

FRAMING DISABILITY IN PORTUGAL: HISTORICAL PROCESSES AND HEGEMONIC NARRATIVES*

FERNANDO FONTES**

Abstract: The perspective used to understand disability impinges decisively on the rights and lives of disabled people.

The way disability is understood results from socially accepted and reproduced conceptions, which articulate with social and cultural dynamics that, in different historical and geographic contexts, mark the lives of those people categorized as disabled. Presenting a singular definition of disability is thus impossible. There are definitions that, by virtue of the hegemonic character have imposed themselves in different latitudes, resignifying or disputing the existing grammars. This multiplicity of grammars does not correspond to an equivalent range of life chances for disabled people. Throughout the centuries, disability has been reduced to the abnormalities and impairments of the body, and difference transformed into a factor of exclusion.

In each historical moment, it is, thus, crucial to identify the hegemonic narratives of disability and to reflect on their impact on disabled people's lives and life chances.

Keywords: Disability, Portugal, conceptions, impacts.

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** Researcher at the Centre for Social Studies of the University of Coimbra, Coimbra, Portugal. fer.fontes@gmail.com.

INTRODUCTION

The perspective used to understand disability decisively influences the rights of disabled people and, consequently, disabled people's lives.

Based on a particular culture and ideology, the way disability is understood results from socially accepted and reproduced conceptions¹, which articulate the social and cultural dynamics that in the different historical and geographic contexts mark the lives of people cataloged as disabled. Presenting a singular definition of disability is, thus, impossible. There are, however, definitions that, by virtue of the hegemonic character of the modern western biomedical paradigm that sustains them or incites them, have imposed themselves in different latitudes, resignifying and disputing already existing grammars. This multiplicity of grammars does not have, however, an equivalent range of life chances for disabled people. Throughout the centuries, disability has been reduced to the abnormalities and incapacities of the body, and people defined as disabled have often been disregarded, marginalized, silenced, built as passive and dependent individuals, their difference transformed into a factor of exclusion and their lives have been disproportionately constrained by phenomena of poverty and social exclusion².

In this chapter I will analyze the processes that shaped disability narratives in Portugal and their impacts on the life chances and living circumstances of Portuguese disabled people. The first section will synthesize how the emergence of disability as a category has been theorized. In the second section, will draw a genealogy of disability hegemonic narratives in Portugal.

THEORIZING THE DISABILITY CATEGORY

The understanding of disability as a social construction is relatively new within social sciences. To interpret disability as a form of social oppression is even more recent. For centuries, disability was reduced to the abnormalities and inabilities of the body³. Disability remained individualised, medicalised and unpoliticised. This is not to say that there was no sociological interest in the study of disability, on the contrary, sociological studies in this area can be traced back to the early 1950s. In fact, in the field of sociology, the lives of disabled people have been scrutinised at least since the 1950s as a result of the works of Parsons⁴ and Goffman⁵. The first, focusing on the social system, provided an analysis of illness as a social, as much as a biological category and suggested the idea of a «sick role» as a result of medical practice. The second, in contrast, focused on the

¹ OLIVER, 1990.

² DAVIS, 1995; GARLAND-THOMSON, 1996; GARLAND-THOMSON, 1997; WINZER, 1997; BARNES, 1997; BARNES *et al.*, 2000.

³ DAVIS, 1995; GARLAND-THOMSON, 1996; GARLAND-THOMSON, 1997; WINZER, 1997; BARNES, 1997; BARNES, 2000a; STIKER, 1999; BARNES *et al.*, 2000.

⁴ PARSONS, 1951; PARSONS, 1958.

⁵ GOFFMAN, 1963; GOFFMAN, 1987.

everyday life of the individual and introduced the notion of stigma and the management of a «spoiled identity». The problem with these studies was, however, that they were:

rooted in conventional wisdom; namely, that accredited impairment, [...] is the primary cause of «disability» and therefore of the difficulties: economic, political and cultural, encountered by people labelled «disabled»⁶.

With the development of the Disabled People's Movement in the 1970s⁷, a new era for disabled people began.

In the North American context, drawing upon American functionalism and deviance theory, important works emerged linking the social construction of disability with the evolution of society. According to Barnes⁸, the works of Stone⁹, Wolfensberger¹⁰ and Albrecht¹¹ epitomize this tradition.

Stone, in her book *The Disabled State*¹², outlines the idea of disability as an administrative category constructed by the state to accommodate the needs of those who cannot work. Since labour is the core system for the production and distribution of goods, a second system, based on the perception of needs, where access is conditioned by medical and political criteria, was conceived to accommodate those who cannot, or do not want to, work¹³. For Stone, the construction of disability is thus the result of the concentration of power on medical professionals and of the need to reduce access to public provision.

Wolfensberger¹⁴, extending Stone's argument, states that this construction is a latent function of the acceleration, from 1945 onwards, of the human service industries. Accordingly, the existence of large numbers of dependent and non-valorised people is indispensable to the existence of these industries and to the security of its jobs¹⁵. Albrecht goes even further stating:

In our society, social problems have become the objects of massive human services that drive our economic system. These businesses identify social problems embedded in individuals and their social relationships, reify them, and make them and their solutions commodities to be bought and sold in the marketplace¹⁶.

⁶ BARNES, 2003: 4.

⁷ CAMPBELL & OLIVER, 1996; BERESFORD & HOLDEN, 2000; THOMAS, 2004.

⁸ BARNES, 2000b.

⁹ STONE, 1984.

¹⁰ WOLFENSBERGER, 1989.

¹¹ ALBRECHT, 1992.

¹² STONE, 1984.

¹³ STONE, 1984.

¹⁴ WOLFENSBERGER, 1989.

¹⁵ BARNES, 1997.

¹⁶ ALBRECHT, 1992: 27.

Hence, current societies first create specific types of illnesses, impairments and disabilities and then commodify them through their transformation into trade opportunities and the creation of a «disability business» and a «rehabilitation industry»¹⁷.

In the European context, and deeply influenced by Marxist and materialist perspectives, the British tradition presents a more radical and emancipatory approach. Within this tradition I would stress the importance of four authors: Hunt, Finkelstein, Oliver and Barnes. Hunt¹⁸ was one of the first to focus on social rather than biological factors surrounding disability. Through considering several personal accounts of disabled people he stresses that:

*the problem of disability lies not only in the impairment of function and its effects on us individually, but also, more importantly, in the area of our relationship with «normal» people*¹⁹.

The work of Finkelstein²⁰ represents the first historical materialist account of disability. Here, Finkelstein conceives disability as a social problem connected to the evolution of the dominant modes of production over time. He states that disability was produced by, and is a direct result of, the development of Western industrial societies. Based on this materialist perspective, Finkelstein pinpoints three stages in the history of disability. The first corresponds to a pre-industrial stage, characterised by the participation of disabled people in the economic life of their communities. The second phase, emerging with industrial capitalism, marked the beginning of the exclusion of disabled people from the labour market due to their alleged inability to adapt to the needs and pace of the new production machinery. This period witnessed the beginning of the segregation of disabled people into institutions outside of society. The third phase corresponds to a post-industrial society where technological development is expected to produce a social and economic revolution that will free disabled people and contribute to their inclusion in society.

In 1990, Oliver provided a more insightful understanding of the transition to a capitalist system and its implications for disabled people. Oliver extended Finkelstein's argument about the changes in the modes of production by taking into account the modes of thought and the relation between both. For Oliver, as with Finkelstein, the restriction of activity imposed on people with impairments, i.e. disability, emerged with industrial capitalism. As Oliver argued, within the capitalist system, disability took a new

¹⁷ ALBRECHT, 1992: 28.

¹⁸ HUNT, 1966.

¹⁹ HUNT, 1966: 146.

²⁰ FINKELSTEIN, 1980.

specific form, that of tragedy²¹. Disability is thus an ideological construction of capitalism. Ideology, understood as «a set of values or beliefs underpinning social practices»²², is the key to understanding the social creation of disability and the economic and social disadvantages associated with impairment. Hence it was the combination of this central individualistic ideology, with the peripheral ideologies of rehabilitation, medicalisation, and personal tragedy, which led to the medical and individual perspectives on disability and thus helped to push disabled people towards segregation.

Finally, the work of Barnes²³ widened the perspectives conceived by the previous authors by tracing the oppression of disabled people back to the foundations of Western society. For Barnes, the nineteenth century, with the legacy from Enlightenment, utilitarian philosophy and belief in progress, simply provided new ground for the crystallization of old myths and practices. Nonetheless, it was after the nineteenth century that current hegemonic conceptions of disability were forged: namely, the individualization and medicalisation of bodies and minds, and the segregation of disabled people from their communities²⁴.

These approaches are representative of two different foci within the social model, or two social models: a materialist and an idealist social model²⁵. The materialist position stresses the creation of disability by the capitalist mode of production²⁶ and the idealist position understands disability as being culturally constructed on a daily basis by religion and traditional beliefs²⁷. Both perspectives impact directly on disability research:

Models which stress the social creation of disability in material terms will engender research which focuses on structural or institutional barriers; models which stress the social construction of disability in cultural terms will engender research which focuses on disabling attitudes and representations²⁸.

During the 1990s, there emerged what I would call a second generation of disability writers²⁹. These new perspectives (which include the previous criticism of the social model of disability), centred on the role played by culture in disability, on the need to include personal experience in the disability debate and the need to acknowledge not

²¹ OLIVER, 1990.

²² OLIVER: 1990: 43.

²³ BARNES, 1991; BARNES, 1997.

²⁴ BARNES, 1997: 18.

²⁵ PRIESTLEY, 1998; FINKELSTEIN, 2001; SHELDON, 2005.

²⁶ FINKELSTEIN, 1980; OLIVER, 1990.

²⁷ BARNES, 1991; BARNES, 1997; BARNES & MERCER, 2003.

²⁸ PRIESTLEY, 1998: 76.

²⁹ MORRIS, 1991; MORRIS, 1996; STUART, 1994; CROW, 1996; SHAKESPEARE, 1997; CORKER & FRENCH, 1999.

only disability but also impairment in disability research. These questions, the authors claim, had been forgotten by the first generation of disability theorists.

The 1990s also witnessed the emergence of more eclectic perspectives³⁰ emphasising the need to combine both visions. The main idea here was the need to understand the individual experience within a structural analysis of the disadvantages and oppression faced by disabled people in a disabling society. These views are particularly important in my research since I believe that the social model is not obsolete and I doubt it ever will be, although I also recognise the need to consider the diversity that exists within commonality and the importance of culture in shaping disability.

In the 1990s there was also a set of new perspectives deriving from a post-modernist and post-structuralist background. These new perspectives questioned the earlier materialist grand theorising proposed by scholars such as Finkelstein³¹, Oliver³² and Barnes³³ and, drawing on the works of the French philosophers Jacques Derrida and Michel Foucault, suggested a new approach which rejected modern binary oppositions, focusing instead on culture, language and discourse³⁴. This post-modern thinking can be found in the works of disability scholars such as Davis³⁵ and his exploration of cultural responses to impairment across time; Shakespeare³⁶ and his constructionist analysis of the body, impairment and disability; and Garland-Thomson³⁷, with her study of the cultural and historical construction of the «physically disabled body» in American society and literature.

Again, notwithstanding the significance of such analyses for deconstructing established conceptions of impairment and of the body, I am persuaded by Barnes and Mercer when they suggest that these proposals:

*sidestep the material reality of impairment and provide little or no insight into how the problem of disability might be resolved in terms of policy or politics*³⁸.

Therefore, as they have been presented so far, post-modernist and post-structuralist theories have little pragmatic use in terms of disability activism which aims to foster the citizenship status of disabled people.

³⁰ SHAKESPEARE & WATSON, 1998; PRIESTLEY, 1998; THOMAS, 1999.

³¹ FINKELSTEIN, 1980.

³² OLIVER, 1990.

³³ BARNES, 1991; BARNES, 1997.

³⁴ BARNES & MERCER, 2010.

³⁵ DAVIS, 1995.

³⁶ SHAKESPEARE, 2006; SHAKESPEARE & WATSON, 2002.

³⁷ GARLAND-THOMSON, 1996; GARLAND-THOMSON, 1997.

³⁸ BARNES & MERCER, 2010: 95.

HEGEMONIC PROCESSES AND NARRATIVES FRAMING DISABILITY IN PORTUGAL

Disabled people have been one of the most discriminated, most excluded and most oppressed social groups. Several studies, at the international level, have demonstrated the link between poverty and disability resulting from this discrimination³⁹ or even the existence of a vicious circle between disability and poverty, in which poverty produces disability and disability is transformed into poverty⁴⁰. Emphasizing this link between disability and economic deprivation and social exclusion does not mean, however, that the former is the cause and the latter is the result. The situations of deprivation and social exclusion experienced by disabled people are not the result of their impairments, but rather the result of the ways these impairments are socially and culturally constructed. Disability should, thus, be understood as a cultural construct or ideology. In western societies this construct, throughout time, has consubstantiated itself in a phenomenon of oppression and social exclusion of those people that are understood as disabled⁴¹.

Unfortunately this is not, however, a past reality, nor does it originate in a recent past. Exclusion, oppression and, at certain historical periods, genocide constitute a fact in the history of disabled people. From classical antiquity, with the exposure of children born with any physical deformity, to the present day, with the gazing of disabled people by the Nazis and the recent massacres of disabled people in Japan and in the USA, perpetrated by criminals inside two institutional organizations for disabled people, many are the examples of this reality experienced by disabled people which reveal the prejudice disabled people face in their daily lives.

Historically, impairment has been used as a source of oppression for those identified as disabled⁴². Social model materialists⁴³ have suggested that the roots of that oppression reside in the establishment of the capitalist mode of production. Conversely, despite not denying this assumption, social model idealists⁴⁴ argue that disability is culturally constructed on a daily basis by religion and traditional beliefs, and contend that its origins may be traced back to Greek and Roman times.

These ambiguities have permeated, though, the politics of disability across time and they are still present in current cultures.

³⁹ BERESFORD, 1996; COLERIDGE, 1993; TURMUSANI, 2002; ZAIDI & BURCHARDT, 2002.

⁴⁰ STONE, 2001.

⁴¹ UPIAS, 1976.

⁴² STIKER, 1999.

⁴³ FINKELSTEIN, 1980; OLIVER, 1990; GLEESON, 1997.

⁴⁴ MORRIS, 1991; SHAKESPEARE, 1997; GARLAND, 1995; GARLAND-THOMSON, 1996; GARLAND-THOMSON, 1997.

The analysis of the Portuguese case defies, however, social materialist arguments such as the ones put through by Finkelstein⁴⁵ and Oliver⁴⁶. In fact, Portugal did not experience industrialism on the same scale as the UK, where industrial production rapidly presented an alternative to agricultural employment. In Portugal that did not happen until the 1960s⁴⁷. To illustrate this difference, in 1911, for example, 58% of the Portuguese economically active population worked in agriculture and only 25% worked in industry and 17% worked in services⁴⁸. Nevertheless, in Portugal, as in the UK, disabled people's oppression goes back in time, I argue, therefore in line with social model idealists that it is not in industrialism or in capitalism that the roots of this oppression lie, but in older cultural conceptions, which have been sublimated, in the British case, by industrialism and capitalism and, in the Portuguese case, by the state's attitude.

Notwithstanding the chosen approach, the important point to raise here is that in both cases disabled people have been denied citizenship rights and their lives have carried the weight of stigma and oppression across time. It is my argument that in the case of Portugal, due to the strong Catholic social background, an extra factor played a key role in the development of attitudes towards disability and therefore curtailed the construction of a citizenship project for disabled people — Judeo-Christian morality. Plus, I also suggest that the Portuguese state's attitude to disability issues has been characterized by detachment, i.e. the state has maintained a secondary role here, only acting when pressured by civil society, reinforcing traditional attitudes towards disability and disabled people and pervasive disability narratives. Plus, the long duration of the Portuguese dictatorship (1933-1974) and the late development of the Portuguese welfare state and its consequent failures in welfare provision to its population, prevented the politicization of most Portuguese organisations of disabled people and the questioning of oppressive hegemonic disability narratives.

As happened in Greek and Roman cultures, Judeo-Christian morality has been permeated with conflicting images of disability and disabled people. Again, the attitude of the Catholic Church towards disabled people was ambivalent. On one hand, it fostered the charitable status of disabled people, developing the spirit of Christian charity:

Then Jesus said to his host, [...] when you give a banquet, invite the poor, the crippled, the lame, the blind, and you will be blessed⁴⁹.

⁴⁵ FINKELSTEIN, 1980.

⁴⁶ OLIVER, 1990.

⁴⁷ BARRETO, 2003.

⁴⁸ PINTO, 2003: 2.

⁴⁹ LUKE 14:12-14.

On the other, it maintained a latent connection between disability, sin, evil, witchcraft, impurity and God's punishment⁵⁰. In Judeo-Christian morality, disability emerges mainly as a question of spiritual and ethical conduct⁵¹. While it was the principle of Christian charity, developed in the New Testament, which mostly guided the approach of the Catholic Church, and molded society's attitudes towards disabled people in the following centuries, this ambivalence was maintained across time, surfacing at different moments to threaten, and even suspend, disabled people's citizenship rights. An example of this is the persecution of people with some type of illness and impairment by the Inquisition (established in 1183)⁵². The pervasiveness of this attitude towards disability is testified by its presence in the minds of more progressive thinkers of the time, such as Martin Luther (1483-1546), who professed that children with mental impairments were a mass of flesh without soul and were born of the devil, and who suggested that they should be drowned in the closest river⁵³.

Such ambivalence is also traceable in the Church's attitude towards different impairments. The majority of the scarce institutions created by the Catholic Church were devoted to blindness and to acquired conditions. In medieval times, Oswin⁵⁴ claims that:

Other groups of disabled children did not evoke the same interest and sympathy. They were called «cripples» and depicted as ugly and evil in art and literature⁵⁵.

The impact of this disablist attitude also stemmed from the Catholic monopoly on service provision to disabled people over the centuries. In Portugal, assistance to disabled people was only partly secularised in 1835, with the establishment of the General Board for Beneficence⁵⁶. Before that, disabled people could only rely on their families and Church support⁵⁷. Under such conditions, the dominant disabling attitude could easily be found beyond the religious sphere⁵⁸.

In fact, since medieval times the history of assistance to disabled people has been closely connected with the political and religious history of Europe and of the Middle-East. Most charitable organisations addressing disability had a religious background and were designed to offer support to men impaired in the crusades, especially blind

⁵⁰ LEVITICUS 21:16-23; DEUTERONOMY 28:28; WINZER, 1997; BARNES, 1997; BARNES, 2000a; BARNES *et al.*, 2000.

⁵¹ STIKER, 1999.

⁵² STIKER, 1999.

⁵³ WINZER, 1997; BARNES, 1992; BARNES, 1997; BARNES, 2000a.

⁵⁴ OSWIN, 1998.

⁵⁵ OSWIN, 1998: 30.

⁵⁶ MAIA, 1985; LOPES, 1994.

⁵⁷ MAIA, 1985; FERREIRA, 1990.

⁵⁸ WINZER, 1997.

men⁵⁹. In Portugal, despite the absence of such asylums, there is evidence of charities connected to the Catholic Church offering assistance to disabled people, even before Portugal became an independent kingdom in 1143⁶⁰. These ancient charities were connected to monasteries, especially to those close to pilgrimage routes, and assumed the forms of «brotherhoods», «confraternities», «shelters», «hospitals», «leprosy houses» and «shops»⁶¹. As happened in other countries⁶², these institutions provided assistance to those in need under the same roof independent of their condition⁶³.

According to Maia⁶⁴, by the end of the fifteenth century most charitable institutions in Portugal were inefficient, their actions were hampered by clashes between religious orders and there was a surfeit of small charities fighting for scarce resources. The combination of factors, which included social and demographic changes resulting from maritime expansion and new economic strategies (resulting in greater numbers of orphans, widows, people with impairments and with ill health and street beggars) and the general tendency in Europe towards the centralisation of political power⁶⁵, led to a reform of public assistance in Portugal⁶⁶. This reform, initiated by the state in the second half of the fifteenth century, disbanded old charities and incorporated others into a new type of charity — the *Misericórdias* or «Holy Saint Houses of Mercy». The first *Misericórdia* was created in 1498 in Lisbon⁶⁷ and they rapidly spread all over the country and its colonies⁶⁸. From the fifteenth century onwards the *Misericórdias* were made responsible for assisting most of the population in need in Portugal. This included having a monopoly over the administration of numerous Portuguese hospitals, which only ceased in 1974 when the state took direct control.

What was new about these charities in relation to impairment was the introduction of specific services for disabled people within the community. These were home-based services, for those with incurable diseases (called the «visited» or the «listed cripple»)⁶⁹, what Barnes⁷⁰, in the British case, refers to as «domestic relief». These services provided by the *Misericórdias*, included free medicine, clothes, shelter, as well as offering some financial support too⁷¹. Disabled people continued, however, to be invisible within the

⁵⁹ WINZER, 1997; BARASCH, 2001.

⁶⁰ FERREIRA, 1990.

⁶¹ FERREIRA, 1990.

⁶² SCULL, 1984.

⁶³ FERREIRA, 1990.

⁶⁴ MAIA, 1985.

⁶⁵ SCULL, 1984; MATTOSO, 1993; BARNES, 2000a.

⁶⁶ MAIA, 1985.

⁶⁷ FREIRE, 1995.

⁶⁸ ABREU, 2001.

⁶⁹ LOPES, 1994.

⁷⁰ BARNES, 1990.

⁷¹ LOPES, 1994.

broad category of those in need of assistance. As with the British case, they formed an indistinguishable group of people in need⁷².

In Portugal, this new type of charity was, however, run and organised by the Catholic Church. In fact, it seems that the Portuguese monarchs were reluctant to intervene directly in public assistance and opted for the maintenance of religious dominance, rather than assuming direct responsibility.

From the eighteenth century onwards, as a result of an increase in vagrancy after the Lisbon earthquake (1755) there was a change in the Portuguese state's political approach to the population in need, visible mainly in the introduction of policy measures to separate the «deserving» from the «undeserving» poor (i.e. the legitimate beggars from the «non-impaired» unwilling to work)⁷³. A decree published in 1755 established that vagrants considered able to work were to be sentenced to forced labour and those considered «invalid» to work (namely the «blind»), the «real» poor, were licensed to go begging in an «orderly and virtuous way»⁷⁴. In addition, in 1780 Casa Pia, a residential institution, was created in Lisbon, which aimed to collect and recuperate, vagrants and beggars through labour, as well as providing education to orphans⁷⁵. The implementation of these measures targeting vagrants and beggars might be read in the light of the need to control the deviant behaviour of the time⁷⁶.

It is possible to read these initiatives as the first step towards public assistance run by the state⁷⁷, in a similar vein to the public policies that created the workhouses and implemented the Poor Laws in the UK and the large institutions in France for the confinement of people with impairments⁷⁸. I argue, however, that the initiatives taken in Portugal diverge considerably, not only in scale, but also in philosophy, from those undertaken in the UK and in France. First, the tendency to segregate disabled people into residential institutions in Portugal only began in the mid-nineteenth century and never reached a dimension similar to those other countries. Second, in contrast to the UK and France, where such institutions were meant to segregate disabled people from the general population, in Portugal, again, up until the second half of the nineteenth century these initiatives were mainly meant to control vagrancy in general and did not target people with impairments specifically.

In the French case, the emergence of specialised hospitals, such as the Hôpital Général and the Hôtel des Invalides created in Paris, dating to 1656 and 1674 respectively,

⁷² STONE, 1984; BARNES, 1990; BARNES, 2000b.

⁷³ LOPES, 1994.

⁷⁴ LOPES, 1994.

⁷⁵ LOPES, 1994.

⁷⁶ MAIA, 1997; LOPES, 1994.

⁷⁷ LOPES, 1994.

⁷⁸ STIKER, 1999.

marked the beginning of the segregation and confinement of disabled people⁷⁹. In the British case, the segregation seems to stem from the changes introduced by the industrial revolution⁸⁰. Due to the inflexibility of the industrial mode of production towards individual specificities and difference, disabled people were rendered inadequate to the production process⁸¹. These changes, in combination with other social processes (urbanisation, mercantilism and the changes in the family structure, etc.), were responsible for the emergence of numerous institutions for disabled people and for their institutionalisation⁸². Barnes⁸³ goes even further, suggesting that the key to understanding the movement towards institutionalisation is individual wage labour. According to him, the spread of individual wage labour impacted upon the organisation of families in two different ways. Firstly, by making them «dependent on wage earnings [which meant that they] could not provide for its [their] members in times of economic depression»⁸⁴. And, secondly, individual wage labour «made the distinction between the able-bodied and non-able-bodied poor crucially important»⁸⁵. Following Ingelby⁸⁶, Barnes concludes that:

*Segregating the poor into institutions had several advantages over domestic relief: it was efficient, it acted as a deterrent to the able-bodied malingerer, and it could actually create labour by instilling good work habits into the inmates*⁸⁷.

In a similar line of argument, Stiker states that, «the Great Confinement [...] inaugurates a new phase of administrative repression in the treatment of the poor»⁸⁸. The logic of this new phase was to establish public order through the physical concentration of, and circumscribing the presence of, disabled people.

The differences, in both the scale and philosophy of the initiatives taken in the area of disability, between Portugal and France and the UK were also the result of the limited impact of the Enlightenment and the consequent delay in scientific development in Portugal. Whereas in the UK the emergence of medicine as a scientific profession and its success in the medicalisation of impairment made it legitimate to introduce new radical changes in the treatment of impairment which, then, resulted in the expansion

⁷⁹ STIKER, 1999.

⁸⁰ FINKELSTEIN, 1980; OLIVER, 1990.

⁸¹ FINKELSTEIN, 1980.

⁸² RYAN & THOMAS, 1987; BARNES *et al.*, 2000.

⁸³ BARNES, 1990.

⁸⁴ BARNES, 1990: 21.

⁸⁵ BARNES, 1990: 21.

⁸⁶ INGELBY, 1983.

⁸⁷ BARNES, 1990: 21.

⁸⁸ STIKER, 1999: 98.

of segregating institutions⁸⁹. Furthermore, this new medical science introduced novel means of social vigilance and punishment of people with impairments. Medicine transformed disability into incapacity and limitation, leading social policies towards seclusion, imprisonment, social exclusion and encouraged the dependence of disabled people, and ultimately, led to the individualization of disability and the construction of disability as tragedy⁹⁰. A huge array of new techniques, to identify, classify and regulate the lives of infirm and disabled people, were created, contributing to the construction of a «therapeutic state»⁹¹ and to new conceptions of normal/abnormal, sane/insane and healthy/unhealthy. In Portugal this scientific development in general and in medicine in particular only became evident in the nineteenth century and only then did disability start to be defined as a problem of the body, with disabled people being transformed into a focus for medical attention and control, as had happened in the UK in the previous century⁹².

Several reasons may account for this time lag. First, I would single out, the dominance of religion and the control exercised by the Inquisition, which prevented the development of Enlightenment thinking and of a new attitude towards disabled people based on rational scientific reasoning, that dominated till 1820, the year in which the Inquisition was extinguished, and when several religious orders were expelled from Portugal⁹³. Second, the fact that all of the economic and social processes described for the British case — urbanisation, industrialisation, mercantilisation, individual wage labour settlement and the change in familial structures⁹⁴ — only occurred in Portugal in the second half of the nineteenth century⁹⁵. Despite the similarities in terms of targeted groups («lunatics» and people with sensory impairments), my analysis reveals that in Portugal this movement was less comprehensive than in the UK. The reality was that Portugal's economic situation, the lack of political consensus within its liberal thinkers in relation to public assistance at the time and the late development of industrialism and capitalism deferred the transformation of disability, making it into a problem of management⁹⁶. In fact, the emergence of residential institutions in Portugal was more a result of the need to control and repress vagrants, rather, than, as Stone⁹⁷ describes, an attempt to create an alternative distributive system based on need, which can be regarded as an embryonic form of citizenship rights.

⁸⁹ BARNES *et al.*, 2000.

⁹⁰ OLIVER, 1990.

⁹¹ FOUCAULT, 1989.

⁹² HUGHES, 2002.

⁹³ NETO, 1993.

⁹⁴ FINKELSTEIN, 1980; RYAN & THOMAS, 1987; BARNES, 1990; BARNES *et al.*, 2000.

⁹⁵ MÓNICA, 1987; VAQUINHAS & CASCÃO, 1994; MARTINS, 1997.

⁹⁶ MENDES, 1993; LOPES, 1994.

⁹⁷ STONE, 1984.

Due to the fact that public assistance was a highly contentious issue amongst the liberal thinkers of the time, the successive reforms only added to its controlling character. The state only acted in cases of need, and public assistance was not an individual right; instead, it was an expression of the moral duty of the state⁹⁸. Again, this conception of public assistance was one of the reasons for the lack of public institutions for disabled people in Portugal during the nineteenth century.

In Portugal the first specialised institute for disabled people — the Institute for Deaf-Blind Children — emerged in 1823⁹⁹. This Institute was formed within the existing structure of Casa Pia of Lisbon, and combined the large institution's typical goal of confinement with a new medical spirit¹⁰⁰, which echoed what was happening abroad. Despite the fact that the first specialised institution created for disabled people was public, in the second half of the nineteenth century public initiatives focused mainly on the creation of hospitals for «lunatics», leaving it to the private sector to develop disability institutions.

In Portugal a categorical approach¹⁰¹ only came into use in the second half of the nineteenth century, with examples of such institutions including: the Asylum for the Blind Nossa Senhora da Esperança created in Castelo de Vide in 1863 and the Asylum for People Impaired from Work, which was set up in Alcobaça in 1864¹⁰².

However, the most obvious characteristic of disability policies developed in the second half of the nineteenth in Portugal was the emergence of a new concern with the education and professional training of sensory impaired people, specifically of deaf and blind people. This was the case with the Lisbon Municipal Institute for «Deaf-Mutes» created in 1887 and with the School for the Blind of Oporto set up in 1903. Most of these institutions resulted from the philanthropy of privileged families¹⁰³. This new attitude towards disabled people, expressed through education, was, however, very biased and based on stereotypes and preconceived ideas about what a blind or a deaf person could do. The state only intervened where private initiative was absent, which is in accordance with the terms of public assistance at the time.

Despite the undeniable improvements in the education of disabled people in the second half of the nineteenth century and first quarter of the twentieth century, the implementation of the dictatorship would tear down previous gains and introduce further differences between disabled people in Portugal and those in other countries. In Portugal, the elimination of the idea of public assistance and the assumption of a secondary role by the state in the provision of social assistance, at a time when other

⁹⁸ LOPES, 1994.

⁹⁹ COSTA, 1981.

¹⁰⁰ COSTA, 1981.

¹⁰¹ HARRIS & ROULSTONE, 2011.

¹⁰² GOODOLPHIM, 1900.

¹⁰³ PEREIRA, 1894; LOURENÇO, 1956; OLIVA, 2001; RIBEIRO, 2003.

states were developing comprehensive welfare-states, resituated disability as a charitable concern and maintained its connection to exclusion and poverty. In fact, the solutions developed by the Portuguese state were mainly directed towards the maintenance of disabled people within the family or towards the coordination and promotion of private initiatives. Contrary to what happened in most of Europe, Portugal did not develop a welfare-state until the collapse of the dictatorship in 1974¹⁰⁴. Until 1974 a system of compulsory social insurance excluded a considerable number of citizens¹⁰⁵, including disabled people. In 1960, for example, only 13.3% of the resident population and 35.6% of workers were protected by this system of social insurance¹⁰⁶. Under the dictatorship, social policies were structured around private initiatives, namely charitable organisations dependent on the Catholic Church¹⁰⁷. However, during the first half of the twentieth century, this lack of a public system of social security was barely supplemented by a private charity system due to the state's control over all grass-roots organisations, including existing private charitable ones¹⁰⁸.

In Portugal these traditional conceptions and attitudes towards disability and disabled people started to be questioned in the second half of the twentieth century and more acutely after the re-establishment of Democracy, i.e. after 1974. Firstly with the emergence, from the 1950s onwards, of a new volunteer run, specific-impairment organisations sector, focusing on pedagogic and social issues, fostered by parents of disabled children and professionals¹⁰⁹. Examples of these new institutions include the Portuguese League of Motor Impaired (1956), the Portuguese Association of Cerebral Palsy (1960) and the Association of Parents and Friends of Mongolic Children (1962)¹¹⁰. The development of this disability movement was extremely important in raising the state's awareness of disability issues, and its effects became evident towards the end of the 1960s with the publication of widespread legislation in the areas of education and social assistance.

The start of the colonial war in the 1960s and the subsequent return of thousands of injured military people, alongside their concentration in special military hospitals, led to the creation of a new consciousness of disabled people's situation within Portuguese society. This led to the creation of APD in 1972, the first non-single-impairment and non-single-issue Portuguese organisation of disabled people, which was followed by the Association of Impaired War Veterans in 1974, immediately after the re-establishment of Democracy.

¹⁰⁴ SANTOS, 1999.

¹⁰⁵ PIMENTEL, 1999.

¹⁰⁶ CARREIRA, 1996: 38.

¹⁰⁷ PIMENTEL, 1999; PIMENTEL, 2001.

¹⁰⁸ HESPANHA *et al.*, 2000.

¹⁰⁹ COSTA, 1981.

¹¹⁰ COSTA, 1981.

This led to the emergence of the Portuguese Disabled People's Movement. Despite the fact that the seeds of the Portuguese Disabled People's Movement were laid down in the first half of the twentieth century, these organisations lacked a political character, reason why they were tolerated by the dictatorial political regime of the time. The re-establishment of democracy in Portugal in 1974 finally allowed civil society's organisations to question disabled people's living conditions, the demand of political measures to prevent disabled people's exclusion and oppression, inaugurated therefore a new period of disability politics and policies and the beginning of a citizenship project for disabled people.

CONCLUSION

Disability and disabled people as a specific category in Portugal, is a modern creation, which is as recent as the nineteenth century. Several explanations for this were provided for the Portuguese case, including: the lack of specialised institutions for the assistance of disabled people in Portugal before the nineteenth century; the fact that disabled people were included amongst other groups of people as entitled to assistance by generic institutions; the prevailing connection between disability and poverty; and the fact that disabled people as a defined category for state support emerged only in the nineteenth century. I argue, therefore, that present disability hegemonic narratives in Portugal have been shaped by a combination of a pervasive Judeo-Christian ideology, with four major historical processes: the Portuguese state detachment towards welfare provision, the dominant role of the Catholic Church in welfare support and provision, the medicalisation of disability and, more recently, the emergence of disability political activism.

Despite the emergence of new winds clamming for change in the state and society's attitudes towards disabled people in Portugal, framed by a social understanding of disability and a human rights perspective on disabled people's rights, I argue that hegemonic oppressive narratives of disability and conceptions of disabled people are still prevalent. Portuguese society continues to reduce disability to the impairments of the bodies and the lives of disabled people to a fatalistic narrative of personal tragedy. According to this model of understanding, the restrictions and obstacles experienced by disabled people result directly from their supposed functional limitations. Such conceptions have validated the construction of the image of disabled people as passive and dependent subjects, the silencing of their voices and fed disability policies with oppressive and excluding impacts towards Portuguese disabled people. Recent reports, studies and statistics¹¹¹ reveal the persistence of a flagrant situation of social exclusion of disabled

¹¹¹ FONTES, 2014; PINTO & TEIXEIRA, 2012; PORTUGAL *et al.*, 2014.

people in Portugal and of a legal and governmental inability to guarantee and fulfill disabled people's citizenship rights.

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