DiGeSt

Journal of Diversity and Gender Studies

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DiGeSt Journal of Diversity and Gender Studies, Volume 12, Issue 1
https://doi.org/10.21825/digest.90369
Print ISSN: 2593-0273. Online ISSN: 2593-0281

DiGeSt is hosted by Ghent University Website: *https://www.digest.ugent.be/*

Empowering Inclusion through Self-Advocacy: Harnessing Language to Transform Stigma into Strength for Individuals with Physical Disabilities

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Abstract
People with a physical disability often experience stigmas in face-to-face interaction which can lead to social exclusion. The underlying social misconceptions can lead to low self-esteem, and consequently, people with a physical disability often avoid social initiative-taking. However, research has shown that self-advocacy can contribute to and benefit social inclusion. The well-known conceptual framework of self-advocacy by Test et al. will be discussed and adapted for this article as I propose a reconceptualization of the framework specifying four novel contributors. Language (linguistic knowledge and skills) is an important communicative means to counter misconceptions. Language awareness raising can be adopted as a learning device to empower physically challenged persons in everyday social interactions.

Keywords
Disclosure, Empowerment, Language Skills, Physical Disability, Self-advocacy, Social Exclusion, Social Stigma

Introduction

According to data provided by the Council of the European Union (2022), one in four European adults has a disability. One-third of this group – 28,8% of the people with a disability – is at risk of social exclusion within the EU. Social exclusion occurs when people are prevented from participating in daily activities and social interactions because of reasons they have no control over (Burchardt, Le Grand & Piachaud, 1999, p. 229; Luz & Portugal, 2022, p. 505). The experienced social exclusion of people with a physical disability is often enforced by environmental inaccessibility and social stigmatisation and can arise in various areas of society, such as education and employment (Council of the European Union, 2022). Consequently, the underlying social stigmas lead to low self-esteem and avoidance of social initiative-taking (Shakespeare, 2010, p. 271).

However, as society continues to evolve toward greater diversity and inclusivity, the convergence of disability studies with other research fields becomes increasingly evident. As such, the intersection of linguistics and disability highlights the power of language that manifests social exclusion. Despite the general occurrence of this interdisciplinary research, awareness regarding the specific roles language can play in the social exclusion of people with physical disabilities remains insufficient. Even more, in addition to the scarce discussions on language and the social exclusion of people with physical disabilities, existing research almost completely overlooks the potential value of language to the social inclusion of people with disabilities. Therefore, adding to the intersection of linguistics and disability studies, this article will show how language contributes to the social exclusion of people with a physical disability on three different levels – environmental, interpersonal, and intrapersonal.

Additionally, the article will explore a positive and proactive perspective on the power of language regarding social inclusion that has thus far been neglected in the related literature. In doing so, I aim to formulate a novel answer to the question of how language can be employed to enable social inclusion of people with a physical disability. To this end, I will draw on literature and supporting data from my two unpublished Masters' theses (Denissen, 2022, 2023)[1]. These theses collected data about the linguistic attitudes of people with a physical disability in specified social situations. Within this research, 'language' will be understood as 'a social, functional, and behavioural entity which is socially and behaviourally structured' and which 'transmits social meanings, reflects the social order and expresses the identity of its speakers' (Carranza, 2017, p. 115).

The preliminary results my research provided highlight new insights into underlying reasonings and clarifications of the documented strained communication and troubled social interactions that people with a physical disability experience (Denissen, 2022, p. 43). As an illustration, participants must deal with inconsiderate reactions, ableism, negative images and stereotypes, and passive role expectations as they are often not addressed directly and being talked over (Denissen, 2022, p. 43; Denissen, 2023, p. 20). These negative experiences lead to low self-esteem and low self-efficacy beliefs, reducing the social participation of people with a physical disability (Denissen, 2022, p. 43). In practice, this means they 'often' or 'regularly' remove themselves from difficult situations when they are unaccompanied (Denissen, 2022, p. 36). Accordingly, addressing strangers to receive assistance is indicated to be their last resort (Denissen, 2022, p. 36). Participants thus displayed deficiencies in proactive initiative-taking and problem-solving skills relating to language (Denissen, 2022, p. 36). Nonetheless, they attribute great importance and significance to their language skills defining them as 'compensating capabilities' (Denissen, 2023, p. 15). However, as this article

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[1] Although both theses provided important results, they remain preliminary, because of the limited research sample.

aims to express, the results reveal a strong need for awareness raising about language accommodation and how language can be used as a recourse to social inclusion. Building upon this research, in this article, I will elucidate how language can be used to address environmental issues, counter social stigmas, and thus facilitate social inclusion. More specifically, self-advocacy – most often discussed as knowledge of self, knowledge of rights, communication, and leadership (Test et.al., 2005) – is turned to as an empowering tool for people with a physical disability to proactively increase their social participation. It can be argued that self-advocacy is beneficial for active role expectations towards people with a physical disability, their initiative-taking, and their self-esteem, therefore, I will look at the potential of the model and propose reconsiderations. I will conclude this article by proposing language awareness raising as a way forward to strengthen people with a physical disability to become whole and active participants in society. To end, potential initiatives will be described and suggestions for further research will be made.

Background and methodologies of the unpublished master's theses

The first thesis (2022) utilised a questionnaire to assess the needs of people with physical disabilities for the development of a language programme to increase specific language skills. The aim of this programme would have been to enable the mobility and self-efficacy of people with physical disabilities through the reinforcement of their language skills. Thirty participants with physical disabilities were gathered through convenience sampling by spreading posts including the questionnaire in closed social media groups that relate to the disability community on Facebook.

Within the group of participants that filled in the questionnaire 16 identified as female and 14 identified as male. The age of the participants ranged from 19 years old to 70 years old with a calculated average age of 37 years. 80% of the participants have a Belgian nationality and the other 20% have a Dutch nationality.

The questionnaire that was used included Likert scales – consisting of six descriptors ranging from 'strongly disagree' to 'strongly agree' –, multiple choice and open-ended questions. The questionnaire was divided into four main parts. The first part inquired about the general characteristics of the participants such as gender, age, nationality, mother tongue, and language proficiency. The second part asked about the mobility issues of the participants, their use of assistance equipment, and the need for assistance in conducting everyday tasks. Disabling factors and attitudes were also inquired about in this second part. The third part of the questionnaire focussed on the perceived language skills and efficacy of the participants in terms of expressing needs, self-advocating, and reacting to misconceptions, stigmas, and unsolicited help. The fourth and final part of the questionnaire investigated the attitude and interest of the participants towards a programme developed for them to practice language skills to ask strangers for help, disclose their needs and disability, accept or reject offered help, and react to miscommunications and unwanted questions or unsolicited help in their daily lives.

For both studies, all participants cooperated voluntarily after completing a consent form. The results are anonymized, and the identities of the participants remain confidential. Participants were also informed of the possibility of discontinuing their participation at any time. For the second study, underaged participants were accompanied by a responsible adult during their interviews. Because both groups form a rather small sample, and the participation was voluntary, the results are preliminary and cannot be generalised to the whole Flemish/Belgian population. However, the participants and the results they deliver do provide a good starting point for gaining new insights into the underlying reasonings and attitudes relating to language and social interactions of people with physical disabilities. After gaining new insights, awareness can be raised and constraining or negative linguistic attitudes can be addressed.

The power of language and social exclusion

In general, factors contributing to social exclusion include inaccessible environments and social stigmas influencing both interpersonal – attitudes and relationships – as well as intrapersonal factors – self-identity and image (Byrne, 2009, p. 80; Dhakal, 2017, p. 87-88; Kreiner, Milhelcic & Mikolon 2022, p. 95). However, more subtly, language and how it is used also holds power to augment the social exclusion of people with a disability. In the next paragraphs, I will focus on the linguistic aspects that may create potential issues within each category of social exclusion – environmental, interpersonal, and intrapersonal.

Environmental factors

Over the past decades, efforts have been made to promote accessible environments. For example, the European Disability Strategy (2010-2020) prioritises the accessibility of the built environment. Additionally, the European Union Agency for Fundamental Rights (2014) – the FRA – ascertains that EU Member States have mandatory accessibility standards for the construction and alteration of national and local authority buildings. Hence, accessibility standards must be met before permits are granted to build or alter existing buildings. Accessibility measures include installing ramps, lifts, wheelchair-accessible bathrooms, and providing information in braille. Strategies such as these strive for ideas such as the 'enabling environment' and 'universal design' – terms that originated in the architectural field.

However, important as these foci are, 'the concept of a world in which [people with physical disabilities] were free of environmental barriers is hard to operationalise' (Shakespeare, 2010, p. 173). For instance, even when the aforementioned accessibility standards are in place, in practice they are not always consistently executed. As an illustration of this inconsistency, the law related to the protection of historical buildings is often used 'to avoid making buildings accessible' (FRA, 2014). Other instances of inaccessible environments such as inaccessible public transport, historical city centres, and badly constructed public roads such as askew pavements lead to mobility issues of people with physical disabilities (Denissen, 2023). Furthermore, various functional limitations of individuals with physical disabilities call for different measures and forms of assistance, for example '[people who are visually impaired] prefer steps and defined curbs' whereas 'wheelchair users need ramps, dropped curbs, and smooth surfaces' (Shakespeare, 2010, p. 174). Thus, although measures are taken, environmental barriers remain present in society and physical accessibility also shows to be an individually experienced concept that cannot be achieved at all times for everyone.

To deal with this unavoidable inaccessibility, people with a physical disability will benefit from a set of linguistic tools (knowledge and skills) to proactively communicate their needs and desires. However, today, people with physical disabilities often avoid situations that they feel are inaccessible, instead of addressing the issues and expressing the need for specific facilitations (Denissen, 2022, p. 36). By actively discussing environmental barriers that prevent individuals from social participation, the needed requirements or accommodations can be established and communicated to the relevant persons. Only then facilitations can be provided, or assistance can be lent.

Interpersonal factors

Social stigmas are pervasive in society, leading to the exclusion of certain groups and individuals (Byrne, 2009, p. 80; Dhakal, 2017, p. 87; Kreiner, Milhelcic & Mikolon 2022, p. 95). A social stigma can be defined as 'a powerful social construction' that categorizes 'undesired differences' and that creates 'degrading attitudes' towards people who exhibit these differences (Dhakal, 2017, p. 87-88). According to Kreiner, Milhelcic, and Mikolon (2022) stigmatised evaluations 'devalue an individual or group' (p. 95-96), and so social stigmas reflect in 'negative attitudes and adverse behaviour of the stigmatiser' (Byrne, 2001, p. 281). Linguistically, such negative attitudes towards people with a physical disability are e.g. not addressing them directly, using ableist phrases, or acting surprised toward ordinary achievements (Denissen, 2023). Social stigmas about people with a physical disability can thus be traced back through the language that is used to talk about and to people with a physical disability.

Overall, the language that is used to talk about people with a disability may highlight various misconceptions and inappropriate attitudes. A first example can be found in the ‘negativistic vocabulary [that] is used to either insult people with disabilities or [that is] meant as an insult by calling them ‘disabled’ using terms such as ‘cripple’, ‘midget’, ‘idiot’ (Andrews et al., 2019, p. 113). This vocabulary displays little value and low status of people with disabilities (Andrews et al., 2019, p. 113). Next, in the absence of bad intentions, misconceptions about people with a physical disability can also be enforced through expressions such as ‘confined to a wheelchair’, ‘suffering from’, and ‘afflicted with’ which depict people with a physical disability as ‘weak and vulnerable victims’ (Andrews et al. 2019, p. 113). Even with good intentions, society creates passive role expectations for people with a physical disability. This becomes particularly clear in media coverage of the accomplishments of people with a physical disability as they report on ordinary achievements picturing people with disabilities as ‘courageous’ and ‘inspirational’ for conquering their physical limitations ‘despite’ their condition (Andrews et al. 2019, p. 113). Highlighting the accomplishments of people with disabilities in this way indicates that this is uncommon, surprising, and above all unexpected. They are after all ‘expected to remain passive in public’ (Dhakal, 2017, p. 91).

Complementary, according to the preliminary research, not only language that is used to talk about people with a physical disability but also language that is used to talk to and with them may exhibit social stigmas, pre-held beliefs, and misconceptions. For example, ableism is often unconsciously present in everyday conversations between interactants with and without a disability. Micro-aggressions such as ‘I will pray for you’, ‘I do not think of you as disabled’, ‘it is impressive what you can do’, or ‘you are lucky to have such nice friends/family who help you and take care of you, you must be grateful’ are expressed by interactants without disabilities. Phrases such as these imply that people with a disability require fixing, that they are ‘less’ than ‘ordinary’ people, or that they are unable to accomplish something without the help of others (Denissen, 2023, p. 13). Additionally, people with disabilities often receive surprised reactions when others learn they are enrolled in regular or higher education, that they live independently, or that they have romantic relationships. Similarly, friends of people with disabilities are often mistaken for paid assistants, volunteers, or family (Denissen, 2023 p. 13-14). These reactions display the prejudiced tendency that people without a disability would not want to engage in a romantic or friendly relationship with someone who has a disability. In addition, the passive role expectations remain vivid within these interactions.

Another recurrent attitude that is even more ableist is the avoidance of direct interaction with people with a disability. Often, when accompanied, people with a physical disability are not directly addressed (Denissen, 2023; Orakani, Smith & Weaver, 2021, p. 88). Instead, comments and inquiries about the person with a disability are made to their companion. Examples are questions such as ‘can she walk?’, ‘what is the matter with her’, ‘what would she like to do?’ and comments such as ‘she can put her shoes back on’ or ‘she can come and sit here’ (Denissen, 2023, p. 13). As the preliminary data indicates, being exposed to attitudes like this can be very harmful for people with a physical disability. They are treated as if they have lower intellectual abilities since they are considered incapable of acting and reacting in an autonomous, relevant and accurate manner or even responding to a question or request (Denissen, 2023). Not addressing individuals with a disability leads to their direct exclusion from social interaction and should be considered discrimination.

Intrapersonal factors

Exposure to social stigmas and inappropriate attitudes of others, based on differences in physical structure can devalue an individual’s identity and perceived (self-)image (Kreiner, Milhelcic & Mikolon, 2022, p. 102-103). This is more explicitly shaped by the preliminary data, where participants with a physical disability indicated that they believed others perceived them as 'dumb' or 'stupid', 'having an intellectual disability as well', 'inferior', 'dependent on others', 'asocial', 'deformed', and 'a burden or a bother to others' (Denissen, 2023, 14). This assumption will create a reduced sense of power which then becomes the foundation upon which people with a disability construct their self-concept (Denissen, 2023, p. 14; Emry & Wiseman, 1987, p. 12; Kreiner, Milhelcic & Mikolon, 2022, p. 103). Consequently, this can lead to self-imposed exclusion as they internalise the social stigmas displayed in everyday interactions and they become a self-fulfilling prophecy (Jackson-Best & Edwards, 2018, p. 13; Orakani, Smith & Weaver, 2021, p. 88; Chatuverdi, 2019, p. 68; Akyal Güner & Das Gecim, 2021, p. 2; Andrews et al., 2019, p. 113-114; Byrne, 2001, p. 281; Dhakal, 2017, p. 88; Kim & Zhu, 2020, p. 5; Kreiner, Milhelcic & Mikolon 2022, p. 103; Luz & Portugal, 2022; Test et al., 2005, p. 43). In answering to the constructed identity by the dominant group, people with a disability contribute to the continuation of their marginalisation, making them 'both a cause of lack of personal opportunities and an outcome or a reason for lack of personal opportunities' (Luz & Portugal, 2022, p. 506).

Accordingly, Shields, Synnot, and Barr (2012) show that people with a physical disability opt against participation for reasons such as not wanting to deal with social misconceptions, negative attitudes of others, and unwanted attention (Shields, Synnot & Barr, 2012, p. 995). As Dhakal (2017) states, 'stigma brings self-humiliation' preventing people from taking part in social activities and thus 'upholding' passive role expectations (Dhakal, 2017, p. 93). The data reifies this theoretical discussion as participants would rather accept social exclusion because of their negatively constructed self-concept, internalised misconceptions, and prejudices against the dominant population, instead of undertaking initiatives to improve their experiences related to social participation (Denissen, 2022; Denissen, 2023). As they provide reasoning for this behaviour, participants express the expectation of negative reactions from others based on social stigmas and they want to protect themselves from negative outcomes (Denissen, 2023, p. 22). On the other hand, they believe their presence makes others feel uncomfortable and they do not want to bother others (Denissen 2023, p. 20). Accordingly, participants have indicated a strong tendency to remove themselves from difficult situations when they are unaccompanied, although others might be able and willing to facilitate the situation (Denissen, 2022, 36).

Other accounts discussed by participants indicate that they would wait for a passer-by to see them struggle who then might offer help. However, they do not feel comfortable to initiate interaction themselves (Denissen, 2023, p. 17). The main reason for this attitude is a lack of language skills and confidence to proactively communicate their needs and desires (Denissen, 2023, p. 22-23). Similarly, disability disclosure is often avoided by people with a disability (Daly-Cano, Vaccaro & Newman, 2015, p. 214). This avoidance may be caused by the illusion of transparency – a psychological phenomenon that occurs when people overestimate the visibility of internal thoughts, feelings, and needs believing they are obvious to others (Brown & Stopa, 2007, p. 806). The illusion of transparency is enabled by the spotlight effect when people tend to 'overestimate the extent to which they believe that others see and attend to their external appearance' (Brown & Stopa 2007, 806). These psychological phenomena might transpire more frequently in the minds of people with a physical disability as they are often stared upon when in public (Emry & Wiseman, 1987, p. 9; Luz & Portugal, 2022, p. 514; Orakani, 2021, p. 88). The mistaken beliefs that their struggles are obvious to others possibly explain their retention towards initiating contact. The belief that their need for assistance is clear might easily be combined with the conviction that if others would want to help, they would offer. Additionally, some participants also indicate that they feel their capabilities are misjudged – overestimated when struggles are not spontaneously facilitated or underestimated when stigmas are displayed (Denissen, 2023). Thus, people with a physical disability often keep struggling without disclosing, keeping social exclusion and passive roles in place.

Frequent exposure to social misconceptions and mistreatment by others not only creates negative self- images but also internal frustrations in people with a physical disability (Denissen, 2023). Consequently, this can lead to a defense mode that is easily triggered by the expectation of negative reactions or attitudes of others (Denissen, 2023, p. 19). Accordingly, some persons with a physical disability who do speak up do so in a very assertive manner which can be interpreted as arrogance, especially because not all inconsiderate attitudes, questions, and phrases come from bad intentions but rather from unawareness (Denissen, 2023, p. 19). As a result, negative social experiences are created for both the interactants with and without a disability, again stimulating future stigmas and exclusion.

The power of language and social inclusion

As discussed, linguistic attitudes and social stigmas expressed through language can contribute to the social exclusion of people with a physical disability. However, stigma is socially constructed and thus 'a relative concept' (Byrne, 2009, p. 80; Dhakal, 2017, p. 87-93; Kreiner, Milhelcic & Mikolon 2022, p. 97). Therefore, a multi-faceted approach, including other social features in language use, can reduce social stigmas (Byrne, 2009, p. 80). More specifically, if it is argued that language in general and negativistic vocabulary, in particular, can harm (self-) identification and representation of people with a physical disability, then different language strategies and more positive terminology may promote social representation and inclusion as well as the self-identification of people with physical disabilities.

Language and disability representation

As pointed out above, offensive terminology – e.g. 'cripple', 'moron', 'retard', 'the blind leading the blind' – creates false beliefs that people with a disability are viewed as incapable or a burden because of their condition (Denissen, 2023, p. 14; Andrews et al., 2019, p. 113). To counter this, the People-First Language debate urges society to refer to 'people with a disability' – people-first – instead of 'disabled people' – identity-first. People-first language is a linguistic perception by which the individual is emphasised over their disability (Lynch, Thuli & Groombridge, 1994). It does not change the concept of disability; it however creates a distance between the physical condition and the identity of the individual (Titchkosky, 2001). The People-First Movement is thus an attempt to step away from the stigmatically constructed identity of people with a disability. Various alternatives in terminology have been provided such as 'differently abled', 'physically challenged', special needs person', and 'handi-capable' (Andrews et al., 2019, p. 113). However, it is important not to delete the disability identity entirely (Andrews et al., 2019, p. 113).

Participants also described a general feeling of their capabilities and skills being misjudged – both overestimated and underestimated. This created an internal struggle as they expressed the difficulty in 'asking someone who does not know them for help' (Denissen, 2023, p. 16). This misjudgement of their capabilities can be enabled by replacing the term 'disability' with more positively connotated terminology. Because, although well-intended, the use of alternatives and euphemisms may not fully capture the experiences and realities of people with a physical disability (Goodrich & Ramsey, 2013). Additionally, it is argued by Andrews et al. (2019) that deleting the word 'disability' completely risks enforcing the idea that 'disability' and disability identity is something negative, something to be pitied, something offensive, and something that holds no pride (p.113). The #SayTheWordMovement – a movement where the disability community turns to social media to express pride and a positive attitude towards their disability with the hashtag 'SayTheWord' – promotes the acceptance and acknowledgement of the term 'disability' as it refers to a neutral and real part of their identity (Andrews et al., 2019; Bogart, 2014; Darling & Heckert, 2010; Nario-Redmond, Noel & Fern, 2013). Embracing pride and a positive attitude towards someone's disability, not as an entire identity, but as a factor that contributes to that person's personality and identity can have a positive effect on the self-esteem and well-being of that person (Andrews et al., 2019; Bogart, 2014; Darling & Heckert, 2010; Nario-Redmond, Noel & Fern, 2013). Consequently, disclosing and asking for facilitators might be normalized as comfort increases.

Next, the participants indicated profound frustrations caused by exclusion from interactions and conversations. However, the self-esteem and positive attitude of people with a disability may increase when they are more often addressed directly (Orakani et al., 2021, p. 88). Addressing a person with a disability directly can be the first step in countering the passive and less intellectual role expectations experienced by them. If people with a disability were to engage more actively in social interactions, they may feel encouraged to disclose and communicate their needs and wants more which might lead to further deconstructing their social stigmas, resulting in a greater sense of autonomy of people with a physical disability (Test et al., 2005, p. 43).

Self-advocacy and social inclusion

An increased linguistic and communicative capability can have a 'reinforcing' effect on the disabled person's happiness as 'individuals' ability to convert resources into actual participation influences their well-being (Luz & Portugal, 2022, p. 510). Self-advocacy is a strategy that serves the empowerment of individuals to take charge of their own care management and social participation through the internalisation of skills and resources that support their needs and goals (Hagan & Donovan, 2013; Nowakowska & Pisula, 2021; Schmidt et al., 2020). In short, the concept can be defined as the ability to decide on personal desires and goals and to communicate the needed facilitators to achieve them (Conway & Chang, 2003; Daly-Cano et al., 2015; Hagan & Donovan, 2013; Schmidt et al., 2020; Petri et al., 2020). By self-advocating, people with a disability can gain a sense of autonomy, self-determination, active role expectations, independence, and a sense of increased mobility.

Test et al. (2005) developed a conceptual framework of self-advocacy, identifying and discussing four components: *knowledge of self, knowledge of rights, communication,* and *leadership*. Knowledge of self and knowledge of rights are 'necessary for individuals to understand and know themselves before they can tell others what they want [and need]' (Test et al., 2005, p. 45). Accordingly, these first two components form an important foundation upon which self-advocacy is practiced (Test et al., 2005, p. 45). This practice of self-advocacy happens through the third component – communication – which is discussed as the main tool of the concept (Test et al., 2005, p. 45). The last component mentioned by Test et al. (2005) – leadership – facilitates a person with the skillset to start advocating for others in a more advanced phase. Research on self-advocacy that was conducted after 2005 often adopted these components or made minor adaptations without offering critical reflection. Contexts within which self-advocacy is studied do not often surpass hospital hallways, special needs classrooms, and overly general inequalities, for example, in the corporate world. These contexts do not accurately represent the everyday situations that people with disabilities experience; they do not spend their lives segregated and confined to clinical settings in special needs institutions. Additionally, the literature often focusses on people with intellectual disabilities, learning disabilities, autism, and other hidden disabilities. Therefore, the target group of this study seems vastly overlooked. However, self-advocacy still displays great potential, but comments on its implementation can be made.

First and foremost, in the body of literature that exists on self-advocacy, many different factors – both interpersonal and intrapersonal – such as 'past experiences and cultural attitudes' have proven to influence the use of self-advocacy 'more significantly than knowledge of rights' (Van Puymbrouck & Magasi, 2024, p. 2). When self-advocating on a larger scale to alter institutional policies knowledge of rights is important. However, when accommodating everyday situations and struggles on a smaller individual scale knowledge of rights will not contribute as much as practiced disclosure strategies and an assessment of resources that are present in that moment. Secondly, ‘communication’ is not properly defined within the framework despite that this is a vast and overly broad concept that can be interpreted in many ways. Instead, more diverse subcomponents, such as negotiation, persuasion, and compromise, are mentioned. However, a discussion on how to apply ‘communication’ and its subcomponents lacks leaving this element vague and difficult to shape.

Lastly, leadership is mentioned as an element of self-advocacy. It can be a logical progression/consequence/effect of self-advocacy, but it surpasses the concept of *self*-advocacy to the concept of advocacy. Additionally, Self-advocacy and advocacy are distinct concepts. Self-advocacy focusses on empowering individuals to speak for themselves, as opposed to advocacy which involves speaking on behalf of others (Webb, 2002, p. 175). Both strategies have a different purpose and therefore also a different mindset and approach of the (self-)advocate. When *self-advocating*, it is important to understand one’s own needs, desires, identity, skills, and experiences. This is a personal and individual and therefore a subjective matter. When *advocating* on the other hand, one must understand the needs, struggles, desires, identities, skills, mindsets, and experiences of others or even an entire group. This moves the discourse beyond personal and individual matters. Hence, emphasising leadership skills within self-advocacy seems too reductive. When directly moving from self-advocacy to leadership, one risks generalising personal experiences that do not apply to others. This must be avoided as the identities and experiences of people with physical disabilities are already overly generalised, especially as there are many ways in which a disability is perceived or experienced, leading to the creation of stigmas and misconceptions. Having knowledge of self and recognising and addressing personal struggles therefore forms an insufficient foundation upon which can start advocating for others or an entire group just because there is a common denominator – having a disability.

Despite these comments, a reconceptualisation of the components can preserve the goal and potential of self-advocacy and at the same time enable people with physical disabilities to exhibit active responsibility in their social inclusion. Importantly, the value of self-advocacy is expressed by people with a physical disability as they indicate that it significantly contributes to their sense of independence (Denissen, 2023, p. 15). More specifically, they state that they use their verbal language skills to compensate for their physical limitations (Denissen, 2023, p. 15). In disability studies, this is introduced as ‘compensating capabilities’ developed by individuals to ‘overcome the shortfall abilities due to limitations of the body’ (Reddy, 2011, p. 195). Properly addressing strangers, effectively initiating contact, requesting required assistance to overcome possible unexpected issues, explaining struggles and (in)capabilities, and understanding and reacting to misconceptions are mentioned by the participants as compensating capabilities (Denissen, 2023, p. 38). Luz and Portugal (2022) state that it is ‘expected that higher levels of [compensating] capabilities are related to higher levels of activity [and] participation’ (p. 519). If the required accommodations can be effectively and comfortably communicated to others, the situation and the issues might be adequately facilitated, leading to social inclusion and independence from the presence of companions. Thus, self-advocacy – being a strategy to proactively communicate one’s wants and needs to be able to achieve personal desires and goals – can be employed by people with a disability desiring to participate to the full in society. However, participants also express a lack of awareness of the power that language holds and a lack of practice on how to deploy language skills in various social situations. Based on these insights on language and social exclusion as discussed above the following reconceptualized components of contemporary self-advocacy can be proposed: intrapersonal awareness, interpersonal awareness, communicative competence, and disclosure strategies.

Self-advocacy *–intrapersonal awareness, interpersonal awareness, communicative competence, and disclosure strategies–* can increase the autonomy and self-determination of people with a disability. Determinations based upon increased awareness might also positively influence the self-efficacy beliefs of individuals providing them with the confidence and motivation to pursue their goals (Tsang et al., 2012). Increased self-efficacy beliefs – the convictions in one's capability to achieve desired results – also influence 'how people feel, think, motivate themselves, and behave during various tasks' (Tsang et al., 2012, p. 1). Thus, in other words, self-advocacy can increase self-determination which benefits self-efficacy beliefs, influencing in turn how people see themselves and how they behave. Following this way of thinking, it can be argued that people who are aware of their own accurate identity and capability, as well as of the socially constructed mindsets of others, may show more proactive initiative-taking attitudes. Especially when compared to the inflicted passive attitudes based on social stigmas. Hence, self-advocacy may be used to raise awareness and practice attitudes that counter social stigmas affecting intrapersonal factors, leading to greater inclusion.

Self-advocacy can empower more active role expectations towards people with a physical disability. Where awareness is a more internal aspect of self-advocacy, communicative competence – the ability to understand and use language effectively to communicate in authentic social situations – is more externally displayed. This competence relates to the appropriateness as to 'when to speak, when not, and as to what to talk about with whom, when, where, in what manner' (Hymes, 1972, p. 277 qt. in Carranza, 2017, p. 123). The communicative competence is 'integral with attitudes, values, and motivations concerning language, its features and uses, and […] competence for and attitudes toward, the interrelation of language' (ibid). Once people with a disability determine their wants, needs, and capabilities they can effectively communicate them to others by actively engaging in various social situations. Similarly, people with a disability can manifest their active roles and capabilities by verbally communicating and responding themselves even though they might not be addressed directly. This way, others might be conditioned to expect more active capabilities of people with a physical disability, engaging them more in the future.

Applying disclosure strategies when communicating specific struggles and needs within these social situations has the purpose of creating transparency. With increased transparency comes greater understanding. Disclosing one's disability and the experienced struggles can create more transparency and can consequently deconstruct existing stigmas (Emry & Wiseman, 1987, p. 18). Accordingly, disclosure has positive outcomes for the social skills of interlocutors when interacting with each other (Braithwaite et al., 1984, p. 21; Emry & Wiseman, 1987, p. 22-23; Johnstone & Edwards, 2020, p. 436; Luz & Portugal, 2022, p. 509). Whereas people without a disability would react negatively towards the requirements or be surprised about the achievements of people with a disability, their attitude and reactions might be more understanding and open-minded if context and information about someone's disability are disclosed. In other words, a more active attitude of people with a disability towards disclosure strategies in interactions creates transparent situations and reduces uneasiness of people without a disability as well as possible inappropriate attitudes leading to exclusion (Braithwaite, Emry & Wiseman, 1984, p. 21; Emry & Wiseman, 1987, p. 22-23; Johnstone & Edwards, 2020, p. 436; Luz & Portugal, 2022, p. 509; Petry, 2018). Hence, existing stigmas can be deconstructed and more understanding attitudes can be generated.

Possible ways forward: practical implications

Even though participants expressed the importance of self-advocacy, they also confirmed that they lack awareness and expertise in these skills and that they receive little to no attention in their education – even though they are enrolled in special needs education (Denissen, 2023, p. 17). Therefore, a training programme can be developed that implements a multifaceted approach including awareness raising, development and practice of communicative competence, and application of disclosure strategies in real-life situations.

Based on these insights the following remedial framework is put forward, the foundation of which is linguistic awareness raising. Awareness raising has the potential to increase knowledge of self and determine cultural and social constructs. Insights into social stigmas and how they are constructed, and especially how they are incorrect, will empower people with a physical disability to rethink the construction of their identities and how they see themselves. Awareness and understanding are an essential first step in facilitating an initiative-taking mindset towards language.

After this foundational work, time will be spent on how language can be used to open discussions related to the prevailing stereotypes and misconceptions, deconstructing social stigmas and preventing their internalisation. Being aware that language and self-advocacy can serve as resources to receive the measures, assistance, or accommodations one might need in certain situations, will lead to strengthening communicative competence as a tool to increase environmental accessibility. Interpersonal and intrapersonal factors can also benefit from self-advocacy as disclosure strategies create greater transparency in social interactions.

A training or learning module including the aspects mentioned above can be provided by schools – especially special needs education type four in Flanders – and rehabilitation centres or physical therapy practices. Within rehabilitation centres and physical therapy practices, people who have acquired physical or brain injury later in life – for example because of a traffic accident – must adjust to the prospects of continuing life with a disability. For them, language will also be a significant resource in dealing with their disability and facilitating independence in new ways as they need to learn that talking helps – in more aspects than merely the process of acceptance.

Conclusion

It has been firmly established in the literature that social exclusion of people with a physical disability is endorsed through environmental barriers and social stigmas. Moreover, the language used to talk to and about people with a disability displays social stigmas influencing attitudes and the construction of (self-)identity. However, interview data have shown (Denissen, 2023) that the influential power that language holds can also be used to promote social inclusion for people with a physical disability. In general, they are observed to mostly exhibit passive, awaiting, and evasive attitudes towards social participation due to role expectations, fear of negative outcomes, and a lack of initiative-taking mindset. Yet, language can be deployed as a resource and a tool to put an initiative-taking mindset into practice and to counter the stigmas and role expectations upon which they are based. Self-advocacy has the potential to function as a powerful application of this strategy in everyday social situations. Therefore, a starting point to reconceptualize self-advocacy as a substantiated and applicable language strategy for people with physical disabilities is offered. Additionally, possible initiatives are suggested on how self-advocacy can be turned into training or learning modules. Further substantiating and reconceptualizing a contemporary understanding of self-advocacy and designing learning modules will be the object of my further studies. Here, the effect that the reworked self-advocacy skills have on the self-image, and self-efficacy beliefs of people with a physical disability should be studied. Additionally, the effects that a proactive attitude towards language can have on the stigmas, images, and prejudices in society must be studied.

I want to conclude with the conviction that language matters and that it is high time for people with a disability to define their own identities, write their own narratives, and use their own voices to create inclusion. Their empowered voices can change perspectives and I believe that inclusive language holds the power to move us from stigma to strength.

Conflicts of interest

The author declares no conflicts of interest.

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