'I don't command the equal respect as my peers': Middle-class disability, stigma and social expectation in Ghana

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Abstract

Disability spoils the identities of persons with disability and exposes them to stigma. Contrary to the belief that disability stigma is associated with the low social class position, middle-class persons with disability also experience stigma. Experiences of poor and underprivileged persons with disability are well documented but the experiences of middle-class persons with disability are often unnoticed. This study explored how middle-class persons with disability experience lowered social expectations because of their assumed vulnerability and supposed functional incompetence. Using the hermeneutic phenomenology approach, the study explored the lived experiences of 16 middle-class persons with disability who were purposively selected. Data was collected through in-depth interviews and analysed using the Interpretative Phenomenological Analysis approach. The participants shared experiences from various parts of Ghana. Middle-class persons with disability are assumed to lack physical strength, intellectual abilities, financial capacities, and relational abilities. They are, therefore, often treated with contempt. These experiences are influenced by nuances in social norms, relational factors, and personal characteristics such as social class, age, gender, type of impairment, and time of acquisition of impairment. Persons with disability are not a homogenous category of people. They are as diverse as non-disabled people are. The differences in their individual identities and social statuses must be considered in the design and implementation of social inclusion interventions and welfare policies meant to eliminate disability stigma and discrimination.

Introduction

This study seeks to explore how middle-class persons with disability in Ghana experience lowered social expectations because of their impairments. Within the disability literature, persons with disability are often characterised as people who have higher rates of poverty, poor health, low education attainment, and fewer economic opportunities. This is especially the case in the developing world (Hughes, 2013; Kassah, 1998; Mitra, Posarac & Vick, 2013; Naami & Mikey-Iddrisu, 2013). Discussions around disability stigma are also influenced significantly by the conspicuously high levels of poverty, discrimination, and exclusion that persons with disability experience (Baffoe, 2013; Naami & Mikey-Iddrisu, 2013; Rich, 2014).

These representations of disability tend to direct disability policy and research in the developing world, as the focus tends to be more on the marginalisation and exclusion of persons with disability. Invariably, this leads to a limited focus on the nuances that emerge from persons with disability's unique experiences that stem from their different social statuses, ages, gender, social class, and social spaces. These different identity markers result in persons with disability having unique and varied experiences which ought to be known. Aspects of these disability relations have been theorised. These include, but are not limited to the gendered dimension (Addlakha, 2008; Gerschick, 2000; Naami & Hayashi, 2011; Naami, 2015; Nepveux, 2006; Rich, 2014), ethnicity (Ali et al., 2014; McDonald, Keys & Balcazar, 2007; Scior et al., 2013), age (Salmon, 2013), and race (Blanchett, Klingner & Harry, 2009; Block, Balcazar & Keys, 2001; Fuller-Thompson et al., 2009; Kelley-Moore & Ferraro, 2004). The intersection between social class and disability has also been studied but quite often, the focus is on the experiences of economic deprivations of persons with disability (Abidi & Sharma, 2014; Hughes, 2013; Kassah, 2008; Leinonen, Martikainen & Lahelma, 2012; Mitra et al., 2013; Naami & Mikey-Iddrisu, 2013; Yeo & Moore, 2003). It is, therefore, necessary that stigmatising experiences of middle-class persons with disability are examined to broaden the narrative on disability stigma to include their experiences in addition to making policies and interventions relevant to their needs and aspirations.

Disability, Social Status, and Social Class

Disability is defined by Thomas (1999: 60) as "a form of social oppression involving the social imposition of restrictions of activity on people with

impairments and the socially engendered undermining of their psycho-emotional wellbeing". This definition conceptualises disability as a socially constructed phenomenon that involves the imposition of marginalisation, discrimination, and exclusion on individuals who have impairments. Social norms, value systems, religious beliefs, and cultural interpretations act on impairments, together with other social identities and personal traits such as social class, gender, age, ethnicity, physical location, and type of impairment to determine how a person experiences disability stigma, oppression, and discrimination (Maroto & Pettinicchio, 2014, 2015; Goodley, 2013; Pal, 2011; Powell, 2003; Scambler, 2006). These experiences occur because stigma is embedded in social relations that are constructed to exclude and marginalise persons with disability and deny them an equal place in society (Edwards & Imrie, 2003; Meekosha, Shuttleworth & Soldatic, 2013).

Goffman (1963) described stigma as social attributes of individuals, visible or otherwise, which are considered to be unusual and nonconforming, and lead to a discrepancy between an individual's expected and actual social identities. The discrepancy occurs because there is a shared system of beliefs about individual attributes considered acceptable and ones that are deemed to be undesirable in every society. For those attributes considered unacceptable, society shows contempt towards them through a manifest disavowal which is extended to the individual who carries that attribute. The presence of a stigmatising attribute, therefore, spoils the identities of the individuals who carry it. They are consequently denigrated and discriminated against since they carry attributes designated as disgraceful (Coleman, 2006; Link & Phelan, 2001; Vernon, 1999). Normative systems, social contexts, and relational factors determine what attributes are considered stigmatising and the nature of societies' response towards that attribute (Bos et al., 2013; Scambler, 2006). Stigma is associated with disability through various societies' constructions of impairments as 'abnormalities'. This is because of the altered appearance of individuals who carry impairments, their perceived delicate health and reduced functional capacities (Goffman, 1963; McLaughlin, Bell & Stringer, 2004), and their supposed inability to meet the full expectations of society (Goffman, 1963).

The construction of stigma by different societies varies because of social and cultural diversities (Parker & Aggleton, 2003). The experience of disability stigma and its outcomes are contingent on several relational factors. These factors include normative systems, which determine how

people conceptualise impairments and how they act towards people who have impairments, and personal characteristics which also vary broadly. These factors combine to create diverse experiences of disability for different people. An attribute that may be stigmatised in one social context may never be considered an oddity in another context because the frames of reference of societies differ (Barnes, Mercer & Shakespeare, 1999; Parker & Aggleton, 2003).

People occupy multiple social statuses in every society (Henslin, 2015). These statuses which emanate from, but not limited to age, gender, ethnicity, race, social class, religion, and disability combine to form different social identities. The differences are borne out of the myriads of outcomes of the multiple intersections of different social statuses. Sometimes, one or more statuses take precedence over the others and become the master status. The master status becomes the dominant status within social relations such that the place of an individual in interaction is largely defined by that master status (Coleman, 2006; Goffman, 1963; Henslin, 2015). Disability tends to become the master status quite often (Ablon, 2002; Goffman, 1963; Nario-Redmon, 2010). When this happens, other social statuses of persons with disability are ignored or discounted. Consequently, the stereotypes about disability and the stigma they produce remain significant in determining the nature and course of that interaction.

It has been argued by Scambler (2006) that Goffman's analysis of stigma excludes the influence of structural variables of social interactions such as class, command, gender, and ethnicity. These variables, he argues, have a constraining influence on social interactions much in the same way as Durkheim's 'social facts' do. This is because disability and the experience of stigma do not only occur in the context of dyads or in isolation. They also occur within a social environment that is heavily influenced by social norms and value systems. This means that these structural variables influence how disability is experienced and how stigma manifests within society. The salience of these structural variables means that differences in social contexts, interactional complexities, and cultural diversities lead to different experiences of disability stigma.

Theoretical Resources: Social Class and Middle-Class Status

Social class in this study is taken from the Weberian perspective and is conceptualised as categories of individuals who have similar 'life chances' in terms of their education, work, and their ability to acquire certain material goods and services (Coser, 1977; Elwell, 2013; Vitt, 2007). Life chances determine the extent of control that people have over economic and material resources, the skills set, knowledge, tastes, preferences, and incomes that they have. In this sense, individuals who have similar living conditions, similar personal experiences, and share similarities in the types of materials and services they prefer and have access to, constitute a class because of their homogeneity (Vitt, 2007). This means that there is differential access to resources and opportunities in society because some categories of people are in positions of power, privilege, prestige, and influence while others either lack the same or have limited access to them. Weber's position on class, therefore, means that middle-class persons may include property and business owners, highly skilled professionals, successful and affluent public workers as well as entrepreneurs. These persons may or may not own properties but may be well respected and influential in their societies because of their high incomes and the enormous control they have within their social spaces because of their conditions of work, incomes, and prestige (Bruce & Yearly, 2006). Furthermore, middle-class persons have taste and preference for cultural products and services considered to be exclusive, as well as having an elitist lifestyle (Bruce & Yearly, 2006; Leinonen et al., 2012). The definition of middle-class in this study is, therefore, as given by Bruce and Yearly (2006: 196) as "non-manual workers who enjoy a wide range of advantages over manual workers but subordinate to people whose wealth means they do not have to work".

Middle-class persons with disability have a spoilt identity because of their impairments. At the same time, their social class position makes them socially, economically, and politically significant and valuable. Their experiences of disability, therefore, range from being stigmatised and oppressed because of the spoilt disability identities to being privileged and esteemed because of the middle-class position. In effect, it is possible for two people who have similar impairments to have different disability experiences within the same social space once other social identities, social statuses, and situational factors differ.

In Ghana, apart from race where there is an extremely high homogeneity, all other social identities founded on age, gender, ethnicity, social class, and religion are heterogeneous (Nukunya, 2016). Disability intersects with all these social identities to produce different stigmatising experiences. The ways in which these lived experiences of disability stigma differ are, however, not clearly known. Consequently, little is known about how the middle-class status combines with social identity markers such as age, gender, religion, types of impairment, time of acquisition of impairment, and physical location to produce disability relational outcomes.

To a large extent, studies on persons with disability in Ghana have also been a representation of persons with disability as poor people (Adamtey, Oduro & Braimah, 2018; Dassah et al., 2018; Howard, 2018; Opoku, Swabey, et al., 2018; Opoku, Nketsia, et al., 2018), having limited economic opportunities (Acheampong et al., 2016; Grischow, 2015; Naami, 2015), and as street beggars (Baffoe, 2013; Kassah, 2008; Kassah, Kassah & Agbota, 2014; Naami, 2014, 2015; Reynolds, 2010). This means that the lived experiences of persons with disability who have high formal education, are employed with high incomes, own businesses, prefer high-class materials and services, enjoy substantial privileges, and possess power and influence that some non-disabled people would desire to have within the society are often overlooked (Naami, 2015; Reynolds, 2010). For these middle-class persons with disability, their social and personal circumstances mean that their lived experiences are different from the experiences of persons with disability who are economically challenged, socially marginalised, and politically excluded. This, however, does not directly translate to their disability being overlooked in their social encounters. This study, therefore, examines how social class and disability combine with situational factors to produce stigmatising experiences of lowered social expectations for middle-class persons with disability.

Research Methods

Research Design

This article presents the results of a hermeneutic phenomenological study that examined stigmatising lived experiences of middle-class persons with disability in Ghana. As a qualitative study, the researcher was afforded the opportunity to hear the voices of people who have been silenced and disregarded because of the impairments they were born with or acquired in the course of their lives. The lived experiences of the participants were

condensed into themes that constitute the meanings that the participants have about their experiences. The suitability of the design stems from the fact that it is an interpretivist approach that involves a careful description, interpretation, and analyses of the conscious experiences of research participants to understand their reality (Brinkmann & Kvale, 2015; Bryman, 2016; Creswell, 2013; Flick 2014; Heidegger, 1962). Phenomenological studies focus on a concept as the phenomenon that is experienced by research participants. In this study, the phenomenon of interest is the stigmatising experiences of middle-class persons with disability.

Sampling, Data Collection and Data Analysis

Sixteen middle-class persons with disability who have sensory and/or physical impairments were selected using the purposive sampling technique (Bryman, 2016). The participants included 11 males and five females. Two had visual impairment, one had partial speech impairment, three had hearing impairment, six had physical impairments, one had kyphosis and one had achondroplasia. Two participants had both physical impairments and partial visual impairments. The purposive selection was also to ensure that participants shared experiences from different parts of the country. This is because Ghana has several ethnic and sub-ethnic groups with unique cultures but sometimes similar normative systems governing disability relations (Nukunya, 2016). The stories shared by the participants were of experiences that took place in all 10 regions[1] of the country. The selection of the participants was also done with consideration for variables such as age at onset of impairment, gender, religion, age, and physical location of the participants. The sample size for the study was determined by the principle of saturation. Saturation occurred when no new codes and themes emerged from data gathering and data analysis (Bryman, 2016; Fusch & Ness, 2015; Saunders et al. 2018). Saunders et al. (2018) refer to this type of saturation as inductive thematic saturation.

In-depth interviews were conducted with the participants. All 16 participants consented to the interviews being tape-recorded. The participants were made to decide which language they wanted the interview to be conducted in. This was to allow them to choose a language they could interact in with ease. Thirteen interviews were conducted in English. One was conducted in Asante

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[1] At the time of data collection in 2016, Ghana had 10 administrative regions. Six more were created in 2018. Ghana now has 16 regions.

Twi and two were conducted in both English and Asante Twi. The time and place for the interviews were always chosen with the convenience of the participants being of utmost importance. This was done to ensure that the participants were at ease during the interview process. The participants were asked about their family relations, their experiences of disability, especially at home, at school and at work. They also spoke about their social networks, their fears and their aspirations.

Data analysis, which was done in tandem with data collection, involved the use of Interpretative Phenomenological Analysis (IPA) as the analytic framework (Finlay, 2014; Larkin, Watts & Clifton, 2006; Palmer, Larkin, de Visser & Fadden, 2010; Smith & Osborn, 2015). The IPA was used for data analysis because it allows for an interrogation of individual identities and the nuances of social contexts, which is what the researcher sought to do. The interviews were all transcribed soon after they were conducted. Those which were conducted partly or wholly in Asante Twi were translated and transcribed in English. To gain in-depth insight into the experiences that the participants had shared in the interviews, the researcher listened to the interviews and read the transcripts multiple times to recreate the setting of the interviews and the interactional dynamics that occurred during the conduct of the interviews. While reviewing the transcripts, codes were attached to sentences that had stories that were relevant to the questions the study sought to answer. After several close readings, codes that revealed similarities, as well as differences in the lived experiences of participants were constituted into separate themes.

Trustworthiness

The co-occurrence of data collection and data analysis made it possible for the interview guide and process to be reviewed as data collection continued. It also made it possible for the emergent themes to be explored into detail. Audit trails were maintained to track every activity and detail at different stages of the research. These were used to verify or clarify issues that came up during the research. Repeated listening of the interviews and reading of the transcripts also ensured that the transcripts, which had become the primary documents for data analysis, contained no errors. They also ensured that the definition of the themes remained constant across different transcripts. The researcher engaged in member checking by discussing the findings of the study with four of the participants to validate the analysis.

Ethical Issues

Ethical clearance for the study was obtained from the Ethics Committee for the Humanities (ECH), University of Ghana, Legon (ECH 053/15-16). The participants were required to sign consent forms before the interviews after they had been briefed about the purpose of the study and what was expected of them. The two participants who had visual impairment were given braille versions of the document. One gave oral consent and the other had his niece sign the forms on his behalf. The participants were told that, despite consenting to participate in the study, they were free to withdraw from the study if they wished to do so at any point. Participants were assured of confidentiality and anonymity of their responses. As such, all the participants were given pseudonyms, some of which appear in this article. They were never at risk of physical harm during the course of the interviews. The researcher also ensured that the interview process did not lead to participants becoming stressed or losing their self-esteem.

Findings

Four main themes emerged after the analysis of the data. These include various ways in which middle-class persons with disability are assumed to be physically, intellectually, financially, and socially incompetent. These experiences usually occur when middle-class persons with a disability seek to participate in mainstream social activities. The analysis is presented together with how the participants reported that they feel about being disadvantaged by and disqualified from society.

Ascription of Physical Incompetence

Several participants recounted how they have been assumed to have limited functional physical abilities because their impairments contravene conventional ideas about strength and competence. These ascriptions of physical incompetence are made by friends, work colleagues, family relations, and sometimes by strangers. For those whose impairments were acquired in their adulthood, some of their friends, work colleagues and family relations ascribe physical incompetence to them because they knew the abilities of the participants prior to their acquisition of the impairments. They assume the presence of the impairment limits physical activity even when they have not seen any evidence of such.

Four participants whose impairments were acquired in their adulthood shared experiences about how their colleagues at work assumed that their physical abilities had been limited by their acquired impairments:

> Sometimes, when I walk to their offices, they say I should have called them to come but I tell them no, it should still be that normal relationship. (Michael, male, partial visual impairment & physical impairment)

Michael added that he declines what he describes as the 'unnecessary' support that his colleagues at work offer him because he is mindful of the potential losses he may suffer later in his career because of his perceived weakness. In another experience also from the workplace, a participant's impairment was almost used to deny him of promotion:

> When it got to the ultimate, they tried to use it against me. Two of us were going […] I came in one week before the other guy, so naturally, I was the senior […] I don't know, somehow, they thought because of my disability, I wasn't qualified. This is part of the subtle discrimination. So, they invited my colleague alone. (Haruna, male, physical impairment)

Haruna's suspicion that he was being overlooked because of his impairment was confirmed when one of his superiors tried to persuade him to stand down and let his colleague earn the promotion since the position required a lot of mobility and field activities. Haruna reminded his superior that he had worked in senior management at the department for two decades after he acquired his impairment and insisted on the competitive process being followed through. Eventually, Haruna earned the position. A female participant who successfully applied for a visa to travel to Europe for holidays reported that one of her sisters in conversation with a mutual friend of theirs made a casual remark questioning why and how the participant had been successful with her visa application even though the participant was not capable of working, in obvious reference to the participant's impairment and how it is supposed to 'limit' her abilities. Participants whose impairments were acquired in their childhood tend to have such ascriptions coming from people who do not really know them. Those who have known them from their childhood usually know the full range of their competencies and do not ascribe physical incompetence to them unnecessarily. Such was the

experience of Thomas, a participant who had visual impairment when he applied for a job and was invited for an interaction with the hiring officer. The offices of the organisation were located on one of the top floors of a storey building. Thomas got to the place earlier than the hiring officer. When the hiring officer arrived, he remarked that if he knew it was Thomas he was going to meet, he would have asked Thomas to wait for him downstairs, ostensibly suggesting that climbing the staircase was going to be challenging for Thomas. This was a blunt way of suggesting to Thomas that his visual impairment made the position he was seeking in the organisation out of his range because ascending and descending the staircase was going to present a challenge to him, even when he had demonstrated his abilities by reaching the offices in the first place.

Ascription of Intellectual Incompetence

Middle-class persons with disability are often considered to be uneducated and uninformed, especially by people to whom they are not known. The stereotype of being thought to be intellectually incompetent is more likely to be experienced by persons whose impairments were acquired in childhood. This is so because the participants whose impairments were acquired in their adulthood were known to be educated, informed, and skilled prior to their acquisition of the impairments. Their professional lives and careers are almost always a part of their social identities, but for those whose impairments were acquired in their childhood, people's first impressions about them are usually informed by the usual stereotypes that persons with disability lack formal education, lack access to information and the cognitive abilities to process information accurately.

Some of the participants reported instances of how they were ignored by service providers who preferred to engage their assistants instead. Thomas, a participant who had visual impairment, recalled an experience at a bank when an attendant at the bank asked his guide, "what does he want?" even when Thomas was standing right there. The same attendant, seeking to know how Thomas was going to validate a document asked the guide again, "does he thumbprint?". The irony in such experiences, as Thomas shared, is that the guides he sometimes moves around with are taxi drivers with whom he has become friends. Some of them have limited understanding of banking services and are often not in a position to assist him in his transactions, but they often become the media through which the attendants try to engage

Thomas. The difficulty in such situations is that his privacy is severely compromised when the attendants show his guides confidential documents without his consent:

> So, if I should go to the bank, now I want to check my account […] most of the times they even write, give it to your assistant to tell you, meanwhile maybe I don't want the person I am walking with to know how much I have, but they will write and give it to the one you are walking with to tell you. (Thomas, male, visual impairment)

The conduct of the banking officials in such situations is informed by the stereotypes that persons with disability lack the ability to cognitively process and meet the requirements of a rather sophisticated banking process, even when persons with disability have made no such disclosures. Such experiences occur in hospitals as well:

> Sometimes you go, they give the medicine, then they say to the guide when he goes, he will take this medicine at this time, then I usually say which one? Because those I go to the clinic with, they don't even stay with me. So, you are teaching the person that this is what I'm going to take, what if the person forgets? So usually when I hear that, I ask, is it mine? He says yes, then I take it… okay, let me feel it. Then he will tell me. Then I ask him this one, when should I take it? Should I eat before? Because even the person that you are asking, he wouldn't give all the information. The person wouldn't ask you any question. (Thomas, male, visual impairment)

In some situations, the academic credentials of middle-class persons with disability are called into question, with their educational qualifications being perceived to be unreal. Timothy approached a hiring officer of an organisation where he was seeking employment. The officer seemed to doubt Timothy's claim of having achieved the credentials he had presented and wondered whether Timothy was being truthful:

> I was going round with my file, with my academic certificates and all. […] I went to one office […] the one responsible looked at my CV and he asked, is this certificate for you? I said yes. He looked at my CV and looked at my face. He asked again,

> are you sure this certificate belongs to you? I said yes. Do you know what he told me? 'Go to the deaf school and look for a place to teach'. You see, when they look at the disability, they think I cannot do anything. I have a good CV, I've completed [name of university], I paid my fees […] but when looking for a job, people look at my disability, not my certificate, thinking that once you have a disability, you cannot work, you cannot do this and that is not true. It happened in a lot of the organisations that I applied to, the same thing […] so a lot of our people don't even want to bother themselves to look for work. (Timothy, male, hearing impairment)

Timothy has a bachelor's degree from a Ghanaian university and a master's degree from a British university. The hiring officer's doubt seemed to be founded on the fact that Timothy graduated with First Class honours for his undergraduate degree. Implicit in the doubt of the hiring officer is the belief that it is unlikely that a person with a disability will have such laudable academic laurels. In a similar situation, a District Chief Executive (DCE) of Charles, a participant who had been posted as an administrator, told a colleague of his that he had been brought a 'handicapped person' and was wondering whether Charles 'would be able to work'. This was because Charles has an amputation above his knee. After three months, the same DCE, having been overwhelmed by Charles's performance, recommended that Charles was made a government appointee at the District Assembly. Charles recounted this experience with some degree of excitement but was quick to acknowledge that he was fortunate to have had the opportunity to show his competence within the time he worked at the District Assembly. He got an opportunity that many persons with disability may never have.

Some middle-class persons with disability do get the opportunity to work but that does not preclude them from stigmatising experiences at their places of work. Haruna was the only one out of the four participants whose impairments were acquired in their adulthood to report being thought of as intellectually incompetent. It is uncommon for non-disabled people to remind others of their intellectual abilities, professional competencies, and academic qualifications but middle-class persons with disability have to do so all the time to legitimise and merit their places in society. Haruna reported several encounters where it was obvious that some of his colleagues were stigmatising him because of his impairment:

> They see you and it's like, this disabled, what are you doing here?
> If I noticed that you're trying to… I'll tell you… do you have
> a problem? I struggle to walk but I'm using my brains. I'm a
> professional, at least, I still can think straight. (Haruna, male,
> physical impairment)

It is worthy of note that being thought of as intellectually incompetent depends also on where middle-class persons with a disability find themselves, and the kind of people with whom they associate. When you are in the company of people who know of your intellectual and professional abilities, the likelihood of being stigmatised is reduced. However, being in the presence of people who are not familiar with the abilities of middle-class persons with disability always raises the possibility of being stigmatised as a result of the negative stereotypes about the intellectual abilities of persons with disability.

Ascription of Financial Incompetence

The stereotype of persons with disability being thought of as poor people is extended to middle-class persons with disability. Their middle-class status means that their standard of living is akin to that of non-disabled middle-class persons but that often counts for little in their social engagements. They do not beg for economic assistance and do not even have a need for it. However, some people they encounter wrongly associate disability with begging and consequently offer financial assistance to them even when they have made no request for financial support. Eight out of the 16 participants recounted experiences of how the conduct of people around them seemed to suggest that the participants needed economic assistance because they carried impairments that are held to be synonymous with poverty. Thomas shared an experience he once had at a roadside as he waited to find assistance to enable him to cross the road. According to him, a young man approached him and literally shouted:

> Take this 50 pesewas and go and buy some water with it, and I
> said I don't need your money. All I need is I want someone
> to help me cross the road. And he says, 'oh okay sorry' and
> he helped me cross the road. When we were going, I told the
> person that when you meet somebody, ask the kind of help the
> person need before. Then he said he thought he was doing the

> will of God or something like that. And I said even the way you were doing it... you were like take 50 pesewas and go and buy some water, meanwhile I was coming from work. (Thomas, male, visual impairment)

The young man thought that Thomas had positioned himself on the roadside to solicit alms. The young man's interpretation of his own actions as amounting to doing the 'will of God' is symptomatic of a widespread belief that it is proper to 'help' the poor and needy. However, the 'help' is almost always defined in economic terms. Related to this is the offer of free services to middle-class persons with a disability even when they have not asked for such favours. A number of the participants related to this experience of being offered free services and sometimes unpaid access to event centres, something they really take exception to. This is because they consider it to be demeaning to their personalities. Michael shared an experience he had when he visited a health facility. The facility charged GHS 0.50p (50 pesewas) for use of its sanitary facilities:

> When I was going to the gents and I wanted to pay, the woman said I shouldn't pay. Meanwhile, I am capable of paying but she saw me as disabled. I was capable of paying the 50 pesewas, just 50 pesewas. She said no, don't pay. (Michael, male, partial visual impairment & physical impairment)

While the facility attendant's assumption of economic challenges may be true for several persons with disability, it is definitely not an absolute fact that every person with a disability is poor and in need of financial support. It is this failure to recognise individual differences that puts middle-class persons with disability in positions where they are assumed to be poor. It is, however, worthy of note that the experiences of being perceived to be poor are less likely to occur at their places of work, homes, and places where they frequent and are known. The experiences rather occur in places where the middle-class persons with disability are not known or in encounters with people who have little knowledge about the identities of the middle-class persons with disability.

Two male participants who both have a hearing impairment, narrated experiences about how the families of the women they wanted to marry

questioned their ability to provide for themselves, and for their potential future wives:

> They wanted their daughter to marry a hearing person since a hearing person was more likely to be successful and responsible than a deaf husband. (Andrew, male, hearing impairment)

> Her parents also doubted. They were also thinking that if I give my beautiful daughter to a deaf person, he can't take full responsibility for her, so they doubted until they saw that I have a future. They doubted but now they have seen that I am able to take care of their child and now, they are happy. (Timothy, male, hearing impairment)

Traditionally, a suitor is expected to demonstrate enough financial strength to support himself, and his family and maintain a decent standard of living for his household. Since persons with disability are often perceived to be poor, these participants' marital ambitions were opposed by the families of the women they were seeking to marry.

Ascription of Social Incompetence

Persons with disability are often questioned on their claim to parenthood. Their sexualities and gender identities are questioned and sometimes denied, and any attempt to breach these social barriers is met with derision. This is because they are seen to be dependent on others for support. It is often thought that if they have children, that will add to the problems of their caregivers. Female persons with disability are more likely than males to have such experiences. Two female participants had such experiences. When one visited a hospital after becoming pregnant, she was ridiculed by some of the nurses present:

> I told them I was a deaf person. They were surprised and they began to speak…'mumu' person and you love sex that much? but I asked […], madam why are you saying that? Are you saying that deaf people cannot have sex? We are not different people […] There is no difference between you and me […] we are human beings just like you. (Mary, female, hearing impairment)

The use of 'mumu' in describing her is problematic because it is a derogatory term that connotes anything between stupidity and insanity. The conduct of the nurses and their utterances suggest that persons with disability are not expected to engage in activities done by 'normal people' because of their difference. Mary is married and adds that some people wonder how it is that she has gotten married by asking whether deaf people know what love is:

> They feel that we are nothing, that we are not human, they even think we cannot even marry, because of deafness, I cannot even do anything. (Mary, female, hearing impairment)

Sometimes, people with whom middle-class persons with disability come into contact act all surprised and impressed by their abilities to conceive and bear children. A participant whose wife also has an impairment recounted experiences he had with her wife when one of their children was born in a hospital:

> It's like it's a crime for you to get pregnant as a disabled woman. They see it as taboo, and when you give birth, they will pour compliments on your child and ask of the child every day, but I don't know whether they thought your pregnancy would result in the birth of an animal or a tree or whatever. (Ezekiel, male, physical impairment)

Ezekiel believes that the compliments from the nurses were not genuine but were acts of patronage. They were expressing surprise and delight that an 'impaired body' had successfully done what only 'normal' bodies are expected to do.

Disadvantaged by Society, Disqualified from Society

For most of the participants, an important manifestation of disability stigma lies in the show of unsolicited pity and sympathy towards them. Two of the participants welcome being shown pity and sympathy because they do not see anything odd about it. Two other participants indicated that they pick and choose when they want to be shown pity and sympathy, and when they reject them. They accept pity and sympathy when they consider them to be empowering and reject them when they perceive them to be patronising. Three participants stated that they do not like being shown pity and sympathy, but they have become numb to them and so do not bother about

them. Nine participants reject pity and sympathy towards them because they consider it to be a subtle reminder of their difference and perceived vulnerabilities. Their rejection of the sympathy lies in their awareness that people tend to have lowered expectations for persons with disability. This is what they refuse to identify with. They do not wish to be perceived as 'fragile', especially when some of the people around them advise them to 'take things easy':

> Right now, everybody comes to me with pity. Everybody is sympathising with me, how I have been with them over the years and how my current situation has been and how I have to carry myself in the new situation. So, some come to give me advice that I should take it kindly, I should not think about it. I go about my work. Sometimes when they come…, I can talk, I can write, I share ideas…and they say oh, with all this and you are still…and I tell them my mind is still working. (Michael, male, partial visual impairment & physical impairment)

Some middle-class persons with disability, therefore, find it difficult in asking for and accepting favours because they believe that it could easily be interpreted as a sign of their vulnerability. That could fit into the rhetoric of persons with disability being incompetent in various ways and this is what they try to avoid. They are, therefore, always mindful of what goes on around them, in order that these do not lead to more stigmatising experiences either for themselves or for other persons with disability.

In yet other situations, middle-class persons with disability are denied entry into certain social spaces as a result of their perceived compromised bodies. Gatekeepers such as secretaries, security officers, and some self-appointed individuals try to act as the conscience of a disabling society and prevent persons with disability from getting into some spaces in order that the spaces will not be contaminated by the 'damaged corporeality' of persons with disability. A female participant went to a teaching hospital with a colleague of hers to see one of the doctors there. She had gone there not for healthcare but for another official purpose:

> I was trying to access the lift and the security man shouted at me…No! You can't pass here, and my colleague said why? Do you know her? It was a tussle before he allowed us. So, when we finished everything and we were coming down with the doctor, I just said doctor, talk to this person. (Afia, female, physical impairment)

She shared another experience that occurred at a church after the church service had ended. She approached an elder of the church who is also a business magnate whom she knows:

> When I went up the platform, there is an elder…eeigh! You know the way Ghanaians relate and try to push you when they see that you are getting closer to their star, you know, and somebody said oh stop that. She is Aunty [Afia] and he said oh, I didn't know you are the one. You have put on weight… and I have never been able to forgive that man…his rich man is there, and a sick person wants to get close to him, for what? (Afia, female, physical impairment)

The stigmatising experiences of middle-class persons with disability increase the structural difficulties in their social, professional, and private lives. They have received the right education and qualifications. They have acquired the requisite skills and competencies. Despite these, access to employment opportunities and other social benefits is an enormous challenge. Those who secure employment are also severely constrained by the social relations in their work environment:

> I find myself at the disadvantage simply because, when I look at the kind of skill and knowledge I possess at this point in time, take away my disability and I will be given better respect. With my disability and stigma, I don't command the equal respect as my peers would. (John, male, visual impairment)

When mainstream social, economic, and political activities are put beyond the reach of persons with disability, some of them are compelled to take up limited opportunities in the disability sector. For some middle-class persons with disability who work in the disability sector, that is not where they would have wanted to be, but difficulties in pursuing opportunities available to most people in society force them into their current occupations:

> I am a person with disability working in the disability sector. One negative part is that, sometimes people think that I don't have the kind of skills that they have because they can hear and speak. Because they can hear and speak, they have more opportunities than me. It's in the Ghanaian culture. Once the person sees that you are disabled, they think you cannot do

anything, it's true. They can hear and they can speak. I don't think when it comes to intelligence, they can challenge me. (Timothy, male, hearing impairment)

Discussion

This study examined middle-class persons with disability's lived experiences of lowered social expectations. Previous studies have revealed that the stigma attached to persons with disability in general is the basis for their social identities to be constructed in terms of their perceived functional limitations (Jammaers et al., 2016; Naami et al., 2012). Stigma, occurring through these negative stereotypes, is a powerful neutraliser of all the positive qualities that individuals may have, and this undermines the functional credibility of stigmatised individuals (Coleman, 2006; Jammaers et al., 2016; Philips, 1990). This study, however, disaggregates persons with disability on the basis of their social class and personal characteristics and examines how middle-class persons experience disability stigma. Their experiences, though equally stigmatising, are not the same as the experiences of persons with disability who are economically challenged, have limited formal education, and have limited capacity for political inclusion. Middle-class persons with disability possess very complex skills and knowledge sets and they can engage in sophisticated activities and be employed in positions that require these, but these facts are often ignored both in research and policy circles. For middle-class persons with disability, being assumed to be incompetent and being treated in that manner is an enormous challenge they live with almost on a daily basis.

Stigma could be produced either by a sense of benevolence or hostility, both of which may be intended to protect the person with a disability who is perceived to be vulnerable (Jahoda, Wilson, Stalker & Cairney, 2010). Some of those who stigmatise persons with disability do so by means of what Davis (1961) describes as 'patronising sympathy'. This is an unsolicited sympathy shown towards persons with disability especially when they have not shown any sign of discomfort or unease at being at a particular place or in a particular situation. Invariably, stigma is embedded in the 'helping and caring' treatment that is often shown to persons with disability, even if it is out of ignorance (Mik-Meyer, 2016; Naami & Hayashi, 2012; Saal, Smith, & Martinez, 2014). Whenever persons with disability are deemed to be unworthy of particular social spaces because of their perceived unruly and unacceptable bodies, the legitimacy of their presence is called into

question (Chouinard, 1997; Loja, Costa, Hughes & Menezes, 2013; Soldatic & Meekosha, 2012). This can explain why middle-class persons with disability are sometimes prevented from aspiring to certain social positions and pursuing some opportunities in society. Their compromised bodies evoke discomfort that threatens the normative order.

People who acquire their impairments as adults are often stigmatised and perceived to have lost their abilities once the impairment becomes evident. People show sympathy towards such middle-class persons with disability because the impairments are seen as misfortunes and personal calamities (Martin, 2013; Tobias & Mukhopadhyay, 2017). The interpretation of the new disability identity as a weakness comes with attempts by people to limit the 'burden' of active social engagement for these middle-class persons with disability. This is consistent with the point Coleman (2006) makes that social expectations are lowered for people who move from non-stigmatised identities to stigmatised identities. For persons with disability in general, the common belief is that they rarely pursue formal education to higher levels (Athanasou, 2014; Eide, 2012). This attribute is ascribed to middle-class persons with disability. Therefore, the academic credentials and intellectual abilities of middle-class persons with disability are sometimes called into question.

In instances where the guides of middle-class persons with disability become the media through which people communicate with them, the personhood of persons with disability is denied in what Cahill and Eggleston (1995) call 'non-person treatment'. The 'non-person treatment' occurs because persons with disability are perceived to be incapable of assuming or maintaining control over their private and public lives, the acquisition of an impairment being held to mean the total loss of control. The conduct of some of the people around persons with disability, on this basis, leads to the production and reinforcement of negative stereotypes and disability stigma.

Findings from this study are consistent with positions of Ablon (2002), Kasiram and Subrayen (2013), Kim (2011), Nario-Redmond (2010) and Santos and Santos (2017), who suggest that persons with disability are often asexualised and stripped of their gender identities. Persons with disability who encounter these forms of stigma are thought not to be worthy of marriage, suitable for or even capable of sexual relations and reproduction. These forms of stigma are sometimes perpetrated by health workers, out of

ignorance. Some health workers who try not to show their contempt overtly also engage in what Davis (1961) describes as 'fictional acceptance'. This is when people act in ways that suggest assumptions of equality and normalcy but latently reveal that they have low expectations of stigmatised individuals.

Ascriptions of incompetence occur because of the 'spread effect'. This is when the occurrence of a single impairment makes people assume that the individual possesses other impairments and, on that basis, ascribe additional deficits to that person (Wright, 1960). Gowman (1957, cited in Goffman, 1963) refers to this as the 'gestalt of disability'. Society, by this means, creates, reinforces, and reproduces disability stigma in general and the ascriptions of incompetence to middle-class persons with disability in particular. The middle-class status challenges stereotypes about disability and this means that middle-class persons with disability are always putting themselves in the line of fire as they defy social expectations. Sometimes, middle-class privileges rescue them from the stigma they would otherwise face but there are times that middle-class privileges count for little and may aggravate the denigration and devaluation that they face. Vernon (1999) argues in this regard, that these stigmatising experiences stem out of the imaginary imperfections of persons with disability, and these are used to justify the stigma shown towards persons with disability in general and middle-class persons with disability in particular.

Conclusion

The study explored how middle-class persons with disability experience lowered social expectations as a result of their impairments. They are often perceived to be physically, financially and intellectually weak and incapable of full social participation. The impairment, which becomes their master status, negates all other personal traits and their middle-class status. The study shows that persons with disability are not to be considered as a homogenous category of people. They constitute a diverse category of people. Their unique identities, personal differences, needs, challenges and aspirations must be recognised within social relations. These differences have to be considered in the design and implementation of social inclusion interventions and welfare policies. Eliminating the barriers and stigma that middle-class persons with disability face will open up opportunities for other hitherto socially excluded and marginalised persons with disability in formal education, employment, and political participation.

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