists in the study and treatment of normal and subnormal human functioning, are granted the privilege of determining who is disabled. Thus, the medical model supposes that the question of who counts as disabled can be answered in a way that is value-free and that abstracts from contingent factors such as existing social practices and the physical environment those practices have constructed. French philosopher, Michel Foucault, deconstructs the role of knowledge and power in modern medicine by describing the three primary techniques of control: hierarchical observation, normalising judgement and the examination. This certainly finds resonance in the definition and categorisation of the disabled.

The medical model is based on determining impairment and the resultant disability. Based on this model would Natalie du Toit, who missed Olympic qualification by a slim margin, be considered disabled or handicapped considering that certainly in swimming she will outstrip the vast majority of able-bodied individuals in the world? Is she disabled by virtue of the fact that she lacks a certain piece of anatomy? Or consider that Pieter Badenhorst, who lost both his arms in a childhood accident, has run the 100 metres in an incredible time of 10.9 s, without the benefit of starting blocks or arm propulsion which play such a significant role in sprinting. The world record, by Nigerian amputee Ajibola Adoye, is 10.72 seconds — not far off from Donovan Bailey's Olympic record of 9.84 seconds. In powerlifting disabled world records frequently exceed abled-bodied ones by up to 12 kg.

If the medical model is applied to us all then depending on what category one uses — or at what angle one cuts the apple — all of us would be outside the norm for some category, such as sport, art, intelligence, computer literacy, lateral thinking or body weight, and could be considered disabled. This demonstrates the flaw inherent in binary models since the line dividing normal and abnormal is arbitrary. If one considers the analogy between the categories of race and disability, neither category refers to any real distinctions in nature. Oftentimes the variation within groups is greater than the variation between groups. Just as there is variation in skin color, there is variation

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in acuity of vision, physical strength, ability to walk and run and so on. And just as there is no natural line dividing one race from another, so there is no natural line dividing those who are functionally, abnormal from those who are not. Yet we choose to draw such boundaries. This binary model is what Jacques Derrida refers to as difference, the process of differing and deferring, where in creating a hierarchy of differences we focus on some differences by ignoring others.

The medical model is, contrary to perception, not empirical or value-free — its judgement does not simply describe biological reality, but imposes value and a system of evaluation (or normalising and the examination, with reference to Foucault). It ignores the fact that the level of functioning a person can achieve does not depend solely on his or her own individual abilities, but is contingent; physical or biological properties are turned into dysfunctions by social practices and the socially constructed physical environment. For example, lack of mobility for those who are unable to walk is not simply a function of their physical characteristics, it is also a function of building practices that employ stairs instead of ramps and automotive design practices that require the use of one's legs to drive a car. There is nothing necessary about such practices — they are convenient for a specific notion of normality, just as most instruments are designed for right-handed people. The disabilities of normal people are masked because the world is designed for us to overcome them. If the world was designed differently the disabled or handicapped would function no differently from the rest of us. My personal experience of trying to get around with my twins in a double pram gives me an acute

sense of the frustration of the disabled!

The Paralympics continues to be held as a different event from the Olympics because of the paradigm, which categorises disability as being abnormal or sub-normal. Yet the Olympics already recognises differential norms evidenced by separate events for men and women. Is this because women are considered disabled with regard to physical effort and therefore run slower, jump lower and throw less far? Is this a disability or a genetic condition, or one of nurture? And when is a condition genetic and when is it a disability? To ask such questions is important, if only to demonstrate the arbitrariness of categorisation — not least because many, if not most Paralympic times better those of female Olympic athletes. Other sports such as golf and equestrian events, recognising differences, control for them through a system of handicapping. Will we live to one day see a single event for all, including disabled athletes?

When we see our Paralympians participating in Athens, it will represent a profound victory — a victory in overcoming their disability, in overcoming our prejudice, and overcoming the obstacles that society puts in their way. Their victory at the Games fades in comparison to these victories. These individuals should inspire us daily.

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