

“WE CAN’T CLOSE IT YET”: HOW DISCOURSE POSITIONS PEOPLE WITH
INTELLECTUAL DISABILITIES

“ON PEUT PAS LE FERMER” : COMMENT LA DISCUSSION POSITIONNE LES
PERSONNES AYANT DES HANDICAPS INTELLECTUELS

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Abstract

In 2004, the government of Manitoba decided to spend \$40 million to upgrade the Manitoba Developmental Centre, an institution housing people with intellectual disabilities. By examining local newspaper accounts of this story, I use discourse analysis as a means of uncovering how language works to position people with intellectual disabilities in certain ways. I rely upon Wolfensberger’s (1998) devalued social roles as an analytical framework to consider how our society understands and characterizes these individuals. I argue that within this discourse, people with intellectual disabilities have been cast into three devalued roles: as the object of paternalism, as the object of the professional gaze, and as the failed human.

Keywords: People with intellectual disabilities, devaluation, devalued roles, discourse analysis, newspapers

Abstrait

En 2004, le gouvernement du Manitoba a décidé de dépenser 40, 000,000 \$ afin de renouveler le Centre développemental du Manitoba, une institution hébergeant des personnes ayant des handicaps intellectuels. En examinant les articles parus dans les journaux locaux par rapport à cet événement, j’utilise l’analyse des discours en tant que moyen de découvrir comment le langage humain fonctionne afin de positionner des personnes ayant des handicaps intellectuels dans certaines manières. Je me fie sur les rôles sociaux dévalués de Wolfensberger (1998) en tant que cadre analytique afin d’aborder comment notre société comprend et caractérise ces individus. Dans ce discours, je constate que des personnes ayant des handicaps intellectuels se trouvent dans trois rôles dévalués : l’objet du paternalisme, l’objet du professionnalisme, et l’être humain failli.

Mots clés : Personnes ayant des handicaps intellectuels, dévaluation, rôles dévalués, analyse des discours, journaux.

Introduction

In December 2004, Manitoba's Minister of Family Services and Housing (FSH) announced that the province was going to spend \$40 million to upgrade the Manitoba Developmental Centre (MDC), an institution for people with intellectual disabilities in Portage la Prairie. In addition to a formal press release, this announcement led to the publication of newspaper articles, letters to the editor, and several opinion pieces in the *Winnipeg Free Press*. This public reaction created a fascinating discourse concerning people with intellectual disabilities, a discourse which led me to the writing of this paper. In this work I will tease from this discourse, by the use of discourse analysis, the roles into which people with intellectual disabilities are cast in this 21st century context. As my framework, I use Wolfensberger's (2000) "negative social roles into which members of societally devalued groups have *historically* been apt to be cast" (p. 107, emphasis added). I will examine how these discursive strategies operate to position these individuals in particular ways.

Devaluation and People with Intellectual Disabilities

People who have been labelled as having an intellectual disability have faced a long history of devaluation, neglect, abuse, and discrimination (Blatt & Kaplan, 1974; Braddock & Parish, 2001; Ferguson, 1994; Parmenter, 2001; Rothman & Rothman, 1984; Trent, 1994; Wolfensberger, 1975). In Canada, a policy developed to take these individuals from their families and communities and to house them in large, congregated institutions with other devalued people, often in inhumane conditions (Simmons, 1982). During the first part of the 20th century, many men and women were forcibly sterilized without their knowledge or consent (Simmons; McCrea, Krepakevich & Whiting, 1996). Laws determined that people with intellectual disabilities were incompetent to manage their own lives, to the extent that they could be institutionalized without their knowledge or consent on application by a guardian and confirmation by the provincial psychiatrist (*The Mental Deficiency Act*, 1933, 1940, 1954; *The Mental Health Act*, 1965, 1970, 1987). Although the nature of their disability requires at least some level of support to manage activities of daily living, as late as the 1960s and 1970s parents were advised by their doctors to institutionalize their children (Shaefer, 1999). Supports in the community, including respite, schooling, community living, and employment opportunities were virtually non-existent until hard-fought gains were eventually made (Neufeldt, 2003; Shaefer, 1999).

Devaluation and Devalued Social Roles

In order to achieve my purpose, I have chosen to use Wolfensberger's (1998, 2000) enumeration of devalued social roles as a framework for analysis. In his conceptualization and examination of Social Role Valorization, he has written extensively about devaluation and its consequences for devalued people, including people with intellectual disabilities. He defines devalued people as people who are "being perceived and interpreted *by others* as having lesser value than these others see themselves, or most other people, as possessing" (2000, p. 106, emphasis in the original). As a result, "when people are devalued by others, there is...a high probability that the devaluers will act in ways that impact negatively on the lives of the devalued ones" (p. 107). Wolfensberger (1998) argues that one consequence of devaluation is

the casting of devalued people into devalued roles. He has enumerated ten “major common negative social roles into which members of societally devalued groups have historically been apt to be cast” (p. 14).

These roles include (a) the other “so different that one does not know how to classify the person” (Wolfensberger, 1998, p. 14); (b) the subhuman or non-human as, for example “subhuman animals...perceived as having primitive, animalistic feelings and behaviours” (pp. 14-15); (c) the menace or object of dread “in which case they are perceived and interpreted as a threat to others, society and/or themselves” (p. 15); (d) the sinner who brought his/her “condition” upon his/herself “by violating the moral order” (p. 15); (e) the object of ridicule “teased and tormented for other people’s amusement” (p. 15), (f) the object of pity for whom others feel sorry and on whom “they place few or no demands...for performance or growth” (p. 15); (g) the burden of charity, where others feel a duty to care for the person “but not gladly nor with any positive feeling” (p. 15); (h) the child role in which the person “never matures into adult status and competence and whose behaviours, interests, capabilities, etc., will always remain at a childish level” (p. 16); (i) the role of the sick, ill or disease organism (p. 16); and (j) in a death-related role where “people who are not dying may be put into the dying role” (p. 16). It is to these positions that I will return when I analyze the discourse surrounding people with intellectual disabilities in the context of the allocation of funds for upgrading MDC.

Discourse and Discourse Analysis

Gee (2005), Jaworski and Coupland (2006), and Wetherell, Taylor, and Yates (2001) all define discourse as “language in use”. Discourse can also be considered more broadly as “a particular way of talking about and understanding the world or an aspect of the world” (Jørgensen & Phillips, 2002, p. 1).

Johnstone (2008) explains that discourse analysis focuses on “what happens when people draw on the knowledge they have about language...to do things in the world” (p. 3). It has also been described as “a series of interdisciplinary approaches that can be used to explore many different social domains in many different types of studies” (Jørgensen & Phillips, 2002, p. 1) as well as an examination of how language is “recruited” to enact activities and create identities (Gee, 2005, p. 1). I will use discourse analysis as a means of uncovering how language works to position people with intellectual disabilities in a certain light. I suggest that how our society understands and thinks about people with intellectual disabilities is revealed by the language and practice people use when they talk about these individuals.

The discourse I have analyzed is comprised of the following documents published from December 10, 2004 to April 30, 2007: (a) direct quotations taken from 11 news articles from the *Winnipeg Free Press*, (b) ten letters to the editor of the *Winnipeg Free Press*, (c) four opinion pieces appearing in the *Winnipeg Free Press*, and (d) the government of Manitoba press release announcing the spending decision.

I chose to use newspapers as the source of my data because, like Fowler (1991), I take the position that “the ‘content’ of newspapers is not facts about the world, but in a very general sense ‘ideas’” (p. 1). Fowler goes on suggest that “the institutions of news reporting and presentation are socially, economically and politically situated” (p. 10), meaning that what is written is derived from “a particular ideological position” (p. 10). I chose to focus on the *Winnipeg Free Press* because it is the largest broadsheet daily

newspaper in Manitoba in terms of readership, and it serves both Winnipeg and Manitoba more broadly.

In conducting the analysis, I pulled out key words that referred to people with intellectual disabilities, intellectual disability, institutional life, and community life. The key words were recorded on poster paper and colour coded by “speaker”, including (a) the government, (b) opposing political parties, (c) parents of adult children with intellectual disabilities, (d) community advocates, (e) self-advocates, and (f) the general public.

Once the key words had been identified, I categorized them in terms of the roles into which people with intellectual disabilities were cast in the context of the discourse. I then placed the key words back into the full sentences used by the speakers and determined whether or not the roles were still relevant. Once the colour-coded posters were completed, I was able to evaluate not only discursive categories describing people with intellectual disabilities, but also whose discourse related to those categories.

Several components of this discourse are letters to the editor and opinion pieces. Some of these submissions were simply signed by the author with no further designation as to their professional status. Others were signed by the author and included professional designations. For the purposes of my research, I have considered writers to be members of the general public if their signature did not include a professional designation. Where there was such a designation, I noted this accordingly. I point out that although some authors signed only their name, they may, in fact, hold other roles with respect to this issue.

Analysis

Analysis of the data has led to me to the conclusion that many of Wolfensberger’s (2000) historically devalued roles continue to find their way into modern discourses about people with intellectual disabilities, albeit in slightly different forms. I found that there were three predominant positions into which these individuals were cast in the production of the MDC discourse, which I will address in this paper:

- As the object of paternalism, who is imagined as child-like, pitied and seen as a burden of charity;
- As the object of the professional gaze, whose deviance from normal standards must be addressed;
- As the failed human, who is invited to compete but not given the tools to succeed.

It is important to note that the perspectives as illustrated in my data may be either consciously or unconsciously held.

The Object of Paternalism

In this paper, the paternalism discourse was the one I deemed most relevant in this analysis. Paternalism has been described as “benevolent decision-making in another’s best interests” (Tuckett, 2006, p. 166), or that notion of deciding something for someone else in the name of preventing harm, notwithstanding what that person actually wants. The most obvious paternalistic relationship is that between a parent and a child. However, paternalism can be found in other instances, including adult children making decisions for elderly parents (Tuckett), doctors making decisions for patients in

cases of withholding or withdrawing medical treatment and do not resuscitate orders (Derse, 2005), and governments making decisions on behalf of their citizenry. In paternalistic relationships, the paternal figure, whether it is an individual, a group, or a government, holds substantial power over the perceived child-like figure, who is largely powerless and helpless.

Wolfensberger (1998, 2000) writes of three devalued roles: the role of the child who never matures, the object of pity for whom observers feel sorry, and burden of charity, which is based on the terms and conditions dictated by those providing the charity, and not on the needs of those people on the receiving end. I suggest that these three roles are all encompassed under the umbrella of the paternalism discourse.

Individuals who are perceived as being unable to take care of themselves are often placed into the role of child. For example, “the stereotypical image of the elderly as ‘frail and vulnerable’ has caused carers to ‘infantilise and patronize’ the older person, and prevent them from making their own life choices” (Tuckett, 2006, p. 167). This infantilisation can be contrasted with the notion of autonomy, or “self-determination of, and self-governance over, one’s actions” (Tuckett, 2006, p. 168).

Similarly, we often pity those we label as different and feel thankful that “we” are not like “them”. Pity and thankfulness may, in turn, elicit notions of charity or philanthropy toward these individuals. Yet philanthropy, as Foucault suggests, is all about power and control, as Arapoglou (2004) argues in his work on homelessness in southern Europe.

Gerard (1987) writes about the role of aristocratic women in the 19th century. In referencing Newby (1975), she says, “charity has actually been an integral part of legitimizing social subordination, not simply because it demonstrates the giver’s superiority and the recipient’s dependence, but because it can be used to reward only those who are suitably deferential” (p. 184). Similarly, Finley (2003), in her work on the people of Dignity Village, discusses the way in which people who are poor and homeless are marginalized and paternalized. She notes that the people of Dignity Village have renounced “charity models for responding to poverty” (p. 509) and argues that “the old (and still prevalent) charity model, if it even was useful, was designed in a mode of deficit thinking” (p. 518).

I uncovered two general themes underscoring the object of paternalism position: a) care and safety, and b) presumptions of incompetence. The government relied on arguments of care and safety to justify keeping such a facility open. The Minister, arguing in favour of the government’s decision, made some comments that clearly demonstrate this: “It is being kept open as one option in the continuum of care” (Sanders, 2005b, p. B1); “This is the surrounding they know. We have to weigh that out with moving people to an environment they wouldn’t be familiar with” (Janzen, 2004, p. A3). In her own piece (Melnick, 2005), the FSH Minister indicated that MDC “offers a safe environment for people who are not yet ready for a transition into the community” (p. A15). Furthermore, “the institution...is intended to ensure that the remaining vulnerable people residing at MDC have a healthy and safe place in which to live” (p. A15). Finally, she said the “decision...was based solely on the best interest of vulnerable people, to ensure that they receive the utmost in care and safety” (p. A15).

However, the government is not the only voice talking about care and safety for adults with intellectual disabilities. An advocate also described “a practical plan for the

400 individuals now resident at MDC to live safely and well in our many Manitoba communities” (Kendel, 2005, p. A16). This same advocate also said that “the dollars are there to support appropriate care” (*Winnipeg Free Press*, 2007, p. A9).

The parallel discourse under paternalism was an emphasis on a lack of competence on the part of people with intellectual disabilities. In Manitoba today, the preamble to *The Vulnerable Persons Living with a Mental Disability Act* (1996)¹ states that, “...Manitobans recognize that vulnerable persons are presumed to have the capacity to make decisions affecting themselves, unless demonstrated otherwise.” Although neither the words “incompetence” nor “competence” were used, the inference that can be drawn from these various comments points to a common understanding that questions the ability of these people to make decisions for themselves. For example, the government discourse expresses reliance upon family members in making decisions for their adult children who have intellectual disabilities.

We continue to work closely with the families of individuals living at MDC to ensure that the upgrades meet the needs of the people most closely affected. Family members have repeatedly told us that...for many residents MDC is home...Their families feel that any move would be detrimental at this stage in life, and would not be in the best interest of the resident (Melnick, 2005, p. A15).

Families share a similar discourse of a lack of competence. A brother said, “Sure, there are a lot of them who can go back into the community, but there are an awful lot that can’t” (Janzen, 2004, p. A3). Even if a family member can envision life outside of MDC, that life is still limited and somewhat segregated: “My son has moved from his home into a group home” (Jones, 2005, p. A11); “When the parents or relative of those mildly handicapped find it impossible to cope or give their relative the required attention, group homes are the answer” (Clarke, 2005, p. A12).

The public, including advocates, also participate in the paternalism discourse, although it may be unconscious. One writer (Buchwald, 2006) clearly wished to speak out in favour of community living for adults with intellectual disabilities. Contrary to popular discourse, group homes are not the only, or even the preferred, community residential option.

The MDC has traditionally been the home of persons who are intellectually challenged, usually adult, and who are no longer able to live with their relatives who have either passed on or, due to age and infirmity, can’t cope with having their child (or sibling) at home any longer (p. A14).

He goes on to say that “perceived wisdom from every sector that works with the intellectually challenged community overwhelmingly comes down on the side of having these folks live in the community in group homes” (p. A14). Yet group homes themselves, as was seen in the family discourse, is not the only residential option.

¹ In Manitoba, a “vulnerable person” is defined as “an adult living with a mental disability who is in need of assistance to meet his or her basic needs with regard to personal care or management of his or her property” within the meaning of the *Act* (s. 1(1)).

Even those who claim to advocate on behalf of people with intellectual disabilities can slip into conversations that belie their goal. The statement, “They’re a lot happier...they enjoy making choices – about what to eat, where to go” (Sanders, 2005b, p. B1) suggests these individuals can only make choices about mundane issues, and cannot make or contribute to making important decisions that people must make in their lives all the time.

Wolfensberger’s (1998) role of the perpetual or eternal child can perhaps be summed up best with the following indirect quotation from Donna Bjore, head of MDC: “About 70% of the residents are profoundly disabled and need to be bathed, dressed, fed and toileted” (Sanders, 2005a, p. A5).

There are instances in the MDC discourse where people with intellectual disabilities themselves begin to speak out. In this discourse, they express their dissatisfaction with their experiences of institutional life. For instance, “I can eat a bag of chips in bed without getting permission” (Sanders, 2005a, p. A5); “I didn’t get to choose the clothes I could wear or choose the meals I ate...I could only make phone calls once a week” (p. A5); “There was hardly any work to do” (p. A5); “I love to learn about space. I’d love to know if there’s life up there somewhere” (p. A5). It is interesting, but not surprising, to see that the choices these individuals mention often mirror the limits others have imposed upon them. Yet, there is an opportunity in this discourse for them to voice their own opinions and concerns, the very act of which creates a discourse running counter to their positioning by others as incompetent children.

The Object of the Professional Gaze

Wolfensberger (1998, 2000) suggests that several devalued social roles into which people with intellectual disabilities have been cast include the subhuman or non-human, the menace or the object of dread. I argue that these roles have been re-defined as the abnormal or deviant object of the professional gaze that requires taming by professional practices.

Skrtic (1995) discusses the role of the professional in his postmodern critique of special education. He argues that “professions rose to a position of prominence on the basis of two claims” (p. 3). The first claim was based on the fact that professionals have a specialized knowledge that helps society solve its problems. The second claim was that these professionals would apply their knowledge in a “disinterested way” for the “common good rather than for personal gain” (p. 3). Skrtic suggests that this idea of professionalism has been called into question using a number of critiques. Quoting Bledstein (1976, p. 92) Skrtic says that sociologically, “the professionalization of social problems...has meant that ‘every sphere of American life now [falls] within the power of the...professional to set apart, regulate, and contain’” (p. 4).

In their critique of professional knowledge in the field of social work, Sellick, Delaney, and Brownlee (2002) also deconstruct professional authority.

Our disciplinary power works not so much by overpowering and coercing, but more subtly, through discursive practices that infiltrate and colonize from within, recruiting our clients into roles, practices, and discourses complementary to our own so that they can become willing participants in our technologies and passive beneficiaries of our expertise (p. 494).

I suggest that Sellick, Delaney, and Brownlee's (2002) comments are equally applicable to people with intellectual disabilities in many professionalized contexts. The notion that these individuals continue to be viewed through the professional lens is legitimated in the MDC discourse. Not only is this discourse apparent in comments by the government, it is also used by advocates for community living and parents of adults with intellectual disabilities.

The Manitoba Family Services and Housing press release (Manitoba Media Services, 2004), in announcing its decision to spend \$40 million to upgrade MDC, made numerous references to the importance of professionals and professionalized services. For example, the release indicated that "this multi-year project will enhance the quality of life of people with significant disabilities who require the specialized care supervision and unique programming at the centre". Characterized as an "accredited residential care facility", MDC "provides a variety of activities for its clients including...sensory stimulation" and is "committed to the principles of resident-centred services". Furthermore, "cottages on this site will be upgraded as required for participation of the Specialty Care and Habilitation programs".

Christine Melnick, the Minister of Family Services and Housing at the time of the announcement, was asked at one point how she would feel about admitting her own family member to the centre. She responded, "I would want whatever was deemed best for that person" (Sanders, 2005b, p. B1). In an opinion piece, the Minister justified her government's decision on the upgrade: "We have also committed to accelerating the pace of transferring individuals – when they are ready - to the community when a community setting is deemed appropriate" (Melnick, 2005, p. A15). She goes on to say that "we are open to assisting current MDC residents in moving to the community if they so wish and if appropriate services can be put into place" (p. A15).

Interestingly, the government is not the only source of the professionalism discourse. A number of advocates also use language that acknowledges the dominance of professionalization in society. For example, one advocate says of people who live in institutions, "they've had no loving, no care, and never learned to express warmth in an appropriate way" (Sanders, 2005b p. B1). In a letter to the editor, another advocate refers to "using the experience and expertise of MDC staff" (Kendel, 2005, A16.) in an alternate community-based proposal.

In the family context, a mother speaks of her son's "quality of life" (Egan, 2005, p. B3), while a family member frames residents of MDC in the following way: "All residents are evaluated to determine which [living facility] suits them best" (Clarke, 2005, p. A12). In this same letter, reference is also made to the "numerous programs conducted on a regular basis" (p. A12).

These excerpts serve to illustrate that people with intellectual disabilities are referred to in the context of abnormal people who require environments and activities that are deemed to be appropriate in the views of the professionals responsible for their care. Although these professionals are largely unnamed, their presence is woven into the discourse using terms such as "quality of life", "appropriate", "services", "programs", and "evaluation", terms we do not generally associate with the activities of living for "normal" people. Similarly, words such as "deviant", "subhuman", or "menace" are never uttered. In the language used there is something inherently different about the people

who are being spoken about, and that is that “they” are not like “us”. Unlike people with intellectual disabilities, we do not need to be evaluated to live in the community, nor do we need to pass any sort of readiness test before we are accepted as members.

The Failed Human

The final discourse was the most difficult to categorize. I originally titled this position “the citizen” and considered it to be a counter-discourse to the negative positioning of people with intellectual disabilities I have described thus far. In this discourse, talk focused on people with intellectual disabilities in the context of human rights, equality, and citizenship. Positioning people with intellectual disabilities as competent, equal community members is becoming more and more prominent in the academic discourse about these individuals (for example, Bradley, 1994; Herr, Gostin & Koh, 2003; Hutchison & McGill, 1992; Lord & Hutchison, 2007; Rioux, 2003; Taylor, 1988 & 2001). In my study, this discourse was evident in the words of the government, advocates, self-advocates, family members, and the general public.

Melnick (2005) reiterated the government’s official position on people with disabilities: “Our government is committed to supporting Manitobans with disabilities. We are proud of our record in expanding community-based services and promoting inclusion of persons with mental disabilities in our communities...we continue to build on and improve community services” (p. A15). The Minister also indicated that “since 1999, our budget for community living has increased by 130 per cent. That record stands to show our commitment to community living” (Janzen, 2005b, p. A12).

Advocates presented many arguments within a human rights discourse. The National Coordinator of People First of Canada said, “The entire focus across the country is inclusion... \$40 million could have made a lot of lives in the community so much better” (Janzen, 2004, p. A3). Dale Kendel, the Executive Director of Community Living Manitoba argued that the MDC decision is simply “warehousing people. We can do better than that” (Janzen, 2005a, p. A3). A former British Columbia ombudsman and lawyer called the announcement “discriminatory” and “apartheid”, declaring Manitoba to be “25 years behind everyone else” (Sanders, 2005b, p. B1). The President of Community Living Manitoba claimed “institutions, no matter how they’re presented, do not advance human rights” (Rabson, 2006b, n. p.). Finally, Bob Jones, an instructor in the Disability and Community Supports program at Red River College described the \$40 million pledge as “indefensible” and said it is “inconsistent with basic human rights” (Rabson, 2006a, n. p.).

Kevin Johnson (2005), Vice-President of People First Manitoba, wrote in a letter to the editor,

We are angry about the NDP government’s decision to spend \$40 million on MDC. We find this decision appalling and degrading as we believe all individuals have the right to live and belong in the community. ...Our members are active in the community, have choices and rights because they were given a chance. We want the people at MDC to experience freedom and the opportunity to make their own choices (p. A14).

David Weremy, a community resident who lived at MDC for 18 years, talked to a *Free Press* reporter about his life in the institution: "It was bad... You can't do what you want. You're always locked up" (Rabson, 2006b, n. p.). Of his life after institutionalization, Weremy said, "Nobody pushed me around anymore" (Rabson, 2006b, n. p.).

A mother also challenged the traditional positioning of people with intellectual disabilities, noting that her son "has maintained a real presence in our community. He is productive and happy" (Jones, 2005, p. A11).

In a number of letters to the editor, members of the public also appeared to envision a new role for people with intellectual disabilities: "We need to listen to...the distinctive difference in their voices when they share their stories of joy about living a full community life" (Scott, 2005, p. A14); "Repeatedly, it has been demonstrated that...people do better socially and developmentally when they live in the community" (Wright, 2005, p. A13); "The last 20 years of delivering community-based services have proven that what people need is supports and that the place to deliver these supports is in the community; close to family, friends, and other citizens" (Ross, 2005, p. A13); "Clearly the issue in Manitoba is not lack of resources but a lack of commitment on the part of the government to the best interests of its citizens" (Roberts, 2005, p. A12); "Happiness is...found in being accepted family, friends and being free. They will still be in an institution...where it is impossible to live a life that allows you to have the same human rights as everyone else in the world" (Balkissoon, 2005, p. A12).

Notwithstanding the direction in which this discourse unfolded, I felt somewhat uneasy with the citizenship position, differing as it does so radically from all the other positions in the MDC discourse. I was left with the puzzle of how a group of people can be "othered" so dramatically and yet at the same time, be considered "one of us". In order to find some justification or reasoning for this diverse and oppositional discourse, I turned to Schwartzman's (1999) feminist critique of rights theory.

In her work, Schwartzman (1999) discusses Catherine MacKinnon's critical assessment of liberalism in the context of rights. In their respective analyses, they do not deny that the law provides guarantees respecting rights and equality, but they suggest that "the way that liberal theorists *interpret* and *employ* these rights often renders them ineffective in bringing justice to people whose oppression is constituted through the operation of racial, sexual, and economic power structures" (p. 34, emphasis in the original). Schwartzman goes on to make a number of crucial points. Who can actually exercise the rights they have been "given"? Those who do not have either the "social conditions" or the "institutional power" are not in a position to take advantage of rights that exist for those with the power to enforce them (p. 35). As MacKinnon (1989) argues,

If one group is socially granted the positive freedom to do whatever it wants to another group, to determine that the second group will be and do this rather than that, no amount of negative freedom legally guaranteed to the second group will make it the equal of the first (pp. 164-165).

These arguments are relevant to the government decision in this case. People with intellectual disabilities have been guaranteed equality under section 15 of the *Canadian Charter of Rights and Freedoms*. Similarly, Manitoba's white paper, *Full*

Citizenship: A Manitoba provincial Strategy on Disability (2001), says that “any complete understanding of citizenship requires the full inclusion of persons with disabilities. When full citizenship exists, persons with disabilities will have access to the social, recreational and employment systems and programs open to others” (p. 4). Notwithstanding these guarantees and pronouncements, the prevailing discourse about people with intellectual disabilities does not position them as equal citizens with others.

As MacKinnon (1989) and Schwartzman (1999) point out, liberal rights theory focuses on rights afforded to individuals and “fails to see the way that individual, personal events can manifest and replicate societal structures of inequality” (Schwartzman, p. 37). How an individual may be affected by living at the Manitoba Developmental Centre does not address the underlying issue of “able-bodied” and “able-minded” dominance or the expectation of being “normal” in our society. Because this normal or standard way of being is so embedded within our society and culture, and because independence and competence are so highly valued, the harm of “ableist” practices “cannot be easily isolated from the social organization of society and as a result may not even be recognizable as harm” (Schwartzman, p. 38).

Another issue that the feminist critique addresses is the idea of “rights” versus “goals” (Schwartzman, 1999). People with intellectual disabilities may already have rights, but thus far as a society, we have not agreed upon goals necessary to enable them to actualize these rights.

If the state is going to promote rights for all of its citizens, it must concern itself specifically with the goal of rectifying current (and pervasive) inequalities... the state must actively attempt to achieve equality and not presuppose that it already exists (Schwartzman, p. 40).

In effect, “for people to be granted their rights in any meaningful way, these rights must include some entitlement to the positive freedoms and basic equality necessary to make use of them” (Schwartzman, p. 41).

Given this particular critique of rights, what meaning can I attribute to this particular discourse on citizenship and people with intellectual disabilities? What position are these individuals actually occupying if it is not one of citizen or community member? As the above critiques suggest, there must be some commitment to identify or define goals that will allow people their rights. What is missing in this discourse is a focus on what these goals might be. What is evident in the other discourses in this debate is the prevalence of a number of devalued roles which compete with notions of citizenship. If society defines intellectual disability as a medical problem requiring professional expertise to manage and rectify, and if we see these individuals as incompetent children, how can we reconcile these ideas with citizenship and community membership? Counter-discourse cannot simply talk about rights and equality. It must actively and aggressively address the “social structures of inequality” (Schwartzman, 1999) by reconceptualised traditional devalued roles with new and valued positions. It is this repositioning that is missing from the discourse on citizenship. “Rights talk” (Reinders, 2002), therefore, does not yet position people with intellectual disabilities as equal citizens.

By assuming inequality to be an individual problem and by failing to articulate goals for the purpose of achieving equality, this discourse positions people with intellectual disabilities as failed humans. Christine Melnick (2005) took pains to provide examples of failed attempts to move people from MDC into the community. One implication which may be drawn is that these individuals were not “ready” to leave the institution leading to “breakdowns in their community placement” (p. A15). This, in turn, may lead to the observation that these people are somehow at fault for their inability to succeed in a community setting. Similarly, expecting these individuals to succeed based on existing societal norms and standards also sets them up to fail. They cannot succeed unless different expectations are set and/or goals are firmly in place to support them to live within existing expectations. It cannot be assumed that simply because people say the words “citizen” or “community”, everyone will be able to magically adapt to normalized standards. There must be a new and very different language to positively affect these well-entrenched positions and roles.

Conclusion

By the use of discourse analysis, I analyzed the positions into which people with intellectual disabilities are being placed. In order to facilitate this process, I used Wolfensberger’s (1998, 2000) negative roles into which devalued people have historically been cast, although not all of these are found in the MDC discourse. It is not my intention to affix blame or fault, but simply to bring the discourse to light.

This discourse analysis has led me to the conclusion that people with intellectual disabilities continue to occupy devalued positions. By the use of specific language, these individuals continue to be seen as the object of paternalism, object of the professional gaze, and the failed human. Although self-advocates have begun to create a counter-discourse which positions them as competent adults who can speak for themselves, the deficit discourse prevails. This deficit discourse originates not just with the government, but also in the language of advocates, family members, and the general public. Negative positioning continues to paint a picture of adults with intellectual disabilities as sick, deviant children requiring professional intervention with the ultimate aim of rehabilitation to normalcy.

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