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## The role of international institutions in the process of categorization of 'Disabled People' (1930s–1975)

*Gildas Bregain*

At the end of the 19th century, soldiers mutilated during military conflicts are referred as invalids (*invalides* in French, *invalidos* in Spanish), likewise the individuals injured during their professional activity. That occurs in Spain, where one can find a *Cuerpo de Invalidos de Guerra* and a *Instituto Nacional de Reeducción Profesional de Inválidos del Trabajo*. However, very often, there is a wide variety of names people give to the 'civil' physically disabled persons. These identifications have generally pejorative connotations. In Spain, terms like *inutiles*, *cojos*, *tullidos*, and *impedidos* are very frequently used. The persistence of these various names is partly explained by the fact that these individuals had never been subject to categorization of administrations or of powerful private institutions.

During the 19th century, invalidity is defined only on the basis of medical criteria that justify the destructive incapacity (as a soldier) or the productive incapacity (as a worker) of the person. After the First World War, the practice of professional rehabilitation for war-disabled and for industrial work-disabled strongly develops itself among several European countries. Politics about vocational rehabilitation are in fact correction and accommodation procedures intended to allow the people to return to a social normality (Stiker, 1996, p. 30). By developing this practice intended to use the residual capacities of the individual with lesions or with disabilities in order to integrate him into the world of production, this is impossible to view the disabled person as non-productive. This new reality makes the medical specialists review the name 'invalids' (*invalides* in French, *inválidos* in Spanish), now inappropriate, and to question the definition criteria for unemployability. Much more than a simple linguistic modification, semantic changes often reflect the willingness to impose a new meaning for the disability. Some other actors (the people with disabilities themselves, the social workers, the policy makers, et al.) episodically participate to this debate that aims to impose a new definition on a medical profession and on the entire society.

Representatives of disabled people reappropriate very often foreign categorizations or categorizations used by international institutions included in international resolutions or in reports of international experts (ILO, WHO, UN). They try sometimes to make a suitable translation of this foreign definition to the local context. The reports of these commissions of international experts, as well as the international documents approved during this period, play a key role within the categorization changes of the disabled group at the international and national levels. However, the influence of these international categorizations varies in intensity and in temporality across countries.

These variations depend on the manner in which the local actors learn about the categorizations and also on the manner in which they appropriate them. These international documents endorse and institutionalize the dynamics of existing conceptual and semantic changes concerning disability at an international level. Two spheres of rehabilitation gradually appear, the vocational rehabilitation and the medical rehabilitation. They are respectively promoted by the International Labour Organization (ILO) and by the World Health Organization (WHO). These two spheres of rehabilitation lead to different conceptual and semantic transformations.

We focus our analysis on the manner in which the representatives of the disabled people, and first of all the international experts, identify the disabled in a collective way in front of the international public opinion. This research perspective leads us to pay less attention to the other ways of naming the disabled that are used by the same representatives in front of different interlocutors or that are used by different actors.

Indeed, as Frederick Cooper reminds us, the manner in which somebody identifies himself appreciably varies according to the context and to the interlocutor whom he addresses to. All of this can change over time (Cooper, 2005, p. 71). Identifications used by some disabled leaders in order to name their comrades in front of the society is very different from those they employ when they speak only to their peers, in a small group.

It is not easy to date these semantic and conceptual changes about disability, as they are not linear processes. The dynamics of construction and consolidation of new identifications often combine themselves, and they overlap and sometimes contradict one another at national and international levels. Our knowledge of these dynamics of conceptual and semantic transformation is limited by our sources. These last ones are mainly reports of committees of international experts, so we can get to only a minor part of the public debates. Furthermore, if it is quite easy to identify the semantic changes, it is more difficult to see the conceptual transformations as the authors rarely mention the definition they give to the word 'disabled'.

### **New definitions of disability intrinsically related to the exercise of a professional activity within the area of vocational rehabilitation (1918–1955)**

The first transformation, which mainly starts after the First World War, aims to show the potential productive capacity (and eventually destructive capacity) of the people with important impairments and lesions. In order to do this, the representatives of the disabled people discard the previous conception of incapacity, which linked systematically serious impairment with entirely productive or destructive incapacity. As main actors of this transformation, doctors – together with the war-disabled and workdisabled – underline the necessary difference between the physical impairment and the incapacity (permanent or temporary, total or partial) to have a professional activity.

This dynamic is related to the birth of legislation concerning invalidity insurances and the industrial accident insurances within many countries starting from the end of the 19th century. In response to the introduction of these laws, some doctors and lawyers, sometimes together with entrepreneurs and employee representatives, are asked to evaluate the degree of incapacity of the injured or ill people. This evaluation has two main purposes: to figure out the different ways towards their vocational rehabilitation and to fix the amount of the compensatory pension for earning incapacity they should receive.

At the international level, the assessment procedures of this incapacity are very heterogeneous. Laws from some countries (France, Italy, Belgium) establish the degree of incapacity on the basis of only the physical integrity prejudice, by following a compulsory or indicative scale. In this case, the pension allotted to the individual is permanent and cannot be modified. But already by the middle of the 1920s, the biggest majority of international experts believe that this assessment procedure is not judicious, as it does not measure the real economical prejudice.

As a matter of fact, a very big number of national laws concerning the invalidity insurance and the compensation for work injuries are based on the notion of *professional incapacity* (*incapacité professionnelle*). They assess the unemployability by taking into account the diminution of working capacities. Examinations are no more based on the physical impairment, but on the reduced function (related to this impairment), which restricts the working capacity. In that case, specialists often define the group of disabled people based on their diminution of wage-earning capacity (*capacité de gain*) related to their lower productivity (A-Type of definition). In some cases, this professional incapacity is based on only the physical condition and on the previous regular occupation of the person. In other cases, some other criteria are considered, like the individual's age, gender and social group.

Some national laws say that this assessment has to be based on the unemployability inside a specific occupation (seaman, miner, etc.) or a group of occupations (administrative staff), while others say that this assessment has to be based on the unemployability within a company, a group of companies, or even an industry.

Although various, these assessment procedures imply that the possibilities for vocational rehabilitation are seen inside only a very small job circle (inside the same company, the same industry or the same group of occupations). They are therefore criticized by some experts who think they do not take into account the possibilities for vocational rehabilitation of the disabled people within another industry, or another company that is not affiliated to the insurance scheme. These possibilities of professional reclassification are even more important when the process of vocational rehabilitation is set up. These experts are convinced by the need to maximize the boundary of professional reclassification in order not to lose the many efforts made within the vocational rehabilitation. But experts agree with the need to keep this restrictive way of conceiving the professional incapacity (*incapacité professionnelle*) in a small labour circle with respect to some specific dangerous and extremely tough occupations (miner, seaman).

The willingness to widen the boundaries of the professional reclassification makes the experts value a new way of conceiving the unemployability. That is the *general earning incapacity* (*incapacité générale de gain*). In November 1936, ILO set up a meeting for the international experts on the social insurances. It strongly recommends applying the conception of *incapacité générale de gain* (Bureau International du Travail, 1937, p. 367). This one implies to consider the possibilities of reclassification and of earning inside the general labour market, by taking into account the nature and the severity of disabilities, the age and the previous occupation of the disabled person. In this case, the residual working capacities of the individual are completely taken into account and the perimeter of vocational rehabilitation is very large, which makes it possible to find a work adapted to him more easily, and to stop assigning him a pension. Adopting this conception allows the legislator to conceive the unification of its insurance system to all employees and all workers, to take into account the possible outcomes of the vocational rehabilitation, and to diminish the number of invalidity paid pensions.

The economic crisis of 1929 and its disastrous social effects at the unemployment level make the international experts understand that the evaluation of the earning incapacity is closely related to the situation on the labour market. In this context of crisis, the least productive and the sick people are the first ones to be laid off, and the disabled people do not manage to find any employment because the employers raise their requirements to select the workers. This depreciation of the work of the disabled on the labour market is very perceptible in England. In this country, the House of Lords issued a judgment that set precedent in England at the beginning of the 1930s. It considers that there is a total earning incapacity in the case of disabilities that make the work of the victim as 'unsaleable' on every market reasonably accessible to him and that there is a partial earning incapacity when disabilities decrease the value of this work on the mentioned market (Bureau International du Travail, 1937, p. 65). In England, the depreciation of the work of a disabled person on the labour market is thus taken into account to evaluate the degree of wage-earning incapacity. That generates a very important rise of the declarations of disability submitted to the administrative institutions during the 1930s (Whiteside, 2002).

This makes the experts recommend in 1936 to take into account the real conditions on the labour market in the evaluation of the wage-earning incapacity. They recommend that the invalidity insurance should give pensions in the event of partial permanent disability for the applicant who could not manage to have an adequate payment for his work, and also for the

applicant “who, in view of the conditions of competitions within the labour market, has no reasonable chance to find a proper job” (Bureau International du Travail, 1937, p. 382).

The focus on the highly discriminatory labour market brings some doctors to define the group of disabled people on the basis of the professional disadvantage they experience because of their disability (B-type of definition). For them, this professional disadvantage must be analysed in view of the real conditions on the job market, by taking into account the disability, the age of the person, his professional experience, his social and cultural conditions. This approach is the one adopted within the *Disabled Persons (Employment) Act* in England in 1944 (United Kingdom, 1944). In this text, the disabled person means *a person who, on account of injury, disease, or congenital deformity, is substantially handicapped in obtaining or keeping employment, or in undertaking work on his own account, of a kind which apart from that injury, disease or deformity would be suited to his age, experience and qualifications.*

The expression “disease” includes “physical or mental condition arising from imperfect development of any organ”.

Whatever their methods of classification were, by doing their examination, doctors and lawmen have to differentiate at this time the individuals having a permanent partial incapacity (‘recoverable’ disabled), potentially capable to successfully follow the process of vocational rehabilitation, and the individuals who have a permanent total incapacity and are unable to work, the ‘unrecoverable’. The norms set by the German disability insurance are an international reference for many European countries. The German disability insurance sets the unemployability around a threshold equal to one-third of a normal worker’s average salary. Only the individual who cannot earn the third of this salary is allowed to have this pension.

This separation of individuals having an impairment into two different groups makes some specialists ask themselves if they have to limit the category of the *invalides* to those considered unable to work, or, more broadly, to those having a permanent total or partial disability. Defending the definitions A and B means to keep the unity of the group of disabled people, including from a semantic point of view. Some other actors choose to define the disabled people on the basis of their productive capacities, which are inferior to the norm, but real (C-type of definition). All of this induces the exclusion of the ‘unrecoverable’. The choice of this interpretation leads their zealots to the semantic split of the group of disabled people into two opposite categories. In the French and Spanish linguistic areas, some of the actors wish to promote a new word in order to name the recoverable individuals, while maintaining the word *invalides* (in French), *invalido* (in Spanish) in order to name the unrecoverable disabled people. This threat of split between the two categories is real during the 1940s. In Spain, a disabled intellectual, Fernando Cebreros Poch, affirms in a conference from 1953 the need to differentiate between the word *inútiles* – or *invalidos* – and the word *impedidos*, which shows those who are more likely to be ‘adapted to the society’ (Diario ABC, 1953), briefly, those who have enough energy to work and to participate to the social life.

In the middle of the 1940s, the international experts are in a great uncertainty regarding the manner of defining the ‘disabled’. The combination of a very broad scale of impairment (physical, sensory, mental, etc.) and of the relativisation of vocational disablement places the experts of the ILO in a great perplexity. On the one hand, they admit that “only a very small percentage of the population in any country is free from any kind of physical or mental disability”, and that, on the other hand, “there is no clear or permanent relationship between physical or mental disablement and vocational disablement” (International Labour Organization, 1945, p. 1). But in the same time, they consider that those who can be categorized as ‘disabled’ for the purpose of special measures on the training and

employment form only a small percentage of those who have a physical or mental deficiency. For the experts, “the problem of terminology is almost insoluble” (ibid., p. ii). The experts criticize the existence of restrictive definitions of the word “disabled” in certain countries, “on the ground that it implies a separate classification which it is both impossible and undesirable to delineate in practice” (ibid., p. ii).

However, this threat of split into two different semantic categories disappears in the middle of the 1950s at an international level when ILO choose to keep the term ‘disabled’ (*invalides* in the French translation) in its Vocational Rehabilitation of the Disabled Recommendation no. 99. At the moment of the preparation of the project of recommendation, in 1953, the editors from ILO inform the different governments of their wish to elaborate a definition of the disabled depending on the right of admission to the services of vocational rehabilitation (Organización Internacional del Trabajo, 1953, p. 9). This procedure implies to adopt a limited definition that includes only the disabled people who can be rehabilitated. Finally, negotiations reach a compromise: the recommendation no. 99 adopted in June 1955 maintains the word “disabled”, largely defined as “an individual whose prospects of securing and retaining suitable employment are substantially reduced as a result of physical or mental impairment” (General Conference of the International Labour Organization, 1955). This definition is quite similar to the definition B that sees the disability as a professional disadvantage. But the text implicitly confirms the existence of a dichotomy between the unrecoverable disabled people and the recoverable ones, as one paragraph of the text stipulates that

*vocational rehabilitation services should be made available to all disabled persons, whatever the origin and nature of their disability and whatever their age, provided they can be prepared for, and have reasonable prospects of securing and retaining, suitable employment.*

The dynamic of conservation of the unity of the disabled group is facilitated by the difficulty of the doctors to assess the real productive potential of an individual. Indeed, this classification is sometimes weakened by the fact that some disabled people considered as suitable for rehabilitation, and therefore rehabilitated, cannot manage to become productive. On the other side, doctors have to take care of disabled children for whom it is difficult to assess a productive potential. Finally, several actors disagree with this dissociation, as its use is likely to exclude and to marginalize even more the disabled people unable to be rehabilitated.

The ratification of the ILO recommendation no. 99 confirms another dynamic that is the widening of the category of the disabled to some other groups of individuals different from the war and work injured: the blind, the deaf, the people born with a disability, as well as the mentally disabled. In the United Kingdom, the widening of the category of *disabled persons* to the mentally disabled is recorded since 1944. The equalization of these categories is allowed by the fact that all these individuals are seen as receivers of the vocational rehabilitation policy. As a consequence, these different categories, which were in part seen before as opposite, can now be unified under one single identification linked to the process of vocational rehabilitation.

### **The emergence of new definitions of disability that are not related to the exercise of a professional activity within the area of the medical rehabilitation (1952–1975)**

A new way of considering disability emerges in conjunction with the development of the medical rehabilitation intended for children with different illnesses (poliomyelitis, arthritis, etc.). The aim of this rehabilitation is to prepare the individual to do daily actions in the most independent way possible. The medical rehabilitation claim to coordinate all the

actions intended for the disabled people of all ages, including the educational or vocational training questions. For this reason, this rehabilitation is also named 'integral' or 'total' rehabilitation few years later. The defenders of the medical rehabilitation define the disabled person on the basis of the difficulty to carry out the daily activities. However, several versions of this definition can be identified during the 1960s and the 1970s.

The 'original' version is given by the definition ratified by the specialists from the international institutions (World Health Organization, United Nations), based on the difficulty to fully participate to the educative, social and professional activities because of the physical impairment (D-type of definition). In 1950, a joint committee of experts on physically handicapped children is created under the auspices of WHO. It brings together international experts belonging to the three organizing bodies (WHO, ILO, UNESCO, UN) under the chairmanship of Harry Platt. This committee does not link the definition of the disability to a professional activity:

*a child is considered handicapped if, over an appreciable period, he is prevented by a physical condition from full participation in childhood activities of a social, recreational, educational, or vocational nature.* (Joint Expert Committee on the Physically Handicapped Child, 1952, p. 5)

This choice of definition allows legitimating the children's right to access a range of different services (education, vocational rehabilitation, assistance, etc.).

During the 1950s and the 1960s, a version of this definition gradually emerges, inspired by the definition B (the disabled persons as a group of individuals suffering from a professional disadvantage). Some Western medical rehabilitation specialists begin to define the disabled person on the basis of the social disadvantage caused by his impairment within the practice of the social activities (E-Type of definition). Although it does not assign explicit responsibility to the society with the exclusion from the social activities, this interpretation implies the idea of rights to compensate.

Starting from the late 1960s, inside several countries, associations of people with disabilities consider that society plays an important role within the construction of the professional and social disadvantage affecting the disabled persons (importance of employers' negative prejudices; lack of accessibility of the public buildings and of the public transport). These radically social interpretations of the *disability* vary, however, over the degree of responsibility assigned to the society within the construction of this social and professional disadvantage.

Some groups of people with disabilities built a Marxist interpretation of the *disability*, by assigning the whole responsibility of their marginalization to the way in which the capitalist society is organized. In London, the Union of the Physically Impaired Against Segregation (UPIAS) defends 'a social definition of disability' by considering that it is not something personal and by totally dissociating it from the *physical impairment*. According to them,

*it is society which disables physically impaired people. Disability is something imposed on top of our impairments, by the way we are unnecessarily isolated and excluded from full participation in society.* (Union of the Physically Impaired Against Segregation, 1976, p. 13)

More precisely, the *disability* is

*the disadvantage or restriction of activity caused by a contemporary social organization which takes no or little account of people who have physical impairments and thus excludes them from participation in the mainstream of social activities. Physical disability is therefore a particular form of social oppression.*

In other cases, some actors understand the *disability* as a social disadvantage based, in the same time, on the functional diminution and on other problems in which society could be involved (as the mobility and the job access). This interpretation implies a questioning of the responsibility of the society within the construction and the maintenance of the services which are not accessible to the disabled persons.

In Spain, at the end of the 1970s, some physically disabled leaders from the association *Minusvalidos Unidos* from Madrid disagree with the medical definitions of the *disability*. But they criticize this in a more subtle way than the English association UPIAS, who radically dissociates the *disability* from the *impairment*. According to one of the members of *Minusvalidos Unidos*, we have to understand the disabled people ‘as a social group which is marginalized by society because of (?) its physical and psychical impairments (Gabinete de Estudios y Asesoramiento, 1979, p. 5). The question mark is used here in order to register doubt about the ‘fatal cause-effect relationship’ between the physical impairment and the marginal situation. The author wishes therefore to show that a certain physical defect “does not lead by itself to the social marginalization” (ibid., p. 57), as the contemporary capitalist society contributes to the marginalization of disabled people.

At the end of the 1960s, the medical rehabilitation experts confirm their definition of the disabled person on the basis of the difficulties to assume his social and professional needs and obligations. Gathered in Geneva in November 1968, the WHO committee of experts on medical rehabilitation brings together experts specialists on rehabilitation from the entire world, as well as representatives from the other intergovernmental institutions as the UN or Unesco and representatives of some NGOs.

The committee decides after several debates to define the *Handicapped person* as *a person whose physical and/or mental well-being is temporarily or permanently impaired, whether congenitally or through age, illness, or accident, with the result that his self-dependence, schooling, or employment is impeded.* (Expert Committee on Medical Rehabilitation, 1969, p. 7)

This definition change endorses the widening of the receivers of the medical rehabilitation to the mentally disabled persons. This version is definitively confirmed inside the UN Declaration on the Rights of Disabled Persons approved in December 1975, in which the term disabled person

*means any person unable to ensure by himself or herself, wholly or partly, the necessities of a normal individual and/or social life, as a result of deficiency, either congenital or not, in his or her physical or mental capabilities.* (General Assembly of the United Nations, 1975, p. 1)

## **Resolving the conflicts of interpretations related to the term disability**

After 1955, the approaches of disability through the medical rehabilitation and through the vocational rehabilitation strongly diverge, but they are also confused because of the shared use of the term “disability” with different meanings. The ILO recommendation implicitly confirms the need to differentiate between the organic deficiency (*impairment*) and its consequences on the chance to find or maintain a proper job (*disability*). Aware of the institutionalization of this definition of the term *disability* at the international level, the specialists on medical rehabilitation show their willingness to choose another term in order to characterize the degree of difficulty to execute the daily actions. To this end, they choose at the beginning to give a new meaning to the term *impairment*.

In February 1958, WHO set up a committee of experts on medical rehabilitation in Geneva. Chaired by the doctor G. Harlem, the Health Minister of Norvegium, the committee

decides that their task is to evaluate the *Impairment* (in French *infirmité*), defined as “the presence of a medically diagnosed physical defect in the individual which reduces his fitness to cope with the requirements of everyday life” (Expert Committee on Medical Rehabilitation, 1958, p. 8). This committee differentiates between this *impairment* and the *disability* (translated in French as *incapacité de travail* or *invalidité*), which is “a complex evaluation of the reduction in the patient’s ability as regards gainful employment” (ibid, p. 8). But the specialists aren’t quite satisfied with this classification, and they call for a rapid homogenization of definitions and for the adoption of a concise definition for each one of the terms *impairment* and *disability*.

During the 1960s, the definition prevailing into the area of medical rehabilitation also becomes predominant inside the area of rehabilitation (which includes medical and vocational rehabilitation, educative services). Because of this, the primacy of the definition of *disability* from the area of vocational rehabilitation is questioned. In 1968, the committee of experts on medical rehabilitation (who also brings together specialists from ILO, Unesco, UN) maintains the distinction between *impairment* and *disability*, but they also modify their definition. They adopt a definition of *disability* totally dissociated from professional capacity, as it underlines ‘the reduction of functional ability to lead a fruitful daily life’ (Expert Committee on Medical Rehabilitation, 1969, p. 7). We must stress that the definition adopted about the disability states that the individual himself can contribute to worsen his degree of disability if he badly reacts to his impairment: ‘It is the result not only of mental and/or physical impairment but also of the individual’s adjustment to this’ (ibid., p. 7). On the other side, the specialists on rehabilitation define from now on the *impairment* as a ‘permanent or transitory pathological condition resulting in a diminution of functions’ (ibid., p. 7).

Furthermore, specialists add a new term, *invalidity* (in French *invalidité*), defined as “a measure of the diminution of the individual’s capacities” (ibid., p. 7). The absence within the classification built by the specialists of a definition intrinsically linked to the professional capacity could be explained by their wish to build a measurement instrument that is not specifically dedicated to the assessment of the vocational incapacity.

The specialists search for ranking procedures and operating definitions inside all the areas of the rehabilitation. It means that these definitions have to be useful as measuring tools for the services responsible for assessing, for providing support, services and allowances in the educational, professional and medical areas.

Nevertheless, the choice of a definition available for all areas turns out to be very difficult, as the receivers of the rehabilitation are not necessarily the same category of persons as the receivers of the specialised education services, etc. During the 1970s, some governments (as in France) avoid including a precise definition of the disabled person within their legislation of integral protection of disabled people, in order to elude this difficult question or in order to avoid the exclusion of an individual from these services because of a too restrictive definition.

Starting from 1960s, definitions of the group of disabled on the basis of the social disadvantages they experience in order to ensure the necessities of their social life become increasingly important inside the area of rehabilitation. In order to qualify this condition of social disadvantage, the local actors sometimes modify the meaning of the word *disability* (as the English association UPIAS do), or they promote the term *handicap*. American professionals have used the word *handicap* since the 1940s in order to speak about the professional disablement. If the classification made by the specialists of WHO in 1968 does not include the term *handicap* within its definitions, it still confirms the victory of the interpretation of the group of disabled people on the basis of their social disadvantages by adopting the terms *handicapés* and *handicapped persons*.

The efforts of the specialists on rehabilitation to reconcile the approaches of medical and vocational rehabilitation remain imperfect and confusing for a long period of time, including for the insiders themselves who admit that they are not satisfied with the adopted classifications. It is within this background that Dr Philip Wood is named responsible by WHO at the beginning of the 1970 for the creation of a new consisted classification. This new classification is published in 1980 under the name *International Classification of Impairments, Disabilities and Handicaps: A Manual of Classification Relating to the Consequences of Disease*. This classification distinguishes between the *impairment* that is a personal characteristic of a person, the *disability* that represents the functional limitation due to this impairment, and the *handicap* that represents the social disadvantages resulting from this disability. This classification is intended to give the possibility of ranking and measuring to the different institutions in charge of providing support and services (Stiker, 2005, p. 191). The official French translation is made in France by Inserm and by the *Centre technique National d'Etudes et de Recherches sur les Handicaps et les inadaptations*, with the name *Classification internationale des Handicaps: Déficiences, incapacités, et désavantages* (1988). The official Spanish translation is made in 1983 by the *Instituto Nacional de Servicios Sociales* from Madrid, into *Clasificación Internacional de las Deficiencias, Discapacidades y Minusvalías* (Instituto Nacional de Servicios Sociales, 1983).

### **The institutionalisation of the expression disabled persons at the international level**

Starting from the 1930s, inside the English-speaking countries and European ones, where the vocational rehabilitation is very developed, the dynamic is clearly in favour of the creation of an alternative identification against *invalides* and *infirmes* (within the French-speaking world) and against *cripples* (within the English-speaking world). Although the *International Society for the Welfare of Cripples* keeps its name until the 1960s, the English-speaking specialists are already very critical towards the word *cripples*, which seems pejorative to them. Moreover, the United States and Great Britain's governments have already endorsed the need for a semantic and conceptual change. In 1944, the British parliamentary monarchy approves the *Disabled Persons Employment Act*. In the United States, it is the name *handicapped*, appeared during the first decades of the 20th century (Stiker, 1996, p. 20), that is preferred by the most specialised doctors and by some disabled persons. This name is then institutionalised at the federal level by the introduction by President Truman of a *President's Committee for the Employment of the Physically Handicapped* starting from 1945 (Groce, 1992, p. 32). Intended to steer the policy of vocational rehabilitation at the federal level, this committee acquires very quickly a considerable status at the international level. Finally, we have to underline that other terms are also used, but less often, for instance the expression *impaired workers*.

Inside the French-speaking countries, two identifications appear during this period. The first one is *déficients (physiques et mentaux)*, which replaces the term *anormal* within the area of specialised education. It has spread across the area of rehabilitation. The second one that tries to impose itself on the French international arena is *diminués physiques*. In France, Suzanne Fouché creates the *Ligue pour l'adaptation du diminué physique au Travail* in 1929 (Stiker, 2005, p. 193).

Inside the Spanish-speaking countries, debates about semantics appear starting from the beginning of the 1940s. During the 1940s and the 1950s, the specialists from the Latin American countries and the Spanish specialists suggest multiple alternative identifications, both by inspiring themselves from the French names (*deficientes, disminuidos*) and by trying to adapt English names (*lisiado* as synonym for *cripples*, *dishabil* and *incapacitado* as synonyms for *disabled*, and *impedido, handicapeado* as synonyms for *handicapped*). During a

conference on disability organised in Buenos Aires in 1946, E. Mira y Lopez's advises to adapt the word *disabled* to the Spanish background:

*maybe we can use in Spanish some words like hipoérgico (if we wish to have a scientific term) or dishabil, dishabilitado (by copying the English word) or hence the term readaptado. (Asociación de Ayuda y Orientación al Inválido, 1947, p. 266)*

Some other people suggest new original identifications, like *menor-valido*. During a conference on disability organised in Buenos Aires in 1943, a Chilean doctor, Dr Osvaldo Quijada, suggests the term *menor-valido*, in order to define the individual who has a limited productive capacity because of his illness (Asociación de Ayuda y Orientación al Inválido, 1944, p. 191).

At the beginning of the 1950s, the dynamics of the semantic transformations within the English and French areas are confirmed by the United Nations and WHO. In 1952, the specialists from the WHO committee are using the term of *enfants physiquement diminués* in their report. In the English version, the authors are using the term *physically handicapped child* (Joint Expert Committee on the Physically Handicapped Child, 1952, p. 5). The victory of the terminology from the United States explains itself by the presence of the American specialists at the head of this committee. As shown by Groce (1992), the United States vision on rehabilitation quickly dominates within the different bodies of the United Nations.

During the 1950s, the United Nations contributes in a decisive way to the progressive unification of the disability public policy (education, rehabilitation, assistance, etc.) for all the categories of disabled people. This unification of the public policy of disability leads to the unification of the identifications concerning disabled persons existing in all the sectors of disability public policy within a unique identification: *Handicapped (mentally handicapped, visual handicapped, physically handicapped, etc.)*. In 1951, United Nations sets up a *Working Group on Rehabilitation of the Physically Handicapped* in order to coordinate the programmes of action among all the intergovernmental agencies (ILO, UNESCO, WHO, UNICEF). This group works on the medical, psychological and social rehabilitation, and on the special education for mutilated, crippled, blind and deaf-mutes (Brunel, 1951). The constitution of this intergovernmental administrative organization encourages the various NGOs interested by this subject (*Fédération Internationale des Mutilés, des Invalides du travail et des Invalides civils, International Society for the Welfare of Cripples, World Council for the Welfare of the Blind, World Veterans Federation, etc.*) to join themselves into a *Conference of International Non-Governmental Organisations Interested in Rehabilitation of the Physically Handicapped*. The first meeting of these organizations takes place in New York on the 9th and 10th of February 1953, a few days before the meeting of the United Nations *Working Group on Rehabilitation of the Physically Handicapped*. In November 1953, the conference officializes its existence, by modifying its title into *Conference of World Organizations Interested in the Handicapped* (Conference of World Organizations Interested in the Handicapped, 1954). This modification is due to the incorporation of organizations related to the cause of the mentally deficient in the conference. This new title thus confirms the unification of all the sectors of disability public policy (with the suppression of the term rehabilitation), and the unification of all the categories (physically handicapped, mentally deficient, blinds, deaf, etc.) in a unique identification, *Handicapped*. The CWOIH very quickly encourages the members of the United Nations Working Group to widen their concern to the mentally deficient. Thus, in January 1954, Kurt Jansson suggests to extend the programs studied by the working group to measurements useful for the "mentally deficient" (Jansson, 1954). A few years later, the United Nations Working Group widens indeed its attributions to the mentally deficient, and modifies its heading to *Technical Working Group*

on *Rehabilitation of Handicapped* (early 1960s). Within the intergovernmental institutions, the unification of the public policy of disability takes place without the disappearance of the term *rehabilitation*, because this term recovers from now on the totality of the public policies intended for the social integration of the handicapped people.

The promotion of the term *handicapped* quickly extends to the French-speaking sphere. In 1955, the Department of Social Affairs of the United Nations publishes a booklet named *L'assistance aux Handicapés* (Département des Questions sociales de l'Organisation des Nations Unies, 1955, p. 1). Two years later, the members of the French Parliament use for the first time the term *handicapés* within the law 57-1223 from the 23rd of November 1957 on the professional reclassification of the disabled workers.

In 1955, the English version of the ILO recommendation n°99 institutionalises the name *disabled person* at the international level (Vocational Rehabilitation of the Disabled Recommendation, 1955). The translations in French and Spanish of the recommendation seem to be far behind the ongoing semantic evolutions, as they maintain the terms *invalides* and *invalidos*. Furthermore, the substantival adjective disappears in favour of a name in these translations, while the English version stresses the fact that we talk about people above all. This recommendation reinforces the legitimacy of terms that have already lost most of their credibility in the French- and Spanish-speaking spheres.

Because of its presence inside the recommendation of ILO, the expression *disabled persons* becomes compulsory and gradually invades the area of rehabilitation. In 1960, the members of the *International Society for the Welfare of Cripples* decide during a general assembly organised in New York to replace the title of their association with the *International Society for the Rehabilitation of the Disabled*. However, the international specialists on medical rehabilitation have been reluctant to use this word for a very long period of time. In 1958, the WHO committee of experts on medical rehabilitation is mostly using in its first report the word *handicapped*, but also the term *disabled* (Expert Committee on Medical Rehabilitation, 1958, p. 9). The French version is using the terms *diminués physiques* and *invalids* (Comité d'experts de la réadaptation médicale, 1958, p. 9). Ten years later, the WHO committee of experts on the medical rehabilitation meeting in Geneva in November 1968 decides after many debates to promote the use of the expression *Handicapped persons* (Expert Committee on Medical Rehabilitation, 1969, p. 7), and *Handicapé* in its French version (Comité d'experts de la réadaptation médicale, 1969, p. 7). By the end of the 1960s, the word *handicapé* becomes stronger inside the French-speaking area, to the detriment of the expression *diminué physique*. It is this word *handicapé* that is then used in the French translation of the *Declaration on the Rights of Disabled Persons* in 1975.

This period ends in 1975 when the word *disabled* is definitively established inside the Anglo-Saxon world. In December 1975, the English version of the *Declaration on the Rights of Disabled Persons* adopted by the UN Assembly reuses the expression *disabled persons*.

The Spanish translations of the international documents use once again the term *impedido* starting from the 1950s, probably as a synonym for *handicapped* (see Table 7.1). The Spanish translation of the WHO report in 1958 uses the word *impedido* in order to name every person having a diagnosed medical impairment that limitates his ability to cope with the requirements of daily life (Comité de expertos en rehabilitación médica, 1958). The translation of the UN *Declaration on the Rights of Disabled Persons* from 1975 also maintains the term *impedidos*. In the Spanish-speaking area, several specialists on rehabilitation support the term *incapacitados* as a synonym for *disabled*, considering that the best synonym for *disability* is the term *incapacidad*, stemming from the French word *incapacité*. This tendency is strengthened by the fact that the *International Society for the Rehabilitation of the Disabled* used the term *incapacitado* in their Spanish documents. However, soon enough, none of the expressions used by the different international

governmental or non-governmental organisations (*invalido, impedido, incapacitado*) seem to be totally appropriate for the representatives of disabled people who create other alternative identifications (*minusvalido, discapacitado, minusfísico*, etc.) starting from the 1960s. The word *minusvalido* is promoted in Spain inside the area of sportive medicine starting from the middle of the 1960s. The *Asociación Nacional de Invalidos Civiles* organizes some annual sports competitions, the *campeonatos nacionales de minusvalidos*. At the end of the 1960s, the manager of the rehabilitation department of the Madrid Clinic Hospital, Ricardo Hernandez Gomez, promotes the term *discapacitado* with great passion. This term is created by analogy with the word *disabled* (Gomez, 1965).

**Summary table of international semantic changes related to the group of disabled people.**

	English original version	French version	Spanish version
WHO, joint expert committee on physically handicapped, 1952	Physically Handicapped child	Enfants physiquement diminués	
ILO, vocational rehabilitation of the Disabled Recommendation, n°99, 1955	Disabled person	Invalides	Invalidos
WHO, technical report n°158, 1958	Disabled	Diminués physiques	Impedido
WHO, second technical report n°419, 1969	Handicapped persons	Handicapés	Impedido
UN, Declaration of rights, 1975	Disabled persons	Personnes handicapées	Impedidos
UN, International Year, 1981	Disabled persons	Personnes handicapées	Impedido

**Conclusion**

The international institutions (ILO, UN, WHO) play a fundamental role within the transformations of the categorization of the group of disabled people at an international level. During the 20th century, the meanings of incapacity promoted inside the area of vocational rehabilitation (intrinsically linked to the exercise of a professional activity) are gradually marginalised in favour of some other ways of understanding disability built inside the area of medical rehabilitation and having no connection with the exercise of a professional activity. It is one of these alternatives meanings, defended especially by the WHO committee of experts, which is institutionalised at the international level by the adoption of the Declaration on the Rights of Disabled Persons in 1975. This definition of the group of disabled people on the basis of the difficulties they experience to participate in the social, professional, educational life because of their impairments does not assign any direct responsibility to the society in the construction of the social disadvantage affecting the disabled people.

The semantic changes inside the international documents are operating according to different temporalities depending on the linguistic areas (English, French, Spanish). The expression *disabled persons* is twice institutionalised inside the Englishspeaking sphere,

through the ILO recommendation in 1955, and through the Declaration on the Rights of Disabled Persons in 1975, despite the promotion of the expression *Handicapped persons* by the medical rehabilitation specialists and by the *Council of World Organizations Interested in the Handicapped* (CWOIH). The name *diminué physique* is depreciated inside the French-speaking sphere during the 1950s and the 1960s in favour of the word *handicapé*. This can be seen in the semantic changes from the international documents. On the contrary, the semantic debates taking place in the Spanish-speaking sphere in the 1940s which lead to multiple proposals of identification (*menor-valido, dishabil, minusválido, incapacitado, discapacitado, handicapeado*, etc.) have less influence on the semantics used by the international institutions (ILO, UN, WHO) until the beginning of the 1980s. Starting from the 1960s, these organisations are always using the old term *impedido* (however, as a synonym for *Handicapped*) in their translations.

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