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Mainstreaming equality theories: towards a generic model of discrimination

Mainstreaming equality is generally defined as “the incorporation of Equal Opportunities issues into all actions, programmes and policies from the outset.” (Rees 1998, pp3-4). It stands to reason that if equality issues are to be mainstreamed, there first needs to be a thorough understanding of what these are for people with different characteristics and how issues ‘fit’ together. Certainly, at a superficial level, the barriers confronting people from BME communities, women, disabled people, etc can appear very different. For example, a barrier to work for someone from a BME community might be that English is not a first language, for women it might lack of child-care and for physically disabled person inaccessible premises. It may be that the interests of different groups (or even of different members within each group) do not coincide, that the barriers to equality they confront are fundamentally unalike and require radically differing forms of intervention. At worst, action to remove barriers for some may create more for others. If so, to mainstream equality for all would present significant challenges, generating a competition between equality groups, from which some would emerge victorious while others lose out.

The aim of this paper, therefore, is firstly to consider the case for a generic approach, to explore the meaning of discrimination and oppression, to examine theoretical approaches to discrimination, oppression and inequality emanating from the group-based literatures, whether or not these are mutually compatible and, if so, what collectively they tell us about the causes of inequality, the nature of barriers and how to remove them. There is insufficient space here to conduct anything like a comprehensive exercise. For that reason, the paper focuses mostly on the literatures relating to ‘race’, disability, sexual orientation (‘queer’ theory) and gender, and pulls out broad themes rather than undertaking in-depth review and analysis. There follows a generic typology of discrimination and barriers, potentially applicable to all groups, rather than being group-specific. Finally, the practical implications of this for approaches to mainstreaming equality into organisations, their processes and services are discussed.

The case for a generic approach

Study of gender, race, disability and so on, seems often to be conducted in separate academic silos, notwithstanding there can be an awareness of the variety of characteristics possessed by the members of any one group: “None of the social movements asserting positive group specificity is in fact a unity. All have group differences within them”, (Young 1990, p162). Moreover, even where the focus is on one group, there can be a range of competing discourses emanating from different types of study. For example, in the disability field: “…an increasing division has emerged between ‘disability theorists’ and social scientists studying chronic illness, such as medical sociologists. The tendency has been to provide separate and competing, rather than joint, accounts of illness and disability.” (Barnes and Mercer 1996, p2). It may therefore be the case that the theoretical discourses between and within group-based areas of study are oppositional and mutually incompatible.

Alternatively, it may be that through diffusing defensiveness long enough to engage with other perspectives, it becomes possible to arrive at a more holistic, more comprehensive appreciation of the causes of inequality and the nature of discrimination. This may become the basis for a generic (i.e. applicable to all/ non-group-specific) framework. It could provide a shared platform for challenging discrimination and a steer on how to address it. An understanding at a theoretical level might help to ensure that ‘generic’ discrimination is not simply a reduction to a lowest common denominator of the experiences of discrimination of people with different characteristics. It is important not to deny the differences in experience and the possibility of different causes to experiences which may, superficially, appear much the same. Grosz, writing in the context of queer theory, makes the case forcibly: “For notions like oppression, discrimination or social positioning to have any meaning, they must be grasped outside any particular form (whether racist, imperialist, sexual, class, religious.)…even though we recognise that oppressions have massive historical and cultural variations, something must be shared by all the different forms of oppression, if they are to be described by the same term.”, (1994, p134).

Defining discrimination and oppression

Attempts to define discrimination and oppression as generic concepts appear far from numerous. Neither is it at all clear how one relates to the other.

According to Thompson, “…discrimination is simply a matter of identifying differences, and can be positive or negative.” (1998, p9). In normative usage, though, its meaning is negative. This is reflected in Thompson’s subsequent assertion that discrimination is “…the process (or set of processes) by which people are allocated to particular social categories with an unequal distribution of rights, resources, opportunities and power. It is a process through which certain groups and individuals are disadvantaged and oppressed.” (1998, p78). In a similar vein, Banton defines discrimination as “…the differential treatment of persons supposed to belong to a particular class of persons…” (1994, p1) - again a neutral stance in that differential treatment may be positive or negative. However, Banton proceeds to stipulate that it is necessary to ascertain whether differential treatment is morally justifiable and/ or lawful (see also Williams 1969). It is not necessarily differential treatment that is problematic, but the basis for it.

This seems to suggest that discrimination could be conceptualised as a form of processing error. To access resources and rights, or for just about any other type of societal relationship[1], whether between people or between people and institutions, engagement usually starts with the (formal or informal) assessment of relevant characteristics. Depending on the purpose of the relationship, different characteristics will be relevant. At its simplest, it may be a question of whether they have enough money to make the purchase. However, where (for example) the allocation of resources depends on demonstrating need, or getting a job depends on demonstrating merit, assessment will be more complex and room for error greater. It may be necessary (or tempting) to rely on proxi-indicators, such as appearance, in order to make judgements. The quality and accuracy of judgements will depend on the quality of the indicators selected, i.e. how well they reflect the purpose of the ‘societal relationship’ and how effectively they can be demonstrated. To select indicators, or criteria for access, which are not relevant would be to commit discriminatory ‘process error’. For example, if the person specification stipulates that candidates must have a specific qualification, or be able to drive a car, when this is not necessary in order to do the job (or other equally effective ways of doing it exist), this would be discriminatory.

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[1] For a more complete discussion of the stages of societal relationships (or ‘transactional processes’), see Witcher 2003

The next stage of the process appears to be the assignment of the person, on the basis of assessment, to a social category. Certainly, much of public policy concerned with the distribution of public monies relies on formally articulated categorisation. For example, social security benefits are structured largely around 'client groups', defined around age, disability, etc[2]. This may be reasonable, in as much as certain characteristics are associated with increased risk of poverty. To that extent, the fact that some social categories have rights to more resources, etc, than others, may be appropriate – or it may not. As above, differential treatment needs to be morally justified and legally permissible (nb serious questions would arise if it was just one or the other, let alone if it was neither). However, the basis for categorisation may be less transparent, as when decisions hinge on professional discretion. It may even be subconscious (Banton 1994). It may be the case that a person does possess the required, relevant characteristics but they also possess other irrelevant characteristics (e.g. gender, sexual orientation, etc) which somehow over-ride or obscure the former. Perhaps the irrelevant characteristic has cultural significance and this leads the assessor inadvertently to give precedence to it. An assessment error in turn leads to an error in social categorisation.

The above sketches out a way of conceptualising discrimination. However, it remains unclear how this 'fits' with oppression. This requires further consideration.

Thompson defines oppression as "Inhuman or degrading treatment of individuals or groups; hardship and injustice brought about by the dominance of one group over another; the negative and demeaning exercise of power. Oppression often involves disregarding the rights of an individual or group and is thus a denial of citizenship." (1997a, pp32-33 – cited). For Grosz: "The notion of oppression is clearly linked to power, to the relations, impulses and forms that power may take." (1994, p136). To summarise, at a generic level, she states that oppression can be minimally understood as a system of differential social positions, where the privilege of some is at the expense of those in subordinate positions, and that positions are directly linked to values, attributes, benefits and mobility. On a slightly different tack Young attributes the cause of oppression to the "…norm of the homogenous public…" (1990, p179), which places 'unassimilated' persons or groups at a disadvantage in the competition for scarce resources and requires them to transform their sense of identity in order to assimilate.

Oppression would seem to denote the serious and longstanding negative impact of power on those without it. It is less clear, other than in broad terms, what form that impact may take. It could represent the enforced limitation of the expression of identity or the development of potential, and/ or the reshaping of behaviours into an approved mould or norm, as defined by those with power. It might deny or inhibit autonomy, awarding control over people's lives to others, or affirming that control. The characteristics and behaviours which are oppressed (or perhaps more accurately repressed) are those which do not conform to the 'public norm', or dominant cultural blue-print. This raises the question of how such norms or blue-prints come into existence and who is responsible for their design. Presumably they will be drafted by 'the powerful' in their own image. Furthermore, power is conceived as a 'zero sum' game. Some have power only because others do not. In order to preserve their privileged position they

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[2] It is worth noting that government proposals to develop the New Deal offer the prospect of greater flexibility. Whereas there has been a history of different New Deals for different groups (young people, disabled people, etc), it is now proposed to establish a generic menu of options. See *Building on New Deal: Local Solutions meeting individual needs,* June 2004

must use their power to prevent others acquiring more. This might suggest that oppression operates to perpetuate (or even exacerbate) exclusion. Yet, if excluded people have to transform their identity in order to assimilate, it may be that oppression (or repression) is a condition *of* inclusion.

Oppression, so-defined, would seem to be a frequent outcome of (normative) discrimination, as conceptualised above. It could also be a cause of it, as the powerful seek to shore up the status quo and/or increase their own advantage. However, it might not necessarily result in the repression, distortion or transformation of identity (or aspects of it). In the context of a distributory process leading to the allocation or withholding of resources, normative discrimination (as 'process-error') might straightforwardly result in material hardship. A consequence of poverty may well be oppressive in that a person has less opportunities to express their identity or fulfil their potential. Certainly the incentive to repress characteristics and behaviours deemed negative and exhibit those required to access resources may be particularly acute, if failure results in poverty. However, it may be helpful to disentangle material hardship from identity distortions.

Themes from the group-based literatures

This suggests there are a number of factors to be considered if the aim is to eradicate discrimination and oppression – and to mainstream equality. This section explores key themes emerging from group-based literatures to see if they 'fit' with the above conceptualisation of discrimination and oppression and, if so, whether they can provide further insights.

Social categorisation

It appears that social categorisation, in different ways and for different purposes, may be an integral part of the process of societal relationships. Where categorisation is inaccurate, processes becomes discriminatory if relevant characteristics are overlooked and selection is based on irrelevant characteristics. Where to conform to approved social categories requires the distortion of identity, unwarranted loss of autonomy, the repression or denial of potential, or of characteristics which are important to the individual, etc, oppression may be experienced. It is important, therefore, to question whether the act of social categorisation is inherently discriminatory and oppressive, in that relevant characteristics must *de facto* be overlooked, and damaging (psychologically and/ or practically) restrictions to identity and potential ensue.

For queer theory the basic tenet is indeterminacy and the major focus is on disassembling norms and rejecting categorizations (Kirsch 2000, also Grosz 1994, Butler 1990). It "…leads to the rejection of all categorizations as limiting and labeled by dominant power structures (Kirsch 2000, p33). The social, cultural, political or juridical environment and their procedures create characteristics and restrict ontological potential through categorisation (Butler 1990). Queerness intrinsically defies categorization; it is "…something that's eternally the alternative…What's queer now may not be queer in five year's time." (female-to-male transsexual Jasper Laybutt, cited in Grosz 1994, p133). Authors writing on gender and/ or sexuality have identified as problematic the use of binary oppositions, such as male/ female, black/ white, etc (Fraser 1997, Butler 1990), which preclude variation and suggest mutual incompatibility – a person must be one or the other and cannot be both, or be comprised of elements of both. It also assumes the existence of some form of clearly defined, mutually exclusive unique feature/s, possessed by each category. Yet, even where essential difference is proclaimed by group members themselves, rather then being externally imposed, it can be problematic: "When the battle for parity of representation is conducted in the name of 'women's interests' or 'black interests', this can generate essentialist notions of a unified voice that have neither theoretical nor empirical validity." (Phillips 1997).

Malik states that "Race exists only as a statistical correlation, not as an objective fact. The distinction we make between different races is not naturally given but is socially defined." (1996, pp4,5). This raises the question of whether the origins of social categories lie in biological fact or cultural or procedural construct. According to Butler "…it becomes impossible to separate out "gender" from the political and cultural intersections in which it is invariably produced and maintained." (1990, p3). In the disability literature Zola (1989), argues for the 'universalisation of disability', broadly because impairment fluctuates, it can affect anyone, impairment is constructed by medical and educational institutions and policies benefiting disabled people are of wider benefit. This emphasizes that characteristics are not necessarily fixed, even if conceived as having biological origins, let alone the fluidity implied by variations to political, social and/ or cultural context.

Social categorization has, therefore, been challenged from all sides. Yet, if there is a concern in public policy to ensure people with like characteristics and circumstances receive equitable treatment, or to acknowledge and respond to strong correlations between a particular characteristic and risk of hardship, it is hard to see how it can be dispensed with. Similarly, if the aim is to anticipate and dismantle barriers that people with certain characteristics may confront, connections between characteristics and barriers need to be made. Through changing structures, cultures and procedures, it may be that characteristics change too (thus a person with an impairment may cease to be disabled if environmental or attitudinal adjustments are made). It may be that irrelevant characteristics recede, while relevant ones are enhanced.

The issue may be less the fact of social categorisation and more the appropriateness, or otherwise, of the indicators, markers (Wharton 2005, writing on gender) or significators (Miles and Brown 2003, writing on 'race') used to relate individuals to categories. As Wharton says: "We use…visible and accessible characteristics as "proxies" for qualities that would be time-consuming to determine, such as values, attitudes and beliefs." (2005, p60). In public policy, indicators may also be required of need or merit. The meaning and significance of indicators are culturally determined, and context-dependant. Nonetheless, at a practical level, we often need to gauge each other's identity and probable behaviour accurately and speedily. The challenge remains how best to achieve this.

Socio-cultural context

Given the apparent importance of socio-cultural and political context as the origin of social categorisation, characteristics, indicators of identity, their significance and meaning, it would seem helpful to explore how that context is formed and by whom. Eurocentrism is "…the authoritative construction of norms that privilege traits associated with 'whiteness'." (Fraser 1995, p81). Those working in the gender field write of 'androcentrism', meaning that the structure and values of society are determined by men and that this disadvantages women (see also Butler 1990 on 'phallogocentrism').

Capitalism could be described as the dominant ideology, or perhaps a 'homogenous public norm' (Young 1990), on which Western society is founded. One way of construing the rational for social categorization, and for explaining why people with certain characteristics are accorded less value, rights or power, is to consider the relationship of those characteristics to the goals and consequences of capitalism.
For example, Oliver (1990) relates the oppression experienced by disabled people to how capitalist society treats those considered economically unproductive. Malik (1996) locates the rise of racism within the context of the divisions created by capitalist society. Kirsch (2000) links queer theory's promotion of the self as an alternative to wider social interaction with the development of late capitalist ideology and its disassembling of the social ties which bind communities together. Despite their differences, what unites these authors (apart from their negative account of capitalism) is the view that the way in which society is structured, its dominant ideology and objectives, have a direct impact on how identities are construed, the nature of social categorisation, or challenges to particular social categories, and subsequent disadvantage.

This suggests that the predominance of economic imperatives and relationships in Western society not only gives rise to categorisations of socio-economic class, they also underpin the formation of 'cultural' or characteristic-based groupings and the values attributed to them. It would seem that society is predominantly structured by ideological goals (here, the goals of capitalism) and that this is strongly associated with cultural value-base. Furthermore, "A significant feature of culture is the way in which members of a particular cultural group become so immersed in its patterns, assumptions and values that they do not even notice they are there…" (Thompson 1998, p15). There is potential for ethnocentrism "…the tendency to see the world from within the narrow confines of one culture, to project one set of norms and values onto other groups of people." (Thompson 1998, p16).

This is as true of institutions as it is of society more widely. Indeed, institutions may have their own structures and cultures which create a distinct set of barriers for those they engage with (or those wishing to engage with them). Institutional discrimination is discussed in both race and gender-based literature. According to Miles and Brown, "In a sense, every racism is institutional because racism is not an individual but a social creation…individuals are not racist…it is an ideology that is racist." (2003, p109). They define institutional racism as "…circumstances where exclusionary practices arise from, and therefore embody, a racist discourse but which may no longer be explicitly justified by such a discourse; and…circumstances where an explicitly racist content is eliminated, but other words carry the original meaning." (2003, pp109,110). This definition suggests that institutional racism has much in common with indirect discrimination.

A slightly different, though complementary, tack is taken by those working in the disability field. The social model has been widely adopted, and fiercely defended, by disability lobbyists. It can be defined as "the disadvantage or restriction of activity caused by a contemporary social organisation which takes no or little account of people who have physical impairments and thus excludes them from the mainstream of social activities (UPIAS 1976, cited in Oliver 1990, p11). Since 1976, the definition has been extended to cover learning disabilities too (Oliver 1996). It focuses on the different types of social barrier that disabled people can encounter, implicitly due to the fact that the socio-cultural and political context was formed by the interests or non-disabled people. Barriers can be attitudinal, environmental and/ or organisational, a list which could be elaborated to cover communication, mobility and financial barriers (Witcher 2005). At its extreme, the social model implies that by removing such barriers all people with impairments would cease to be disabled: it is barriers that disable, not impairments. Shakespeare notes the model's potential wider applicability: "In the social model, there is nothing to distinguish people with impairment who are socially disabled, from people with dependent children who are socially disabled. A whole range of people may in fact be disabled by barriers or prejudices." (1996, p97).

Biological and genetic explanations

Not all subscribe to the view that categorisation emanates from socio-cultural and political context. The use of biological/ genetic explanations for inequalities, and justifications for differential treatment, is to be found in race, disability, gender and queer theory literature. There are distinctions to be drawn between the medical concern with disease and sociological perspectives on sickness as a social state (Barnes and Mercer 1996, p3). "…older people, disabled people or gays, lesbians and bisexuals are often presented ideologically as ill or sick." (Thompson 1998, p110, see also Bradley 1996). Behaviours deemed immoral or threatening are described as 'unhealthy' regardless of any proven biological/ genetic origin: "To describe someone or something as 'healthy' is…to exercise a value judgement that involves relating the person or thing to an underlying social norm of what constitutes a desirable state." (Thompson 1998, p110). A further consequence is that "The medicalization of life can be seen as a form of social control…the power to influence, or even control, moral and political issues is given to doctors." (Thompson 1998, p135).

In the race field, Herrnstein and Murray (1994) have linked IQ levels, and attributed behaviours such as lone parenthood and welfare dependency, to ethnicity. The long history of anti-semitism, the development of myths about Jewish conspiracy and behaviours, right down to the Nazi's measurement of facial features in order to determine Jewishness, similarly attribute much to genetic make-up. Yet, "Geneticists have shown that 85 per cent of all genetic variation is between individuals within the same local population. A further 8 per cent is between local populations or groups within what is considered to be a major race. Just 7 per cent of genetic variation is between major races." (Malik 1996, p4), "…as far as the biological and genetic sciences are concerned, 'races' do not exist…However, in the everyday world, the facts of biological difference are secondary to the meanings that are attributed to them and, indeed, to imagined biological difference." (Miles and Brown 2003, p88).[3] Moreover, there is evidence that people from black and minority ethnic (BME) communities can be subjected to disproportionate 'medicalisation'. They have higher rates of admission for psychiatric care, are more likely to be compulsorily admitted to hospital under the Mental Health Act 1983 and to be diagnosed schizophrenic (Skellington 1996).

In the gender field, Wharton reviews approaches taken in the sociological and psychological literature to an 'individual' model or framework for understanding gender, i.e. as "…something that resides in the individual." (2005, p17). Firstly is the view that "…sexual dimorphism in humans is a biological fact…sexual differentiation creates two "structurally distinguishable" categories of human." (citing Breedlove 1994). Yet, an estimated 2 per cent of live births are of infants that cannot be easily categorized as

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[3] Arguments concerning genetic similarities between 'races' should not be overplayed: a high proportion of our genetic make-up is also the same as other species

male or female (Blackless et al 2000). Perhaps unsurprisingly, "More than any other group…the medical profession has defined the issue of intersexuality and societal responses to it…intersexuality has come to be defined as a condition requiring medical intervention…" (Wharton 2005, p19). Others have highlighted the importance accorded to women's 'biological role' as a mother, confusing childbearing with rearing (Gittens 1993). Yet, the notion that behaviours of men and women must be intrinsically different, reflecting their biological differences has been comprehensively challenged, concluding that "…there are virtually no traits or behaviours that reliably distinguish all men from all women." (Wharton 2005, p25). While this obviously does not rule out the possibility that some behaviours are more common among men than women (or vice versa) it does pose a challenge to purist notions of biological essentialism.

Kirsch comments on how "…the search for the 'gay gene' and lesbian 'neural anomalies' generates publicity in a continuing effort to medicalize differences in gender and sexuality." (2000, p53). In this field too, a metaphorical usage of concepts of health and sickness is common in the form of: "…the association of heterosexuality with the natural, the healthy…homosexuality with the unnatural, the sick…" (Case 1988-89, discussed in de Lauretis 1991, px)

Of all groups, disabled people have probably found themselves most vulnerable to medical intervention and disempowerment. According to Crow "…we have one fundamental difference from other movements… There is nothing inherently unpleasant or difficult about other groups' embodiment: sexuality, sex and skin colour are neutral facts. In contrast, impairment means our experiences of our bodies *can* be unpleasant or difficult." (Crow 1996, p58). The medical model of disability: "…takes the biological reality of impairment as its fundamental starting point." (Williams 1996, p196), with medical discourse used to present disability as a form of individual pathology (Thompson 1998, Llewellyn and Hogan 2000). It implies that disability will be removed by changing, i.e. curing, the person. There is no acknowledgement of disability as the social impact of impairment, or that it could, therefore, be addressed by changes to the social environment: "The overall picture is that the human being is flexible and 'alterable', whereas society is fixed and unalterable." (Llewellyn and Hogan 2000, p158).

Of course, there may be occasions when, irrespective of external adjustments, incapacity persists. Yet, it remains a question of attitude, separating caring from policing, and transforming oppression into capacity building. "Life politics involve identifying and addressing barriers to self-actualization. A key aspect of this is *empowerment* – the process of supporting individuals and groups in exercising as much control over their own lives as possible."(Thompson 1998, p40).

The psychology of identity and behaviour

Another somewhat different, although nonetheless potentially medicalised, slant on how individuals acquire understandings of themselves and appropriate behaviours is to be found in psychological theories, such as theories of socialisation. Going beyond individual biology and genetics as explanations of attributes, competencies and behaviours, Wharton explores the socialisation processes through which people take on gendered qualities and characteristics. This approach can be conceptualised as moving towards environmental factors as an explanation. Theories of social learning tend to view people (particularly children) as lumps of clay, moulded by their environment and, in particular, the positive and negative reinforcements received for gender-appropriate or inappropriate behaviours. The socialization process is seen as being driven by external forces, suggesting that this branch of theory is in fact moving away from individualised explanations towards social ones. In contrast, cognitive approaches are more concerned with the internal motivations of children to understand themselves, and how gender meanings are internalised and used to construct identity. Identification theory sees gender identification as resulting more from unconscious psychological processes. Chodorow (1978) attributes key features of gender identity to women being the primary carers of children and the differing implications for male and female children in terms of their development of ego boundaries and gender identity.

In a similar vein, Llewelyn and Hogan (2000) discuss the use of systems analysis in studying children with physical disabilities. It focuses on 'process-person-context', examining "…the synergistic influence of the characteristics of the person and of the environment that produces the behaviour." As with socialisation theories, the focus seems to be on the individual and in finding explanations for their behaviours or competencies, and to that extent could be considered as an 'individual' rather than 'social' model, notwithstanding the exploration of social factors. Very much like theories of social learning described by Wharton, Llewelyn and Hogan present the transactional model as promoting consideration of how negative perceptions of others can result in negative self-belief, and avoidance, i.e. how interactions can reinforce behaviours: "The transactional model emphasizes that many behaviours do not have a single or unique cause and draws attention to the large number of variables interacting and, indeed, multiplying their effects as a result of the interactions taking place." (2000, p162).

A model incorporating a psychological component has also recently emerged in the disability field. The biopsychosocial (BPS) model is used in understanding the nature of incapacity for work and in steering approaches to rehabilitation. Broadly, this aims to address the fact that it is not possible to assess impairment in isolation from the person with that impairment (Waddell et al 2002). Experiences of physical pain and responses to it will always be filtered through a person's beliefs and expectations about their situation: "The extent to which psychological and social processes can influence physical activity should not be under-estimated, and vice versa…Disability is not only a question of physical impairment, but of behaviour and performance too. Performance depends on anatomical and physiological capacities, but also on psychological and social resources…ability may be set by physiological limits but performance is set by psychological limits." (Waddell et al 2002, p12). Despite what its name might promise, the role of social barriers generally receives insufficient weight. Rehabilitation practitioners may make reference to 'the whole person', but systematic analysis of environmental impacts is rarely accounted for, even where acknowledged (Williams 1996). The model also lends itself to the interpretation that disabled people's own assessment of their capacity should be distrusted, or that barriers of all types can be overcome simply be building confidence and changing expectations.

Systems and interactive processes

As with social and individual explanations, interactionist or process-based approaches are to be found in different group-based literatures. Queer theory could be seen as 'interactionist' in as much as it often casts identity as 'performative': "…there need not be a "doer behind the deed," but...the "doer" is variably constructed in and through the deed" (Butler 1990, p142). Similarly, Wharton writes of ethnomethodologists' accounts of 'doing gender', which have been criticised for under-emphasising the constraints that shape gender displays: "ethnomethodologists focus on each performance's unique details to the exclusion of how performances differ systematically…" (2005, p56).

In contrast, interactive models in the disability field see barriers more in terms of logical consequences. "As the interaction between the individual and their environment is a **social process**, this implies that disability is dynamic, occurring over time and within a particular social context. The problem is not **located** either in the individual or the social alone, so dynamics could be altered through elements of both individual and social change…Problems can arise at a systems level; hence the solutions concern changes that need to be made to the functioning of a system as a whole." (Howard 2003, p5). Barriers arise from the interface between the individual and their social environment, and the nature of the systems through which that interface occurs.

Towards a generic model

It is striking the extent to which the same themes arise in the different literatures. The discourse and emphasis may differ, and none seem comprehensively to address every angle. There is much that is compatible and mutually reinforcing. They provide fascinating insights about how processes and identity are intertwined and the possible sources of process error. There may be inappropriate and inaccurate social categorisation, and assumptions that the disadvantage experienced by groups is biologically or genetically inevitable, while failing to recognise the impact of the environment, its structures and dominant culture. The potential role for the medical profession as the handmaidens of oppression is repeatedly highlighted. Through exploring psychology-based theory, it becomes clearer how identity is shaped through interaction – and can be misshapen, in ways which are oppressive. Finally, 'systems' models consider how identity is understood via action (as well as via appearance, presumably) and, as with the interactive model and psychological approaches, processes are stressed.

This is all consistent with an understanding of discrimination as process. However, as with the generic definitions provided by Thompson and Banton, they focus on the use of criteria, assessment and allocation to categories. Yet, there is generally more to processes than this, and more scope for discriminatory process error to occur. A further stage, after categorisation, may be the allocation of resources, or whatever else signifies successful meeting and recognition of (appropriate) access criteria and accurate (and appropriate) social categorisation. Yet, the assessor may still withhold resources; treatment may nonetheless be unjustifiably unfavourable, i.e. where (normative) discrimination is conscious. For example, the assessor is fully aware that a candidate has the qualities and skills required for the job, and categorises them accordingly, but rejects their application because the candidate possesses another characteristic, irrelevant to the job, but with negative symbolic significance for the assessor. The final stage of the process may concern the delivery of the resource (or other 'good'). Clearly, it needs to be delivered in a form that is usable and appropriate. You can purchase a cinema ticket, but cannot see the film because the cinema is inaccessible. You can get community care services, but what they offer bears no relation to your needs. A further possibility is that error occurs right at the beginning, in that a person is unable to access the process at all, perhaps due to how or where it is publicised. This suggests that to eradicate discrimination requires all stages of processes to be identified and reviewed.

In the course of discussion, a number of additional, potentially ‘generic’ (i.e. non-characteristic-specific) themes have arisen concerning types of discrimination. It would seem that ‘process error’ can be deliberate and conscious, or inadvertent and subconscious: to be part of a dominant culture can mean being unaware of its existence – and its implications for those who are not your mirror-image. Where discrimination is deliberate and conscious it is also likely to impact directly, although it may be expressed more subtly and indirectly. There are different types of process operating at different societal levels. Discrimination can arise from the culture and systems of institutions, or the attitudes of individuals, and their interaction.

Implications for mainstreaming equality

Mainstreaming equality requires that inequality issues are addressed at the outset, rather than as an ‘add-on’ afterthought. Equality needs to be ‘institutionalised’ through embedding understandings and action into organizational processes, and the design of services, policies and products. The preceding discussion suggests a series of issues which need to be tackled by those concerned to mainstream equality through eradicating discrimination and oppression, negative identity distortions/ limitations and disproportionate disadvantage.

If it is indeed the case that those who are part of a dominant culture can have difficulty assessing its impact, or seeing alternative ways of doing things, the involvement of external stakeholders may be critical. They should be better placed to reveal barriers caused by long-accepted ways of doing things and to suggest alternatives. Barriers may be ‘generic’ (attitudinal, environmental, communicational, etc), but where people inhabit the same environment yet have different characteristics they will be affected by them in different ways, and different action may be required to remove them. Their shared experience, from their different perspectives, should also provide a more holistic appreciation of barriers.

In line with the conceptualization of discrimination, mainstreaming requires the deconstruction of processes and identification of where ‘process error’ may occur. There needs to be clarity about all stages and how they link together to ensure coherence. Having defined the objectives of each process, analysis is needed of the differing ways they could be achieved. This may mean acknowledging that different characteristics or combinations of them could be equally satisfactory, as well as thinking through different ways in which they might be demonstrated . Irrelevant characteristics too need to be clarified and excluded from assessment procedures. This might involve training for assessors, so they are equipped to distinguish relevant from irrelevant. Everything needs to be considered from how processes are accessed initially through to delivery – and feedback. Having identified the stages of a process, it becomes possible to consider the nature of barriers that can arise at each stage, which could inadvertently prevent a person from progressing to the next. An interactionist model suggests three potential sites where flexibility may be possible: individuals, context and systems linking the two. The aim is to maximize flexibility while keeping a firm grip on process objectives.

For treatment to be equitable (and hence non-discriminatory), people in the same circumstances should receive the same treatment. It is clear that there are correlations between particular characteristics, types and degrees of risk, or experience, of disadvantage. Although all people have multiple characteristics and very different (perhaps unique) combinations of characteristics, the same structural barrier may impact in the same way on all who share a given characteristic. To have a characteristic does not have to suggest that it, or its meaning, is fixed. There therefore needs to be a focus both on individual uniqueness *and* shared commonalities between group members. There also needs to be serious consideration given to the indicators used to gauge both

It may be entirely reasonable, e.g. in an employment context (indeed, most contexts!), that certain behaviours are required and others need to be repressed. However, it may be worth considering at what point any 'reshaping of behaviour' becomes oppressive. Instead, it may be about developing potential, acquiring new skills, etc, perhaps redressing historical disadvantage through positive action. It may also be that individuals have absorbed repeated negative messages about their capacities (or lack of them). To reshape behaviour (and understanding of identity) in that context would be to liberate, not to oppress. A common mistake about mainstreaming equality is that it undermines the case for positive action. Instead, it should provide a firmer analytic basis for it.

Conclusion

To mainstream equality requires the eradication of discrimination and oppression. It entails identifying and addressing 'process error'. It means rethinking institutional cultural norms and the systems ensuing from them, minimising oppressive distortions of identity while maximising opportunities to liberate potential, redress historical disadvantage and promote empowerment.

To bring together the group-based literatures poses new questions and reveals fresh perspectives to apply to each. Although it cannot answer every question, or make conflict between groups impossible, a generic model begins to take shape through which to rethink identity and action to remove barriers for *everyone* experiencing discrimination and oppression.

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