

**DISCRIMINATION EXPERIENCED BY DISABLED EMPLOYEES IN THE
PUBLIC SECTOR: “INSTITUTIONAL DISCRIMINATION AREA”**

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ABSTRACT

DISCRIMINATION EXPERIENCED BY DISABLED EMPLOYEES IN THE PUBLIC SECTOR AS AN “INSTITUTIONAL DISCRIMINATION AREA”

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This study is an attempt to analyze the discriminatory practices in the public sector within institutionalized form disabled employees faced. The exclusion of disabled people from the private sector forces disabled people to prefer the public sector that allow analyzing the discrimination in the public sector.

Their employment is an obligation to be fulfilled by law and therefore they are considered around “burden” paradigm than an employee constitutes the traces of discrimination. The combination of institutional discrimination and disability harassment constitute on the one hand “invisible barriers” to satisfactory employment in public sector, on the other hand make discrimination visible in it.

State, its institutions and society have shaped disabled people’s life through modeling and defining them. In other words, the mainstream activities of disabled people are influenced by disability models and definitions. Medical model conceptualizes the “normality” and excludes people who do not fit to the conceptualization of “normal” that set a ground for marginalization of disabled people. In this context, employment conditions are greatly influenced by medical model adopted by the public sector.

Keywords: Employment of Disabled, Disability Models, Institutional Discrimination, Disability Harassment

ÖZ

“KURUMSAL AYRIMCILIK ALANI” OLARAK KAMU SEKTÖRÜNDE ÇALIŞAN ENGELLİLERİN YAŞADIKLARI AYRIMCILIK

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Bu çalışma, kamu sektöründe engellilerin yaşadıkları kurumsallaşmış ayrımcılık pratiklerini inceleme girişimidir. Özel sektörden dışlanan engellilerin zorunlu olarak kamu sektörünü tercih etmeleri, kamu sektöründeki ayrımcılık pratiklerini incelemeyi mümkün kılmaktadır.

Engelli istihdamının kanunen zorunlu tutulması ve buna bağlı olarak, bir çalışandan çok “yük” paradigması etrafında değerlendirilmeleri, kamu sektöründe engelli ayrımcılığının izlerini teşkil etmektedir. Kurumsal ayrımcılık ve engelli tacizi bir taraftan kamu sektöründe makbul istihdamın önünde "görünmez bariyerler" oluştururken, bir diğer taraftan ayrımcılığı görünürleştirmektedir.

Devlet, kurumları ve toplum, engellileri modelleyip tanımlar geliştirerek engellilerin hayatlarını şekillendirmektedir. Bir başka deyişle, engellilerin ana akım aktiviteleri engellilik modelleri ve tanımları etrafında vücut bulmaktadır. Medikal model normalliği kavramsallaştırmakta ve normallik tanımına uymayan kişileri dışlayarak engellilerin marjinalize edilmesine zemin hazırlamaktadır. Bu bağlamda, istihdam koşulları kamu sektörünün benimsediği medikal model tarafından belirlenmektedir.

Anahtar Kelimeler: Engellilerin İstihdamı, Engellilik Modelleri, Kurumsal Ayrımcılık, Engelli Tacizi

to my pipes and coffee beans
for not letting me alone in this process...

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CHAPTER I

INTRODUCTION

Employment of disabled people issue is becoming more and more important recently. Employment of disabled issue has become a crucial topic of discussion for the states' political agendas, international organizations, non-governmental organizations, etc. Increasing the number of employed disabled people has been the main interest of these actors. Many governments have adopted social policies which aim to penetrate disabled people into economic mainstream in order to prevent from discrimination (Robertson, Lewis, & Hiila, 2004). However, while the study of disability and employment have been a rapidly developing field in the last 30 years, scholars in this area have been slow to integrate the discrimination processes in the work place and dominantly they have not distinguished private and public sector in their analysis.

In order to analyze the theoretical and practical tension between disabled people and employment, it is crucial to open medical and social model of disability issues and how disability is conceptualized by the models. Employment conditions are greatly influenced by disability models adopted by service providers (Gottlieb, Myhill, & Blanck, 2012). These models are tools for determining the strategies of governments that constitute social policies for disabled people. It is very common to observe employment policies are constituted based on medical view. For this reason, the thinking systems behind medical model and social model which has emerged as a critique of medical one should be explained.

The medical model on the agenda of a lot of disability studies has two main features. The first one is that “problems” are seen as a result of disabled people. The second is the assumption of that disability causes psychological disorders.

Firstly, [medical model] locates the ‘problem’ of disability within the individual and secondly it sees the causes of this problem as stemming from the functional limitations of psychological losses which are assumed to arise from disability (Oliver, 1996a, p.32).

From this perspective, medical model has moved to personal pathological problems (Hedlund, 2000).

Social model has emerged as a critique of medical model. From 1960s to the present, disability literature has developed by the contention between these two models. While medical model sees impairment as a cause of social inequalities and disadvantages the disabled experience, social model which constructed as an alternative of medical model criticizes medical model to ignore the role of social structures in their oppression and marginalization (Abberley, 1987). The main difference between medical and social model lies in the causal logic of disability. Medical model refers individual, social model refers social structure as a cause of disability (Bampi, Guilhem, & Alves, 2010). Theoretical analysis has shifted from body to disabling environments and negative social attitudes (Barnes, 1996).

Legitimizations of discrimination are generated in the discourse of biological differences. In this respect, disability is a disadvantageous category that fed by discourse of biological differences but latently constituted by being outside of “normal” body image and actually being excluded from production process. Disability is a special form of discrimination and social oppression. Society designs a world by ignoring disabled as a cause of their distance from ideal body patterns and in a relation to this from the production process. This design belongs to both physical and perceptual world and mutual interaction of both reproduces the barriers around the power relations.

Almost all governments have emphasized paid work as a way of providing social inclusion for disabled people. They argued that paid work in “mainstream” workplaces warrant income and social inclusion. While employment is assigned as a primarily marker of “social inclusion”, “employability” of disabled people regarding inappropriate social, ideological and spatial organization of work and disabling character of work environments are ignored. Furthermore, occupational segregation, workplace and its nature designed for and conceptualized by non-disabled ground either excluded from the work or to be undervalued their meaning of work (Piggott, Sapey, Wilenius, 2005). While disabled people should be recognized as citizens with full

economic, political and moral rights, they are treated as neither active citizens nor members of society, but subjects who deserve help and care (Oliver, 2004).

Employment is the key issue in industrial societies, not simply because it serves sustain life but it generates distinct forms of social relations. Employment helps define an individual's place in the community. For this reason, people who are unable to work, have difficulties both in acquiring sustain life and establishing a set of social relationships (Oliver, 1999). Social and ideological organization of labor aim to make employees economically productive. However, the nature of work and the way it was organized exclude disabled people from and discriminate them within the workplace (Barnes, 1991).

Competitive environment of the labor market expresses good health, independence, enthusiasm and energy. Also employers often have negative attitudes toward disabled in such all disabled are unproductive. On this issue, statistics have been often generated and used in the aim of assigning disabled as unproductive, for instance, because of obesity, the data displays that in 1988, a total of 52,591,480 work days; in 1994, a total of 58,456,780 work days were lost in the USA (Wolf & Colditz, 1998). Since this type of statistical implications underpin the perception of that disabled are unproductive, the power relation between disabled and nondisabled are reinforced.

Limitations in mobility conditions and negative attitudes of society make impossible of socializing of disabled people. Beside, without a job or decent job, socializing has double limits. Employment is not only the main determinant of standards of living, but is also a source of personal identity, social contacts and self-esteem (Jahoda, 1982). Beside its importance in terms of economic conditions, work is the basis of social and political status. Work is where social relationships are formed and social status established. When disabled people do not perform economic roles in the labour market, they are marginalized and their input into the society is devalued (Jongbloed & Crichton, 1990).

The great part of the literature, exclusion from the employment is assigned as an exclusion from the society. While it is totally true, in the second level, all paid work

could not be evaluated as a formula of an inclusion. The quality of the work environment and job itself is a central issue for disabled (Barnes, 2003). Decent work includes adequate opportunities for work, remuneration (in cash and in kind) and embraces safety at work and healthy conditions (Ghai, 2003). Moreover, there are many “problems” which employers claim to be faced when employing disabled people. Unsuitable job types, lack of disabled applicants, unsuitable premises, difficult access / journey to work and shiftworking are used as main problems towards employment of disabled (Morrell, 1990). While discrimination in the workplace issue has been partially ignored in the literature, general tendency on discrimination issue is majored on employers and non-disabled colleagues’ negative attitudes, labeling and negation of human capital that are assigned as the main discrimination sources in employment arena (Shier, Graham, & Jones, 2009). However discrimination experienced by disabled people is not just a result of prejudice of employer, colleagues or society but discrimination has an institutionalized form especially in public sector. While employers’ and non-disabled employees’ negative assumptions regarding disabled employees could be partly explained by social and cultural infrastructure, it is more related with organization of modern industrial society.

Legal rights are crucial to determine the quality of life of disabled. While welfare state should provide decent works for disabled citizens, the main interest of the states is whether disabled people are employed or not. Also, there is still a gap between the law and its implementation. For instance, while quota system is the major protective legislative obligation in the aim of employing disabled workers, most countries with quota systems, most employers preferred to pay fines rather than to employ with disabilities (Robertson, et al, 2004).

Maximizing the profit and concern of aesthetics through the body of disabled people are the two motivations to discriminate the disabled for private sector. In private sector, in a capitalistic view manner, disabled who are “survival of the fittest” could be put in a job with high education, high qualification, high skills and invisible disability. In other words, the ability to fit into capitalist worker image is dominant since private sector is based on non-disabled norms. The second possibility is one of the unique experiences

that could be seen in Turkey. Since private sector has concern of aesthetics, even legal contract is signed by employee and employer, employer does not invite employee to the workplace while paying is going on that is called “ATM workers system”. There should be a lot of images to display capitalistic system more powerful. Firstly, “body” should represent the “ideal” form of human being. Secondly, power could be identified by being “full”. Because disabled people could not “represent” the ideal body and they are seen as “powerless”, capitalist system excludes disability. In other words, capitalism shapes the development of the factory system based around normalized body (Roulstone, 2002).

Private sector has four pre-requisites to invite them inside. The first one is about the subject of “success story”. In a capitalistic view manner, disabled who are “survival of the fittest” could be put in a job with high education, high qualification and high skills. Successful disabled workers both perform given tasks and serve as an exemplary subject in the work place. They are imposed as a “motivation source” for non-disabled workers. Since the image of “despite of their disability they are working as you” is given as a moral code to non-disabled workers, disabled workers in private sector has a “functional” side in a capitalist system. The second one is disabled employees are expected to penetrate into “disability works”. The “corporate social responsibility” sphere of companies force disabled employees to work in organizing social companies, advertisements for disability etc. The third one is that private sector demands disabled people who seem “normal” (having low degree or invisible disability) that is called “invisible disability” as a result of capitalistic concern of aesthetics and maximizing profit. The last pre-requisite is the one of the unique experiences that could be seen in Turkey. Since private sector has concern of aesthetics, even legal contract is signed by employee and employer, employer does not invite employee to the work while paying is going on that is called “ATM workers system”.

For these reasons, disabled workers in private sector are both overemphasized due to the disabled employees who have “success story”, “invisible” disability, perform disability works within corporate social responsibility manner, and work as “ATM worker”. In the light of these arguments, it could be argued that discrimination of disabled employees in

private sector is ontologically “invisible” since either there are no disabled employees to discriminate in it or there are disabled employees who do not look like the disabled (invisible disabled). However, public sector has to call disabled employees in order to prevent inquiries and disabled employees are selected through either Public Personnel Selection Examination (KPSS) or Turkish Employment Agency (İŞKUR) makes the discrimination “visible”.

Public sector is a significant employer in most countries and usually offers better job stability, salary and employment benefits. Especially in rural areas, the public sector has crucial role on providing job for disabled (Robertson, 2004). However, there institutional discrimination and disability harassment exist disabled employees faced to in the public sector. Institutional discrimination refers to policies of the dominant group institutions and the attitudes of individuals who control these institutions that are intended to have a harmful effect on minority groups. In other words, discriminatory attitudes are embedded in the institutions and inequalities are woven into very structure of the organizations, that discrimination becomes “natural” and “as should be”. Disability harassment is underpinned by approaches that attempt to eliminate and disqualify groups of people, perceived as a “threat”, from mainstream activities. Institutional discrimination, disability harassment and organizational culture are fed by each other. Organizational culture determines all aspects of the organization such as interacting of employees, issues related with work and workplace. The notion of organizational culture excludes disabled people mainly for assumptions of “inability”, “incapability” and “unattractiveness”. This study will try to link institutional discrimination and disability harassment with organizational culture of the public sector.

The aim of this thesis is to analyze the public sector which excludes disabled employees in an institutionalized form that makes “visible” the discrimination of disabled employees. The practices and activities of public sector after and before hiring disabled employees are also important in order to form a comprehensive study about ideological construction of public sector. It is a need to search for ties between disabled employees and nature of public sector. For this reason, discrimination and public sector should be

considered with more abstracted level. Regarding the policies of employment of disabled people, their experiences are also crucial to revise and suggest new policies.

CHAPTER II

EVALUATION OF DISABILITY MODELS AND CONCEPTUALIZATION OF DISABILITY

2.1 Introduction

In order to analyse the theoretical and practical tension between disabled people and employment, it is crucial to open medical and social model of disability issues and how disability and impairment are conceptualized by the models. Employment conditions are greatly influenced by disability models adopted by institutions (Gottlieb et al., 2012). These models are tools for determining the strategies of governments that constitute social policies for disabled people. It is very common to observe employment policies are constituted based on medical view. For this reason, the thinking systems behind medical model and social model should be elaborated.

Due to the fact that medical model emphasizes on individual insufficiency, exclusion of disabled people from normal obligations of society, such as work, is justified. According to Gottlieb et al. (2012), segregation based on medical view limits employment opportunities. Moreover, medical view reinforces dominant prejudices among employers towards disabled employees. Disability has been examined from a medical approach that emphasize on functional limitations or from an economic approach related with medical one that focuses on vocational limitations (Hahn, 1988). In contrast to medical model, social model places the focus on society, rather than on the individual. While medical model locates the source of disability in personal incapacities, according to Abberley (1996: 61) “social model sees disability as resulting from society’s failure to adapt to the needs of impaired people”. In other words, employment opportunities are limited by attitudinal, physical and institutional barriers, not because of disabled people themselves.

This chapter is divided into two parts. The first includes the assumptions of medical and social model. In the second part, conceptualization of disability that rooted in given models will be discussed.

2.2 Disability Models

Disability models are fundamentally interested in the process of how welfare conditions could be provided for disabled. Shakespeare (2006) stated that all of the models include political thought of increasing life quality of disabled, providing social inclusion and removing social barriers experienced by disabled. Models could not be evaluated in a manner of theory, “a model is a standard, example, image, simplified representation, style, design, or pattern, often executed in miniature so that its components all are easy to discern” (Silvers, 2010: 22). On the one hand models are shaped by thoughts; on the other hand thoughts are shaped by them. In other words, models compile theories and ideas and limit the alternative way of thinking practices (Hammell, 2006). Disability studies has own variables, problems to be studies and methodologies to be used like all disciplines. However, since it is hesitated to call disability studies as a discipline in an academic community, disability studies fits the conceptualization of paradigm as Kuhn (1961) theorized. According to Pfeiffer (2002) the terms model and paradigm could be used interchangeably due to their inclusive features of variables in the field and their relationships. Also Finkelstein (2004) prefers the concept of “interpretation” rather than “model” or “paradigm” since the thoughts which are named as “model” have not exceed the level of theory. But, models could be thought as wider framework which consists of similar paradigms and interpretation.

2.2.1 Medical Model

The medical model on the agenda of a lot of disability studies has two main features. The first one is that “problems” are seen as a result of disabled people. The second is the assumption of that disability causes psychological disorders. In this respect, medical model has moved to personal pathological problems (Hedlung, 2000). While it is observed that medical model and individual model are used in the same meaning, at the

same time different conceptualizations could be seen. For instance, Oliver thinks that medical approach is just a part of individual model:

In short, for me, there is no such thing as the medical model of disability, there is instead, an individual model of disability of which medicalisation is one significant component (Oliver, 1996a, p.31)

Bury (1982) who is one of the most crucial representatives of medical approach, takes the issue of chronic illness and disability as a “disruptive event” that is woven with risks and uncertainties in everyday life.

Chronic illness involves a recognition of the worlds of pain and suffering, possibly even of death, which are normally only seen as distant possibilities or the plight of others. In addition, it brings individuals, their families, and wider social networks face to face with the character of their relationships in stark form, disrupting normal rules of reciprocity and mutual support. The growing dependency involved in chronic illness is a major issue here (Bury, 1982, p.169).

Bury suggests the terms of “coping”, “strategy” and “style” in struggling for chronic diseases and disability. Coping trains people to tolerate or put up with the effects of illness. In other words, coping turns to “sense of coherence” and crucial buffer against the stress when confronting with a “disruption”. He uses the term of coping with normalization in a parallel meaning. By the help of normalization, patients could save their personal identity and public self. In contrast coping, strategy concerns the actions people take rather than the attitudes people develop. Strategy refers actions taken to “mobilise resources and maximise favorable outcomes” (Bury, 1991: 462). Lastly, “style” expresses how people manage and present their diseases. Depending on “cultural repertoires”, people fashion in presenting their altered physical appearance and social circumstances. According to Bury (1991), development of style could be possible only after the successful development of coping and strategy. Bury takes the issue of struggle of diseases and disability around normalization and inherent acceptance. At this one way relationship between disabled-barriers point of view, disabled people will “cope” with “themselves”, constitute their activities by “strategies” and establish their own “barriers gallery” by symbolic “styles”.

Cultural symbols are supported by medical community's military metaphors – fighting against disability and disease (such as the war on cancer). These metaphors envisage disabled as an enemy, disabled becomes a category that should be struggled and kept away from. Developed methods against the disease are not only used by medical community but spirit of society. For this reason, phenomenon of treatment and its methods are executed by defensive and warrior spirit in both social and individual levels (Peters, 1996). For this view, disability is a status of body that should be fought by medical intervention, defeated and replaced immediately. In addition, medical model does not complete the fight against disability but fed up by this “war”. Forasmuch, medical professionals alike the society and the state as powerful groups design the lives of disabled people as a powerless group.

Medical model defines disability as “outside of the health conditions”. Furthermore, disabled as a client of the medical industry in line with technological developments, should be rehabilitated and “reintegrated” into society. Medical and rehabilitation services make up a principle to treat one's physiological “deficiencies” and make one seem “normal” as possible. However, in this process disabled people should collaborate with experts by face with their “deficiencies” in a psychological sense (Hammell, 2006). Forasmuch, if disability is a “personal tragedy”, rather than take a position towards physiological status, accept the “reality” and limit the expectations of daily life by this acceptance would be much more appropriate.

It could be claimed that all “problems” related with disability are seen as a result of impaired body for medical model. Also assumption of disability brings psychological disorders constitutes social barriers limit disabled people to participate to the mainstream activities. Since disability is conceptualized around “outside of the health conditions”, disabled people are forced to be rehabilitated.

Rehabilitation should not be understood as just a medical technique. Rehabilitation reflects the spirit of the society, social institutions and system. Society, social institutions and system perceive disability how rehabilitation system conceptualizes. So medical view becomes the component of attitudes shown towards disabled. Medical

meanings of disability shape public and institutional discourses and present a ground for the construction of medical view.

The technical possibility of 'cure' comes to be experienced as a moral imperative by the impaired person and her family, because a social system organized around the taken-for-granted desirability of independence, work and physical normality cannot admit of exceptions to this world-view. It is assumed that impairment, if avoidable, is not to be tolerated. Thus the possibility of 'cure' leads to the ideological oppression of those who do not wish themselves, or their children, to be 'rectified' (Abberley, 1996, 64).

According to Thomas (2007), medical and rehabilitation services focus on to precisely define physiological “deficiency” causes to disability by the help of scientific expertise, and produce the best results for the solution. Rehabilitation as a “medical boon” intends to maximize the functionality of the body. To gain a level of “normality”, disabled people should collaborate with rehabilitation specialists. However, this collaboration produces a hierarchical relationship between experts and disabled people. While experts identify the needs of disabled and find solutions, rehabilitation as an institution produces the “ideal” image, beside both experts and rehabilitation system try to draw disabled near “ideal human” (Finkelstein, 1983). At this issue, according to Foucault:

Medicine must no longer be confined to a body of techniques for curing ills and of the knowledge that they require; it will also embrace a knowledge of healthy man, that is, a study of non-sick man and a definition of the model man (Foucault, 1975, p.34).

In this sense, within the biomedical framework, individual equalizes with the machine. The machine with interrelated parts which could be breakdown and possible to be corrected with intervention and application of rational science such as rehabilitation (Petersen, 1999).

Pfeiffer (2002) bonds the medical model with rehabilitation model and special education model under the main heading as a deficit model. Deficit model analyses disabled people with deficit codes, asserts correcting deficiencies and necessity of normalization of disabled:

Each model specifies a deficit (health condition, employment condition, learning condition) which must be corrected in order to make the person with a disability 'normal' (Pfeiffer, 2002, p.4).

Medical, rehabilitation and special education as institutions make a distinction between “deficient” and “full”, furthermore hierarchically position the “full” over the “deficient”. Unless the conditions are set for to be “full”, social inclusion could not be realized.

While professions offer solution to the needs, “dominant professions” produce control through needs. Hegemony which produced by professions is not belong to just medical field. Similar relations could be observed in the fields of security, education and law. What the uniqueness of medicine is the direct intervention to the body, more visibility of producing knowledge about not only what is good but ordained what is right and the belief of professions carried absolute truth. This is what Foucault (1975) calls the “medical gaze”:

The strange character of the medical gaze; it is caught up in an endless reciprocity. It is directed upon that which is visible in the disease—but on the basis of the patient, who hides this visible element even as he shows it; consequently, in order to know, he must recognize, while already being in possession of the knowledge that will lend support to his recognition (Foucault, 1975, p.9).

By the emergence of “medical gaze”, medical hegemony has been established through medical language from “saying” or “seeing” to a form of “rational discourse” (Hughes, 2005). Despite the normality is highly normative, distinction between normal and pathological has been drawn by “medical gaze”.

For Illich (2005), professional authority comprises three roles: (1) the sapiential authority, (2) the moral authority and (3) the charismatic authority. The sapiential authority advices, instructs and directs. The moral authority generates a legitimization not just depend on its usefulness but on its obligatoriness. Charismatic authority also allows the professional to refuse certain requests of clients. This refuse serves to establish dominance over consciousness. Furthermore, by the help of these authorities

medical professions supply the needs of entire classes of people with institutionalized expertise rather than of individuals with individualized expertise. In this way, agenda of professionals is not filled by what causes diseases, but which diseases / body conditions could not be tolerate by the society.

He became a health scientist when his cartel integrated these authorities in himself and began to deal with cases rather than with persons; he thus protects society's rather than the patient's interests (Illich, 2005, p.18).

In this regard, it is possible to move public health issue. Public health is conceptualized to hide people who are out of health conditions and for this reason who threat well-being of the society. For Oliver and Barnes (2012), public health emerged as a consequence of state's attempt to eradicate "pathologies" from the general population. The role of public health experts are designed as mediators between sick or potentially sick individual and ideal form of society.

There are two main understandings of public health. The first focuses on the law-like character of public health, and the other emphasizes on its historical nature, knowledge and the use of knowledge to perfect society. Petersen (1999) asserts the first understanding as:

Society is seen as an aspect of the natural world, comprising functionally interrelated parts and governed by underlying law-like universal mechanisms. This conception employs the so-called organic metaphor, whereby society is seen to have its own dynamic, and is described as having its own health and pathologies, the norms for which can be objectively known. This conception was evident in nineteenth-century concerns about the 'diseases of civilization': the notion that the social body itself was sick (Petersen, 1999, p.109).

In the second understanding, people have a capacity to use knowledge for self-understanding and to make society perfect:

[I]t is believed that scientific understanding of society and of the pattern of disease causation can be applied for the improvement of individual bodies and of the social body as a whole... Policy is seen as an instrument of social betterment, used for ameliorating the pathologies which threaten to disrupt the harmony of the organic whole. Elements of both these views of society

are evident in many histories of public health; that is, the focus on epidemics (which are viewed as law-like in their development and manifestation), great scientific discoveries (i.e. learning how the organism 'works') and sanitary reforms (the reflexive application of new knowledge for social betterment)" (Petersen, 1999, p.109).

The concept of public health and disability is highly related with Parson's sick role. Parsons (1991) presents the "sick role" as a deviance. Since Parson's patient category includes disabled people, analysis related with diseases is relevant to disability. According to him, "sick role" is more than a biological case; this role provides the individual a *de facto* status. Parsons, in a functionalist view, emphasizes on how the social order is provided. If the member of society is sick, the effects of diseases will be reflected in society and social order will remain under threat. At this point, helping health professionals to correct diseases as soon as possible and entering into cooperation with health professionals are the responsibilities of the disabled people. Parsons, in his famous book *The Social System*, exemplifies the relationship between premature death¹ and the society. The child constitutes a burden for society in terms of services of pregnancy, child care and child socialization. In that case, premature death means that the burden for society is not covered. At this point Parsons establishes a relationship between burden and disease around the problem that disease threatens the order of the society. Thus, doctors and medical science have a central importance on preventing, reducing and controlling of diseases for the social order. According to Pfeiffer (2002) sick role is a label of disabled to be exempted from social obligations. Also, obeying doctor's orders is a must to correct the sick role.

If you are sick, you have a reason for not going to work or to class. Or if you got to work or to class, you can be less than cordinal and even have other people carry out responsibilities. The person in the sick role is exempt from everyday social obligations. In this sick role the person who is sick must follow the orders of the professional – your doctor's orders – in order to become 'well'. The professional is the one who makes the decisions to be followed so the sick person can recover... If the person in the sick role

¹ Despite the fact that premature death is not a clear issue, it is referred to the death which is occurred before the expected death age. For a sophisticated analysis on the subject: Trisel, B. A. (2007). What is a Premature Death? An Internet Journal of Philosophy, 11.

rejects the doctor's orders, then he/she is described as 'non-compliant' and suffers. The person may be labeled as maladjusted or not accepting of reality. The consequence is the denial of services or with some persons who have 'mental disabilities' the forceful modification of that person (Pfeiffer, 2002, pp.30-31).

For Segall (1976), sick role includes four dimensions: (1) an assumption that one is not one's condition, (2) that one is exempt from "normal" social role responsibilities, and becomes dependent on others, (3) that one tries to get well, and (4) that one consults with a physician for assistance. In order to prevent diseases and sterilize the society, doctors should exercise an ultimate authority by transcending the individual's decisions about their own body. The patient-doctor relationship is a kind of network of authority which hegemonises body by using technological and discursive tools for designing body in an ideal form. This relationship results the approach of ignoring the inequalities in the society and power relations, internalizing the values, norms, and problems interested in preventing of the order and status quo and evaluating given social and cultural roles in universal patterns (Işık, 2004).

Social policy for public health that stemmed from recognition of rationalized, scientified and technologized environmental conditions, functions for social improvement and rehabilitating the pathologies and diseases that assumed to threat the society. For measuring diseases, the use of statistics for public health has a crucial role. It displays ideal state for health and draws a line between normal and pathological by making numbers, percents and proportions talk.

The process of defining the norm, and measuring deviations from that norm, implies the existence of the abnormal which should be reformed, controlled or eliminated (Petersen, 1999, p.111.)

Another point which renders professions hegemonic is that professionals identify the "normal" and people who do not fit to the definition of "normal" are forced to live with the notion of being "abnormal". In this way, the inevitable dependency relationship is established between "abnormal" and professionals. Disabled people and medical professionals relation is the maintenance of the status quo by individualizing and pathologicalizing problems which is socially, economically and politically created. This

relation causes discrimination in terms of “normal” – “abnormal” codes and by producing biological arguments exclusion of social and economic life is legitimized. Controlling over language, knowledge and reaction of society could be managed on the basis of power relations between disabled and medical professionals. Thereby, medical model is empowered and disabled people’s identity is defined as “service-users” and their daily lives and experiences are dominated.

Medical model treats disability as a size and concerns with abnormality of the body. Medical care that deals with abnormality of the body has a direct relationship between the developments of capitalism. Forasmuch, doctors should closely examine the workers’ health in terms of efficiency of the production (Navarro, 1978). Moreover, doctors function as gatekeepers who are responsible for workers to produce more (Jongbloed and Crichton, 1990). For this reason, workings of industrial society are outcome of workings of the human body, intervention into bodies is legitimated (Petersen, 1999). Also, specialization of medicine on disability legitimizes the “personal tragedy” discourse and control of disability over the medicine (Barnes and Mercer, 2003).

To this point of view, by definition of medical model, if disabled people could not integrate into the society, it is not because of society but negligence of disabled. While by definition the society is a structure to constitute and obey the norms, disabled are “deviants” detached from these norms by physical appearance. For this reason, their “incapacities” make them dependent on the rest of the society (Barnes and Mercer, 2003). In this perspective, the most appropriate approach is that either physical / mental deprivation of disabled will be overcome or disabled should confront with their “reality” and accept the low-valued social roles (Nirge, 1969). In addition to this, disabled should aware of their physical conditions, accept this “reality” and learn how to live with their obstacles. By doing so, it is claimed that disabled will find a place in the society by maximizing their features (Safilios-Rothschild, 1970).

Control mechanism established by medical services over individuals is the main interest of the medical model. According to Cassels (1991), focusing on diseases cause “pain” rather than “people who are suffering” by medical practices produces this control

mechanism. Disabled people are “cases” for medical practice to display its professions; on the other hand, paradoxically they are assigned as “risky group” that may endanger it. For these reasons, disabled people should be dominated to reduce “risks”. According to Thomas (2007), doctors are located at the apex of a professional hierarchy; occupational therapists, physiotherapists, social workers, teachers and psychologists in the “special needs” sector of education are the other members of professional hierarchy. In this respect Finkelstein (1980) member of UPIAS, relates the medicalized disability with administrative mentality of state applied on lives of disabled people:

Potential and real control over the life of a disabled individual is a modern fact. This has resulted in the attitude that the disabled individual is obviously particularly dependent upon others for help. The growth of professional “expertise” in the field has also meant that these helpers have had an almost absolute monopoly in defining and articulating the problems of disability to the public at large... We reject also the whole idea of “experts” and professionals holding forth on how we should accept our disabilities, or giving learned lectures about the “psychology” of disablement. We already know what it feels like to be poor, isolated, segregated, done good to, stared at, and talked down to - far better than any able-bodied expert. We as a Union are not interested in descriptions of how awful it is to be disabled. What we are interested in, are ways of changing our conditions of life, and thus overcoming the disabilities which are imposed on top our physical impairments by the way this society is organised to exclude us (Finkelstein, 1980, pp.1-5).

Assigning people who demand service as “patient” over professional knowledge by medical hegemony raises issues that depend on each other. Firstly, medical model emphasizes on physical differences, functioning of body “unhealthy” way, not appearing as “normal” and performing the everyday actions in a different way lead positioning disabled outside of the society (Shakespeare, 1996a). However, this positioning is not progressed in a spontaneous way but as a result of systemic intervention. Secondly, medical hegemony expects disabled people to adapt themselves to the society (Borsay, 1986). In other words, people who are not assumed as “normal” should be “normalized” or at least act like as “normal”. The primary goal of rehabilitation is preparing and adapting disabled people to social life which is designed for non-disable people (Finkelstein, 1984). In this regard, rehabilitation recommends

disabled people not to problematize rehabilitation and to imitate to “normal” to overcome social barriers. As an extension of this idea, another important dimension of second issue is that to adapt into society disabled people require “strong personality” (Mackelprang & Salsgiver, 1999). From the medical perspective, disabled people must be convinced that social barriers are created by themselves and developed “strong personality” that should satisfy the society. On the other hand, Peters (1996), who is also disabled social modelist, argues positive sense of self and reconcile with self are the precondition of politic identity. However, mentioned positive identity is not a bridge between disabled people and society but preparation for power of demanding rights from institutions and society.

If disability has a social condition, then persisting in concentrating on the impairments of the individual divert attention from the real problems stems from social context (UPIAS, 1976). For this reason, disability is analyzed in an incorrect way and medical professionals develop individual-oriented view. The fifthly, as Oliver argued medical professionals are dependent on disabled people in terms of their occupations, salaries and status (As cited in French & Swain, 2001).

To sum up, deficiencies stem not from individual inadequacies, such as inability to meet standards of performance in work, but from the ideology in which society operate. Since medical model involves a value judgment upon the undesirability of impairment, it generates prevention / cure-oriented perspective that rehabilitation becomes major tool for putting disabled people outside the mainstream activities of the society.

2.2.2 Social Model

In this section firstly social model will be detailed. Secondly paradigms adopted by social model will be clarified. Also criticisms of medical model towards social model will be explained.

Social model has emerged as a critique of medical model. From 1960s to the present, disability literature has developed by the contention between these two models. While medical model sees impairment as a cause of social inequalities and disadvantages the disabled experience, social model which constructed as an alternative of medical model

criticizes it to ignore the role of social structures in their oppression and marginalization (Abberley, 1987). The main difference between medical and social model lies in the causal logic of disability. Medical model refers individual, social model refers social structure as a cause of disability (Bampi et al., 2010). Theoretical analysis has shifted from body to disabling environments, negative social attitudes and discriminatory barriers (Barnes, 1996).

Oliver (1990) criticizes both the perception of disability as a personal problem and disability as a “bad luck” that can be happen to everyone; therefore he asserts the “personal tragedy theory”. Personal tragedy theory is operated through media representations, language, cultural beliefs, research, policy and professional practice (Swain & French, 2004). This view is so dominant today that moves disability to hegemonised rhetoric by the codes of “sufferer”, “helpless”, “pathetic” and “luckless”.

Social model reacts to causal logic established between disease / impairment with disability. For Oliver (1996c), medical model misses the point of what aspect of lives of disabled people need medical or therapeutic intervention, which aspects require policy developments and which aspects require political action. Failure to distinguish these aspects has resulted in the medicalisation of disability and the colonization of disabled people by medical professionals army.

Instead, we are increasingly demanding acceptance from society as we are, not as society thinks we should be. It is society that has to change not individuals and this change will come about as part of a process of political empowerment of disabled people as a group not through social policies and programmes delivered by establishment politicians and policy makers nor through individualised treatments and interventions provided by the medical and para-medical professions (Oliver, 1996c, p.37).

In this respect, Finkelstein (2001) establishes individual-society dualism conjuncturally and adds individual to the society which has made visible by social model. Moreover, parallel to Oliver, he offers to be organized for the freedom of disability:

The agreed UPIAS interpretation was that, although it may be a tragedy to have impairment, it is oppression that characterizes the way our society is organised so that we are prevented from functioning. In other words, at the

personal level we may talk about acquiring an impairment being a personal tragedy, but at the social level we should talk about the restrictions that we face are, and should be interpreted as, a crime. It is society that disables us and disabled people are an oppressed social group. The central issue in our campaigns for a better life, therefore, ought to be concerned with issues around emancipation and this requires struggles for social change rather than concentrating on individual experiences, 'rehabilitation', etc. (Finkelstein, 2001, p.2).

Pfeiffer (2002) expands the disability studies issue into nine paradigms corresponds to nine models. The first one is “the social constructionist version” as found in the US that includes the paradigm of carrying out social roles and tasks produces discrimination. It is assumed that disabled people have different physical appearance, so they have no capacity to carry out their roles. The second is “the social model version as found in UK” that includes the paradigm of organization of society also produces discrimination. In contrast to US perspective, this model has a class perspective that adopts Marxist interpretation. Organization of the society produces barriers and social restrictions that prevent disabled people from participation in society. The third is “the impairment version” carries the paradigm of that impairment in no way signifies tragedy and a low quality of life and to assume so discriminatory. It is assumed that pain of impairment and personal experiences are overlooked. According to this model, the impairment distinguishes disabled from the other people. The forth is “the oppressed minority (political) version” that includes the paradigm of that people with disabilities are an oppressed minority. Since there are architectural, sensory, attitudinal, cognitive, economic barriers etc. disabled people are treated as second class citizens. The fifth is “the independent living version” that includes the paradigm of that all people need various services in order to live independently. This model emphasizes on self-advocacy, system advocacy, and elimination of barriers, equal rights, equal opportunities, self-respect and self-determination to get free of care of others as a favor. The sixth is “the post-modern, post-structuralism, humanistic, experimental, existentialist version” that includes the paradigm of that all people have agendas most of which result in discrimination, but especially discrimination based on disability. Since disability has social and political context, “rational” and “modern” knowledge should be

decoded and deconstructed to understand the experience of disabled people. The seventh is “the continuum version” that carries the paradigm of that everyone will eventually become disabled. This model assumes that there is a continuum from non-disabled to disabled. Because many people will have eventually chronic diseases and limitation of activity, universal adaptations are required for both today’s life quality of disabled and able people as future’s possible disabled. The eighth is the “human variation version” that consists of the paradigm of that there is no “normal” human behavior which can be the basis of social policy. Social institutions are limited to embrace wide variation of people and social system is out of capacity to respond to human variations. The last is “disability as discrimination” that consists of the paradigm of that discrimination against persons with disabilities is found everywhere at all times. Acts of discrimination constructs artificial barriers between disabled people and others, also these barriers make feel disabled even if disabled people do not act as if they are disabled in their daily lives.

Social model takes the issue of disability from individual problem and physical impairment to failing of society to predict and adapt to the differences (Oliver, 1990). Abberley (1987) access a high level conception by breaking all ties between individual and disability. Disability will not be protected by therapy but politics. Abberley (1987) adds political approach to the society that is imagined by social modelists. According to him, analyzing the position of disabled people is a form of oppression. Since at an empirical level, disabled people are assumed to be members of inferior position.

It is also to argue that these disadvantages are dialectically related to an ideology or group of ideologies which justify and perpetuate this situation. Beyond this, it is to make claim that such disadvantages and their supporting ideologies are neither natural nor inevitable. Finally it involves the identification of some beneficiary of this state of affairs (Abberley, 1987, p.7)

Legitimization of disadvantage experienced by disabled people and continuity of it are the source of ideology benefit of the state. Forasmuch,

The pace and direction of the development of preventative and ameliorative techniques are themselves the product of socio-economic factors, which are

in turn effected by what are fundamentally political decisions (Abberley, 1987, p.10).

Policy statement of UPIAS (1976) developed a strong attitude towards medicalized view. However, in this policy statement, medical services were not excluded or avoided as medical modelist argued, but power relations produced through medical services were problematized:

Both inside and outside institutions, the traditional way of dealing with disabled people has been for doctors and other professionals to decide what is best for us. It is of course a fact that we sometimes require skilled medical help to treat our physical impairments - operations, drugs and nursing care. We may also need therapists to help restore or maintain physical function, and to advise us on aids to independence and mobility. But the imposition of medical authority, and of a medical definition of our problems of living in society, have to be resisted strongly. First and foremost we are people, not "patients", "cases", "spastics", "the deaf", "the blind", "wheelchairs" or "the sick". Our Union rejects entirely any idea of medical or other experts having the right to tell us how we should live, or withholding information from us, or take decisions behind our backs (UPIAS, 1976, p.5).

The acceptance of physiological and psychological pain of impairment, and positionize pain over the all environmental and social barriers mean surrender to the medical model. It is useful to state that UPIAS constituted by DPI and shown as founders of the social model, is not against to medical intervention.

Williams, one of the representatives of medical model, criticizes the social model in this way:

Sometimes, in seeking to reject the reductionism of the medical model and its institutional contexts, proponents of independent living have tended to discuss disablement as if it had nothing to do with the physical body (Williams, 1991, p.521).

While medical model analyses disability within individual and its body, social model gravitates to social structure. By doing so, limitation of activity evolves from internal to external dynamics. Oliver (1996c) accepts the criticism of "discussing disablement as if

it had nothing to do with physical body” since physical body has just a descriptive nature.

This denial of the pain of impairment has no, in reality been a denial at all. Rather it has been a pragmatic attempt to identify and address issues that can be changed through collective action rather than medical or other professional treatment. (Oliver, 1996c p.11).

While social model is constructed by taking a position of medical model, medical model also criticizes social model by the power of medicine. For instance, Shakespeare (2006: 31-32) criticizes social model in three points:

- 1) If disabled people share a common experience of oppression, regardless of impairment – just as black people share a common experience of racism, regardless of ethnic origins – then to organize or analyze on the basis of impairments becomes redundant. Both impairment-specific organizations – whether traditional charities, or modern self-help groups and impairment-specific responses become problematic.
- 2) If disability is about social arrangements, not physical or mental impairments, then attempts to mitigate or cure medical problems may be regarded with intense suspicion.
- 3) If disability is not to be understood in terms of individual experiences, but as the product of structural exclusion, then the number of disabled people no longer becomes relevant. Thus it is not necessary to survey the impaired population, not to know how many people there are with each form of impairment.

Medical model indicates that disability has its own uniqueness and comparing social categories which are under oppression with disabled people brings false sense. According to this view, medical treatments and professionals should be lie at the center of disability. Forasmuch, the main criticism towards the social model is the conceptualization of disability that ignores the impairment (Thomas, 2004). In addition, for medical model, superstructure that is referred by sociological analysis hides personal experiences. Medical model states that disability is not independent from personal experiences.

Perspective of social model as disabled people are normal raised the question that which level normality could be assumed for people who do not fulfill functions.

If a person with a disability is 'normal' and is ultimately able to function in a society that is designed for a broader range of people, how can this same person be impaired and unable to perform some of the functions that are considered 'normal' (Rothman, 2010, p.12).

Shakespeare and Watson (2002) think that social model is inadequate for ignoring the effect of impairment on disability and effort of understanding disability by avoiding and excluding the body issue is general tendency of social model. There is also strong belief that departure from body theories makes explanation of disability with social model is less problematic (Saleeby, 1992). According to this approach, social modelists have adopted the dichotomy between impairment and disability, and referred impairment as a biological fact, disability as a social classification in artificial bases. Based on this criticism, Oliver (2004) argues that social model is interested in collective experience of disability rather than individual experience of impairment.

Hence disability, according to the social model, is all the things that impose restrictions on disabled people; ranging from individual prejudice to institutional discrimination, from inaccessible public buildings to unusable transport systems, from segregated education to excluding work arrangements, and so on. Further, the consequences of this failure do not simply and randomly fall on individuals but systematically upon disabled people as a group who experience this failure as discrimination institutionalized throughout society (Oliver, 1996a, p.33).

The movement of disability towards social model has been realized by individual experiences that are organized. Unless these experiences will be transformed from individuality to collectivity, disability will remain within “personal tragedy” perspective.

While medical model advises disabled body to accept their “biological truth” and limit their demands, expectations and identity to one extent, social model that brings disability issue to equality of opportunity by stating that society comprises barriers from

flights of steps, inadequate public and personal transport, unsuitable housing to rigid work routines (UPIAS, 1974).

At this point, Finkelstein (1975) imagines a village which has no social barriers and gives insight about the dynamics of the social model. Since able-bodies do not often visit the village, disabled people as wheelchair-users could control all aspect of their lives. They work the machines that clean the streets of the village, they run their shops and run their education. In this sense, being a wheelchair-user in this village like to be non-disabled in anywhere. While non-disabled people are often seen and little understood, they see wheelchair-users on television. Residents of the village designed their own houses according to their physical needs. Everyone is happy since all the physical difficulties in the environment have been overcome. Besides, the wheelchair-user doctors, wheelchair-user psychiatrists, wheelchair-user social workers are involved in the problems of the residents of the village.

[D]isability as a social relationship can be altered or changed. Once social barriers to the reintegration of people with physical impairments are removed the disability itself is eliminated. The requirements are for changes to society, material changes to the environment, changes in environmental control systems, changes in social roles, and changes in attitudes by people in the community as a whole. The focus is decisively shifted on to the source of the problem - the society in which disability is created (Finkelstein, 1980, p.22).

Finkelstein's example of village displays his theoretical perspective that disability is not just issue of architecture but harmony of it with social dynamics. Social and material environment have a potential to redefine the concept of disability. Social and material components of society determine the conditions of disabled people. Unless changes could happen, disability reproduces itself. On the issue of village, Shakespeare (2006) argued:

Everything is adapted to the villagers' needs, and consequently they are not disadvantaged. In other words, they are people with impairments, but not disabled people. When non-disabled people visit the village, it is they who face problems adapting to the environment. They feel excluded, and they experience physical and psychological difficulties (Shakespeare, 2006, p.43).

The harshest criticism towards the example of village, utopia as he said, comes from Shakespeare (2006). This “hypothetical” village includes accessible environment minimizes the inconvenience of impairment but does not bring equality between disabled and non-disabled people. However, village example presents the necessity of equal conditions for disabled and non-disabled people rather than forcing non-disabled to make “empathy” by put them in physical difficulties. Finkelstein tries to illustrate social and material inequalities deepen by non-disabled people.

To conclude, while medical model has been tended to concentrate on methods of improving the capabilities of disabled people and locating the source of disability in personal incapacities, social model indicates the need for strengthened laws to struggle with discrimination against disabled people experienced (Hahn, 1988).

2.3 The Dichotomy of Impairment and Disability: On the Crisis of Conceptualization and Representation

I have been told many times how ‘luck’ I am to be only moderately disabled, ‘It could have been much worse’, they say, an attitude which perplexes me. I have never told how unlucky I am to be disabled at all. In my view I am not lucky or unlucky, I’m just disabled (Saxton, 1984, p.298).

Disabled people considerably do not care how they are defined. The rejection of definitions in disability movement may have two reasons. First, evolving debates about definitions incline the essence of the issue and there is a tendency to make conceptual and philosophical explanations rather addressing the needs. Secondly, the phenomenon of disability is thought to be clouded within these debates. When the question of “who is disabled” is combined with “you are not disabled, the society is disabled itself”, independent of who is disabled, the concept of “disabled” is negated. Disability, is one the one hand transferred to relativity on the other hand it is limited, even offers mental practice with its relative form, it produces unanswered questions. However the definitions of social groups give some clues about approach shown towards them. Also as Baldwin and Johnson, (2006) stated that any study of disability-related discrimination must first address the definition of “disability”.

As far as disability is concerned, if it is seen as a tragedy, then disabled people will be treated as if they are the victims of some tragic happening or circumstance. This treatment will occur not just in everyday interactions but will also be translated into social policies which will attempt to compensate these victims for the tragedies that have befallen them (Oliver, 1990, p.2).

20. Century has been witnessed important theoretical developments on health, disease and impairment / disability. These developments have given birth to different conceptualization on impairment / disability. Impairment and disability are differed in terms of rhetorical background. Impairment undertakes biological and individual basis, however, disability problematizes social impact of impairment. According to Shakespeare (2006), distinction between impairment and disability parallels with the feminist movement's redefinition of sex, which is the biological difference between men and women, and gender which is the socio-cultural distinction between them. In short, Shakespeare (2006) argued that sex corresponds to impairment and gender corresponds to disability. However, in present there are new concepts such as "physically challenged, able-disabled, differently abled, handi-capables, and people with differing abilities" (Heumann, 1993: 262). According to Heumann, disability history is full of description and definition of disabled made by non-disabled. He (1993: 262) also claimed that "these euphemisms have the effect of depoliticizing our own terminology and devaluing our own view of ourselves as disabled people". These definitions are produced against to stigmatized role of impairment and even disability while these could be seen as products of stigmatization. On the one hand disabled people develop an identity on the base of definitions and constitute political meaning allows to share social oppressions of disability and struggle together against them, on the other hand these definitions calls isolation, stigmatizing and the boundaries designated for disabled (Wendell, 1996). Since all of definitions are stemmed from "out of being normal" that isolation, stigmatizing and boundaries are seen as naturally-given. While there has been a transition from biological to social side in disability issue, even the concept of disability, has social meaning, is not accepted as intimate and genuine (Oliver & Sapey, 2006). So, reconciliation on conceptualization of disability could not be mentioned.

In Turkey, current discussions about conceptualization of disability could be followed in many disability internet forums. The web site of Engelliler.biz (2005) which is the most active discussion platform and having greatest number of member, uses the motto as “Your body, give up to make a fuss about”. Forum, could be positioned with a distance to “disability” conceptualization, emphasizes on more socio-political inequalities than conceptualization debates. There are forum users who describe themselves as “impaired”; as “impaired” in some cases and as “disabled” in other cases; and also as “disabled” by refusing “impaired” and “handicapped” as commodity descriptions of disability. Language serves and maintains the commitment of people who share same culture and identity. Therefore, constituted language and its circulation are valid and acceptable for those who founded under the umbrella of the same culture and identity.

Consider the terms used by persons with disabilities, such as ‘crip’ or ‘wink’. These terms would be considered derogatory when used by non-disabled people to describe people with disabilities. However, when used by disabled persons among themselves, the terms are not only ‘allowed’, but are often symbols of pride and community (Gilson & Depoy, 2000, p.212).

All members of social movements and social categories of culture or identity have used definitions include negative content that are developed by themselves or have already developed. When descriptions of disabled people used for themselves is used by non-disabled people, the intervention of different culture and identity takes place. For this reason, definitions of disabled made by them are not open to public using, and are not legitimate base to define them.

The concept of disability is not fixed and absolute; it has been defined according to different type of thought, perception and theory throughout history (Oliver, 1999). Disability is neither defined by public policy nor individual meanings. But it is harmony of these two. Also, Oliver (1999) claimed that policy definitions play important role on disability and these definitions are themselves socially constructed. Since every definition is translated into social policies, identifications and classification of disability should be analysed according to disability models.

2.3.1 Conceptualization of Impairment and Disability by Medical and Social Model

In this section, I will explain the conceptualization of impairment and disability through mainly UPIAS', WHO's ICIDH and ICF and Nagi's (1965) definitions. While medical model emphasizes on the differentiation from "ideal body", social model suggests that disability is constituted by social barriers and oppressions. Therefore, interests of subjects and forms of producing knowledge are different in two definitions of disability. In addition, there is a trend that synthesized the two definitions. For Shakespeare (2006), neither there is a disability without the society, nor a society without disability. Impairment is a prerequisite to experience social barriers. In addition to this, culture, value and expectations are three of the main parameters on the definitions of disability. For instance, dyslexia was not a "problem" until states demand literacy of their citizens. The demand of literacy has assigned dyslexia as impairment; not making necessary arrangements for dyslexia have been identified as disability. Moreover, according to Morris (1991), impairment is as painful and difficult as could not be explained only by factors of social barriers. She also claimed that disability interpretations have denied individual impairment experiences and have trivialized these experiences.

The definition of disability of UPIAS, founded in 1972, is based on clear cut separation of impairment and disability. The most determinant point of separation is that impairment was no longer the cause of disability; in contrast, discrimination mechanisms produced in society are the cause of disability (Thomas, 2007). This definition model transfers disability from individual pathology to social barriers and power relations. Beyond, the demand of the maximum independent living, mobility, productive work and life control where and how disabled people wanted by necessary financial, medical, technical, educational and other regulations that should be applied by the state include the level of social policy. The definition of impairment and disability are shown on the table below (UPIAS, 1976: 14):

Table 1. The Classification of Disability (UPIAS)

Impairment	Impairment as lacking part of or all of a limb, or having a defective limb, organ or mechanism of the body.
Disability	Disability 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 participation in the mainstream of social activities.

In medical model sense, WHO (World Health Organization) offered three classifications as impairments, disabilities and handicaps in ICIDH (International Classification of Impairments, Disabilities and Handicaps). According to Masala and Petretto (2008: 1235), “This model was aimed at analyzing, describing and classifying the consequences of diseases, such consequences being distinguished between impairments, disabilities and handicaps”. The model of ICIDH is shown on the table below (WHO, 1980: 47).

Table 2. The Classification of Disability (WHO - ICIDH)

Impairment	Any loss or abnormality of psychological, physiological, or anatomical structure or function.
Disability	Any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being.
Handicap	A disadvantage for a given individual, resulting from an impairment or a disability, that limits or prevents the fulfillment of a role that is normal (depending on age, sex, and social and cultural factors) for that individual.

In contrast to UPIAS, WHO establishes a casual relation between impairment and disability. WHO designs disability as a limitation to perform daily activities as a result of impairment. Handicap is conceptualized as a limitation to perform social roles as a result of impairment and disability. UPIAS members criticized ICIDH model due to its medical-based individualistic approach and attitude that holds individual responsible by establishing link between impairment, disability and handicap (Masala & Petretto, 2008). This medical route that travel from disease to impairment, from impairment to disability and from disability to handicap did not address social and environmental factors (Bampi et al., 2010). Barnes and Mercer (2003) criticized ICIDH model of WHO in three points. The first is that the approach of WHO is based on medical

definitions and “normality” that stems from bio-physiology. Moreover, the definition of handicap ignores the relativity of roles in social and cultural manner. The second is that impairment is conceptualized as the source of both disability and handicap. The medical intervention is legitimated by struggling with handicap, diminishing the effects of impairment and disability. In the aim of decreasing the social and economic disadvantages, medical services, rehabilitation and educational intervention become available to apply. Lastly, as an extension of the second criticism, this classification assumes environment as “neutral” and ignores the effects of social, economic and cultural barriers on the social exclusion of people with impairment. For Barnes and Mercer (2003) there is no doubt that medical services have many positive outcomes for disabled people and they could increase their life quality. However, ICIDH emphasized on “abnormal” physiological structure of disabled people by diagnosing and treating the individuals rather than experienced social exclusion. Furthermore, according to Boorse (2010: 55), impairment that ICIDH model conceptualized means “clinically evident pathological condition”.

In accordance with the criticisms towards ICIDH model, WHO published ICF (International Classification of Functioning, Disability and Health) report that define impairment as the deviation from the generally accepted standards in population in respect to biomedical aspects of body and functions of it (WHO, 2001). “Activity” that is preferred rather than “disability”, emphasizes on performing tasks or work and “participation” that is preferred rather than “handicap”, emphasizes on participating in daily life, by doing so ICF highlights to understand disability within the society rather than exclusionary side of society (Tesio, 2011). For this reason, ICF still does not include social context. “Performance” and “capacity” are the major components to understand “activity” and “participation”. “The performance qualifier describes what an individual does in his or her current environment... The capacity qualifier describes an individual’s ability to execute a task or an action” (WHO, 2001: 15). While “performance” is associated with the environment, “capacity” depends on the “ability” to perform physical functions that is far from environment context. According to WHO

(2001), to determine the full ability of the individual, there should be neutralized the effects of different environments on the individual to standardize the environment.

Capacity reflects the environmentally adjusted ability of the individual. This adjustment has to be the same for all persons in all countries to allow for international comparisons... The gap between capacity and performance reflects the difference between the impacts of current and uniform environments (WHO, 2001, p.15).

Although ICF touched upon the context of social model in a descriptive way, insisted on medical model within the perspective of “management of disability”. In this sense, ICF acknowledged that disability should be managed and disabled people should be rehabilitated as “web of problems”. Nordenfelt (2006) offers concept of “ability” for ICF’s “performance” and “opportunity” for ICF’s “capacity”. The measurement of real performance establishes a link between one’s own body structure – biochemical, physiological and psychological conditions – with one’s own performance. According to Nordenfelt, (2006) “performance” should be replaced with “ability” what one’s inner resources permit him or her to do. Opportunity refers to external possibilities that should be understood as the outer of the individual. The concept of “capacity” of ICF included “individual’s ability to execute a task or an action” that lacks of social context. In this regard, Nordenfelt’s “opportunity” fits the social model due to its environmental arrangements and political approach over environmental arrangements.

Barnes (2003) explains the definitions of disability in terms of three typologies: “orthodox individualistic” medical definition, “liberal inter-relational” account and “radical socio-political” interpretation. While “orthodox individualistic” stems from Western culture of nineteenth century, it is related with WHO’s ICIDH. The ICIDH is not independent from medical view that employs three definitions as “impairment”, “disability” and “handicap”. Three definitions have also static contexts and recall mental and physical “normality”. For Barnes (2003: 7), Beside the ICIDH model has a “set of euro-centric values about what is and what is not biologically socially acceptable, the ICIDH presents impairment as the primary cause of disability and handicap”. Euro-centric view conceptualizes rehabilitation as a philosophy and plans to reduce or eliminate the impairment. In other words, disabled people as objects of

correction, treatment, discipline and change, are tried to be normalized by euro-centric values. Secondly, “liberal inter-rational approach” could be expressed in WHO’s ICF. WHO declared ICF, after the great criticisms towards ICIDH. ICF relates impairment with “abnormality” of body functions and structure in a biomedical perspective like ICIDH. Also ICF revised disability as refers to “activity” and handicap as refers to “participation”. Although ICF asserted that definitions were effected and constructed by social and physical environment, disability remains a health rather than political concern. Liberalized social policy for disabled people has been transferred from institutional to community care which is assumed to serve to integrate disabled into social activities. Disabled people who are stigmatized as “sick” in “orthodox individualistic” medical definition, even are evolved to “citizenship” in “liberal inter-rational approach”, still rehabilitation system is not questionable since in its “ideal” form it preserves itself to be precondition of disabled people’s integration. Lastly, “radical socio-political” interpretation was born with the criticisms towards medical model.

UPIAS makes a clear distinction between disability and impairment and argues that disability is imposed and constructed by social barriers. For this perspective, dominant definition of disability can be seen as little more than a “sick” joke.

It is a concerted attempt to politicize disability in order to provide a clear and unambiguous focus on the very real and multiple deprivations that are imposed on people whose biological conditions are deemed socially unacceptable in order to bring about radical structural and cultural change (Barnes, 2003, p.19).

For both “orthodox individualistic” medical definition and “liberal inter-relational” account, on the basis of institutional or community care, solution is repairing or correcting the body. In this sense, the metaphor of “sick” joke characterizes the individual oriented view of rehabilitation and lack of political content.

Also Nagi (1965: 101-103) constituted four type of classifications as active pathology, impairment, functional limitation and disability shown on the table below.

Table 3. The Classification of Disability (NAGI)

Active Pathology	Interruption of or interference with normal processes, and the simultaneous efforts of the organism to regain a normal state.
Impairment	A loss or abnormality of an anatomical, physiological, mental, or emotional nature.
Functional Limitation	Limitation in performance at the level of the whole organism or person.
Disability	<i>Disability</i> refers to social rather than to organismic functioning.

The first two categories are related with tissues, organs, body systems; functional limitation is related with the individual and finally disability is related with social level. Active pathology is resulted from infection, trauma, metabolic imbalance, degenerative disease processes, or other etiology. This category refers to “fight against diseases” through modern medicine: “In modern health practices, the organism is aided by surgical intervention, medication, and other forms of therapy to help regain equilibrium” (Nagi, 1991: 322). While impairment, defined as anatomical, physiological, mental, or emotional nature abnormality, focuses on tissues, organs or organ systems, functional limitation, defined as limitation in performance at the level of the whole organism or person, focuses on the whole organism. So, active pathology is not based on functionality but impairment and functional limitation emphasizes functionality in different levels. In this respect, functional limitation establishes a bridge between impairment and disability. The last category of Nagi’s model as disability transfers functionality from the body to the social level.

[Disability] is an inability or limitation in performing socially defined roles and tasks expected of an individual within a sociocultural and physical environment. These roles and tasks are organized in spheres of life activities such as those of the family or other interpersonal relations; work, employment, and other economic pursuits; and education, recreation, and self-care (Nagi, 1991, p.322).

According to Boorse (2010), Nagi’s functional limitation and disability concepts are both performance measures. While functional limitation is “organismic”, disability is “social” performance. Due to the social nature of disability, it is a “relational” concept;

however, the other three are pure “attributes” of the individual. Boorse clarified Nagi’s classification with an example:

Imagine that an office worker suffers a back wound that severs his spinal cord at his tenth thoracic vertebra. The wound is active pathology; the blockage of neural transmission to his lower spinal cord is impairment; his resulting inability to walk or run is functional limitation; and his inability to reach his job in a wheelchair-inaccessible office building, or to keep playing tennis with his wife, is disability (Boorse, 2010, p.58).

Thomas (1999) utilized the understanding of disability by the help of social-relational perspective. In social-relational perspective, disability only comes into play when social barriers experienced by impaired people are socially imposed. Then, non-socially imposed of barriers do not constitute disability. Thomas’s (1999) definition of disability, modernized formulation of UPIAS is that:

Disability is 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 (Thomas, 1999, p.60).

Thomas (1999) did not deny the existence of impairment when mention disability in social imposed field of social-relational interpretation. Thomas’s “impairment effects” is a source of inspiration in this respect. “Impairment effects” refers to physiological feelings as pain or hurt. For this reason, impairment is non-socially imposed restrictions of activity. However, aim of Thomas (2004) is to display the debates of whether impairment and chronic diseases constitute restrictions of activity or not is unnecessary. Since social-relationity should be interested in social context.

Yes, of course impairment causes some restrictions of activity—but these are not what is of interest in studying and combating disability. Disability is a form of social oppression on a par with other forms of oppression in our society associated with gender, race, class, and sexuality (Thomas, 2004, p.581)

To conclude, as it is displayed above, there has been a great conflict in definition of disability / impairment. Since definitions, based on models, are translated into social

policies; understanding social and ideological barriers of disabled people requires deeper analysis of definitions and thinking system behind them.

2.4 Conclusion

In order to analyze the theoretical and practical tension between disabled people and employment, it is crucial to elaborate medical and social model of disability issues and how disability is conceptualized by these models.

This chapter mainly reviewed the theoretical landscape of medical and social model, also conceptual landscape associated with the categories of disability and impairment. The medical model, defines disability as “outside of the health conditions”, is so dominant, so prevalent and so infused throughout social policies to all systems of the society, designed by ableist ideology that focuses on the “roles and tasks” associated with employment. Moreover, it has influences on social policies and the allocation of social resources. Since medical model identifies the “normal” and people who do not fit to the definition of “normal” are excluded from mainstream activities of the society. In these respects, medical model that adopted by all systems of the society set a ground for marginalization of disabled people.

Social model, emerged as a critique of medical model, refers social structure as a cause of disability; oppression and exclusion they experience. The reality of impairment is not denied, but is not the cause of disabled people’s disadvantages. Social model takes the issue of disability from individual problem and physical impairment to failing of the society. Social model struggles with discrimination against disabled people experienced by indicating the need for strengthening laws and redesigning the social structure.

Definitions and the way of undertaking phenomena establish legal bases:

The social world differs from the natural world in (at least) one fundamental respect: that is, human beings give meanings to objects in the social world and subsequently orientate their behaviour towards these objects in terms the meanings given to them (Oliver & Barnes, 2012, p.14).

The way of defining determines the way of approaching which is legitimized. “Definitions of disability reflect sociocultural values and dispositions; there are

complex, political and ultimately influence policy” (Gupta, 2012, p.10). Rhetorics of conceptualization of disability are differed according to models. Conceptualization of disability within medical model emphasizes on the differentiation from “ideal body”, social model suggests that disability is constituted by social barriers and oppressions. In this respect, conceptualization of disability that rooted in given models illustrates the subject responsible for the problem.

The way of taking the issue of disability as a medical problem in modern capitalist societies through employment arena determines all aspects of employment practices of disabled people. The meaning of disability for the state, its institutions and society give coherence to their activities. In the following chapter, I will stress on economic activities to explain disadvantaged position of disabled people.

CHAPTER III

EMPLOYMENT OF DISABLED PEOPLE

3.1 Introduction

Work is central issue in industrial societies not just because of economic meaning but people are categorized through work in terms of class and status. In other words, the social and economic status of people is mainly determined by access to the labour market. Many people organize their lives around employment. For this reason, exclusion from the labour market or marginalization within it creates particular form of social exclusion (Kitchin, Shirlow, & Shuttleworth, 1998).

In most societies, full membership of the society requires to contribute to economy both as producer and as consumer. Employment is not only a mechanism to provide income, but also a social expectation that allow social status, acceptance, inclusion and integration (Gupta, 2012). Society expects its members to work; working is seen as a mean of contributing to the well-being of society, while not working means bring a burden to it (Opini, 2010). Lack of paid employment has implications for the unemployed individual, not only poverty, but social isolation and a lack of political status (Jolly, 2000). Therefore, exclusion from working life generates economic, political and social disadvantageous clusters (Barnes & Mercer, 2003). In this respect, work creates particular forms of social relations (Oliver, 1999).

Work provides the material means for a life of independence. Access to work in the mainstream employment sector is therefore of crucial importance to people with disabilities as are the associated rights to just and favorable conditions of work and freedom of association (Quinn & Degener, 2002, p.99).

According to Tororei (2009) work is a way of expression of person's humanity and an indicator of a person's worth and esteem. Moreover, it creates a feeling of usefulness and self-fulfillment. For Roessler, McMahon and Rumrill (2007), "Being denied access

to employment equates to being denied adequate (a) income to meet personal needs and (b) opportunities to participate in a valued social role” (p.139). Therefore, discrimination in employment is important part of oppression since it hinders disabled people from acquiring power that would enable to bring concrete change for better (Sutherland, 1981).

This chapter will generally stress on that why and how disability is held on as an individual and medical problem in modern capitalist societies through employment arena. Firstly historical development of employment of disabled people will be clarified. Secondly institutional discrimination will be introduced and finally disability harassment in the employment arena within an institutionalized form faced by disabled people will be examined in detail. In sum, institutional discrimination and disability harassment with an understanding of disability as an individual and medical problem in the workplace will be combined to explain their disadvantaged position. Finally, disability legislation about employment in the public sector of Turkey will be overlooked.

3.2 Employment Arena vs. Disabled People

Historical development of employment arena for disabled people could serve to establish the historical continuity of the approaches. Moreover, it attempts to provide an evolutionary perspective. The historical development of employment arena for disabled people could be distinguished into three famous phases introduced by Finkelstein (1980).

The first phase corresponds to feudal society, before the industrial revolution, that the economic base did not prevent disabled people from participating in the production process; however they had no full contribution. So they were not segregated from the society completely (Oliver, 1990; Gleeson, 1999).

The second phase started with the creation of new productive technology. Rising of the factory system let disabled people stand outside of the production process. Institutions have provided physical base to segregate them from rest of the society. The dominant view of suffering personal tragedy and unable to care themselves have brought care and

protection: “In this era disabled people were regarded as individually unfortunate and not segregated from rest of society” (Oliver, 1990).

With the phase II, by the emergence of capitalism, institutions have begun to segregate disabled people. Prior to industrialization most disabled people were economically productive, however with the coming of the urban factory based system, nature of the work has changed and they have labeled as economically unproductive (Barnes, 1991). According to Oliver (1990) the rise of capitalism has brought profound effects on organization of work and social relations that should be controlled by the institutions. Institutions have become major mechanisms to provide social control. Proliferation of hospital, prisons, asylums, workhouse etc. has served new guide to impose social order. “Economically unproductive” people are controlled by institutions that growing gradually. In other words, the rise of institutions as a mechanism of social provision and social control has played crucial role for systematic exclusion of disabled people from the mainstream economic and social life (Oliver & Barnes, 2012). In this respect, the rise of the capitalism facilitates the development of professionals (social workers, occupational therapists, physiotherapists, teachers etc.) and for segregating disabled people in the mainstream activities of the society.

In respect of provision to meet the changing needs of disabled people with the development of capitalism, this was done through the elaboration of ever more detailed systems of bureaucratic organizations and administration (Oliver, 1990, p.40).

By the help of detailed systems of bureaucratic organizations and administration, non-disabled people are allocated to the work-based system; disabled people are allocated to needs-based system of distribution. In other words, the paid workplace is the force of marginalization where the devalorisation of disabled people is practiced (Gleeson, 1999). While it is claimed and partially true that majority of disabled people were integrated into the community with the emergence of capitalism, oppression and prejudice was widespread with it (Oliver & Barnes, 2012).

When phase I and phase II are compared, disabled people are socially active and seen as responsible for their actions in phase I, however, in phase II disabled people are socially

passive and subjected to be protected and cared. In this way, rising of capitalism excluded disabled people from the workforce. Moreover, rising of capitalism associates disability with absence from labour market (Barnes, 2000). Also Barnes (1991) claimed that most disabled people were able to make an economic contribution before industrial revolution, in other words, by industrial revolution economically productive people have been turned to economically unproductive. Since nature of work and the way it was organized has been constructed for non-disabled, disabled people have been excluded from the workplace. With the coming of this era, disabled people have been seen as a burden since many were unable to take on heavy physical labour required in factories and were thus unable to make a contribution to economy (Stalker, Baron, Riddell, & Wilkinson, 1999). For these reasons, centrality of work causes emerging “useless” label for disabled people since they are not able to contribute to the “economic good of the community” (Barnes, 1996). Disabled people have been thought with “dependent” or more precisely “dependent culture” paradigm with the rise of capitalism (Jolly, 2000). Dependency basically refers “the inability to do things for oneself and consequently the reliance upon others to carry out some or all of the tasks of everyday life” (Oliver, 1999: 9) Capitalism’s social construction of disability reflects dependency as a social problem and an inevitable consequence of the social construction of disability that prevail in industrial societies.

According to Finkelstein (1980), utilisation of new technologies will bring liberation of disabled people in phase III that emphasizes on the beginning of struggle to reintegrate disabled people into economic side of the society. However, the new technology paradigm has been served as “magic wand” and “magic way” for liberation of disabled people in an economic manner. While the new technology paradigm promises new employment opportunities for disadvantage categories, the requirements of the new mode of production (access to technology etc.) simply has created new divisions. Parallel to this, Priestly (2003) argued that technologies are not independent units from the prevailing relations of production, so technology could not guarantee successful employment by itself. New technologies may offer new pathways for employment of disabled people, however technical assistance will not guarantee social inclusion

(Stevens, 2002). In this respect, we could argue that employment of disabled people is governed by phase II is still valid.

In disability literature of Turkey, majority of the study focused on private sector and ignored the experiences of disabled worker in public sector. Also majority of those dealt with employers' perception towards disabled workers. By doing so, medical perspective is run and the employability issue is discussed just around employers' agenda.

As an example of those, the study of Gökbay, Ergen and Özdemir (2011) suggest that gaining self-confidence of (potential) disabled employees offers successful employment. Öztürk (2011) points the strategical attitude of private sector towards disabled employees as employing disabled people for 3-4 months before auditing of İŞKUR in order to not to pay fine, then fire them. One the hand the study displays one of the crucial invisible barriers in the employment arena, on the other hand, parallel with medical view, it suggested to educate disabled employees as if “the problems” are caused by disabled people. One of the study claims that there is no disabled employees who have high disability percentage in the workplace that suggests invisible disability is very common in the private sector (Yılmaz, 2004).

3.3 Institutional Discrimination

Discrimination is one of the crucial terms in understanding social problem related with diversity. In this study, I separated discrimination towards disabled people in the employment arena into two: (1) institutional discrimination and (2) disability harassment. The former is a vehicle underpinned by dominant ideology to express the restriction of minority group members' socioeconomic status in the society through specific institutions within political economy. The latter refers to discriminatory attitudes and practices among employers, colleagues and labor markets, which is differentiated from individual discrimination, due to the social settings of the workplace. These discrimination types are not mutually exclusive but dependent on each other. Institutional discrimination has a higher abstracted level and disability harassment is meaningful under it. So they have no equal level to be categorized. In this section, I will focus on institutional discrimination.

The notion of institutional discrimination has been used in several subfield of social sciences; educational studies (Solmon, 1973), migration studies (Bathnitzky & McDowell, 2011; Teixeira, Lo, & Truelove, 2007), poverty studies (Rodenborg, 2004), racial studies (Stainback & Irvin, 2012; Miller & Garran, 2007; Henkel, Dovidio, & Gaertner, 2006), gerontology (Ayalon, & Gum, 2011), feminist studies (Colander & Woos, 1997), health studies (Dubois-Arber & Haour-Knipe, 2001) and disability studies (Barnes, 1992a; Barnes, 1994a; Barnes 1994b; Pincus, 1996; Wolfensberger, 1989; French & Swain, 2012). In this study, institutional discrimination is held as to deny minority group, being outside of the “social norms”, to access upper socioeconomic status.

The terms of individual discrimination and institutional discrimination are varied. According to Pincus (1996) individual discrimination refers to the attitudes of group of people that is intended to have a harmful effect on the members of another group. However, institutional discrimination refers to policies of the dominant group institutions and the attitudes of individuals who control these institutions that are intended to have a harmful effect on minority groups. In other words, discriminatory attitudes are embedded in the institutions and institutional discrimination corresponds to more than the sum of all elements of individual discrimination. Even if attitudes of all individuals are positive, social and political settings of the institution does not allow for inclusion. Many barriers to employment realize at individual employer or workplace level, however barriers to employment are governed at the macro level (Arthur & Zarb, 1995).

Institutional discrimination is carried out by dominant group against minority group since by definition dominant group control the institutions, institutional discrimination is carried out by non-disabled people against disabled people. How people behave within institutions and how entire institutions behave people are the two component dynamics of institutional discrimination (Wolfensberger, 1989). Institutional discrimination determines who deserves a job and who does not. Discrimination experienced by disabled people is not just an outcome of individual negative attitudes. It has much more complex structure. For Barnes (1992a: 5), “institutional discrimination

is complex form of discrimination which operates throughout society and is supported by history and culture”.

Institutional discrimination claims that inequalities are woven into very structure of the organizations, indeed society.

Institutional discrimination is founded on the social divisions in society and, in particular, hierarchical power relations between groups (for example disabled and non-disabled people). Inequalities in the distribution of resources particularly economic, underpin hierarchical power relations, with many disabled people being marginalized from open employment and condemned to poverty (French & Swain, 2010, p.53).

Institutional discrimination underpinned by dominant ideology operates in three ways: (1) establishing normal/abnormal dualism, (2) legitimizing social inequalities and power relations (French & Swain, 2012) and (3) governing eugenism principles. When problem is located in disabled people by the help of medical model, the ideology of normal/abnormality works properly. The employment arena is greatly influenced by disability models adopted by institutions. Since models are tool for approaching disability issue, they determine the lines to build relationships in the work force. Institutional discrimination towards disabled people rests on the assumptions of medical view of disability. This view offers that disability has a traumatic physical and psychological effect on disabled people that legitimizes the discrimination they faced (Barnes, 1994b). Moreover, medical certification of disability has become one of the major tools for social policies (Stone, 1984).

As a second ideology, patterns of discrimination are gathered within institutional context and these patterns become institutionalized, discrimination becomes “natural” and “as should be” (Wood & Ragar, 2012). The dominant ideologies and assumptions are deeply embedded in social consciousness that they become “facts”, common sense and they are naturalized (Oliver, 1999). Institutional discrimination in the employment arena serves to increase inequalities between minority group and majority group that lead to disproportionate number of minority group in positions of lower socioeconomic status (Henkel et al., 2006). By the help of institutional discrimination, lower

socioeconomic status of disability and discrimination within employment become “natural” and “as should be”:

The labeling of a condition as disabling by both the medical profession and state bureaucracies educates the public to believe the condition is actually disabling (Stone, 1984, p.190).

The final dominant ideology underpins institutional discrimination is that eugenism principles. Institutions, both private and public sector, in modern era have adopted Spencer's social Darwinism and the “survival of the fittest” principle. At this point, related with social Darwinism, it is a need to mention eugenic movement as a science of biologically improve human race, is one of the effective tool of modernization ideal. Eugenism was developed around progressivism, developmentalism, scientism, nationalism and racism in the aim of improving the quality of human species. Eugenic movement is assumed to guide social progress and national development. Also it is believed that eugenic movement serves to increase economic, military and governmental efficiency. Modern eugenism has been constructed around Darwin's theory of evolution, Spencer's theory of survival of the fittest and social Darwinism by Galton (1972). He dreamed more healthy human species by the attempts of explaining human biology based on scientific knowledge. However, modern eugenism used its own methods for survival of the fittest rather than let survival of the fittest naturally realized. For this reason, eugenism could be characterized as social and political program rather than scientific. While eugenism referred to “science”, over the years it is evolved to “social movement”. The thinking system of social Darwinism has eliminated people who were genetically weak and dependent of others' care. In this respect, disabled children were killed, disabled adults are excluded from the economic area and disabled older were left to die (Barnes, 1996). Eugenism sees society as a biological organism. It is assumed that people who have physical and mental differences bring both economic and social burden, and racial degeneration (Alemdaroğlu, 2006). Since abnormality causes a burden of the society, eugenic movement has a motivation to save the public by displaying “winners” and “losers”. (Kemp, 1946). In this respect, disabled employees are assigned as the “losers” of the workplace. The disabled are evaluated within

eugenism perspective and “the best” disabled workers those who are better able to adapt to the environment and conditions are preferred by this continuous circulation.

Social policies try to find the source of unemployment in discriminatory attitudes of employers and physical barriers in the workplace, however, political economy with three dominant ideology mentioned above is much more crucial to understand unemployment and discrimination in workplace faced by disabled people.

The political economy perspective suggests that disabled people are excluded from the workforce not because of their personal or functional limitations, nor simply because of discriminatory attitudes and practices among employers and labour markets but because of the way in which work is organized within capitalist economy itself (Oliver, 1996a, p.34).

Many governments have adopted social policies which aim to penetrate disabled people into economic mainstream however; there are hidden assumptions and ideologies underpinned by medical view of disability.

Under industrial capitalism that is precisely what happened, and disability became individual pathology; people with impairments could not meet the demands of wage labour and so became controlled through exclusion (Oliver & Barnes, 2012, p.82).

Discriminatory attitudes of employers and physical barriers in the work place could not be denied in the process of employment of disabled people, but these are just outcomes of political economy. For instance employer’s attitudes stem from the expectation of maximization of profit, avoiding costs of environmental modification and health care coverage, not totally due to their prejudices towards disabled people. Russell (2002) stated with economic determinism that root cause of the institutional discrimination could be found in comparison between present costs of production with the potential contribution of employed who will make future profits. However, this comparison still embraces some kind of prejudices (not individual but within capitalist understanding) that cause disability harassment that I will open in the following section.

3.4 Disability Harassment

All type of barriers could be evaluated as discrimination. However discriminatory barriers are underpinned by approaches that attempt to eliminate and disqualify groups of people, perceived as a “threat”, from mainstream activities. In other words, discriminatory barriers have a constricting effect on the opportunities of disabled people to achieve mainstream activities (Chan, McMahon, Cheing, Rosenthal, & Bezyak, 2005).

Harassment is a manifestation of the attitudinal barriers (Weber, 2007). Not just physical workplace barriers prevent people with disabilities from obtaining meaningful employment but also discrimination and negative attitudes towards them are also the other barriers (Wehman, 1996).

Disabled people have experienced harassment related to their disability status just as experienced harassment on the basis of gender, race or other characteristics.

Disability harassment is defined as unwelcome bothering, tormenting, troubling, or coercing of another person related to the disability of that person and is composed of verbal behavior or gestures as distinguished from physical violence or force. The harassing behavior is typically repeated and often takes place in a social context, with the harasser attempting to gain power over the individual being harassed. The determination of the occurrence of harassment belongs with the recipient, not with the harasser (Holzbauer & Berven, 1996, p.478).

Disability harassment has two forms. Firstly, if disability harassment needed social interaction, it exists as visible discrimination. Secondly, disability harassment underpinned by ideologies has latent feature that gives an assumption that all people have equal chances in the mainstream activities. Also disability harassment takes a variety of forms coming from variety of subjects. It may come from employers, colleagues or institution itself. No matter what its form, it deprives disabled people of equal access to employment arena (Weber, 2002). Disability harassment is not mere thoughtlessness or failure to accommodate the needs of disabled people (Weber, 2007).

People are disabled by the physical, organisational and attitudinal barriers within the society. Disability identity became meaningful within the context of work. The search

for work and workplace itself need interactions and through these interactions disabled people made a distinction between themselves and those who are not disabled (Brown, Hamner, Foley, & Woodring, 2008). Charlton (2006) argued that disabled people have been socially oppressed since they have not been considered as economically productive members of the society. Since medical model associates disability with inability, disabled people are identified as worker who cannot perform certain tasks (Woodhams & Corby, 2003). In general, perceived inabilities of disability cause exclusion from workforce. Furthermore, the motive force of competitive capitalism is to exclude “slow” or “incapable” workers (Gleeson, 1999). Capitalism as an economic and social system undervalues disabled people, regarding them as inevitably “less productive” (Foster, 2007). Disabled employees are assumed as incompetent that brings incapability of performing same tasks at the same level of colleagues without disability. According to Robert and Harlan (2006), disabled workers were automatically considered as “slow, incapable of keeping up”, “slow learners”, “stupid”, “of low or limited intelligence”, or “not mentally capable”. Moreover, regardless of their actual abilities, talents and skills, they are put in the same category as “just disabled”.

Disabling attitudes of employers, unequal access to education and training, an absence of appropriate support, and disabling barriers in the workplace are the major reason of discrimination faced by disabled people in the workplace (Priestly, 2003). Educational level is one of the fundamental indicators for activity in the labour market. However, discrimination in the education system functions to minimize the expectations of disabled people from the labour market. In other words, they are prepared to expect less for mainstream activities through practicing education system. The perception of disability limits employment opportunities however, it is the lack of skills among disabled people that sets legitimate ground for employer to discriminate them (Roggero, Tarricone, Nicoli, & Mangiaterra, 2006). Indeed, while system claims to need qualifications, it is evident that education does not much matter for employment of disabled people. Even if a person with a disability is well educated and well qualified to perform a job, employers seek for people with invisible disability if they have to employ.

In employment, the selection of employees is based on two criteria; suitability and acceptability (Tororei, 2009). Suitability is related with individual skills and qualifications to carry out the job. Acceptability contains subjective judgments such as reliability, hardworking, attractiveness. Conventional body shapes, appearance standards and norms in organizations have the effect of favoring physically unimpaired. Physically impaired people are labeled as “unattractive persons”.

“Attractive persons” is used to refer to those who conform to norms for attractiveness on both mutable facets, such as facial features, bodily weight, and stature (Dipboye, 2005, p.282).

“Unattractive persons” are those who deviate from these standards and norms. Moreover, employers and colleagues feel uncomfortable to see disabled workers, particularly those with “visible” impairments around them due to the fact that what is perceived as “attractive” generally depends on preferences of the capitalist society. For this reason, most disabled employees try to hide their disability from colleagues in the workplace. Visibility of the disability negatively affects the chances of attaining employment, if it does, discrimination level would increase in the workplace.

The physical appearance of disabled people makes them to be differentiated from the rest of the population. There are two components of attitudes toward disability proposed by Hahn (1988); (1) aesthetic anxiety and (2) existential anxiety. Discrimination directed at disabled people since they do not present conventional images of human physical appearance. For this reason aesthetic anxiety results to place those who are perceived as different in a subordinate role. Existential anxiety refers to the threat of potential loss of functional capabilities felt by non-disabled. The principal effect of existential anxiety increases non-disabled people’s worries about the potential loss of physical capabilities. Aesthetic and existential anxiety, either separately or in combination, creates the negative attitudes toward disabled people.

Four factors affecting the employment of disabled people were identified by Mansour (2009). These are (1) individual factors, (2) management factors, (3) cost factors and (4) social factors. Under the individual factors, employers do not will to employ disabled people, since they think that disabled people have inappropriate social behaviors, do not

work at a satisfactory standard, and fail most of the assigned tasks and having difficulty to adapt changes. Management factors include the long term plan that employers could not do with disabled workers and negative previous experiences that affect hiring them. Third one, cost factors, express the concern over occupational health, safety expenses and the cost of workplace modifications, also extra supervision and requirement of extra training prevent from hiring disabled people. Employers are often unwilling to make necessary adaptations needed for satisfactory performance and basic requirements. Finally, social factors display the concern of physical appearance of disabled people and its direct relationship with capitalism. Negative responses by customers and discomfort of others over observable disability appear to be important factor employers recognize when deciding to hire disabled people.

Chan et al. (2005) also listed ten major discriminatory behaviors in the employment arena.

- 1) **Discharge:** Involuntary termination of employment status.
- 2) **Intimidation:** Bothering, tormenting or troubling a person because of disability. For instance, making or allowing the use of jokes, claim for different or harsher standards of performance, assignment of more difficult, unpleasant or hazardous jobs, threats or verbal abuse.
- 3) **Harassment:** Using harassment to disabled people because of the existence of disability.
- 4) **Reasonable accommodation:** Failure to provide reasonable accommodation in the workplace.
- 5) **Terms and condition:** Unfitted general working conditions such as undesirable shifts, failure to provide adequate tools.
- 6) **Hiring:** Failure or refusal by an employer to engage a person as an employee.
- 7) **Discipline:** Using disciplinary actions to employees including reprimand, warning, probation.
- 8) **Constructive discharge:** Employee is forced to quit the job due to the employer's discriminatory restrictions.
- 9) **Promotion:** Failure to promote disabled employee.

10) **Wages:** Inequities in salary.

As attributions displayed above, the origins of negative attitudes toward disabled people are complex and cannot be explained by attribution alone. The specific settings of the workplace in a holistic manner contribute to the forming of attitudes in complex ways.

For Chima (2005), employers' have three main stereotypes and misconceptions about disabled employees: (1) disabilities accommodation and safety, (2) productivity and attendance, liability and (3) intrapersonal and interpersonal factors. Employers' reluctance to employ disabled people is related with the cost of workplace accommodation. The most of the employers have an assumption that disabled employees tend to injure themselves. A common understanding of employers treats disabled employees as a burden for both institutions and other non-disabled employees since the conception of incapability of disabled employees is widespread. Acceptance of disabled employees by non-disabled ones in the workplace is one of the problematic areas. Moreover, fear of making mistakes and feeling inadequate are generated by the attitudes of non-disabled understanding.

As Barnes (1991) claimed "because individual disabled people are packaged and sold as different from other members of the labour force the traditional divisions between them and non-disabled workers are underlined and, indeed, deepened" (p.37). Disability harassment also results in disabled workers feeling rejected and devalued in the workplace. Undoubtedly, disability harassment is supported by institutional discrimination that consists of dominant ideology: normal/abnormal dualism and legitimated social inequalities/power relations.

3.5 Comparison of Private and Public Sector Organizational Culture Through Disability Perspective

Private and public sector mainly differ in terms of ownership and organizational goals. While the private sector is privately owned and not part of the state, the public sector is owned by the state. The existence of private sector depends on profit. However, public sector aims to maximize the public interest; it has been established with an understanding of social services. The main aim is not to make a profit as in the private

sector. In addition, the control of public sector functions with law, the control of private sector could be varied by companies. With these parameters, while private sector tends to be more developmental and professional; public sector has much more bureaucratic culture in comparison with private sector (Kaya, 2008).

In order to identify the position of disabled people as an employee in these sectors and clarify institutional discrimination and disability harassment within workplace, it is required to define organizational culture. Despite the difficulty to define organizational culture, the definition of organizational culture as functioning of an organization is accepted by most authors (Schraeder, Tears, & Jordan, 2004). Buono, Bowditch and Lewis (1985) define organizational culture through uniqueness:

Organizational culture tends to be unique to a particular organization, composed of an objective and subjective dimension, and concerned with tradition and the nature of shared beliefs and expectations about organizational life. It is a powerful determinant of individual and group behavior. Organizational culture affects practically all aspects of organizational life from the way in which people interact with each other, perform their work and dress, to the types of decisions made in a firm, its organizational policies and procedures, and strategy considerations (Buono et al., 1985, p.482).

Organizational culture determines all aspects of the organization such as interacting of employees, issues related with work and workplace. Organizational culture “sits in the wall” and one can learn it with socialization (Christensen, Lagreid, Roness, & Rovik, 2007).

Private and public sector involve significant differences in organizational environments, limitations and culture (Perry & Rainey, 1988; Denhardt, 1991). These differences come into existence due to the expectations and motivations of these sectors. In this respect, Handy (1993) identifies four cultures that could exist along with the others, provide a framework to understand organizational culture. (1) power culture, (2) role culture, (3) task culture and (4) person culture. Minimal bureaucracy, few rules and quick decision making exist in power culture. Moreover, performance is judged on results in this culture type. In role culture, known as bureaucracy, there are units that are pillars to

support organization. Policies and procedures control the organization. Moreover, roles are more important than individuals. Task culture emphasizes on individual knowledge rather than rank and position, moreover the organizational atmosphere is flexible. Power derives from expertise. Finally, in person culture, power lies in each individuals and, structure and culture built around individual talents. Public sector of Turkey fits in the role culture since description of role, job and authority are clearly determined, even communication procedures are specified (Özdevecioğlu, 2002). The social construction of organizational culture of private sector is stemmed from the understanding of profit. In the aim of profit, private sector adopts, reformulates and forms any culture. It could also establish a combination of power, task and person cultures. In turn, public sector sticks in the role culture. This cultural feature of private and public sectors directly affect the attitudes towards disabled people both in hiring and utilize them in the workplace.

Organizational culture could be also characterized as the sources of norms and values that permeated organizations as “taken-for-granted” assumptions regarding approaches, behaviors and processes (Ashworth, Boyne, & Delbridge, 2007). Moreover, it should be admitted that organizational culture is difficult to change and has a historically determined. More importantly, it is socially constructed (Hofstede, Neuijen, Ohayv, & Sanders, 1990). This social construction consists of unconscious learned practices, norms and values, and forces the members of the organizations to accept these “hidden rules”. These rules could be evaluated as “social control” operated within groups and organizations.

Culture as a social control system is based on shared norms and values that set expectations about appropriate attitudes and behavior for members of the group. In our view, culture can be thought of as the normative order, operating through informational and social influence, that guides and constrains the behavior of people in collectives (...) we define culture as a system of shared values (that define what is important) and norms that define appropriate attitudes and behaviors for organizational members (how to feel and behave) (O'Reilly & Chatman, 1996, p.160).

In both private and public sector, there are “taken-for-granted” assumptions and “hidden rules” to provide “social control” through organizational culture. The ideology of

normal/abnormal dualism is operated to provide “social control” in the organizations. While managing diversity is gaining popularity and has been on the agendas of organizations since 1990s (Cox & Blake, 1991), even the conceptualization of diversity excludes disabled people. Managing diversity mainly refers to applied organizational activities and strategies to hire and utilize personnel from different backgrounds. So, while the issue of managing diversity is interested in “different backgrounds”, how is it defined and how is disability undertaken within diversity? One elaboration of “different backgrounds” is interesting in this frame.

Dimensions of diversity among workforce members include race, culture, religion, gender, sexual preference, age, profession, organizational or team tenure, personality type, functional background, education level, political party, and other demographic, socio economic, and psycho-graphic characteristics (Wise & Tschirhart, 2000, p.387).

The other elaboration of demographic features is also interesting:

Individual demographic features, such as age, tenure, education, sex, work experience, and ethnic and geographical background, can all be significant for the organizational culture (Christensen et al., 2007, p.48).

As it is illustrated above, dominant paradigm excludes disability by not approaching as a “different background” and “diversity”. Disability seems to have not reached the position of “diversity”.

Within Handy’s (1993) typology of organizational culture, power, task and person cultures adopted by private sector exclude disabled people by the combination of focusing on individual talents / knowledge and perceived inability of disabled people. Also role culture adopted by public sector excludes disabled people since it has an assumption that disabled people cannot fulfill these “sacred” roles. Undoubtedly, the ideology behind these assumptions is normal/abnormal dualism and its extensions such as “inability”, “incapability”, “unattractiveness”. This relation causes discrimination in terms of “normal” – “abnormal” codes and by producing biological arguments exclusion of social and economic life is legitimized.

The organizational culture, is socially and ideologically constructed, could be read with disability glasses as institutional discrimination. The notion of organizational culture excludes disabled people mainly for assumptions of “inability”, “incapability” and “unattractiveness” just because of these labels are seen as “threat” for profit maximization. In capitalist economy, private sector sees the hiring disabled people as a potential problem in terms of productivity, profit maximization and organizational image (Opini, 2010). These are also “taken-for-granted” assumptions and “hidden” rules to provide “social control” through organizational culture. The combination of focusing on individual talents / knowledge and perceived inability of disabled people mainly causes exclusion of them from the private sector. Public sector excludes disabled people by its organizational culture that consists of the assumption that disabled people cannot fulfill its “sacred” roles. In this respect, while private sector focuses on the profit maximization, public sector emphasizes on its role culture. However, since public sector has to employ disabled people, discrimination comes to exist more visible than private sector.

3.6 Overlook to Disability Legislation About Employment in the Public Sector of Turkey: National and International Grounds

3.6.1 National Grounds

Even though there were common decisions and applications regarding the disabled in previous decades, it could be stated that policies concerned with the protection oriented employment of the disabled started more like in the 1960s (Baybora, 2006). With the Maritime Labour Legislation law no. 854 (O.G., T.29.04.1967, N.12586) which entered into force in 1967, a quota system was utilized in the employment of the disabled for the first time in Turkey. In 1971, Labour Legislation law no. 1475 (O.G. T.01.09.1971, N.13943) was passed and some amendments were made in the quota system and in article 25 the employment of the disabled was made compulsory with the statement “Employers who accommodate 50 or more employees are obliged to employ disabled people in positions suitable for their occupation, physical and mental conditions equivalent to 2%”.

In 2003, Labour Legislation law no. 1475 was replaced with the Labour Legislation law no 4857 (O.G. T.10.06.2003, N.25134) and for the workplaces that accommodate 50 or more employees a ratio of 3% in the private sector and 4% in the public sector was made compulsory. This legislation also mentions that all the shares of employers regarding the social security payments and 50% of the employer shares for the employers who take on disabled employees over the mentioned quota or who employ disabled employees even though they are not obliged to do so would be covered by the Treasury. This article could be interpreted as an attempt to make the employment of the disabled people attractive especially in the private sector.

While the article 49 of the Constitution of 1982 (O.G. 09/11/1982, N.17863) states that “The government takes the necessary precautions to improve the employees’ quality of life, to protect the employed and the unemployed in order to improve the work life, to encourage work, to create an economic environment suitable for the prevention of unemployment and to provide work peace”, article 50 I and II states “Nobody can be forced to work in jobs that are suitable for their age, gender and power” and “Juveniles, women and individuals with physical and mental disabilities are under special protection with respect to working conditions”. 61st article of the constitution indicates “The government takes measures enabling the protection and the adaptation of the disabled in the society” and defines the responsibility of the government in this issue. These articles of the Constitution state that the work life of the disabled has been taken under control and special legislations regarding the disability of the employees have been assured in a constitutional frame.

With article 14 of the Disabled Legislation law no. 5378 (O.G. 01/07/2005, N.25868) stating “During the employment process in any of the stages from the choice of job, application forms, election period, technical evaluation and suggested working hours to work conditions no applications against the disabled can be used” aimed at preventing any application against the disabled during the job seeking process and with statement in the same legislation “Taking measures during the employment process regarding the reduction and abolishment of the obstacles or difficulties that the disabled, working or looking for employment, can come across and making the physical adjustments in the

work place are the compulsory responsibilities of all companies or institutions which have the duty, authority and the responsibility in the process” the duty to carry out the special adjustments according to the disability was handed over to the employer. In addition to this, both the private and public institutions and the foundations are taken responsible in the special adjustments required by the disabled workers with additional regulations. For the private sector according to the law no. 18 of the About the Domestic Job Placement Services Regulations (R.G.25/04/2009, S.27210) “Employers are obliged to prepare the work place in a way that will facilitate the work and make it suitable for the disabled, take the necessary health measures, work them in their own or related occupations, help them improve their job related knowledge and skills and provide them with the necessary gadgets and equipment required for the job.” A similar regulation comes on in law no.20 of the Regulations About the Local Exams and Draws Via Conditions of Civil Service Employment of the Disabled (O.G. 03/10/2011, N. 28073) “Public institutions and foundations are obliged to make the work place and its extensions suitable and reachable for the disabled, take the necessary measures to facilitate the work of the disabled and provide the required and supportive gadgets and the equipment necessary for the job depending on the disability of the worker”.

According to the law no. 13 of the About the Domestic Employment Service Regulations, the private sector employ the workers whom they are obliged to through İŞKUR. However, the private sector can also employ workers without going through İŞKUR. In this case, the private sector is obliged to report the worker(s) to İŞKUR as per the same article. When employing workers depend on law no. 4857 the public institutions follow Public Organizations and Institutions Examination Regulations (O.G. 18/03/2004, N. 25406) and when employing workers depend on law no. 657, the public institutions follow Sicil Servants Law (O.G. 23/07/1965, N. 12056). According to these laws, the employment of the workers depend on law no. 4857 are carried out through written and oral examinations and the employment of workers depend on law no. 657 are carried out through the examination issued by OSYM. Beside, according to law no. 14 of the Domestic Employment Services Regulations, when the private and the public employers are calling for employers whom they are obliged to employ, they cannot ask

for requirements above the difficulty of the job to be performed at workplace, set upper limits to the disability rate and encourage leave among the disability groups. However, there is this “unless the quality of the job requires” inscription and the private sector acts against this law by choosing among the disabled İŞKUR suggests. But for this contradiction has not been issued by law the private sector can discriminate between the disabled groups and usually prefer to employ the disabled with about 40% disability reports. However, according to law no. 5237 of the Turkish Criminal Law (O.G. 26/09/2004, N. 5237) article 122 the punishment for discrimination between people according to their language, race, colour, gender, freedom, political opinion, philosophic beliefs, religion, sect and similar reasons has been agreed on as either imprisonment from six months to one year or judicial fine.

Finally, according to law no. 4857 of the Labour Law, article 101 the organizations which are obliged to employ disabled workers are sentenced to 1700 TL fine per month for each disabled they fail to employ. The public organizations are not excluded exempt from this. The charged fines are transferred to İŞKUR to be used for the vocational training and rehabilitation and used in projects to set up their own businesses.

3.6.2 International Grounds

In this section, 2 international conventions on the employment of disabled people that accepted by Turkey will be examined. These conventions:

1. ILO Vocational Rehabilitation and Employment (Disabled Persons) Convention (No. 159) (1983)
2. Convention on the Rights of Persons with Disabilities (2007)

ILO Vocational Rehabilitation and Employment (Disabled Persons) Convention (ILO, 2008) that Turkey accepted in 1999, includes the policies about vocational rehabilitation principles that should be adopted. According to Convention, each member should take measures with a view to providing and evaluating vocational guidance, vocational training, placement, employment and make necessary adaptations for existing services for workers. Convention emphasizes on the need to ensure equality of opportunity and treatment to all categories of disabled people in both rural and urban areas for

employment. Also Vocational Rehabilitation and Employment (Disabled Persons) Recommendation (ILO, 2008) states that special support should be taken into consideration, provision of aids and devices should be provided to integrate or reintegrate disabled persons into ordinary working life and society.

Convention on the Rights of Persons with Disabilities makes states which signed the convention (Turkey accepted in 2008) recognize the right of disabled people to work on an equal basis with others. Also states should give an opportunity to disabled people to gain a living by work freely chosen or accepted in a labour market and workplace that is accessible and inclusive, beside they should provide reasonable accommodation to disabled people in the workplace. With this convention, states should promote employment opportunities and career advancement as well as assistance in finding, obtaining, maintaining and returning to employment.

3.7 Conclusion

The social and economic status of people is determined through employment. Exclusion from employment arena is not just an economic concern but also an indicator of social exclusion. Disabled people are one of the largest minority groups that are disadvantaged through limited access to the labour market.

This chapter attempts to provide an evolutionary perspective that establishes the historical continuity of the approaches. With the transition from feudal through capitalist society, disabled people stand outside of the production process. More significantly, by the rising of capitalism, institutions have become major mechanisms to segregate disabled people.

Since, it is inevitable that disability is produced as an individual problem, underpinned by medical model in capitalist society, institutions became major tool to reproduce segregation based on personal tragedy and medical view. People are disabled by institutional discrimination that prevents their full participation in the mainstream activities of the society. Beside, as a result of disability harassment, discrimination and negative attitudes towards disabled people prevent them from obtaining meaningful employment. In this respect, institutional discrimination and disability harassment are

depended on each other. Moreover, focusing on changing individual behavior is not the case as recently what social responsibility projects exactly do, since it should be evaluated under unchanged structure of social, political and economic environment.

This chapter attempts to link institutional discrimination and disability harassment with organizational culture. Since this study focuses on employment of disabled people in the public sector, I examined organizational culture of both private and public sector in order to clarify the reasons behind exclusion and discrimination of disabled people faced in the workplace. Although private and public sector have different motivations to discriminate disabled people, these sectors share “taken-for-granted” assumptions and “hidden” rules to provide “social control” through organizational culture.

Finally, disability legislation about employment in the public sector of Turkey was overlooked. Legislative acts give a right of equal access and opportunities to disabled people in the work place. However, in a practical sense institutional discrimination of public sector preponderates over legislative acts that I will stress on the following chapter based on research findings.

CHAPTER IV

METHODOLOGY

4.1. Introduction

The main purpose of this chapter is to discuss the methodological position of this study and explain the research process. First, alternative methodology of disability approach will be opened in order to analyse institutional discrimination properly. Second, research questions will be stated. Third, the research method and sample design will be explained in detail. Fourth, research site will be identified. Fifth, research process; and finally limitations of the study will be described.

4.2. The Methodological Approach

The motivation of studying disability plays a key role on generating the route of the outputs. Researcher's social and political position, realm of mind, interaction level with world of disabled people, experiences, whether s/he is disabled or not do not only determine the outcome but participants. Invitation through e-mail, telephone or face-to-face is turned a different bend by one of the basic question: “why?”. Researcher's respond should touch a point that would satisfy the participant.

Unless the aim of the study is clearly explained, respond the question of “why”, or set an appropriate ground to be asked the question of “why”, the research could not go beyond intention of social responsibility axis as “to do something for disabled people”. Of course, the basic aim of social research is to produce scientific knowledge. However, potential scientific knowledge and its benefits to be produced should satisfy the participants -at least- on the verbal level. Otherwise, participants who have been “researched” many times could not go beyond the “alienated research subjects”, moreover research outputs as a product of old paradigms generate cliché beliefs.

Approaching to disability - in the simplest term; used disability model, as a matter of course may be based on the recognition disability as a “personal tragedy” and may set a

ground for accepting this assumption by disabled people themselves. In this respect, adopted methodology should provide epistemological and ontological basis to analyse root cause and nature of the issue. Since the dominant sociological and cultural representation of disability is grounded on a conceptualization of disablement in terms of tragedy, impaired body and otherness, disability studies have sought to identify new methodology to struggle with the social oppression of disabled people (Stone & Priestly, 1996).

This research utilized an emancipatory research paradigm. Before elaborating the emancipatory paradigm, it is crucial to explain old and alternative paradigms for making comparison. Oliver (1996b) analyzed the old and alternatives paradigms, in other words current dominant way of understanding disability and alternative approaches. The ontological level (what is the nature of disability) needs issues to be addressed in terms of sociological theory, the epistemological level (what causes disability) needs issues to be addressed in terms of middle-range theorizing, lastly the experimental level (what does it feel like to be disabled) needs issues to be addressed in terms of methodology. Old paradigm and alternatives paradigms are summarized by Oliver (1996b) on the table below:

Table 4. Old and New Paradigms

Ways of Understanding	Old Paradigm	Alternatives 1 (Others)	Alternative 2 (Oliver)
Sociological Theory	(Personal Tragedy) Functionalism Interactionism	Socio political Political Economy (Pluralist) Post-modernism	Political Economy (Materialist)
Middle-range Theorising	Adjustment / Loss Sick Role Deviance / Stigma	Individual Rights Integration Personal Empowerment	Social Adjustment Inclusion Collective Empowerment
Methodology	Positivist Interpretive	Participatory Applied Research Action Research	Emancipatory

Old paradigm which is highly individualized and medicalised has been constructed over “personal tragedy” by sociological theory. Old paradigm instructs disabled to wait for an external power to remove and file their barriers down. Oliver (1996b) suggests that

since old paradigm is related with “personal tragedy”, disability does not digress from the paradigm of social problem and being burden of rest of the society. Dictation of treatment, cure and amelioration are the way to say “something wrong with you”.

Disability is seen as a personal tragedy which occurs at random to individuals, and the problems of disability require individuals to adjust or come to terms with this tragedy. Research has used techniques designed to ‘prove’ the existence of these adjustment problems (Oliver, 1996b, p.31).

Middle-range theorists use abstract concepts of theory to link between body and mind within old paradigm. “These suggest that when something happens to an individual’s body something happens to the mind as well” (Oliver, 1996b, p.34). In addition to treatment, cure and amelioration in order to become “fully” human, disabled should be applied to physical rehabilitation and psychological adjustment. Positivistic and interpretive approach lies at the center of old paradigm of disability studies. In these studies, participants are seen as passive subjects.

First alternative paradigm has not denied the problem of nature of disability but it problematizes the pathological view. It draws a map with the elements of individual rights, integration and personal empowerment. In contrast to old paradigm, rehabilitation turns to empowerment from adjustment. So, experience of disability is reinterpreted in positive conceptions rather negative. In this respect, postmodernism draws attention to the cultural representation for understanding experience of disability. In a methodological sense, the first alternative paradigm is failed due to be fully policy-oriented and also researches (applied or action approaches) are seen as a step to improve professional practice.

Second alternative paradigm sees disability as a consequence of economic and social forces since political economy suggests that all issues are produced by economic and social forces of capitalism. In addition to this, even oppression and discrimination is stemmed from economic and social structures of capitalism.

Hence the political economy perspective suggests that disabled people are excluded from the workforce not because of their personal or functional limitations (old paradigm), nor simply because of discriminatory attitudes

and practices among employers and labour markets (alternative 1) but because of the way in which work is organised within capitalist economy itself (alternative 2) (Oliver, 1996b, p.34).

Second alternative paradigm within middle-range theorizing states that disability is a cause of failure of society to remove barriers and social restrictions. In other words, the problems of disability are not individual but societal. Individuality of disability could be analyzed just for understanding practical consequences of living with disability as a starting point. In old and first alternative paradigm, society is discussed as a structure to must be unquestionable integrated. Beside, personal empowerment is a duty of being involved in this structure. Individual rights are evolved to social adjustment, integration is evolved to inclusion and personal empowerment is evolved to collective empowerment in the second alternative paradigm. In a methodological sense, it uses emancipatory approach based on empowerment and reciprocity to improve their social and material circumstances. As a consequence, educating and training disabled people in a social policy sense is not the case, but research should fight for institutionalized discrimination, citizenship rights and structural barriers. Within this research discrimination of disabled workers in the public sector is attempted to “feel” in the light of the second alternative paradigm.

The central point of methodological position of disability research is whether purpose of research is to describe, interpret, understand or change the phenomenon. Positivistic and interpretive approaches located within medical model see disability as individual pathology. Applied or action approaches see researches as a way of informing policy development or improving professional practice. As Oliver (1997) argued that participatory and action approaches have tended to reinforce existing power structures rather than challenge them. In these two approaches put disabled people in passive position rather than active one. On this point, it is a need for constructing alternative approach, namely emancipatory, to provide self-reflection and deeper understanding. Emancipatory approach also redefines the nature of the problem as institutional disablism. It is important to separate participatory research and emancipatory research is that the former just involves disabled people in research that is already a pre-condition for research but it is not a sufficient condition for emancipatory research (Zarb, 1997).

The latter means that the research is controlled by them as a part of a broader process of empowerment (Zarb, 1992). For Vernon (1997), emancipatory research includes socializing rather than individualizing. The research should locate the causes of their “problems” in the structures of an oppressive society rather than blaming the individual. Careful phrasing of the questions, sharing researcher own experiences where relevant and disseminate collectivized experiences through analysis to them could be assigned as features of emancipatory research. As Stone and Priestley stated (1996: 6): “The researcher engages in processes of emancipation, rather than merely monitoring them from sympathetic sidelines”. For Barnes and Mercer (1997), emancipatory paradigm adopts a political commitment to confront disability by changing (1) the social relations of research production, (2) the relationship between researchers and the researched, (3) the links between research and policy initiatives.

It is in the nature of the interview process that the interviewer positioned as expert and the disabled person as an isolated individual. Dominant paradigms for disability research give a position expert and “knower” to the researcher and knowledge and experience of disabled people does not count (Stone & Priestly, 1996). Not surprisingly, by the end of the interview, disabled people may come to convinced that social problems are caused by their own disability rather than by the organization of society. In brief, questions may reduce the problems that disabled people face to their own personal inadequacies or functional limitations (Oliver, 1990). For Barnes (1992b) emancipatory research uses demystification of the structures and processes that create disability. Moreover it should establish a dialogue between the research community and disabled people in order to facilitate disabled people’s empowerment. Barnes (1992b) also stated that the researcher should encourage the participants for second interview to discuss findings that provide them with more control in terms of the decision to involve themselves in research and give an opportunity to comment on the findings. By doing so the hegemony of the researcher as a “professional expert” will be eliminated and the balance of power between researcher and researched will be established. According to Barnes and Mercer (1997) the emancipatory paradigm rejects the researches using disability as a commodity for elevating status and interests of the researchers.

Emancipatory paradigm maximizes the role of disabled people in the research (Beazley, Moore, & Benzie, 1997).

To sum up, emancipatory research paradigm could be identified with six core principles (Stone and Priestly, 1996, pp.10-11).

1. The adoption of a social model of disablement as the epistemological basis for research production
2. The surrender of claims to objectivity through overt political commitment to the struggles of disabled people for self-emancipation
3. The willingness only to undertake research where it will be of practical benefit to the self-empowerment of disabled people and/or the removal of disabling barriers
4. The evolution of control over research production to ensure full accountability to disabled people and their organizations
5. Giving voice to the personal as political whilst endeavoring to collectivize the political commonality of individual experiences
6. The willingness to adopt a plurality of methods for data collection and analysis in response to the changing needs of disabled people

The first principle includes the conceptualization of disability that whether it is an individual pathology, medical problem to be treated or the output of social oppression. The second one problematizes the insistence of objectivity that dominant paradigm claims. Traditional claims to be 'objective' and 'neutral' are invalid since all knowledge is socially constructed and culturally relative (Kuhn, 1961). The third principle proposes that political position of the researcher should be used for challenging oppression and facilitating the self-empowerment of disabled people. The fourth questions the research production that traditional approaches tended to accept the existing disempowerment of research subjects rather challenge it. According to fifth principle, emancipatory paradigm must move beyond the individual realities and collectivize them within a human rights analysis. Finally, emancipatory paradigm is not automatically equalized with qualitative methods. Both qualitative and quantitative methods could be used in an oppressive or an emancipatory context. Choice of appropriate method should be determined to address personal experience of disability to be collectivized.

4.3. The Research Questions

A key objective for the research has been to identify disabling barriers in the public sector. Within this framework, three fundamental questions are posed:

- 1) How do disabled employees face with discrimination in public sector within institutionalized form?
- 2) What are the specific barriers that disabled workers confront with in the public sector?
- 3) What are the strategies disabled workers develop to cope with these barriers?

The following questions have been formulated to underpin these fundamental questions:

- 1) What are the socio-demographic characteristics of the participants?
- 2) Is there any difference level of discrimination according to age, gender, education, disability rate and type of disability?
- 3) Why do they not work in private sector? Have they ever worked in private sector? What are their experiences?
- 4) What are the barriers of seeking a job?
- 5) What are the motivations to enter into the public sector and not to leave?
- 6) What do they experience in the employment interviews?
- 7) What are their positions in their current job? What types of duty are expected by them?
- 8) What are the barriers in the workplace specific to the public sector?
- 9) Do they use their rights related with disability?

4.4. The Research Method

This study uses qualitative research method in exploring the institutional discrimination of the public sector experienced by disabled workers. The research method carried out in this study is semi-structured in-depth interview data collection technique. I had an outline of the topics to be covered during the interview but feel free to ask new questions if needed.

The interview (see Appendix A) consisted of four main parts:

1. Demographic information: Age, education, marital status and socio-economic status.
2. Disability experiences: Type of disability rate, how they become disabled.
3. General questions of employment: Problems of seeking job, discrimination forms in the workplace.
4. Employment in the public sector: Type of job, how and why they work in public sector, comparison between private and public sector, relationship between colleagues / employers, about institutional discrimination.

There are three main reasons to choose qualitative research method: (1) allows viewing events, action, norms, values etc. from the perspective of the participants (Bryman, 1988), (2) tries to make sense and give meaning to multiple constructions of reality rather than seeking test, therefore to confirm or reject the hypothesis based on “objective” world (Clear, 1998), (3) gives a voice to the people at the margins, indeed, oppressed people (Vanderstoep & Johnston, 2009).

There are two type of working in the public sector: according to (1) law no. 657 and (2) law no. 4857. Those who work according to 657 are civil servants selected through Public Personnel Selection Examination (*KPSS*). Those who work according to 4857 have worker status are selected through exam holded by the employer organization and interview. In the aim of exploring the differences between these two types of working in the public sector, the participants were comprised of 12 disabled people working according to 657 and 9 disabled people working according to 4857.

I reached to participants through purposive sampling that involves selection of participants based on an important characteristic under study such as age, type of work according to law no, disability rate, tenure etc. While the study makes no claim for representation of disabled workers in the public sector, participants represents a wide cross-section of people with different type of disability, varied disability rate, work experience and level of education.

Initially, I aimed to interview with 31 disabled employees; however their sensitivity of confidentiality caused 10 refusals. The interviews were conducted with 21 disabled

people working in the public sector in Gebze and 1 authorized person from İŞKUR. 21 interviews conducted in 15 different public sector organizations. The 21 participants were comprised of 6 women and 15 men ranging in age from 26 to 56. I aimed to have an equal distribution of interviewed women and men; however, even in empirical level there is an unequal gender distribution of disabled workers in the public sector. At the analysis stage, NVivo 8.0 qualitative data analysis software was used to code and classify the interviews through created 56 nodes. Table 5 demonstrates socio-demographic and employment related information of the participants.

Table 5. Sociodemographic and Employment Related Information

No	Name	Disability Type	Report Rate	Age	Gender	Educational Background	Position	Type of Staff	Tenure	Total Work Experience	Ever Worked in Private Sector?
1	Umut	Internal diseases	40%	29	Man	Associate Degree	Technician	4857	5	8	No
2	Çetin	Hearing disabled	50%	48	Man	High School	Technician	4857	23	30	Yes
3	Mine	Orthopedically disabled	60%	28	Woman	High School	Secretary	657	2	5	Yes
4	Taner	Orthopedically disabled	60%	42	Man	Primary School	Officer	4857	15	15	No
5	Nilüfer	Orthopedically disabled	43%	34	Woman	Undergraduate	Architect	4857	4	8	No
6	Erdem	Orthopedically disabled	50%	38	Man	Undergraduate	Technician	4857	15	15	No
7	Alper	Orthopedically disabled	50%	31	Man	Undergraduate	Accountant	657	8	8	No
8	Ekrem	Visually disabled	90%	49	Man	Primary School	Switch Operator	657	25	25	No
9	Cem	Visually and hearing disabled	95%	34	Man	Secondary School	Servant	657	14	14	No
10	Oktay	Visually disabled	90%	37	Man	Undergraduate	Switch Operator	657	11	11	No
11	Tanık	Orthopedically disabled	56%	40	Man	Secondary School	Servant	657	13	18	No
12	Turgay	Hearing disabled	51%	36	Man	High School	Human Resources Officer	657	2	18	Yes
13	Gülhan	Internal diseases	51%	32	Woman	Undergraduate	Statistics Officer	657	1	3	Yes
14	Cemal	Visually disabled	50%	26	Man	Undergraduate	Information Desk Officer	657	3	4	Yes
15	Nermin	Orthopedically disabled	40%	33	Woman	Undergraduate	Accountant	4857	4	17	Yes
16	Suat	Orthopedically disabled	52%	37	Man	Vocational High School	Purchasing Officer	4857	21	21	No
17	Reyhan	Visually disabled	45%	34	Woman	Associate Degree	Technician	4857	8	12	Yes
18	İlker	Visually disabled	85%	28	Man	Undergraduate	Switch Operator	657	3	4	Yes
19	Neşe	Visually disabled	85%	30	Woman	Undergraduate	Psychologist	657	4	5	No
20	İrfan	Orthopedically disabled	40%	41	Man	Secondary School	Officer	4857	7	10	No
21	Şenol	Orthopedically and hearing disabled	60%	56	Man	Secondary School	Servant	657	33	34	No

4.5. Research Site

The research was undertaken in Gebze that is a district of Kocaeli which is located on the northern bay of İzmit in the east of the Marmara region. Gebze, half way between Kocaeli and İstanbul, has an advanced industry with its 11 Organized Industrial Zones (Gebze Ticaret Odası, 2007). According to research carried out by the State Planning Organization, Gebze takes its place among the Primarily Developed Provinces (Dinçer & Özaslan, 2004).

There are two motivations for choosing Gebze in this study. The first is that Gebze is not a metropolitan city but it is highly industrialized and developed. Unlike İstanbul or Ankara, there are less disabled workers in each sector organizations in Gebze. On the one hand, since less disabled people work at each public sector organization, organization and construction of community of disabled workers within themselves technically could not be realized and discrimination is much more visible towards disabled workers. On the other hand, Gebze, industrial and developed district, does not include local public sector relations alike local regions. For these reasons, discrimination is much more visible in such a district. The second reason for choosing Gebze in this study is depend on a practical reason. Since I, the researcher, live in Gebze and work in public sector, it was practical to conduct them and make an interview. Also exploring the workplace experiences of disabled workers in public sector where the researcher live in is crucial to provide confidence to participants.

4.6. Research Process

The field research took place between November of 2012 and February of 2013. A pilot study was conducted by interviewing 5 disabled workers (one of them is my friend) in the public sector and 2 disabled workers who are my friends too in the private sector. The reason behind interviewing with 2 disabled workers in the private sector is that to prepare interview questions in a comparative manner with public sector. By the help of these unstructured interviews, I prepared my interview questions and we all together decide what aspects of their experience the research should focus on. Finally we decided that I should ask what question they would like to be asked.

17 interviews were conducted in the participants' workplace, 2 in my home and the rest 2 prefer to visit me in my office since they declare that they do not feel safe in their own workplace. After the interviews, we became friends with the participants. I met them one by one outside and I stated that I open to meet them whenever they want. In these second and third meetings, we discuss the outputs of the interviews that gave me insight to get at the root of their experiences. As Barnes (1992b) claimed that to gain a comprehensive understanding of the meaning of disability, it is crucial to interact with disabled people on a regular basis. I should admit that the Walking Minds Project sponsored by EU that I coordinated in 2011, consisted of 12 meetings in 12 provinces with 240 disabled youth gave me more or less understanding of the internal dynamics of the meaning of disability. However, I should admit too that I got close to understand their experiences in every meeting gradually.

All participants were informed about the purpose of the study and were told participation was voluntary. I took a permission document from Governor's office of Kocaeli (Appendix B) and Gebze (Appendix C). I did not ask permission from employers of institutions but just inform them. Since asking permission and contacting with employers first may cause a pressure over participants and employers could assign participants who may respond my questions paralleling with the employer's perception.

I gave the photocopy of permission documents to participants and signed engagement document (Appendix D) guaranteeing to hide their identities. By doing so, I believe that I provide a confidence to the participants and answers are far away from cliché and political correctness. I changed all names into nicknames to protect the identity of the participants.

All interviews were recorded on tape recorder. By doing so, without worrying about taking notes I was free to listen and prepare my new questions related with the context. Interviews took 2 to 3 hours. The taped interview was transcribed into print and given to the participants for the potential request to add, delete or change anything. 2 participants stated their anxious about to be understood in a wrong way. After making several changes, they send the revised version of their interview file. The audiotapes were transcribed verbatim in the form of narratives, which were read

several times before the analysis. Then, in order to maximize participant control over the interviews, I send my analysis report in Turkish to all participants to make possible to comment on or criticize my arguments or offer new ones. Through e-mail group[disabilityresearchinpublicsector_gebze(*kamusektöründeengellilikaraştırması_gebze*)], all of them evaluate the analysis report and make contribution to finalize it. In this respect, emancipatory methodology needs “collectivize individual experience directly through respondent validation and the sharing of data between respondents. In this approach, the researcher attempts to collectivize findings by drawing together diverse personal experiences in the analysis” (Stone & Priestly, 1997: 16).

4.7. Limitations of the Study

There are four main stages where I face to difficulties during the study. The first is that I am non-disabled. The second is about literature that contains few studies distinguishing private and public sector in terms of discrimination in an employment arena. The third is that there is no official data of disabled workers who work according to law no. 657. For this reason, sample was not designed what I had aimed initially. The last is that during the research it was hard to establish trust relation.

My non-disability was the basic obstacle in this study. Inherent power relationship between researcher and researched is strengthened by the unequal power relationship which exist between disabled and non-disabled people. It is difficult for me to incorporate their reality into this study since I believe that experience of oppression gives rise to particular feelings converted to knowledge. I was “foreign tourist” in their “community” and I think all studies that carried out by non-disabled researchers, are maintained under this limitation.

In literature, majority of the study focused on private sector and ignored the experiences of disabled worker in public sector. Also majority of those dealt with employers’ perception towards disabled workers. Limited numbers of studies devoted to disabled workers in public sector is important limitation.

One of the other important limitations of this study is that there is no official data about disabled workers in Gebze who work according to law no. 657. I sent an official letter to TURKSTAT, State Planning Organization, State Personnel Presidency, Kocaeli Provincial Directorate of Ministry of Family and Social Policies

and Ministry of Labour and Social Security in the aim of getting total disabled worker number according to the public sector organizations, however it was stated that they do not have data detailed to districts. Finally, I sent an official letter to District Governorate of Gebze and they called each public sector organizations and get data in this way (See Appendix E). İŞKUR also gave number of disabled worker for each public sector organizations who work according to law no. 4857 (See Appendix F).

It was hard to make some of them believe to trust that this study is carried out for just scientific aim. Due to the nonconfident atmosphere of public sector, the first three interviews, that I omitted, had been embraced politically correct statements. Later, I gave the photocopy of permission documents to participants and signed engagement document guaranteeing to hide their identities and also to provide a confidence to the participants.

4.8. Conclusion

This chapter provided a description of the methodology of this study. It began with an emancipatory paradigm that study adopts. Dominant way of understanding of disability has tended to see disability as an individual problem while ignoring oppressive character of the society. Quantitative researches motivated to produce statistics through conforming or rejecting hypothesis and predict the future based on “objective reality” reinforces the medicalised nature of disability. Emancipatory approach redefines the nature of disability as institutional disablism.

Within the study framework, research questions were presented. This chapter described the research method as semi-structured in-depth interview to explore the institutional discrimination of the public sector experienced by disabled workers in a deeper manner and sample design. Research site section focuses on motivations for choosing Gebze in this study. The section of research process addressed the principles of emancipatory paradigm in practice. Finally, four main limitations of the study were presented.

CHAPTER V

FINDINGS

5.1. Introduction

In 2011, the Minister of Health of Turkey, Recep Akdağ, gave a speech directed to disabled employee who wanted improvement on his working conditions in the public sector as: “Despite your blindness, we gave a job to you. What can we do more?” This hegemonic discourse is visible in almost every practice of public sector employment of disabled employees. The pattern of “despite your disability” is a magic formula to prevent evaluating how working conditions of disabled employees in the public sector is reasonable.

In this chapter, mainly four sections will be given in order to obtain a complete picture of employment conditions of disabled employees in the public sector. Firstly, traits of the private sector in terms of disabled employees will be clarified. Private sector excludes disabled people with its principle of being performance-oriented forces disabled people to prefer public sector compulsory. Secondly, the section of job interviews the disabled experienced and the final destination as public sector will illustrate the strict filtering used in the private sector and discriminatory structure of job seeking process in both public and private sector. Thirdly, the section of the work patterns of the disabled employed in the public sector will classify the patterns of work executed in the public sector to understand the dynamics of discrimination begin with the position in the work. Finally, the section of discrimination specifically faced in the public sector will open the unique discrimination practices; formation of a hierarchy and strategies to avoid it, oppressions patterns of the public sector, exercise of rights, getting promotion and double burden status of disabled women employees.

5.2. Traits of the Private Sector in Terms of Disabled Employees

Although interviews were conducted with disabled employees working in the public sector, participants were asked about their thoughts on the private sector. There are two reasons behind this. Firstly, past experiences of the participants who had

employed in the private sector previously were taken. Secondly, comparison between private and public sector is provided.

The sector that the disabled could work, except for the state, is the private sector. Yet, the private sector has a totally discriminatory structure towards the disabled. Because of this, as a result of an obligation, the public sector acts as the default employer of the disabled. As the laws require, private sector employers who accommodate 50 or more employees are obliged to employ a ratio of 3% disabled people. However, the private sector either disobey this legislation by not fulfilling the disabled quota and accept paying a fine or adopt a system called “ATM workers” where they either pay only their salary or social security payments and ensure that the employees do not go to their workplaces. In this part three main points will be stressed: (1) ATM workers system, (2) the impossibility of joining the private sector and (3) affirmed private sector traits. The ATM workers system has 4 refractions within itself. (1) Filling in the quota not to pay fine, (2) aesthetic concerns, (3) work safety concerns and (4) reluctance to adapt the work place according to the disabled employees' needs. The impossibility of joining the private sector consists of 2 refractions. (1) The high expectation threshold and (2) performance orientation and profit maximization. The affirmed traits of the private sector by the employees working for the state are (1) lack of bureaucracy and (2) professionalism.

It is beneficial to know that the traits of the private sector and the public sector complete each other. The public sector differs from the private sector in that it is obliged to invite disabled employees. Aesthetic concerns, work safety concerns and reluctance to adapt the work place according to the disabled employees' needs, which are among the traits of private sector, are also present in the public sector and turns into a means of oppression by changing its form. In this respect, it is required to emphasize the main message the study that the discrimination is more visible in the public sector.

5.2.1. ATM Workers System

Employers have concerns about disabled employees about productivity, absenteeism, turnover, costs of accommodations. Moreover, employers often consider that all disabled people are unreliable, high risk group unable to reach

desired productivity levels, for this reason they are unsuitable for both initial recruitment and promotion (Borsay, 1986). However the research has shown that these concerns are unfounded since surveyed employers had no direct experiences working with disabled (Unger, 2002). These concerns are overcome strategies formulated by the private sector. ATM workers system is a formula founded by the private sector where disabled employees are hired on paper and it is assured that they do not go to work. According to Yılmaz (2010) the reason why this system was called the ATM workers system is that the disabled employees withdraw their salaries from the ATM machines without even having to go to their workplaces. Thus, this system is the reflection of the system where the connection between the employee and the workplace is lost completely.

The ATM workers system promises two different opportunities for the unemployed disabled people. The first one is that the salary of the disabled employee is paid and the second one is that only the social security of the disabled employee is paid. In this way the disabled person can benefit from the social security rights. However, the ATM workers system promises more benefits to the private sector. First of all, in this way the private sector avoids paying fine to İŞKUR. Secondly, the disabled employees who are excluded from the capitalism are kept out of the work place due to aesthetic issues. The third benefit is that it saves the private sector from the obligation of providing job safety. The forth benefit is that with the ATM workers system, the private sector avoids paying expenses regarding the design of the workplace according to the disabled employees needs and maintains its profit oriented ideas by keeping the disabled employees regarded as workers with low capability.

5.2.1.1. Filling the Quotas to Avoid Paying a Fine

In 2013, the private sector pays 1,700 TL fine for each disabled employee whom they do not accommodate. In order not to pay a fine, the private sector uses the ATM workers system rather than employing disabled employees. It is apparent that the employees who initially prefer public sector instead of private sector were made to work for the public sector with the ATM workers system. İlker has also faced imposition of the ATM workers system in every job interview he has taken with the private sector:

I had job interviews with the private sector. In every interview, I was offered to be employed on paper, social insurant or a minimum wage and asked not to go to the workplace. They are only doing this because they are obliged to do so. They have no worries of making use of the work force. There are a lot of unemployed people anyway. There are plenty of people whom they can employ in place of you. That's why they prefer to work with non-disabled people rather than the disabled. Employers who actively accommodate disabled workers are at a minimum level. In private sector, at most 10% of the employed disabled workers actively go to work.

It is almost impossible to find out how many disabled employees are hired in the private sector through the ATM workers system as it is illegal in Turkey. However, when the frequency of this offer that the disabled who were interview and the people around them had is considered, it can be clearly seen that the ATM workers system is quite a common practice. Rather than making the disabled employee work, ensuring them not to go to work is one of the best disabled discrimination examples in the private sector and this is a sign that discrimination of the disabled in the private sector is hidden. Gülhan is one of the participants who has turned this offer down:

To be honest, the private sector doesn't want to see the disabled around. I will pay your money, and you never get here. They only do this to fill their quota and to face the government. They offered the same thing to me. They told me to go to the bank and collect my money and it was not necessary to go to work.

It is clear from Oktay's statement that this has become more widespread after the administrative fine has been increased:

Previously, the government's enforcement on the disabled quota was not deterrent enough, but when the administrative fines were increased, they desperately started looking for the disabled. While they are looking for disabled employees, they would like to show them working on paper, pay them the minimum wage and pay their social security but they don't want them to go to work. This way they can avoid paying administrative fines. They see the disabled person as a burden and say that the government force them to pay 1,700 TL anyway so they might as well pay 1.200 TL. There are also some companies which resign themselves paying the fine. It was surprising to see Sabancı also doing this before even though they had a disabled child. When the administrative fines began to be paid on monthly basis, the companies became more careful. They employ the

disabled on paper. They don't want to employ them and they want to be bothered with them; however, given the chance, they can do really good things in the private sector. I can understand the private sector from the point of view that the government puts pressure on them while they cannot even fill their own quotas. As a social government they have to fill their own quota first. The biggest instigator for this is the government.

When the private sector takes loss profit balance in to consideration, they think that the disabled not going to work and participating in the labour process prevent their loss. The public sector's not filling their own employee quotas but asking the private sector to pay attention to this issue increases the distrust for the social state that the disabled have even more. At this point, what an İŞKUR official states is quite appealing:

Public institutions generally do not employ workers through us. They only inform us about the recruitment but we do not question them even if they do not inform us about it because, let's say that they do not pay the fine even if they are given one, we cannot bailiff them. We have no enforcement on them. Legally, there exists a bailiff, however, when we execute it, then they say "it is a public institution, you cannot do this". There is such an application in the public sector. A fine was given to a public institution. It was stated that because it didn't pay the fine, a bailiff procedure had to be applied. But because of this, the provincial director and the city major told the officials off. These are just like urban myths but they do exist.

Officially, neither the public sector nor the private sector are exempt from administrative fine. However, in practice, İŞKUR does not oblige the public sector to pay it. The legislation is not fully applicable in private sector either but İŞKUR uses its initiative at times:

We can fine the private sector but there exists a situation. For example, I went to a firm yesterday. There should be 45 disabled people working there because they have a lot of employees. When I check their number of present workers, there are 38 disabled employees on it. They are short of 4 and this does not require us to fine them straight away because if they didn't want to employ any disabled workers, they wouldn't have employed 38 already. They had already informed us about the need recruitment stating that they wanted to employ more but they couldn't find them themselves. We had 3-4 interviews and we couldn't employ anybody for them either. Some of the disabled employees lacked the necessary qualifications for the position. As a public institution, there is no need to

scare them off by fining them as they had employed 3 too many employees at times. However, some of them either got retired or quit the job and they have been short of them.

It is understood from the example cited above that although a private institution lacked 4 disabled employees, they were not fined for it. The institution which did not find the disabled employees found by İŞKUR eligible for the job was regarded as “good intentional” according to their disabled employee statistics and no was given no fine. Even this is also a legal ground for the disabled to lose their trust in the social state.

5.2.1.2. Aesthetic Issues

One of the most important reasons why the private sector prefer the ATM workers system is the aesthetic issues. As the disabled do not meet the strong and healthy image of capitalism, they are excluded from the private sector because of their physical conditions. The existence of a non-aesthetic body at the workplace is seen as an attack to capitalism’s ideals. For this reason, the disabled and the discrimination they will go through is invisible to the private sector as they are not accommodated at the workplace. However, The ATM workers system itself is a discrimination. Mine's opinion on this issue is as follows:

The private sector does not want any who perform the job to have any disabilities because this disturbs people as an appearance after a while. I have realized that. They don't want the one whom they are going to be with continuously have disabilities. May be this could prick their conscience. People develop a reaction based on guilt towards the disabled. This should not be happening. That's why they prefer not to see the disabled. They feel more comfortable when they do not see them. They want the people that they are going see all day to be aesthetic.

The term “conscience” cited above is a sign of discomfort triggered by the feelings. The 'abnormal' triggering the guilt of employees brings about the exclusion of the disabled from the private sector. As Neşe stated another point is the thought that the disabled will not be able to satisfy the sector visually:

I think disabled people damage the image of the sector. They don't want them to be seen. That's why they want to pay the money but don't want them to be there.

The reason for the disabled employed in the private sector as a requirement of an obligation to be employed on paper is the thought that there is gap between the image of the disabled employees and capitalism. The other concern regarding the aesthetic issue of the private sector is the reluctance to let the customers come face to face with the disabled. The study of Siperstein, Romano, Mohler and Parker (2006), has displayed that views of consumer has an influence on successful employment of disabled people. Nermin's statement accounts for this:

They think that we cannot satisfy their customer portfolio.

A statement of an İŞKUR official is as follows:

We see this. In the private sector, the employer does not want to accommodate a disabled employee in any department. May be s/he considers the motivation of his workers, or maybe s/he sees it through his own psychological condition. The private sector does not offer a place for the disabled. When we look at the disabled, we see our own limitations. In other words, we see our own weaknesses.

Another refraction of the negative aspects of the term “conscience” is the motivation of the non-disabled worker. The thought that the presence of the non-aesthetic body would interrupt the motivation of the non-disabled workers has closed the private sector doors on the disabled people.

5.2.1.3. Job Safety Concerns: “The Defence Mechanism of the Companies”

Another source that the ATM workers system feeds is the job safety concern. Employers are often concerned with safety when hiring disabled people (Morgan & Alexander, 2005). The opinion that the disabled are more accident prone is another concern for the private sector. The private sector which considers that they reduce the risk of accidents to zero by not inviting the disabled to work for them also think that the payment of a possible accident compensation can also be reduced this way. The private sector which cannot even take the necessary safety precautions for the non-disabled workers consider having to cover extra expenses on the disabled meaningless. Job safety concerns is a protection mechanism that is developed by not inviting them to work in the private sector due to the distrust felt towards them. Alper's statement indicates that the possibility of work accidents as a result of distrust and indifference forces the private sector to adapt the ATM workers system:

I have a friend who got employed at a big department store. They have told him not to go to work. He is staying at home now. He cannot go out. He has no social life at the moment. There should be something they could ask him to do. But they do not trust him. They think that something might happen to him. They don't want him to cause any trouble for them and this way they get rid of him. It is really difficult for a disabled to stay at home.

The disabled who are excluded from the private sector just for the reason that “something might happen” to them are only beneficial for the private sector in that they do not get fined. The private sector institutions with free quotas do not accommodate the disabled in the workplace by using the work safety as an excuse. The opinion that the disabled are accident-prone workers is reinforced not only from the institutions not taking the necessary precautions but also actually from the distrust developed towards the disabled as according to the private sector any mistake to be made is out of the carelessness of the disabled. Reyhan thinks in a similar way:

The private sector only employs the disable to fulfill the obligation and tell them not to go to work. They think that s/he will be no use to me, cause accidents, get me into more trouble, cause me trouble and do the work wrongly because they do not trust you.

The rational basis of not wanting the disabled employees at the workplace is based on the opinion that this favours the disabled. Not asking the disabled to work for them rather than preventing the possible accidents at the workplace is the protection mechanism of the private sector.

5.2.1.4. The Reluctance to Adapt Changes According to the Needs of the Disabled

Employers think that the disabled workers have many special privileges and costly work accommodations (McFarlin, Song, & Sonntag, 1991). For this reason the cost to employers of providing equal opportunities through modification or adaptation of equipment or the workplace is raised as an argument against employing disabled people (Arthur & Zarb, 1995).

Institutions are obliged to make physical adjustments according to the needs of the disabled. However, because this brings about an extra expense on the company, the private sector uses the ATM worker system. Without doubt, the private sector is

investing in any issue that they think will be profitable. As the physical adjustments to be made for the disabled are regarded as a “dead investment” by the private sector, it is preferred not to ask the disabled to work for them. What Cemal thinks is as follows:

Disabled people need a more comfortable work place. To illustrate, when my loss of sight is combined with loud noises, my perception decreases and there are times that I cannot hear people right opposite me because my eyes tire my brains out. They occupy so much space. Just like a computer, too many images occupy too much space. Then perception slows down and you forget. I have a problem with light. I need a dark place. No employer would like to accommodate this. They wouldn't like the hassle. Thus, they would prefer the disabled not to go to work. Because a physically disabled worker cannot make it to work on his own so they should provide a shuttle to pick him up and they wouldn't bother with that either.

The need for the alterations depending on the disability is noted down on the loss section of the private sector. The private sector thinking that they will get no capacity from the disabled avoid making an investment in any field that they will get no capacity out of it. In this case, the disabled earning money without having to go to work turns out to be a profitable deal for the private sector. Irfan's opinion regarding the loss-profit balance is as follows:

There are times when the disabled go to school on their mothers' back and they finish their school. They take exams after their graduation and start waiting to get posted for jobs. They apply for jobs in the private sector. They get employed by the private sector but they tell them not to go to work. They say that they will for their social security because they do not want to get fined. They give 200 TL to the disabled worker as hush money. The private company says that they wouldn't know what to do or what job to assign if they employed the disabled worker. They have to adapt the job facilities according to their needs. They are right to a certain extent because this causes extra expenses for them. We may not add up or count 10 pennies but the employers do it for even 1 penny. They do not get involved in this as this will become a burden for them.

While the disabled worker causing a burden himself, the attempts to make legislations for this burden increases its extent. Private sector whose foundation is based on a profit oriented system avoids the obligation of physical adjustments by the ATM workers system. At this point Taner's opinion is as follows:

They do not employ the disabled even though they have the personnel cadre. Why? They will either make a few pennies or they will provide him a shuttle to get to work. When necessary, the disabled can perform the duties of a non-disabled worker. However, this is not how the employer sees them. 90% of the factories have no disabled workers.

That 90% of the private sector which is obliged to employ the disabled do not let them work is the data which cannot be proven statistically and this has been stated by many interviewees. Additional expense oriented thought is one of the main factors that brings about the exclusion of the disabled from the private sector.

5.2.2. The Disabled and the Private Sector: An Impossible Relationship

It is almost impossible for the disabled to be employed in the private sector for two reasons: (1) the high level of expectation threshold and (2) profit oriented system and profit mechanism. The private sector primarily prefer the ATM workers system. And secondly they allow the disabled workers to work in the workplace only if s/he can perform just like non-disabled workers. However, the most important issue here is that the disabled worker physically should not appear to be like disabled. “Invisible disability” steps into the issue at this point. In the second part, “invisible disability” which will be analysed in “problems during the job seeking period” in more detail includes the disabled workers who are physically not considered as someone who has disabilities but suffered from internal diseases with no present effects but has a 40% disability report. The private sector which wants the disabled workers to be positioned outside the disabled criteria are looking for disabled workers who are not only physically but also performance wise similar to those with able bodies. Certainly, it seems difficult for the private sector to find disabled workers under this criteria. At this point, it is beneficial to remind that the main method of the private sector is the ATM workers system.

The prerequisite of the private sector to allow the disabled workers to part in the work force is to show the same performance as the able bodies and not to use the legal disability rights. At this point what the private sector requires from the disabled is higher than those of the able bodies. The second factor that resembles the impossibility of getting into the private sector is the performance oriented and profit maximization principle. Because the disabled pose a threat to these principles of the private sector, they do not get placed in the private sector.

5.2.2.1. The High Expectation Threshold

Employers are said to be reluctant to hire disabled because they believed that the disabled are difficult to find (McFarlin et al., 1991). On the one hand, “lack of disabled applicants” can be explained by the notion of “discouraged workers” (Barnes, 1991) on the other hand, the disabled that the employer claims not being able to find is the “invisible disabled” as the basic expectation of the private sector from the disabled is not to reflect their disability into the work. The private sector primarily employs “invisible disabled” due to the construction of the negative correlation relationship between a physical disability and the quality of work forces. No matter how well a disabled worker performs his job, his physical appearance go ahead of the opinion that the job is conducted with the its main criteria. The disabled who do not look like the disabled (invisible disabled), can create themselves a place in the private sector when they work just like able bodies. Erdem defines the expectation threshold of the private sector as follows:

They want to make use of you in any way that is possible. They want you to have a driving licence, work for 24 hour if necessary and want you to work on Saturdays and Sundays. They have really high expectations of you.

The only possible way for the private sector which is trying to fill their quota, have aesthetic and job safety concerns and lack the motivation to alter the workplace according to the needs of the disabled is to see the disabled as able bodies. When the disabled workers imitate the able bodies, they can step into the world of the private sector. Suat's opinion is as follows:

If the private sector employs you, they would make use of you limitless. They force you or employ you accordingly. They tell you that they are employing you but you wouldn't be able to use certain rights. You will also work in the evenings or I'll sack you. They are not bothered about legislations. They do not care about job safety.

When the private sector decides to employ a disabled “without a deficiency”, they have a verbal and a legal contract between them. Not using the rights resulting from being disabled and flexible working hours are the two main articles of this “contract”. However, even to get to this stage is almost impossible as the private

sector has a very strict filtering system in the employment of the disabled. Neşe says that the private sector uses a strict filtering system too:

If you have passed the job interview and got placed in the private sector somehow, you might be given the opportunity to do your job there. There is a really strict filtering system there. For example, I do not remember anybody from my profession in the private sector. I only have one partially sighted friend and I think they employed him/her because they do not consider him/her as disabled.

Another strategy of the private sector keeping a high threshold is to force the non-disabled workers to get disability reports. The private sector which think that they will not be able to find disabled workers with their performance requirements, fill their disabled worker positions by identifying the workers who has suffered from diseases and helping them get disability reports. In this way, the private sector prevents the interruption of their profit maximization by creating the ideal disabled worker. An İŞKUR official who identified this occurrence on frequent occasions says:

I know firms which enable their non-disabled workers to obtain disability reports. I witnessed two of these occurrences yesterday. They were their regular workers, but the one who suffered from hearing loss and the other one stomach cancer were employed as disabled workers. There are both good and bad intentions to this. This could be an advantage for the disabled as this can enable the continuation of his work in this firm. As the employers also need the positions, they can treat this individual as a long-term worker. This gives the individual the feeling of self-confidence and s/he can also gain tax exemption, which can be an advantage for the worker. However, there is also something in this for the worker. By employing the same worker as a disabled one, the employer can cover its deficit. Of course, we are not trying to interpret whether these intentions are good or bad. The disabled worker continues performing the same job for them. They never say that they can expect a 40% performance loss and place him at a more comfortable section even though they are aware of the disability, the government has approved of it, they have changed his position and the government has provided subsidy for this. This is a sign of bad intention.

The high expectation of the private sector towards the disabled brings about three results. The first and the most frequent application is the “ATM workers” system which stems from the feeling of distrust towards the disabled. Secondly, the private

sector which is in search for “invisible disabled” creates “disabled workers on paper” by placing the disabled as non-disabled. The third and the last one is that the private sector creates its own disabled worker by forcing the workers who has suffered from a disease to get disability reports and reduces money loss that come along with the ATM workers system and the difficulties that arise from the search for “invisible disabled”.

5.2.2.2. Performance Oriented System and Profit Maximization

The combination of the private sector being performance oriented, its profit maximization based structure and prejudice that no performance can be gained from the disabled brings about the fact that the disabled either not employed by the private sector or necessitates them to be employed on paper. The disabled who are thought not to be able to perform at the required rate and compete at work and not trusted and thus are considered to damage to outcome and its process do not fit in the private sector criteria. As Turgay stated the private sector sees the disabled as a threat to their profit:

The private sector focuses on performance. Even the material is important for them. That's why they are looking for able-bodies. They think that they will harm the product.

Nermin points out the prejudice of the disabled not being able to compete at work as the reason of the disabled quotas not being filled in the sector:

There is high competition in the private sector. There is none in the public sector. It is an advantage for the disabled to work in the public sector as there is nothing that can create rivalry either. The public sector is obliged to employ disabled workers and if there is a union in the institution then it becomes easier for the disabled. There is quota in the private sector but we know that it cannot be filled because of competition. Private sector considers the disabled as individuals who cannot compete at work. Because the private sector acts according to their profit and loss margins, they get the impression that the disabled will reduce their profit margin.

The private sector which takes the profit oriented system and the profit maximization as their basis, they put any element that can take their profit margin down in the “enemy” category. The private sector which bases its existence on profit associate the disabled with a threat to their existence. The private sector thrives on

competition cannot associate the disabled placed at the lowest level of competition with its institutional being. That's why, the public sector with no or minimum competition is a stop for the ones excluded from the private sector. Oktay sets his comparison of the private and the public sector on profit:

The public sector is better for the disabled. In Economics, there is a principle of getting maximum benefit out of limited sources. It involves the correct use of the sources and getting as many benefits as they can out of them. It is called penny-pinch. It involves rush, confusion, worries to earn money and always being better. The public sector is not after a profit. How it works in the public sector is that you get paid according to your title. Such a thing that you are disabled so you'll get paid less does not exist there. However, it's not like that in the private sector. You get paid not according to your title but according to the work you perform. Consequently, why they should pay so much money to the disabled. Because there exists the profit maximization, it is bad in terms of the employment of the disabled but better in terms of mentality.

In the comparison between the public and the private sector in terms of profit seeking, while the impossibility of accommodating the disabled is noted down for the private sector, the employment in the sector and not a different payment policy are noted down for the public sector. The same comparison is made by an İŞKUR official as well:

The perspective of the private sector is quite obvious. They expect the same performance at the same expense. I cannot say the same thing for the public sector as production-cost calculation does not count in the public sector, it the quality of the service that counts. However, the private sector does not have an alternative. They have 100 candidates queuing up for one job. People with higher performance can be employed for the same salary. This is also valid for the non-disabled individuals. They would rather employ someone who is 25 rather than 35 and a male rather than a female. That is, physical conditions take the lead for the employer. In the public sector they are not employed for their performance. They don't expect anything in the public sector. They employ anybody who can perform the job in any way. However, the private sector is just the opposite. They say that they want people who can perform the job regardless of being crippled or blind. They will let them stay in the office where necessary and make them carry out difficult tasks.

The private sector's preference of the young adults rather than the middle-aged the old and the male rather than the female reflects its performance oriented system and profit maximization. The disabled experience the same discrimination that the middle-aged, the old and women in the employment of the private sector. It is assumed that the related public categories will affect the profits in a negative way. This choice has been mentioned by Tarık as well:

There are a plenty of non-disabled workers. What can a disabled one do? When they advertise 500 people apply for the position. There is punishment but the government are unable to enforce it.

As a result, there is no place for the disabled in the private sector which considers performance and profit as its base. The disabled who is not thought to be able to produce the required performance are turned into enemies and excluded from the workforce by the private sector. The disabled who are assumed to have no or little strength to compete and whose labour is not trusted are pushed out of the system and force to choose the public sector.

5.2.3. Traits of the Affirmed Private Sector

The institutional structure of the private sector is quite attractive for many disabled. Not only designing the job depending on the disability to improve the motivation to increase the production but also the search for alternatives ways from bureaucracy places the private sector into an ideal position. However, there is a really strict filter in the employment of the private sector and hardly any disabled can pass through it. The design of the job according to the disability to improve the production is not possible with the belief regarding the value that a disabled can produce. The previous parts are comprised of the details of the fields in the private sector that the disabled regarded as problematic from their point of view. No matter how much they negate the private sector, many of the same negations can also be observed in the public sector at different levels. The negated traits of the private sector are the reasons for the disabled not employed in the sector; they are the elements of hidden discrimination. These negative effects are experienced in the public sector as they are obliged to invite the disabled to work for them. However, it has been observed that the traits that are affirmed in the private sector are not experienced in the public sector. The traits that the private sector affirms are result of its comparison with the

public sector. These are (1) a bureaucracy which does not exist and (2) professionalism.

It is beneficial to mention that the private sector provides its workers who provides profit maximization and the desired performance with such blessing.

5.2.3.1. A Bureaucracy Which does not Exist

When the public and the private sector are observed in terms of value evaluations, it can be seen that organizational culture is categorized under three heading: bureaucratic, innovative and supportive. While the public sector represents bureaucracy, the private sector represents innovation and support (Wallachi, 1983). A research conducted in Turkey has shown that the private sector is development oriented and more professional but the public sector has a more bureaucratic culture when compared to the private sector (Kaya, 2008). The disabled working for the public sector define the public sector as bureaucratic and the private sector as innovative. Oktay's insight to the issue is the same:

There is a rigid society in the public sector. The private sector is more open to innovation. I think the manager in the private sector would listen to you. We have a very unnecessary, out-dated and ridiculous bureaucracy. This gets on my nerves. The manager would not sit or eat in the same place with you. They say that they are our superiors. The people at certain positions are unapproachable. I pity those people. For example, the manager does not get into contact with his disabled workers. I think the ones in the private sector are better in their manners.

In the public sector the superior - employee relationship is based on bureaucracy and this could even create a hierarchy which would reflect on the face to face relationships. Naturally, every institution has its own bureaucratic processes and these create a hierarchy among the employers to a certain extent. However, when the private and the public sector compared, the disabled think that the private sector is far from the bureaucracy culture but more innovative and problem solution oriented.

5.2.3.2. Professionalism

Another positive characteristic of the private sector mentioned by the disabled is professionalism. The design of the job through is benefits brings along the requirements in its visibility, the clarity of the job descriptions and the definition of responsibilities. The save the day understanding and application of the public sector

are characteristics of it mentioned most by the participants. İlker's statement on this topic is as follows:

It is difficult to get placed in the private sector. They eliminate people right at the beginning or try to fill in their positions by finding individuals who are in need for employment on paper. It is relatively easy to get a place in the public sector but the required number is low. There is the prejudice issue in the private sector but if you can make yourself understood, and get yourself accepted then your work becomes visible. But the visibility of your work does not exist in the public sector. There is no promotion opportunity in the public sector either. I am not talking about your role in the hierarchy. It is not possible to get a higher proficiency level. However, it is a bit easier to get that in the private sector. You are not equal in the private sector either but it is not as discriminative as the public sector. Personal oppression is more visible in the public sector. The mobbing that a colleague applies on the other or a superior to employees working under him/her is more visible for the disabled.

As it can be understood from the statement above the unprofessional applications of the public sector make the private sector look professional itself. In the public sector which does not invest in the disabled categorized as individuals the positive value they produced cannot be trusted. It is not possible to improve the proficiency level there. However, going through the strict filtering of the private sector, the disabled workers think that they will come across professional approaches in many areas from visibility of the work produced to promotion and from occupational proficiency level to equality.

5.3. Job Interviews the Disabled Experienced and the “Final Destination”: Public Sector

It is quite crucial to mention that the phrase “final destination” resembles the disabled not being able to remain employed in the private sector, the strict filtering used in the private sector not to employ the disabled and them having to choose to work for the public sector as a compulsory alternative. In a way the disabled going through the job seeking period sooner or later end up in the public sector. Disabled interviewees’ experiences of employment interviews are also crucial to give a decision to be employed in public sector. Since employment selection decisions depend on rejection and interviewers try to find reasons to reject rather than accept

prospective employees (Duckett, 2000), disabled people prefer to be employed in public sector where selection is based on exams.

In this section the job interview experiences of the participants and the problems they have been through will be analysed and following this reasons for them choosing the public sector will be discussed in detailed.

5.3.1. Problems during the Job Seeking Period

The basic discrimination that the disabled experience during job seeking period is prejudice. In addition to prejudice two sub forms of discriminations have also been identified. The first one is the questioning of the capability and the capacity of the disabled free from their education results in them not being employed. At this point the questions asked at the interview are designed to show their incapability or irrational ones. The second one the employment decision comes along with their disability. At this point the private sector and public sector which employs workers based on legislation article 4857 prefer to accommodate the disabled either defined as “invisible disabled”, or the ones with no visible disabilities and the ones holding a report with 40% or approximately 40%.

5.3.1.1. Proficiency and Capacity Investigation at Interview: “Instant Elimination”

The disabled can not only be eliminated right at the start and can also be eliminated through the questions whose answers are not evaluated depending on the disability or irrational ones. The disabled are exposed to capacity and proficiency investigation which is an attachment to disability and a product of prejudice. As a result of discrimination and labelling by employers, capacity of disabled people are negated and disregarded by employer perception of disability (Shier et al., 2009). Undoubetly many of them are eliminated by created barriers with the wording of a job advert or the description of the job which are highly discouraging (Arthur & Zarb, 1995). Erdem is of the same opinion as well:

There is an unbreakable prejudice. As a result of this they are forced to employ the disabled. They think that they will not obtain full capacity. They think that they cannot employ you in heavy load jobs and your production will be limited. In other words, the willingness based on legislations to employ you is more like compulsory. The thought that

there will be no capacity creates negative discrimination both at the job interviews and at the start of the work.

Worries regarding the capacity and the questioning of the capacity of the disabled are one of the main prejudices. The main concern of this study, as mentioned in the quotation above, is not only the employment of the disabled but also the attempts to create theoretical and empirical explanations on the experiences in work life. The two of process discrimination of the employment can be mentioned. The first discrimination is during the job seeking process and the second one is at work life. In this section only the discrimination at job seeking process will be mentioned and in the preceding section discriminations faced at work life will be mentioned.

İlker, a university graduate blind participant, tells about his job seeking process before getting employed in the public sector:

If you put in your CV that you are blind, you are never asked for an interview. If you haven't mentioned you are disabled, they react to it by saying "Ooh! Was that you? This job was not for you". All they really are trying to say is "We are not looking for someone who is disabled". Your capability of performing the job is never questioned. You cannot change this. I've tried really hard to be an advertisement script writer. I sent my CV to 20-30 companies. The ones I mentioned that I was disabled never as ked for an interview. With the other ones that I dropped by I managed to have 2-3 interviews, none of which lasted more than 5 minutes. They wonder how you cope with it. I tell them that I can use a computer and how I can do it but the interview ends even before I can convince them. Probably, they consider my being able to use a computer as a simple task.

Employers in the private sector do not consider employing more disabled workers than their quota. As can be observed in the quotation above, even though the disabled develop a strategy of not mentioning in their resumes that they are disabled just to be called for an interview, when the disabled introduce themselves with their qualifications, the prejudice of the employer cannot defeated and the disabled are turned down with labels of having no capacity and being insufficient. Neşe also stresses the impossibility of going through the interviews:

No matter how successful you are, it is impossible for you to go through the interview. They set their own criteria at the interviews and one of this criteria is not to have any kind of disability.

The job interview experience of Neşe at a public institution is as follows:

They booked an interview with me for 9 a.m. I waited until 11 a.m. Already going through stress at home getting ready for the interview at 9 a.m. and knowing what would happen, when I was made to wait until 11, I said that this means showing no respect to individuals. I felt really down. When I went in for the interview, there were 12 indifferent and uncaring people sitting right opposite me. They read my CV aloud. I had problems with the questions directed at the interview. They asked me if I lived with my parents or alone, how I thought I could live there and if I needed help from others. They said that I had the capacity to perform the job. Even though they told me that I would do fine, I was not employed as I did not meet their appearance criteria. It is not only the private sector that pays attention to appearance, the public sector does the same thing too.

Certainly, the private sector is looking for employees who fulfil a certain criteria. Still, the criteria which forms the main discrimination is the disability rather than being incapable. “Direct elimination” is the discrimination many disabled face both in the private and the public sectors. The sample interviews below site how the will to look for jobs in the private sector diminishes. Oktay's experience reflects the same points:

I will never forget it. I took an exam at General Directorate for Highways and passed it. Then they I asked for an interview. During the interview, they asked me if I had a driving licence. I started to think what kind of a stupid answer I could find to answer this such a nonsense question. I told them that I came from Kocaeli and I worked as a grader operator and cleaned a lot of rubble after the earthquake. They got annoyed and asked me if I was making fun of them and I said I was. When they ask you this kind of questions, you know that you are not going to be employed. When you think about it, these could be humiliating and offensive attitudes. I've never had experience in the private sector but İŞKUR sent me to a factory once. The human resources specialist asked me what they would do if the shuttle was involved in an accident and you were on it. I told them that Azrael would care if I were blind or not if we were both on the same shuttle and what would happen to him would happen to me. Consequently, these are the questions asked not to employ you.

Oktay has taken one job interview in the public sector according to legislation article 4857, which requires an interview by law, and another one in the private sector. He was faced with humiliating and irrational questions in both occasions and eliminated “straight away”.

The question used as employment strategies include questions not to be answered but the questions to reveal the known. Lower disabled percentage on one's report and the physical appearance are what employers seeking for. When the employers had the chance they prefer to hire the ones listed as “invisible disabled” to fulfil their disabled quotas.

5.3.1.2. Invisible Disability: “The Less the Disability Is, the Better It Is”

According to Kumar, Sonpal and Hiranandani (2012: 3-4) “Ableism produces preferences for certain sets of abilities and discriminates against those who do not possess these abilities or are ‘marked’ by deviations by them”. There are two crucial points that combined with each other. The first is that the social construction of ableism frames the employment of disabled people. The second is that formulation and organization of work and workplace is based on ableist ideology.

“Invisible disabled” is a term referred to by the participants during the interviews and this describes the disabled who do not look physically disabled, not considered disabled by their appearance or had suffered an internal disease in the past with no present effects but still has a 40% disability rate shown on their reports. Unger's research (2002) revealed that employers prefer the disabled with invisible disabilities than the physical ones. The public sector and mostly the private sector prefer the “invisible disabled” not only because of aesthetic concerns and work safety concerns but also the supposition that it would increase the production.

Consecutively, Taner and Cemal's interviews are about the evaluation of their disability and being turned down:

We took an exam for Organization of Insurance and Social Security and I got 100 points from the first exam and went for the interview. They asked me to list the names of three towns in Trabzon. Can you do it? No, you can't. What purpose does this question serve? He asked me to move aside and sit there. Another one came and he named 5 of course, they employed him. Could this be arbitrary? He less disability percentage on his report and he was from Trabzon.

After my graduation I went to İŞKUR. They sent me somewhere downstairs and told me that they have job recruitments for the disabled there every Thursday. When I went down there, I saw physically and mentally disabled people. The employers were picking workers as if they

were picking workman from the job market. It was really humiliating. I went there just once and never again. I said to myself that I would rather live on my father's money and listen to him complain than go there again.

As mentioned before, the questions asked at the interviews are either a product of the point of view of incapability and not being proficient or the declaration of the severity of the disability compared to other disabled candidates. Moreover, the meetings arranged by İŞKUR to get disabled candidates and the employers together are not organized according to what the human rights require many disabled find these meetings humiliating and prefer not to attend them.

İlker also thinks that the private the sector has the “invisible disabled” criteria:

They employ people with no visible disabilities. Nobody wants to employ a 100% blind worker. They want to employ partially visually impaired workers but they want to employ ones with the least vision because they have to fulfil their quota or someone who has a physical disability with his hand but only two fingers missing at most, which is really a humiliating way of employing people.

As one can see, during the job seeking process, the medical model is used and has become a very important element in decision making. The percentage of the sight and the number of fingers on a hand can become a criteria for the employer. Gülhan also describes the notion of the private sector as “the less the disability, the better it is”:

Actually, the private sector wants to employ the disabled who will cause no trouble. They employ them with disabled quota but they do not want to see them as disabled. The lower the disability rate, the better it is for them.

No matter how much they are forced to employ workers with 40% disability or over by law, they use their preference on the ones outside the disabled image. Taner, an orthopedically disabled participant, openly admits that he cannot win this “war”:

There is no way that the private sector employs a disabled like me. They employ disabled workers who do not look disabled.

Institutions are obliged to employ 2% of ex-convicts. When the institutions employ ex-convicts, they choose the ones that elope a girl and for the disabled it is the ones with minimum disabilities. Erdem's opinion on this issue is as follows:

This is just like employing the ones who elopes a girl as an ex-convict. This is the most innocent offense and the best disabled for them is the ones with less disabilities.

The disabled with internal diseases are the ones private sector focuses on in terms of aesthetics and function. Oktay's opinion on the issue is as follows:

In the private sector, there is this term called “invisible disability”. OK, they have a report but they are generally on internal diseases rather than physical ones. If they have problems with their lungs, it is fine. They do not prefer the ones with high disability rates in the private sector. They do not prefer the other disabled both in terms of their appearance and their capacity at work.

Cemal's opinion is almost the same:

The private sector makes you redundant if you are no use to them. They are always in search for the best disabled by constant hiring and firing. A 40% disabled is always better for the private sector than a 90% disabled. The invisible disabled is important from two aspects. Besides preventing the disabled from demotivating the other workers with their physical conditions, they can find the best worker they can employ. If there is someone who cannot produce the acts they can and crippled, this makes people unhappy. Also the conscience starts functioning.

When a disabled with a lower disability rate has been found, they can make the other disabled redundant. In this way, they can work with the disabled whom they think will be more productive. In addition to this, “invisible disabled” are regarded as important not only because of their own productivity but also not lowering the productivity of the non-disabled workers with their presence.

The private sector searching for the invisible disabled is a phenomenon noticed also by an İŞKUR official:

They have invented a phrase called the “invisible disabled” in the private sector. They want people who are classified as disabled but can show 100% performance at work. In other words, they would like to be able to work them at the production line. You cannot seek for disabled who fit in the requirements of the job, you provide jobs that are suitable for the disabled. You have legal obligations. You have to employ the disabled. This means finding jobs that fit the disabled people's needs. This is the mentality of employing disabled workers. There is a phrase “invisible disabled” in the private sector. They also prefer to employ people who have suffered from ailments but who hold disability reports. They could

have had an operation. Might have suffered from cancer and can still have the risk of reoccurrence but that's it. They come to work in the production line not to do the paper in the office.

As a result, according to the findings of the study, problems experienced during the job seeking process are the questioning of proficiency and capacity and the “invisible disabled” understanding. These two items complete each other. The proficiency and capacity is evaluated through medical point of view and it is thought that the most production will be provided by the disabled employees who do not look like one. These two reasons bring the disabled to the point where they end up choosing the public sector.

5.3.2. Reasons for Preferring the Public Sector

In the previous section, two of the difficulties the disabled experience during job seeking process were explained. In this section, the reasons why the disabled prefer the public as a consequence of the experiences they have during job seeking process will be elaborated. Three main reasons for the disabled to prefer the public sector have been identified: (1) job safety provided by the public sector, (2) set working hours and (3) obligation.

5.3.2.1. Job Safety Provided by the Public Sector: “No Matter if it is Less Pay, I'd Still Prefer the Public Sector”

10 out of the 21 interviewees claim the trust provided by the public sector as their reason for choosing the private sector. The term “feeling of safety” given as one of the main reasons for working in the private sector is quite complicated. Despite all the mobbing processes, it is associated with not being made redundant arbitrarily, which is one of the basic rights of an employee. In addition to this, trust felt for the public sector is a sign of distrust towards the employment policies of the government. The failure of the private sector in employing the disabled protected by law can be understood from the trust felt for public sector. In a consequent order Cem, Tarık and Umut relate their reasons for working for the public sector to not being made redundant:

There is no guarantee in the private sector. You can carry on working in the public sector unless you commit a disgraceful offence.

It is safe in the private sector. You have insurance and retirement. You have no worries of being made redundant.

It is known by everybody that the public sector builds trust.

The public sector is associated with guarantee and safety. As mentioned before, being made redundant arbitrarily is replaced with the terms guarantee and safety. Reyhan explains her insight to the public sector with the expression she uses:

As the elderly say no matter if it is less pay, I'd still prefer the public sector. It makes people feel secure and comfortable.

Erdem also states that he prefers the public sector in terms of safety:

You have a guarantee in the public sector. Because of the companies are family organizations, family relationships are not sustainable. There isn't such a thing in the public sector.

As can be understood from this quotation, safety also includes the exclusion of the negative feeling caused by the managerial changes along with the fear of being made redundant as the possibility of a change in the attitudes towards the disabled along with the change in the family businesses, the term trust used while describing the organization is affected by it.

The private sector regarding the salary as personal performance system or production based on the managers satisfaction is a fear factor for the disabled. Certainly, what is beneath this fear is not that the disabled are unproductive but unbreakable prejudice developed against the disabled that they are unproductive. Because the public sector does not make the workers redundant arbitrarily, the disabled consider the public sector as a good employer for the continuation of the employment. The other motivation of the public sector for the disabled is the age factor. For Barnes (1991) unsuitability for employment could often be determined by age and many employers refuse to hire employees above a specific age. Turgay's reason for changing from the private sector to the public sector is related to him getting older:

When you are at a certain age, you start looking for assurance. To illustrate, when reach a certain age, the private sector does not want to employ you. They don't want to work with you.

In summary, the trust built for the public sector is associated with the distrust built for the private sector. Certainly, the feeling of trust is a comparative phenomenon and for the disabled the private sector is comprised of insecurities. Not being made redundant arbitrarily forms the vital point of this trust. 99% of the private sector in Turkey being KOBİ and the high probability of facing issues of the family businesses increase the trust felt for the public sector (Oktay & Güney, 2002). In addition to this, the elderly disabled having less of a chance to get employed in the private sector and to continue their employment, directs the disabled to the public sector.

5.3.2.2. Set Working Hours

Some of the participants associated their reasons for working for the public sector with set working hours. The flexible structure of the private sector drives the disabled towards the public sector. Mine, despite the good pay and conditions, ended her 3 years experience in the private sector because of the long working hours:

Because the private sector requires working long hours, in spite of all the good conditions and the good pay, I wanted to work in the public sector because I didn't want to work long hours.

Although Umut was offered a job in the private sector, he made his decision on the public sector:

It is really busy in the private sector. I had an offer from a private bank before I started working here. I turned that offer down because it didn't have set working hours.

Although most of the participants were offered jobs in the private sector, they turned them down as they were offered the ATM workers system. Umut has an internal disease and is classified as “invisible disabled” thus he got a job offer from a bank but he didn't accept it because this would have adverse effects on his health. The ones who mentioned the busy and flexible working hour of the private sector are the ones who have less disability percentage on their reports or the ones classified as “invisible disabled”. Nilüfer, with a 43% disability rate and private sector experience, had to get into the public sector after she got married:

My starting and finishing hours were not set in the private sector. Sometimes I used to go home at midnight. It is difficult here as well. I still

have to take the projects home but I chose to work here for more regular working hours.

Gülhan had the same motivation to leave the private sector:

I preferred it for its comfort. If I become a mother in future, I would like to go home early. I had observed this difficulty in the private sector. They never give you permission. Nobody can tell that I am disabled from my appearance. I think I have received good education and I have self-confidence as well. When I quit my job and came here, they called me for three months and asked me to go back. They said that they had to fill in this position, there were hundreds of applicants but they wanted to work with me.

While interpreting these statements as working hours and desire to have a regular job, it is more meaningful to interpret them through a feminist perspective as we consider the marriage as the reason to get into the public sector not the disability, it is understood that the private sector is not sustainable for the disabled women.

5.3.2.3. Obligation

Up until now the two reasons for why the disabled choose to work for the public sector have been presented, one of which is the feeling of trust and the other is the set working hours. The third reason is the obligation. No matter how much these two reasons accommodate the obligation of having to choose the public sector, the statements emphasizing the obligation will be examined. Because the obligation reason means that working in the public sector is not an option, it slightly differentiates from the other two reasons. Although Oktay stresses the job safety as his reason, the real motivation behind his working in the public sector is that he was not employed in the private sector:

Pragmatically, I chose to work for the public sector as they offer job safety. I have no other reason for that. If they had the same conditions in the private sector, why would I be working here? I would have never thought about working here. If I weren't disabled, I would be a banker. That's what I have always dreamt about.

Despite being a university graduate, Oktay, who was employed as a switchboard operator just because he was visually challenged, states that if the private sector had the job safety, he wouldn't be working for the public sector. When foreign samples are examined, it is seen that being disabled is an obstacle to be banker; however,

being a banker and disabled are the two phenomena that cannot exist together in Turkey. Because of this and similar reasons to this, working for the public is not an option for the disabled but an obligation. İrfan emphasizes this point as well:

It wasn't a preference, I had to choose it. I could have been employed in the public sector through examinations at the age of 18 or even earlier. I received training to work creatively and to get into the private sector but I never managed to get employed there. I might because of my inability. Finally, I had to get a job in the public sector because I needed an income.

The first preference of the university graduate disabled is to work for the private sector because they consider it more creative and innovative. All of the disabled whose quotations are used in this section are university graduates and worked for the private sector for a period of time after their graduation. However, the excluding mechanism of the private sector forced them to get employed in the public sector. Many disabled people who graduated from university, are disappointed when they discover that they will not be employed for what they aspired to obtain (Bynner & Parsons, 2002). Another university graduate and has 13 years private sector experience Nermin has also been disqualified from the private sector:

Actually, I never wanted to work in the public sector. After secondary school, I always said that I wanted to be a businesswoman and with this vision I studied at a commercial high school. My dad was a civil servant and I used to say that I would never be like my dad and be like an ordinary person and improve myself. I tried to fight for it but I failed. I realized that I was dreaming when I started university. My family was not financially good so I sold books while studying at university. I did other jobs as well. It was then that I realized it was difficult for a woman to get somewhere in the private sector especially the disabled ones. I realized that I was always given jobs I were not physically active. They always offered limited opportunities. This affected me really deeply. If I had someone who would lead me or support me, or an organization, I would have never thought about working in the public sector. However, you get tired of fighting in the end. You have set start-finish hour, you get paid regularly and you get insured. If I am thinking of leading a life of my own, I have to do this.

Employment opportunities are more limited for women than men. The discrimination that you go through because of both being a woman and disabled force the disabled women to find peace in the safety provided by the public sector.

However, the related discriminations are in process in the public sector but change style by only providing job safety.

As a result, the disabled choose to work in the public sector because as a result of “direct elimination” and “invisible disabled” criteria the disabled cannot get through the strict filtering system of the private sector due to the prejudices of the private sector based on proficiency and capacity. The reasons why they prefer to work in the private sector are the feeling of trust built through not being made redundant arbitrarily and set working hours. Furthermore, as a result of the two reasons for working in the public sector obligation plays a role in the decision making process of the disabled. In this respect, since the most disabled worker have little opportunity to change occupations or acquire new job skills during the employment, discrimination stems from treat them as “desperate” and “dependent” by employers.

5.4. The Work Patterns of the Disabled Employed in the Public Sector

According to the findings of the study, there are 3 patterns of the work executed in the public sector for the disabled: (1) work them in jobs that require no skills, (2) do not let them do any work and (3) providing them with jobs over their capacity. Having to work in jobs that requires no skills, called “drudgery jobs”, is something no worker wants. These “not necessary to do” are the kinds of the jobs that will keep the disabled busy and show that they are working. No matter how much the disabled agree that these drudgery jobs should be done, giving these kinds of jobs to them only offends and demotivates them. Not letting the disabled do any work arises from the distrust felt towards the disabled and it is also a result of incapability of the management. The disabled either come and go to work every day and do no work or face discrimination at some periods of their work life depending on their superiors as well. Finally, making them do job over their capacity reflects on another pattern of work developed by either not recognizing or believing in their disability, or as a means of oppression. Employers appear to expect either more performance or none by disabled workers. It is necessary to mention that all these patterns of work are used as means of oppression and these patterns displays that public sector employers have no qualification to understand disabled workers’ skills, nominate to the job and manage the process.

5.4.1. Working the Disabled in Jobs that Require No Skills

Employers match the disability type with the demands of specific unqualified jobs (Gilbride, Stensrud, Ehlers, Evans, & Peterson, 2000). In other words, unqualified tasks, working in call center, library, tea servicing, cleaning etc., are directly assigned to them. Public sector targets specific disabled workers for specific positions. Furthermore, disabled employees are thought as inadequate team mate. Since the ability to fit into a team is considered as crucial in the modern work setting (Barnes, 1991) and they are turned down with labels of having no capacity and being insufficient, drudgery jobs are given to disabled employees. Moreover, employers have a generalized view of capacity of disabled people (Gilbride et al., 2000). Cemal's experience when he started working at the institution is as follows:

They think that the disabled cannot work. When I first went to the institution that I would only answer the phones. Why would I only answer the phones? You don't even know me. Ok, you might need someone to answer the phones but you should be able to say along with these chores you will be answering the phones. When you say that I will only be answering the phones, that's where you are then it is discrimination. Whatever you have when you go there does not matter. When I first got appointed, I had a university degree, but this was totally ignored. My superior told me that I would only be answering the phones. The superiors in the public are not interested in the qualifications of the disabled. I had a university degree and he asked me to answer the phones. If he had tried to get to know me, he would have found out what I could have done. That's the civil servant mentality. They have fixed opinions, no tolerance for innovation and it is really difficult to bend or break this.

Because the employers encode the disabled as “useless” and “burden”, even the education you receive does not act as a parameter in your appointment. The employers who are not bothered to spend any effort on getting to know the disabled, they direct them to the jobs that require no skills. Gülhan is also of the opinion that along with the education not being an important parameter, the absence of physical adaption has an effect in this decision:

They are merged into the background. They are given more drudgery jobs. Whether you have a degree or not, they give you swapping jobs because there are no regulations regarding the physical adjustments for the disabled to carry out jobs that require skills. The public sector is even

incapable of adjusting the height of the table according the disabled workers' needs.

At this point, the weakness of the management comes into account. Even though the public sector is obliged to meet the needs of the disabled by law, the public sector consider these regulations as “burden”. Erdem's statement “They give drudgery jobs to disabled in the public sector. They think that let him do something, we'll pay him” shows that the jobs that require no skills are created out as a strategy because the related adaptations are not executed.

The dominant opinion is that the disabled are directed to jobs that require no skills as they are not educated. However, what Cem stated also shows that education has no effect on job appointments and the jobs that require no skills are only given to the disabled:

We go to banks and collect the receipts on daily basis. Although they know that I am disabled, they always send me to do it. When the chief has a guest, he uses me as his courier. He sits his guest, orders his tea and coffee and send me to the banks or if there is something to do, rather than asking the other attendants, he asks me to do it. He sits there. I have something else to do but he stills asks me. They give me all the swapping, drudgery jobs to me. The other attendant sits there complaining about his aches and pains, and avoids doing work. Even though the disabled has received education, they give them the lowest scale jobs that they can perform.

It is clear that there is discrimination between the disabled and the other employees even if they have the same qualifications and employed at the same position. Without caring about how busy they are, they give all the drudgery jobs to the disabled. Suat's insight on giving the jobs that require no skills to the disabled is as follows:

There is no tolerance in work life. If you do the same job at longer period of time, then you are preferred for this position. This is just like being deployed-in garrison in the army. It is always difficult to keep up with the work environment. Every job has its own routine and if you cannot keep up with this routine then they question whether you are beneficial or not. Then the feeling 'Am I beneficial for the institution or am I a burden to them?' starts eating your heart out. If you go out of that routine slightly, they start giving you drudgery jobs. This is the biggest punishment given to a disabled. Nobody should take offence doing these drudgery jobs but

why are they just given to the disabled, which is a big discrimination. They are given the jobs that nobody else wants to do. For example, there is a storage at work, they give the organization of it to the disabled. Everybody has his/her own order at work. They give you the task of getting other people's work place organized. You do the drudgery jobs as well and sometime later they all become your duty. Even if his/her profession is in electronics, they still give them the drudgery jobs. You discourage them and make them unhappy.

What Suat mentioned stresses the term workers motivation. Giving the drudgery jobs continually to them and by providing support for the people working in the same position cause them to question whether they are of any benefit to them or not. Drudgery jobs which are kind of disability harassment, makes disabled workers react with self-doubt. It is understood that in parallel to the opinion that education plays no role in job preference, being a qualified worker does not change this thought either. For example, as a psychologist, Neşe faces some kind of mobbing at work from her colleagues:

Even though this is what I do as a profession, my colleagues are trying to convince me to work at the switchboard by saying that it is a much easier job. The level of your education or occupation does not make any difference. They never consider whether you want to work at the switchboard or not. What is important for them is their point of view that you shouldn't be working there. My superior keeps asking how I do at work rather than asking me. This is really humiliating. They even interfere with your home. They ask you how you manage to do the cleaning at home.

As Neşe mentioned, the colleagues and the superiors have a position perception formed in their minds. The disabled who do not fit in this position or who would like to perform their own jobs are faced with mobbing to change their minds and encouraged to change to the position in their own perception. Neşe's, a visual disabled employee, doing her job rather than being the switchboard operator, a position filled with by every visually impaired worker in the public sector, is a discomforting issue for both her colleagues and superiors. There are two important points under this thought. The first one, the other psychologists think that they are losing their reputation as a disabled person is doing the same job as them. The second one is that they give them the signs of distrust by questioning how she copes with the basic needs of life and everyday life. The same trouble has been

experienced by Nermin as well. Despite having a university degree and 10 years of experience, she was given a secretarial position as soon as she started work. Nermin mentions that this job was given to her because she was disabled:

We should consider whether the job is tailored according to the worker or the worker according to the position. Are the disabled performing jobs according to their qualifications or are they given the jobs listed as “not necessary”? Every job has its own importance but it is as if the skill based jobs and jobs of good quality are not given to the disabled. I got a job here and did 3 years secretarial work. I was given this secretarial job even though I was a 4-year university graduate and had 10 years of experience. I worked really hard for three years just to show them that I could do another job. During this period, I talk to the manager in my department and the manager of the department that I wanted to get posted on frequent occasions. If I had waited for their own initiative, they would have said that I was doing this job anyway, so she might as well carry on here.

The disabled are given jobs without taking their experience and education into consideration. After 3 years of experience, Nermin managed to get her position changed by talking to the managers of the departments. The thought of every disabled worker having the same chance of conducting this kind of interviews is very slim as when this kind of interviews are carried out, the disabled workers can be labelled.

The main target of defining the employment of the disabled by laws is to strengthen their participation in social life. However, by giving jobs that requires no skills only to the disabled cause lapse in the achievement of this target. A war veteran İrfan's insight into the first job experience deserves credit on participation in the society:

The manager called me and asked me what I did. Then he appointed me to adjutant general's office to the correspondence work. The next day a servant came and gave a brush and told me that I was in charge of this from then on. I asked him why he was doing this and told him that if that is what I wanted to do, why I would have come here. When I didn't accept to do it, the manager called me and asked me I didn't want to do it. I said Dear Mr Manager, could you check our paperwork, please? We are veterans, and we are posted here to get adapted to the society and to get hold on to life. You give us the broom to the sweeping. Could this be possible? They give you the worst jobs without checking your qualifications. I wouldn't want them not to give a job to me. I would do

my best to do any job as long as they do not look down on us. Do you know how humiliating it is for them to give us the broom and make us clean around just because we are disabled?

Although İrfan was posted to the adjutant general's office, it is understood that he was forced to do any job that was asked of him. One of his colleagues' demand from him to do the cleaning was backed up by his superior. As shown in a few of the quotations above, the disabled do not say that they do not want to do any work but only being given the jobs that require no skills without questioning it gives them the feeling of being useless and a burden. The target of social participation defined by protective disabled employment law cannot be achieved this way. To achieve this, some people are caught between their health and work. Umut, a diabetes patient, kept his disability a secret for a long time to be able to get a job that required skills because he wasn't physically disabled:

When I first started here I kept my disability secret. Nobody knew it. But later, because of the intense work pressure, I started talking about it. I would have preferred to keep it secret but when it started affecting my health, I had to reveal it. Besides an instant decrease in sugar levels can lead to bad results so I had to tell it to my colleagues. However, when you tell them about your illness, you are not appointed to different positions. That's why I kept it to myself. Because when you say that you can't do that job, they develop a different point of view. You need to do the job that you like for peace at work, but for your health you should do the job that is suitable for you. I got caught between these two. I am trying to keep them at an equal level at the moment.

Umut, who did not inform his colleagues and superiors about his health, decided to reveal his ability when the work load started to take on and his health got affected. But this time, he was given jobs that required no skills at all, and he wasn't allowed to do his own job. Not being able to design the job according to the needs of the disabled causes the disabled to be elbowed from their positions.

5.4.2. Not Allowing them to Work - Seated Disabled: Punishment Received as Response to Salary

Many disabled are not given a job in the public sector. Some of the disabled are not given jobs during their work life and some of them experience this at some point in their work life. According to the participants, doing nothing is more of a negative thing than doing a job that requires no skills. The distrust issue grows into a bigger

one in the case of not being given any jobs. Taner was not anything to do for a long time too:

Just to employ a disabled to sit at the work place is a torture for that person. Because when I got employed at this organization, they said that I couldn't do this and I couldn't do that and they made me sit somewhere but this changes your friends' point of view completely. They only do this because they do not trust you. You just sit there and suffer. How would you get the money without being any use to anybody? I said I didn't want it to work out this way and ask them to give me something to do. Sitting there all day, prevent many people from doing their work.

Taner thinks that he does not deserve the money he earns this way and extort other disabled people's rights to work. Nermin's insight on the issue also demonstrates that the public sector employment is only about paying salaries:

Excluding the ones that are not like them and ignoring them continually are the characteristics of the public sector. We employ you here and see no difference whatsoever, what they really mean is that “We did our part by employing you and we want you to be invisible and sit in your corners”. You provide me with my bread but asked me to disappear. We are pushed out of the work life as we are pushed out of the social life. In fact, the colleagues and the superiors do not want to see you around. Your getting paid is enough for them. Believing that you cannot produce anything, they don't expect you to do so. Because there exists such kind of a perception, they do not make any improvements in the physical environment.

In many interviews, the public was described as the “mirror of the public”. This means that the discrimination in the society continues to appear in the public sector at different levels. With the statement above, İlker's “That's the way they see us. They should live, eat their food, drink their water, but shouldn't go outside alone.” and Erdem's “They want us to sit in a corner. We have something traditional. The way that we do not include the disabled in the society works the same way at work” statements make each other meaningful. In parallel to this, the general expectation from the disabled in the public sector is to sit in a corner rather than working. The reaction that Oktay received from his superior when he demanded some work from him as follows:

The public sector is the mirror of the society. What else are you expecting, you are given a job? For example, my ex-superior was

someone who used to say “Why are you writing o the ministry and demanding equipment from them? Fill in your hours from 8 am to 5 pm and then go” I was really taken back by it. I didn't want to do anything of that sort. I want to deserve the salary I get. My conscience does not let me be. I don't think that I do a lot of work here. I told him that that was the reason why I did it. He said “As if everybody deserves the money they earn. Can you change the world? Are you messiah Ömer? Why is that necessary?” These are all intimidations. They say “They have given you a job. Are you looking for trouble? “I would like to produce something but all I do is to sit here. If they want me to sit doing nothing, there is nothing I can do.

A visual impaired worker Oktay asked for a computer screen decoder from his superior first and when he couldn't get anything out of him, he demanded it from the ministry. However, his superiors reaction to this was that he fills in his hours and goes home. Because no kind of improvements have been made in the physical environment and that they are trusted, the disabled who would like to take part in the production facilities are discouraged and demotivated in the public sector.

One common ground of the private and the public sector is that they do not involve the disabled in the work process. Because it is not inspected, the private sector uses the ATM workers system. They pay the workers their salary but don't want them to go to work whereas the public sector ask the disabled worker to go to work because they are obliged to and they do not want to go through investigation but they do not give them any work. At this point, Neşe and Suat's comparison of the private and public sectors, in a consecutive order, gains importance:

In the private sector, they give your money ask you not to go to work whereas in the public sector they ask you to come to work in the morning and go home in the evening. The numbers of the disabled workers employed in the public seems quite big but the number of the disabled workers who actually do any work is really low. The disabled are made to work in jobs right below their capacity. Most of them are just filling in their hours. Discrimination in the public sector is much more. God knows what they would do if an non-disabled worker did the same thing? But the disabled are sentenced to sitting down there all day. If it is a decent work place, they offer more equal opportunities. For example, you can get them buy a software much more easily because you'd do work for them but here they say that they do not have any budget, handle it yourself. Even just sit there and do nothing.

For example, if someone is visual impaired and that does not stop this person, they don't want this person to do anything but just sit in the corner. If you have employed someone disabled in an institution, you should be taking care of his/her needs. If his/her left arm is not functioning properly, his/her superior should consider or ask him/her what could be done to help him/her to do the job better. Because the private sector is production oriented, they would do this. Their purpose is to increase the production there. That's why the private sector makes investments. They take on the disabled here and make him/her sit all day. This is the worst punishment for the disabled. They might as well stay home then. At least they could go to a course and their self-esteem would increase. The disabled workers really want to do something. They can't wait to see the evening. This eats his/her heart out and they get depressed. The same thing happened to me when I first started work. Things are happening around you, they receive new equipment and some broken ones but they never ask your opinion. Someone tells you to sit in your corner. It is as if you're confined to that corner. I just could manage to do it for a year.

Both sectors do not want to accommodate the disabled. The private sector maintains that the disabled pose a threat to the institution in terms of both aesthetic and job safety issues. Although the public sector has the same opinion in common, they are obliged to accommodate the disabled at their institution. As mentioned in the quotation above, the discrimination mechanism is more obvious in the public sector. Moreover, while the private sector has the possibility of providing the disabled with the necessary equipment for productivity and profit maximization as they can make use of them, the public sector is far beyond this vision. According to many participants, each individual has a certain amount of capacity and they think that they can cope with some kind of a job. According to İrfan says:

You need to utilize the capability of the disabled. Even that person has no arms or legs, s/he can work the switchboard with his/her leg. However, if you leave this person to sit in a corner, s/he will have no life left and his/her life will become meaningless. Give them something to talk about, something that they can tell their children. At least s/he can say that s/he wrote something and her/his pen snapped doing it. Being pushed to one corner is just like waiting to die for them.

The importance of being sociable at work can be understood from this statement. Spending your work life doing nothing has effects on the individuals' social life as

well. The disabled working in the public sector are given some kind of a punishment in return for their salary.

5.4.3. Providing Jobs Over Their Capacity: Take it or Leave it

Up until here it has been mentioned that the disabled are employed in the public sector either to work in jobs that required no skills or to sit in their corners. The latest pattern in employing the disabled in the public sector is based on giving jobs over their capacity. This pattern of employment results from either not acknowledging the disability or not believing it or can be used as a means of oppression. At this point Mine's experience is really explanatory:

I had times when I had to do jobs that I could not handle and at times I was told to leave if I thought I couldn't handle it. Then you are classified as a useless worker. Consequently, you have no right to complain.

As can be observed in this statement giving jobs over their capacity is used as a means of oppression and the disabled are forced to resign from their jobs. In addition to this, the disabled who are given jobs over their capacity has no right to complain about it as any possibility of rejection or demand for betterment or correction cause the disabled to be labelled and lead the way to isolation. The disabled who prefer to perform jobs over their capacity rather than sitting all day suffer from “worker's silence”. Tarik experiences “worker's silence”:

They give more work to us than they do to the non-disabled workers. It puts a physical strain on me. They should really give me easier jobs. I spend twice as much effort as an non-disabled worker does. We need superiors who could see this. I can never say anything to anybody because nobody asks me. I had a superior once, I said I couldn't perform that job but he told me that I was young and I could do it and sent me away. I have never come across anything like “you are disabled and we should give you less challenging jobs”. After that I've never I asked again. To be honest, I don't want them to pity me.

There could be two reasons for worker's silence. The first one is not wanting to be considered as “useless worker” and the second one is not to trigger the already existing pity mechanism in the society. However, the disabled, who took these two issues into account, like Cem were forced to work in jobs that were not compatible to their disability and even irrational:

There is inequality in job distribution. They give most of the jobs to the disabled. There are 3 attendants here. I am the only disabled among them and I am the one who does the outside, mailing and switching jobs. The other two sit there with the civil servants. There is the winter conditions, the traffic. I cannot even see my own nose. In 2003, I had got run over crossing the street on my home. Legally, it is forbidden for them to send me on outside posts. The law states that I could only be employed in jobs that require no vision. In a place like Gebze, with really heavy traffic, it is not on. I am not only visual impaired. I also suffer from hearing loss. All these happen because we do not say anything. I have never said I was disabled and I couldn't do it. This is also conscience. I got placed here by the government and I have never used my disability to avoid work. They take the advantage of us. They used us as security guards at one time. They didn't have the company to provide security then. They made us wait there. I am visually impaired and have hearing loss and they made me wait at the security gate. There is no overtime and they are not allowed make us work on Saturdays.

Cem with a 80% visual impairment and 40% hearing loss was made to perform tasks outside the work place and was also used as a security guard in the previous years. As Cem mentioned the irrational postings are used as a means of oppression as they cannot say anything to anybody or the mechanisms that can refer to are blocked.

A sequence has not been observed among the phenomena of giving jobs that require no skills, not giving any jobs at all and giving jobs over their capacity. As soon as a disabled worker starts work s/he experiences any of these posting styles or all at different order. Social settings of the work place and the running of the institution decide on this. When the disabled face these styles of postings, they try even working harder to keep themselves outside the existing disabled perception of being insufficient, distrusted and etc.

5.5. Discrimination Specifically Faced in the Public Sector

5.5.1. Formation of a Hierarchy and Strategies to Avoid It

In this section the formation of a hierarchy between the disabled and the non-disabled workers and the strategies to avoid or diminish it will be discussed.

5.5.1.1. Formation of a Hierarchy

The bureaucracy culture and the processes the public sector harbours work within different dynamics. The formation of the hierarchy in the public sector turns into discrimination towards the disabled in three main aspects. Firstly, the disabled working in the same positions as the non-disabled workers are regarded as with “the lowest status”. At this point, “the lowest status” is a default status for the working disabled, it is free of position. Secondly, the public sector develops an error oriented behaviour towards them. Prevention of faults deepens the hierarchy between the disabled and the non-disabled workers. Finally, with the previous faults or generalizations of the faults developed through the other disabled workers, the disabled are also made responsible from the faults that have never resulted from them.

5.5.1.1.1. Tendency to See the Disabled at the Lowest Level

Even though the disabled in the public sector work in the same positions as the non-disabled workers, they are listed as the lowest level status workers. This the lowest level worker label is observed in attitude, addressing and general work practices. The lowest level status is about the boundaries set for the disabled. Continual questioning of their capacity and developing conclusions that they are insufficient and distrust towards the tasks they perform bring about this perception. When the disabled asked what the points that they are equivalent to non-disabled workers, they all replied that it was the “salary”. The disabled can see no common grounds except for their salary and mention that they are placed at a lower status than the non-disabled workers. What İlker states is very similar to this as well:

Except for our wages we have nothing in common at all. There is always mobbing, not giving any duties, putting them in passive positions, placing them in the lowest status rather than their real hierarchic status and not addressing response to them. They see you as the weakest link. They try to overcome their own weaknesses through you. Some at a lower status than you are starts giving you orders and telling you what to do as if s/he is your superior or department manager.

The disabled who are placed into passive position through mobbing and by not being given any duties are dragged down to the lowest status. They are placed at the bottom of the unofficial organizational chart without taking their work capacity and

experience into consideration. Çetin, who has been working in the institution for 23 years, has been a victim of this correlation that cannot be created between his level of knowledge and disability:

I believe that I have improved myself. The ones who have better education than me come and consult me but they do not accept this because their expectation is to see me at a lower status and experience than them. My being beneficial for them or not is not important for them. All they want from me is to sit in my corner and get involved with anything.

The frame that has been set for the disabled does not include an equal position parameter. Cemal thinks that with inequality of opportunity this perception becomes a reel one and because they have to learn the job from the non-disabled workers, this creates a hierarchy:

Even though they are of the same status, there is a hierarchy between the disabled and the non-disabled workers. A non-disabled person can reach any information easier than us and they can learn more quickly. However, you can do this at a slower pace and you learn more slowly. That's why, s/he is always the one to teach you. You have to accept this person as your superior somehow.

The perception that considers the disabled at the lowest status has two supporting points: (1) Hierarchy evoking approaches and (2) the manners. The approaches that create and deepen hierarchy between the disabled and the non-disabled workers can be listed as humiliation, offending them and not addressing response to them. The manners towards the disabled is a result of not regarding them as adults in the work environment. Because the use of the practicalities that are applied to all workers by the disabled causes a threat to the hierarchy between the disabled and the non-disabled workers, the related applications create reaction among the workers. A similar situation has been experienced by İlker:

When I started work in the institution, I came at 9 am and went home at 5 pm. I didn't have a computer. I just sat down. I told this to the department manager and when nothing came out of this; I went to see the manager. He asked me why I was bothering him with such issues. His manner was "Who are you to address me?" When I take papers to him to be signed, he gets in a manner meaning "Why is it you the one who brings it?".

They don't consider themselves as such a worthless person to be addressed by a blind person.

Because the employment of the disabled in the public sector is perceived as an obligation to be fulfilled by law, the disabled are perceived as more like a burden than a worker, which results in them not being addressed to and found unsuitable for the position and this creates the opinion that they are not equal. Another factor that creates and deepens this inequality is the manner that is used towards them. Neşe explains the manner she feels uncomfortable with as follows:

They address you as “honey” but the others as Mr or Mrs. I address the ones the same way as they address me because this is not the manner I like. Because they feel superior to me, they can address me as “honey”.

We have already mentioned that the general practices and principles used among workers are not applicable towards the disabled. The workers addressing each other as “Mr” or “Mrs” but the disabled as “*canım*” shows that they classify the disabled workers in a lower status. İlker mentions the same thing:

They see you as someone who cannot do anything or even you can, they think that you can do it with someone else's help. They never see you as eligible. They see you as a child. They try to treat you like a child. As they do not see you as an adult, their way of addressing you and manners change too. The ones who address other as “Mr” address the disabled by their name.

The style of addressing dwelled upon in the statement above, comprises its reasons within itself. The disabled are not regarded as adults at their workplace and the message that they do not have the features of an adult has been passed on to them. Thus, this perception changes the style of address of non-disabled workers towards the disabled ones.

At the beginning of this section it has been mentioned that the only criteria that the disabled felt equal to the non-disabled workers was their salary. However, the non-disabled workers placing the disabled at the lowest status, brings about the discomfort of the non-disabled workers over the salaries the disabled have. From time to time they either imply this or mention it directly to them. İlker's opinion on the issue is as follows:

They think that we cannot perform any tasks and prevent and also prevent us from doing our jobs. They also react that I get the same salary as they do without doing any work. I continuously hear rumours that I get the same amount of money as they do.

Because that the disabled lack the capacity to perform jobs has become a dominant thought in the public sector, the salary they receive can turn into an harassment by the non-disabled workers. From Oktay's statement it could be understood that this though is based on a medical model:

We have colleagues who imply "I have no problems, I am in top physical condition. He is disabled but gets paid more than I do". We have expert and clerk distinction at work. You do the same job. I am an expert and you are a clerk so I get paid 1,500 TL more than you do. You are disabled anyway. Think that you do the same job as them. They imply that you do not deserve this money. For example, if this is someone with a 30-year experience high school graduate, he can openly say this.

The medical model that focuses on the physiological disability of the disabled necessitates that the demand should be shaped according to the physiological condition. While the change in salaries depending on the level of education received considered as lawful, the disabled receiving more or even the same amount of money as them regardless of their education cannot be accepted by the non-disabled workers as this discomfort centres around the "insufficiency" supposition of the disabled worker.

The disabled working in the public sector, regardless of working in higher or at the same positions as the non-disabled workers they are still listed as the lowest status workers. At this point, the education received, capacity, level of knowledge or experience cannot come over this perception and the disabled himself becomes as the valid parameter. The approaches which evoke a hierarchy showing the disabled in lower status and the style of addressing that marks the disabled not being accepted as an adult creates this inequality and deepens it. The disabled classified as low status workers receiving the same amount of money as the non-disabled ones are considered along with "physiologic incompetence" and turn into reaction and oppression.

5.5.1.1.2. Error Oriented Approach: “Crosses Marked on Labels”

The public sector develops an error oriented attitude towards the disabled for the recreation of a hierarchy. Because there exists the thought of distrust and lacking the capacity for the position lies beneath the practices of giving jobs that require no skills or giving no tasks to perform at all and this leads to recreation of a hierarchy. Without doubt the disabled workers can also make mistakes just like the all other workers. However, the consequence of a mistake made by the disabled is more severe than that of a non-disabled worker. That's why the disabled workers keep on being alert and continue their work life under threats.

Çetin's experience can be an example set for error oriented approach:

Something happened here. I did a very dangerous analysis all night long. A tiny mistake could blow the whole place up. I started feel really tired in the morning but I was still recording the results. I entered one of them wrong. Oh my God, they made such a big deal out of it. Every makes such kinds of mistakes here. And even really bad ones. You wouldn't want to know. But they only got furious with me. They stopped me getting hold on to anything. With a tiny little mistake. For example, they bought a new machine and I said I wanted to learn how to function it as well but they wouldn't let me get closer to it. They didn't let me learn how to function it. They must have been waiting for me to make a mistake.

The disabled workers are not given the equal chances to make mistakes as the non-disabled workers. Although it is commonly considered that the disabled should be tolerated more, in practicality this is not how it works. There is an adverse belief that works in the system. İlker also supports this opinion:

It is always like this. When someone else makes a tiny mistake like that when recording data, it is something that can happen to anybody. When we do it, they say that he is blind and cannot do this job. The 30 other good things that you have succeeded in are totally ignored and those 30 positive things are never visible to any eye. One mistake is enough.

The persistence of error oriented approach to making the mistake visible leads to concealing the success. This both causes decrease in motivation and creates a work life where they have to be alert at all times. Thus, this alertness can also start to cause making mistakes:

Many people are alert at all times so as not to make mistakes. They hesitate. They would make a mistake even if they weren't going to. When

you ask a child to hold a glass carefully, s/he would spill the water. If an administrator spends more time watching the disabled more than anybody else, then s/he would make a mistake too.

“Stand by the disabled” reflects a metaphor. “Standing by the disabled” includes not only a physical motion but also the close watch and the general attitude that the disabled subjected to. What lies beneath this attitude is the correlation result from the medical model as all work practices are evaluated in terms of disability. Cemal also thinks that mistakes result from these relationalities:

When you make a tiny spelling mistake, this is associated with your visual impairment. A non-disabled worker can make the same mistake. If a non-disabled person has a 5% risk of making mistakes, the disabled pays more attention and this percentage does not go over 5% but it is perceived that all these mistakes result from his disability. In other words, her/his perception has weakened, and s/he has skipped it just like a normal person but they do not consider this at all. When someone else makes this make it is consider as normal but if you make it is a result of being disabled. They take you off that job. If a non-disabled colleagues of ours prepares a document, they sign it without checking it but if it is yours, they read it word by word while you're there and then sign it because they don't trust you. It is just like being back at school. They tick your name when you speak in class and here they put a cross on your labels for each make you have made.

The title given for this section “Crosses on Labels” summarizes the labelling of the disabled at work. The most important thing about these crosses is that these labels live with you and never disappear. The perception that the mistakes and the state of being disability exist together and disability being the only determiner in making mistakes are a result of medical model relationality. The issue of mistake is even moulded into disability.

The medical model suggesting that all the life practices of the disabled are affected by their disability creates a frame of error oriented approach in the workplace. Not taking into consideration that the disabled workers have the same probability of making mistakes as the non-disabled workers can result in the disabled being forced out of work in the institution with the mistakes they make. Consequently, the situation of caring for the mistakes deepens the hierarchy between the disabled and the able-bodies workers.

5.5.1.1.3. Generalization and Distribution of Mistakes

Without doubt, all disadvantage categories in society are subjected to generalizations. However, the abstraction level of generalizations of the disabled is thought to be much higher. The allocation of the actions considered to be mistakes forces them to burden this in their work life. “Mistakes are one's own responsibility” principle is not applicable for the disabled workers. Public sector’s previous experiences with workers with specific disabilities such as visually impairment, hearing impairment, affect the attitudes those who have the same disabilities. According to Unger (2002), employers with previous experience employing workers who are for instance deaf have more positive attitudes towards hiring hearing impaired people again. Besides, if employers have limited or no experience hiring persons who are deaf, they have concern about worker safety and capability. While this is true to some extent, example of Turkey displays quite different discrimination. Positive previous experiences of public sector employers are not used for benefit of disabled workers. However, negative previous experiences prevent to hire or positive attitudes towards new disabled worker if s/he has the same disability with previous worker. Prior experiences with disabled workers tend to produce unfavourable perceptions towards them. In other words, the negative experiences and the conclusions the institution or the individual had in the past are transferred to all disabled employees. To illustrate, a blind worker doing something considered negative in the past puts the blame on all the disabled workers working in the institution and causes the others have negative opinions on them.

Oktay's insight on this issue as follows:

The society has always 1-0 lead to us. Whatever we do, even if you work miracles, you are still disabled. Suppose that one of the disabled workers made a mistake, taking all the disabled worker responsible for that is awful, but if you have made a mistake, it is your own responsibility. When someone makes a mistake, they start listing the mistakes that the blind, crippled and the deaf have made.

The disabled in the public sector suffer from the mistakes that they have never made. While it is possible to personalize the mistakes for the non-disabled workers, with the error oriented approach, it turns into a new form of generalization and

distribution of mistakes. Ekrem's not being employed because of error generalization and his managers warning after his posting is quite important:

When you apply for a job in the public sector, if they had a disabled worker and s/he has made a mistake, this is considered as yours. I got a post at a university but they didn't accept me there because of another disabled worker. They considered it to be appropriate for me to do it and said that I would do the same. They treated me like him. However, I never got there or worked there. I know disabled people who get retired even without doing kind of work. What happens then? They accuse the disabled people who couldn't get employed for this. For example, I did my training somewhere. Everybody loved me there and they all wanted to work with me. The manager also liked me but one day he said "I'd like to employ you here but when I do it, you'd be just like the others", "I employed two of you here, and after they got employed, they did such and such." I have lost many jobs like that. I got posted, the manager told me "We have an Ekrem here as well and hopefully, you won't turn out to be like him." I'm so scared of being turned down from here as well. This is the reason why we are always turned down.

According to Phillips (1975), the employers who accommodated disabled workers before feel more secure when they employ workers from the disabled groups that they have worked with before and the employers who have limited or no experience in working with the disabled keep away from accommodating them. According to Unger (2002), the employers who have accommodated the disabled workers before have more positive attitude towards them and they are willing to do it. However, as the relationships built with the disabled are set on negatives, past experiences get back to the disabled workers as an oppression.

The disabled are not only made responsible for the mistakes, but also for getting retired just sitting in one corner because of not being given any duties and it is impossible to change this image. The disabled who can break this image are appreciated. Yet, this appreciation is a result of distrust. Even a little bend in this distrust is welcomed as appreciation among the disabled. Neşe's finding on this issue is as follows:

When I do something good, they see me as successful but they think that visual impaired people cannot do this. Even when they appreciate me, there is still discrimination because what they really want to say is "You

can do this despite your disability”. But when a disabled worker makes a mistake, this turns out to be all the disabled workers mistake.

Since appreciation is formed as an unexpected performance of a disabled worker, it is an application of a discrimination based on “physical disability”. However, while appreciation is not generalized for all the disabled, mistakes can be distributed to all. The disabled can also find each other erroneous in some aspects and consider this as a threat for themselves. In fact, this is a mechanism of the non-disabled and has become a self-defence mechanism for the disabled. Erdem also emphasizes that the erroneous disabled could harm him:

Some disabled want to fully take the advantage of this. Rather than taking part in the society, they question what facilities the state would provide for them and wants to make the most of it. They never try. This kind of attitude disturbs me not only as an individual but also as a disabled. These examples can change the attitude towards me.

It is beneficial to recall that individuals in disadvantaged categories can take part in the dominant belief in order to avoid discrimination. The disabled who try to change the disabled image try to protect their defence and minimize the discrimination that s/he will experience when s/he shows his differences by standing up to the dominant disabled image.

5.5.1.2. Strategies to Avoid Hierarchy: Effort to Equality

Different kinds of strategies have been developed by the disabled to decrease the tendency to see the disabled at the lowest status in the public sector and to be considered as equal or almost equal. The first one of these is to continue their education as a response to seeing the disabled worker at a low status. The most common strategies is to finish high school at night schools, receive a university education at Open University or do a second university degree. The second one is to work more as a response to error oriented approach. The general motivation behind working more is to reach equality by breaking the “insufficient disabled” image through “not wanting to be perceived as disabled”. The disabled workers who more want either to start or accelerate the acceptance process for them. The final one includes the waning of the “erroneous” disabled workers by the disabled by building up an inspection mechanism against the “generalization and distribution of the mistakes” attitude.

The equality strategies to be mentioned should be evaluated as the self-defence and protection mechanisms of the disabled in a short and medium term. It is meaningless to discuss whether these strategies are right or wrong in a sector where the hierarchy strategies are produced by the non-disabled and the equality strategies by the disabled. The point that is to be made here is the awareness towards inequality, methods to combat inequality and the foundation of these processes. Finally, contrary to common belief, the disabled workers are not an inactive but a social category in which they have created their own survival techniques in their own fields.

5.5.1.2.1. Continuing the Education

The disabled working in the public sector prefer to continue their education while working to overcome the hierarchy and both to better recognized and to get promoted to higher positions. The disabled would like to change the tendency to consider the disabled in lower status by breaking the prejudice that they are uneducated and would like to be treated the same as the non-disabled workers. It is beneficial to know that the disabled only continue to receive education to show that they are educated and along with trying to reach the same status as the non-disabled workers, they would like to get promoted. The supposition here is that if they improve their level of education, they will be at the same status as the non-disabled workers.

Although the status and the salaries improve legally, this improvements, when considered together with paying the same salary to the disabled, which has been mentioned in the previous section, it can be observed that it creates more obvious reactions. There are also disabled workers who try to improve their capability regardless of status and salary and start studying for a second degree. Cemal is one of those who is receiving his second university education:

I am still in a competition with my non-disabled colleagues and myself. I have started studying at Open University even though I don't need to. I started to get stressed as the exams are getting closer.

The issue of “working more”, which will be analyzed in detail in the up-coming sections, also means proving themselves in the field of education. The competition in which the disabled are in a constant race with themselves and colleagues to

become equivalent to non-disabled workers is also supported by education. The method which the disabled who do not consider their education as enough and cannot get permission from the workplace refer to is self-development. Çetin, working with non-disabled workers, has chosen self-education to keep up with his colleagues:

The education I received was not enough but I am into reading. I have more books at my home than they have in the institution library. I am trying to make up for the education that I could not receive at school in this way.

An MA holder İlker's evaluation of himself and education is follows:

A good education can certainly change many things. Up until now, I have always believed in that when a disabled received education and became self-sufficient, some things would change. However, education does not change some things much. No matter how hard you try, the attitude you receive changes very slowly and with difficulty. It is much more difficult to explain someone over 40 and believing nothing can be achieved with the disabled than to teach chess to a child. By receiving a good education, a disabled can improve his/her intellectuality but I think that this has a very small effect in the work life.

Disabled people who are graduated from university generally do not experience work that they expected prior to graduation (Gillies, 2012). One of the most important strategies developed against hierarchy is the continuation of the education. The disabled want to be remembered with their degrees and receive the same treatment the non-disabled workers with the same degrees receive. However, it is difficult to say that this strategy works as the disabled whose status and salary are improved are faced with reaction from the non-disabled workers because of receiving “the same money”. Apart from this, there exist a perception that the education does not matter at the workplace in terms of the types of the jobs and the attitudes. As a result, in spite of the fact that continuation of education is a strategy developed to tackle the hierarchy, its reflection at workplace cannot reach the expected levels.

5.5.1.2.2. Tendency to Work More and the Approval Process of the Disabled

The only strategy that the disabled could develop against error oriented approach in the production of hierarchy is to work more. The do more work phenomenon has

two components: (1) to show spend more effort not to make mistakes and (2) to create awareness at workplace to be equivalent to non-disabled workers. Thus, the disabled want to start the approval process by working more. Both situations result from distrust and error oriented approach towards the disabled:

You want to do some things. You make a mistake but when other people make the same mistake, it is never so big a problem. You fell what you will face and because of this you become an introvert. That's what I have always felt here and not to make any mistakes I have had to try really hard even more than anybody else. I work twice as much as a non-disabled worker. I do my own work but because of being deaf I spend so much effort not to make any mistakes that I end up working twice as much. You read a written text once. I read it twice. I have to do it not to miss out on anything and get told off because this happened with a tiny mistake I have made. The non-disabled ones make mistakes deliberately and tolerated but they don't show the same tolerance to me.

The “error oriented approach” developed towards the disabled cause the disabled to be more careful and work more. The mistakes made by others and paid no attention to are used as a result of the physical condition of the disabled. The intention to eradicate this correlation makes the disabled force themselves more. Cemal is one of the disabled workers trying to eradicate the relationship between the capacity and the physical condition:

I personally remember going to my manager and telling him that I would like to learn to do something. I have a six year old nephew and he takes the things he has made out his bag and shows them to me. I did the same thing to my manager in a way and this is not nice. I had to tell him all my qualifications. A manager should be competent and should be able to see the capacity of his workers. I still have the same thing going on with my manager. I am still in competition with myself and my colleagues.

The disabled at work are just like being in a “capability show”. The strategy built not to be redundant and excluded in the workplace creates a competition itself. The intention “not be perceived as disabled” is not formed by the disabled themselves but on the contrary it is product of the thought in the society and social settings of the workplace. The prejudice “the disabled cannot do this” shaped independent from capacity and proficiency phenomenon force the disabled to work more and be in a constant competition. In a consequent order, Turgay and Irfan are still in the competition to break the prejudice of “the disabled cannot do this.

I have always tried to work more than a non-disabled worker to prevent them from saying I couldn't do it. I worked more just to break this. I've tried to break the taboo that the disabled work less than normal. I'm sure that other disabled think the same way.

There is no pressure in the public sector but the disabled such psychology that we work more than the non-disabled workers. Do you know why? Their job is everything for them. It is their emotion, thought and love. They are more devoted to their work. They are non-disabled and can do all kinds of work. I can do the same. They think that they have to keep up with them.

The disabled make a choice between their health and work and use their preference on their work. Consequently, Reyhan and Suat stress the choice made between work and health:

Even though we are not required to, we do work more. We exhaust ourselves and health is affected in a negative way. We'd like to do our job properly and not get told off. Because the perception of being useless is so dominant that we would like to break this but this has a negative effect on the individual and health.

When you are isolated, you start to prove yourself. You motivate yourself unnecessarily and condition yourself that you have got to do this. In fact, you don't have to. With the first serious job you are assigned to do, you panic and if you can't do it, you collapse psychologically because being assigned a job becomes a big opportunity for you.

Not assigning any posts to the disabled and criticize them for not doing any work are the most commonly observed phenomenon in the public sector. At this point the disabled, who face this kind of treatment, consider the assign posts as an “opportunity” and set to accomplish these tasks in an over-conditioned state. The jobs assigned for the disabled without taking their physical condition into consideration brings about negligence towards their health. In fact, this “opportunity” to prove themselves and not to be isolated is taken the advantage by the disabled without taking their health into consideration. This is thought to be taking a step further to start the process for their acceptance in the workplace. Nermin's insight on the issue is in the same way:

While the people who do the same job as you without spending any extra effort thinking “I'll do work if I am assigned to”, you think that “I've got to do this, I have to do this earlier and I have to be ahead of them in a

way". This I have to come to the forefront does not mean that you are in a competition with your colleagues but the intention to get accepted in a short time.

The disabled who develop working more strategy can into the approval stage after a certain amount of time. However, it is important to point out that this is a process entirely created by themselves and they have to work more to be accepted by the others. To provide trust and get the approval of the others are the main concerns of the disabled in the public sector. For the disabled building trust by working more, the acceptance process is still not in completion as with the smallest mistake the whole process starts right from scratch again. Erdem states that this approval process is full of risks:

When you build trust, things can change. Yet, it takes longer for the disabled to do this than the non-disabled workers. It takes much longer. This cannot be avoided. We go back right to the start with a tiny mistake.

Building trust and getting the approval phenomenon works both for the disabled and the non-disabled workers. However, the process for the disabled takes longer because of the "disabled cannot do this" attitude and it involves starting from the scratch. Neşe mentions that in addition to the difference in length of the process for the disabled than the non-disabled ones, this also involves irksome elements:

It is a great trouble to get yourself accepted. The managers in the workplace decide what the disabled can and cannot do. Because s/he makes decisions assuming that you cannot do anything without knowing anything about your capacity, the biggest trouble you have at work is to get yourself accepted and the battle you go through to achieve it. Of course, the non-disabled workers go through the same process but they can dare to change their jobs more easily. But I find it really difficult to start right from scratch if go and work somewhere else.

The reality that the disabled have to experience the approval process again puts the disabled off from changing their job. From this aspect the tendency to work more and the get oneself accepted period placed in opposition to error oriented approach creates a surrender process working free of the reactions the public sector can show and the possible betterment.

5.5.1.2.3. Minimization of the Disabled Mistakes by the Other Disabled: Control Mechanism

The disabled workers develop a supervision strategy where they inspect each other to tackle the “the generalization and the distribution of mistakes” phenomena in the public sector. Although the “generalization and distribution of mistakes” discriminative perception belongs to the world of able intelligence and practice that created it, the disabled have to tackle not only this perception but also the practices of the disabled stem from this perception. Because when the practices of the disabled workers which is based on this related perception are more visible and the opinion that this will harm the disabled in a short time combined, a mechanism where the disabled inspect each other is created. This mechanism functions both as a verbal and institutional warning. While the disabled working in the same institution can warn each other verbally, the disability foundations and NGOs can also do this. Oktay's opinion is as follows:

We explain them that neglecting the work and their communication with their superiors and colleagues could cause trouble to the disabled workers who will start work after them and we warn them. When we realize the disabled who take the advantage of their disability, we get involved and intervene both personally and through the union. To illustrate, if someone uses his disability in a matter that has nothing to do with his disability, we can never say let her/him do whatever s/he wants because the disabled who comes after us will finally be harmed by this.

The supervising mechanism has two functions. The first one is that the error oriented approach belonging to the non-disabled world and the pointing out the owner of this mistake as disabled brings the other disabled under suspicion in the short and medium term and the discrimination mechanisms change shape free from them. At this point the disabled take the decision on their favour and warn the other disabled workers either individually or at the corporate level. The second function is to keep the other disabled workers come after them away from “generalization and distribution of error” mechanism, in the long term, as much as they can. With respect to this, every disabled consider themselves as the representative of the disabled movement and form an individual work life style. Cemal's opinion is also important to mention:

For example, if a colleague from my work place does something wrong, I warn him but if a disabled colleague of mine does it, I do it at a stronger tone. Then they make me responsible for the same mistake and generalize it when they talk about it. When you friend sitting at the same desk spoke at school, the teacher warned both of you. It's exactly like this. You should warn this friend because s/he harms you as well. When the pilgrim uncle does things wrong, it receives more attention. When the disabled does it, it draws more attention. The disabled who will come after will also be affected by this badly.

The owner of the statement above mentions that he warns both the disabled and the non-disabled colleagues of his. However, he also mentions that if the one who makes the mistake is disabled, then the tone gets stronger. “Pilgrim uncle” term is used for people who promised to abide by the Islamic rules by going on a pilgrimage to Mecca. These people who do not follow these rules are accused of being inconsistent and their behaviours attract more attention than the others. The analogy between the “pilgrim uncle” and the disabled is set on glaringly conspicuous basis. When the disabled who is employed at a workplace “despite his disability” and “given a job s/he didn't deserve” makes any mistake in the workplace, attention is drawn onto him and the other disabled also become victims of the generalization and distribution of mistakes.

5.5.2. Oppressions Patterns of the Public Sector: Mobbing, Physical Incompetence and Isolation

5.5.2.1. Mobbing

Mobbing means harassing or psychologically terrorizing someone at work. It brings person into a helpless position with high risk of expulsion (Leymann, 1996). Mobbing which aims at intimidating the disabled and making leaving their job their own decision is a frequently used oppression method. Thus, the unwanted disabled workers are faced with mobbing either directly or indirectly. There are two reasons for mobbing towards the disabled. The first one is the thought that the disabled would not react to mobbing the same way as the non-disabled workers. With this method the hierarchy between the administration and the employees get stronger and this makes all the workers “learn a lesson” out of it. Secondly, when the disabled require equality or betterment, the mobbing process gets more intense. In a consecutive order, the statements of Alper and Cem, who think that they had to put

up mobbing not being able to cope with it and considered at the lowest status, are as follows:

I don't know why my manager acts towards me like this. It is not only me. He has issues with my other colleagues as well but he is more overwhelming towards me. I am disabled and I do not react. He tells me that he would banish me to other Eastern cities. He had an argument with another colleague. Our colleague slammed his hand on the desk. The manager called the security and tried to banish him to the storage room. Our colleague told him that he had to report this to Ankara in written first, he couldn't make these decisions arbitrarily. We face too many difficulties here but he can only treat us in this way. He does anything that he can't do to others to us. He sees himself superior to us. He thinks what we could do to him. Knowing that we wouldn't be able to grab him of his neck, he comes right on top of us.

We had another head of department before this. He alienated me a lot. He called me "numskull" and "sonny" and used to say "I'll beat you up" right in front of other people. I suffer from facial palsy after the car crash and he ignores me because I have a "disproportional chin". We have nobody to hold onto. We are at the lowest status. That's why he did all these to us. It's usually the chiefs who ignores us in this way. There are some civil servants sitting at a desk drinking their tea, smoking and doing their crossword puzzles but nothing happens to them. If we have some tea, we are told not to be seen with a tea glass again and our phones either because we have nothing to hold on. For example, the assistant manager now, tells us to do something and if we cannot do it, he tells us to resign. They see us as slaves here.

Mobbing used just for being disabled, is an intimidation beneficial for the institution in the prevention of the equality demand both for the disabled and the non-disabled workers. The disabled who come up with a stronger demand for equality, face a more intense mobbing process. Complaint petitions which do not reflect the truth and threats to change their departments are the methods used to make the disabled workers who ask for equality accept this inequality. The mobbing process that Alper, who had a complaint which did not reflect the truth and this situation known by his department chiefs, has experienced is as follows:

Every now and then when I am late for work, I trouble with the manager. He does not tolerate it when I am 10 minutes late. He accuses me of being late intentionally. There is traffic congestion. It could be tolerated a little. Whenever I am late, he calls me in his room. Once, I don't know if

he was picking on me or not, he said that there was a complaint about me. When I asked him who complained about me, he said that's not what he could tell me but there was a complaint. He gave me an official warning saying that I've put the customers off, I never do the tasks he asks me to do, never answer the phones and I am always being late. I told him that I have a chief, an assistant manager and he never sees me and suggested him that he asks them if they are not pleased or not and if I do my job or not. My chief and assistant manager have no complaints about me. I told about this to my assistant manager and he said he knew me well and he would talk to him. He did but I think the manager is picking on me. I never felt disabled before I started working here. I only saw it on TV. When I had an argument with the manager, I realized that I was disabled because the non-disabled workers can react to him and he backed down. Even though I had no faults, he gave me an official warning without investigating about it. He tried to put pressure on the non-disabled workers but because they didn't keep quiet about it, he backed down. I couldn't do it so the oppression still continues.

The disabled not only think that their mistakes are watched for but that they are removed from a post just because they are disabled and can be assigned to different posts as well. Neşe faced being removed from her post on account of a non-existent complaint:

There was this intention that I had no one-to-one relationship with the patients. The department I was going to sent was of good quality. They tried to direct me to that position. I wanted to get posted because they told me that there was a complaint about me but later I learnt that there wasn't such a complaint.

When the disabled working in jobs that are suitable for their condition oppose to this or demand betterment, they are faced with mobbing and asked to change their departments. Umut, who loves doing his job, says that he ignores his health to stay in the department he is working in:

Normally, it is not good for us to work at night shifts. They can say that we might not be able to handle this busy schedule because of our condition. There are regulations but none are applicable. When we oppose to this, we are asked to change our departments. This is not the right suggestion. It is not right to quit the job you like you are doing and go to a different department. We are caught between our health and jobs.

The disabled workers who ask for equality or betterment think that they face more mobbing. As a respond to this demand, the three strategies of the public sector come

into practice. Firstly, the departments of the disabled workers are changed. Secondly, they are threatened to get their departments changed. Thirdly, if it is not possible to change their departments, they can face direct or indirect mobbing in their workplace. İlker mentions that he experienced verbal mobbing while he was working:

They perform mobbing verbally on the blind workers. I don't have loud speakers on my computer so I use headphones to listen to the instructions from the computer. Your colleagues try to harass you with their loud music. When you stand up to it and not go under their order, they get annoyed with you. He is not only disabled and also trying to be superior to me. The conditions that competition creates. They try to resolve the frustration from others over you. Mobbing process is continually in progress. With ever change, it is more likely to face a new mobbing. They don't want you to do anything and then they react that you do not do anything. Personal gains are ignored. They do not refer to you or accept you. The personal rights to be treated with honour and not offend you are totally ignored. There is this continual feeling of being useless and mobbing. However, if you take the advantage, accept to be quiet, suggest not going to work for 5 days then you become the cute guy and the mascot. Mobbing is not used only for the ones who do not object to not being given any duties and the ones only have a chat even if it is, they do not see it that way. The ones who ask for equality face more harassment. The ones who take the advantage of their ability do no work at all but they are much happier.

The disabled workers who do not demand equality and betterment are not exposed to mobbing or the related relations are not considered as mobbing. In a way, in a reasonable disabled situation mobbing can work adversely. However, the disabled workers who do not want to be “reasonable disabled” face discrimination.

5.5.2.2. Physical Incompetence

“Not to look like a disabled” is the biggest target of the disabled workers in work life. Through this purpose, the disabled workers aspire to work in jobs that their physical conditions cannot handle or work more to show their desire be equal. In addition to this, the non-disabled workers do not consider the disabled as “disabled”. However, these two “not consider as disabled” has two different meanings. While this demand from the disabled requires equality, for the non-disabled workers this perception suggests having no physical or laborious investment. The work place not

being adjusted according to the needs of the disabled and assigning jobs according to the worker but worker according to the job are the main obstacles for the disabled to do the jobs that are suitable for them. Moreover, the disabled end up being not able to ask any physical betterment at the workplace. A reasonable accommodation requires employers to modify environment to allow disabled employees to perform tasks adequately (Mackelprang & Clute, 2009). However, there can be negative effects such as lower conditions of work, restricted opportunities and reactions of colleagues to disabled workers when they demand different needs at work or change the existing pattern of working (Arthur & Zarb, 1995). To illustrate, the computer programme which enables the disabled workers use computers at work are not purchased by the public institutions and the disabled workers use cracked programs. In addition to this, because the programs in the public institutions are not compatible for the disabled users, they cannot use these public programs even if they use the crack programs. Neşe's statement is as follows:

There is no equality in opportunity. For example, a screen decoder software has not been bought for the last 5 years as they do not have the budget for that. I don't have to provide the crack form of the program myself. The workplace should provide this for me. There is this system; for example, you approve the patience through this program. I cannot do this without this program and thus I cannot work. The other system is not suitable for me.

The physical incompetence in this example leaves its place to non-existence as the incompetence is a term used for situations that cannot be met fully. However, in this example it is understood that the demand for the only element to perform the job is not met. Not buying the screen decoding programme for a disabled worker means not having trust in the job that the disabled do. However, the disabled workers are forced to use crack programs, which is a cyber-crime, rather than doing nothing. Because the corporation program is not manageable for him, Oktay works as a switchboard operator instead of doing his own job:

We are in a communication era, computer era. We can use computers. There is a program at a low cost. Jaws and Geveze that runs with it. These can be loaded on the main computers of the institution and can enable us to use the computers. With these programs we can do the same proceedings as our colleagues can do now. But we cannot do them now because we cannot see the screen. We made some suggestions before but

nobody paid attention to them. You know the bureaucracy functions really slowly in this country. The ones here must be happy with the situation that they haven't done anything about it. Because of a task that would take only a day to get it, I cannot do the job that my post requires. I work at the switchboard. I follow the training, inspect the new financial regulations, I am taking exams but I cannot use any of these in my job. I went for a 6-month training. I think of the training I received there and the job I am doing here. It has nothing to do with what I am doing here. They send me to the training but they don't let me use them here in my job.

It would be inadequate to read this quotation through a typical bureaucracy cumbersomeness and lack of budget. The visual impaired can use computers with screen decoders. Yet, the opinion that this use would not be enough lead the institutions not to buy the program with the excuse of insufficient budget. The disabled who are devoid of suitable designs for them are forced to work in jobs that require no skills or not to do any work. In some cases physical incapability can take the form of a test of the disabled worker. Cemil's opinion is of the fact that he has been going through such a test:

They send writings in so small letters. I tell them that I'm an eunuch, they ask me how many children I have. How can I read this tiny writing? Even a non-disabled person cannot read it. They ask me to list things out of it. I am not sure if they are testing me. When they bring such a writing, first I get it photocopied on a A3 paper. They mostly bring me writings on an A5.

Cemal, 50% visually impaired worker who thinks that he is going through some kind of a test, can work on the documents brought to him on A5 after he gets them photocopied on A3. The disabled workers try to create some value and hold onto their jobs in the workplace by creating their own solutions with the extra effort they spend. Here, there are two issues to be mentioned. First of all, the disabled are of the opinion that they are not valued because they are devoid of the physical facilities. The second one is that they spend effort to get value by creating their own solutions. Without doubt, an institution not providing the physical facilities for its disabled workers shows that it has no expectations. However, the disabled are trying to find a place in the world of the non-disabled with their own solutions. İlker states that even the basic facilities required to do his own job was turned down by his managers:

When you have a broken chair, even the simplest tasks like getting a new chair are not achieved. It is so simple. It is just a chair. I have been working for three years, every clerk has a folder, called the desk pad, to carry the documents to be signed but I still haven't got one. For three years and I still haven't got one. It won't cost more than 20 TL.

The disabled are not only exposed to perceptual but also physical barriers. The physical one is himself and the result of the perceptual barrier. The unwillingness to see the disabled in the workplace stems from the oppression that is created by the physical structure.

5.5.2.3. Isolation

Isolation has both physical and relational aspects. Certainly, any worker without equal conditions is exposed to relational isolation, but if this isolation becomes physical, in other words, when the borders of the area is specified then it acts as a role of jail. There are two reasons for not wanting to see the disabled workers about. Firstly, presence of the disabled workers put the non-disabled workers on strain in terms of conscience, hate and activates the feeling of not to be willing to help them and thus the opinion that it would be better to isolate them for the functioning of the institution develops. Secondly, the main tendency is that it is not necessary for a group of workers who are there to get paid and go and not required to do any work to be seen about. The disabled workers are considered as a group of people to be ignored by being isolated.

An İŞKUR official's opinion on isolation is as follows:

A disability, malfunction or a deficiency of a close by person is considered as one's own and so they do not want to interact with this person much. Also, one should be willing to help the disabled with the work. If s/he is doing some kind of hard labour, s/he doesn't want to get close to her/him as that would be an extra burden on him. May be because s/he sees the deficiency of the other as something s/he lacks in her/his own conscience, s/he does not want to approach him as much as possible. That is, it forms some kind of isolation. A non-disabled person is also affected by this psychologically. It has a detrimental effect on them. They prefer to keep away from them.

The statement above has two main points. The presence of the disabled person prick the conscience of the non-disabled person. Seeing the physical defect that they wish not to have personally in someone else turns into a wish of not wanting to see the

disabled people around. The second point is the possibility of a disabled being in need of help, which brings about exclusion of the disabled from the area the non-disabled people use. To illustrate, while everybody in the institution work in open offices, it is only Oktay who works in his own office:

If they provide me with a computer, I can also issue a payment order for the individuals. I can issue a communicate and when a taxpayer comes, I can easily run a program to find how much they owe. We are isolated here. This place has nothing to do with the institution. We could be sitting in the same room with our other colleagues. It is not even known that there is a disabled working there. It is only those who know us know that we work here.

The disabled face a first degree perceptual isolation by not being assigned any duties according to their qualifications and jobs they can perform and as a result of this perceptual isolation, they are also exposed to a second degree physical isolation.

What is behind the employment policies is the social integration of the disabled but from them being on their own in their workplaces, it is understood that the employment policies are all about only paying their salaries and increasing the employment percentage of the disabled. Socialising in the workplace is not possible for the disabled. Because they are excluded from the outside work social facilities, the level of socialization goes right down to zero. Isolation cannot make sense only with physicality but also relations. Consecutively, what Cemal and Gülhan tell summarizes the disabled not being invited to facilities outside work:

Friendships are troubled. For example, I cannot join a football match on a football pitch and I cannot play okey as I cannot see the colours. These are really simple things but they reflect on our work life. They can develop much closer relationships with each other.

For example, if there is an outing, we are not invited. They think “How will she come and how will she get home?” and I will not be able to keep up with them.

Relationships outside the institution are a reflection of the relationships within the institution and these relationships feed each other. The exclusion of the disabled workers from the facilities outside work because of their disabilities ruins their relationships within the institution and the perceptual/physical isolation becomes

lawful. According to İlker, “unwanted people” in the institution are forced to share the same room.

While everybody else was sharing a room with 3-4 people, I was left in a room for two people. Two discarded people in the same room. The other one is not disabled but he speaks really loudly, he is not wanted in the departments. This is, of course, an isolation.

Physical isolation is ahead of their potential demands. The disabled isolated from the institutional surrounding will be far from the comparison and will learn to get by with what's provided for them. Thereby, the public institutions create an “army of disabled workers not demanding anything”.

5.5.3. Exercise of Rights: “Potential Work-Shy”

In Turkey, there is a strong belief that there are excessive right regarding the disadvantaged groups. The term excessive here points out that they are unnecessary and redundant. The relatives of martyrs and veterans, people who receive social benefits and the disabled are on the top of list who are considered to have so many unnecessary and redundant rights. These groups are generally regarded as burden paradigm for the state and the society. Employers generally believe that the disabled are less productive, have higher turnover and absenteeism rates (McFarlin et al, 1991). Herein, without ignoring the fact that the disabled workers are employed out of an obligation and they are less productive, have high turnover and absenteeism, them using their rights at the workplace unnecessarily is met with negativity. It is necessary to mention that the prevention of legal permission use is valid for the disabled who are given jobs that either require no skills, including all the disabled employment in the public sector, or over their capacity and the ones who are not given any jobs at all. The thought that their physical conditions do not require them to use the related rights brings about the oppression resulting from the intention of using their rights. In this period, the disabled develop a reflex not to use their rights. Not appear to be disabled and the thought that the disability condition will be taken advantage of force the “potential work-shy” disabled to develop this reflex. In this section, prevention of the legal use of permission and the reflexes developed not to use them and disbelief in health issues and reactions towards health reports will be discussed.

5.5.3.1. Prevention of the Legal Use of Permission and the Reflexes Developed Not to Use Them

The disabled have some right in the workplace determined by law. However, the public sector, thinking that these rights are unnecessarily and redundantly excessive in number, do not let the disabled use their rights. For instance, the disabled who would like to use their snow holiday are either faced with verbal oppression not to use it or an official permission from the district governorate, which makes the snow holiday technically invalid. The disabled who would like to use their legal permission right on December 3 International Day of Persons with Disabilities observe that the disabled label gets more intense. Because of these methods, the disabled develop a reflex not to use their legal permission right.

Cem is one of the disabled who didn't use his legal right and came to work when he was asked to bring an official written permission from the district governorate for his snow holiday:

The disabled are given days off because of adverse weather conditions. When the schools in the area closed, it is a holiday for us as well. We inform our chief about this and he asks us to bring a paper proving this. This requires going to the district governorate and getting the paper. They are trying to get me to work rather than to the district governorate of course. Rather than queuing up in the district governorate we come to work. What can we do?

Although it is accepted in the public sector that the disabled going out on the snow can cause danger, it is controversial for the public sector to ask for a written permission from the district governorate. As mentioned in the statement above, the disabled prefer to go to work rather than going through this procedure. Neşe states that she didn't use her snow holiday thinking that it would “cause trouble”:

I don't use my snow holiday right. They have never told me I couldn't but I don't use it thinking that it might cause trouble.

Suat's statement “considered as abuse” completes Neşe's statement “cause trouble”:

When the schools in the area closed, it is a holiday for us as well. But I don't take my holiday. When you take it is considered as abuse.

It is confirmed that the disabled workers use less holidays than the non-disabled workers as they don't want this to be regarded as abuse. The work life that starts with

the concern “not look like a disabled” brings the disabled to the point of using their legal rights less than the non-disabled workers. Çetin tells that he hasn't used his annual leave for a long time:

I am not someone who takes frequent holidays. In the previous years, they found out that I had 70-80 annual leave. We worked full-time on Saturdays and Sundays too. The previous institute manager told me to use 40 days of it then.

Contrary to common belief, the disabled neither have too many rights nor do they use these rights. In fact, they have stated that they come to work more than the non-disabled workers. As Cemal and Nermin mentioned, what lies beneath not using their legal holidays lies the motivation not to look like a disabled person:

Last year on the International Day of Persons with Disabilities, I deliberately went to see my department manager and told him that I wanted to use my legal day off right. He asked me if I was serious and my colleagues in the department made fun of me. I didn't take a day off this year. Not to look like disabled. I think that's why we don't use our holidays.

If there is going to be compulsory overtime to be done, a disabled worker won't say s/he would not stay, s/he had no energy left to work. S/he wouldn't want to say because they want to look normal. Even if you are given some rights, you cannot use them. There is work to do there and you can't ignore work. For example, if there is snow holiday, you cannot take it. Your conscience won't let you be. There is this situation that you don't use your given rights. There is also the urge to act like a normal person. This work could easily be done next day. It is public work at the end of the day. If we used all our rights, our disabled labels would get stronger. It will end up being “s/he is disabled, s/he cannot do this.” When you say that it is snow holiday, the official paper arrives at 4.30 and the shift finishes at 5 p.m. I travelled all the way to come to work here anyway, what happens, if I leave half an hour early.

The use of the disabled rights leads to increase in the disabled label. The disabled who do not want to look disabled try to be as equal as the others by giving up on these rights. However, when they do want to use these rights, the mechanisms to prevent them from using them start to function and the public sector develops various methods to stop them using their rights. Asking for an official permission from the district governorate and the threats to change their departments are the most

common of them. Gülhan is one of the disabled worker faced threats to get her department changed when she asked her right to leave 1 hour early:

Actually the public sector is good for the disabled. If they can use them, the state has many regulations. It is only the chiefs who put pressure on you not to use them and to go through any hassle you give upon them at one point. For example, I live 45 minutes away from here. I have the right to leave an hour early. When I talked to them, I was told to come and go like everybody else. International Day of Persons with Disabilities is a public holiday for us. But they do not let us have this either. They tell us that there is no such right. My other colleagues never ask for it, they tell me that I have become focus of people's attention. And finally, when you cannot do this, they threaten to send you to a more difficult department and tell you that you will find what it is like to be there.

The statement above involves the intimidation of a disabled worker. After the few rejections of their demand to use their rights, they do not intend to use their rights ever again. However, the disabled not necessarily have to be turned down not to use his rights. The disabled who are aware of this phenomenon become the “ready-made intimidated workers” as a result of the use of rights associated with “negligence”.

5.5.3.2. Disbelief in Health Issues and Reactions towards Health Reports

The health reports the disabled get when they have problems with their health or when they go for the required examinations are not accepted by the public sector. The most interesting aspect of this issue is that the administrators in the public sector can act as a doctor and make decisions and utilize some deterrent mechanisms. Three deterrent methods have been identified. Firstly, the chiefs want the health problems to be proven free from health reports. Secondly, the efforts of the disabled with health reports “not to look like disabled” is undermined by the public sector and this is hinted either directly or indirectly. Thirdly, the disabled workers on health reports receive low performance grades. The disabled who has to take these three elements into consideration, has developed a reflex either to take less health reports than the non-disabled workers or none.

The first element of the deterrents is the chiefs doctor-like attitude in asking for proof for their health problems. The public sector seeing the disability through medical perspective asks for a proof whether the body is health or not with their own

medical knowledge. The public sector which ignore the disability and reject the fact that it is possible to lead a disabled life with certain examinations show their disbelief in the disabled statement and the health report issued by the hospital. Suat states that the disbelief in health problems is all about the physical appearance:

The chief only believes it when he sees it. If it is an internal disease it is not that convincing. They go by physical appearance. He wants to see it first. They do the same thing in the army. They take me to the police station one day. They made a mistake. The commander told me to get undressed. He wants to see it himself that I have a missing leg.

Suat, having to wear a prosthetic leg, had to show his prosthesis both in his work life and at the police station when was taken there for roll call by mistake. The army being another section of the public sector and having the same irrational bureaucracy within self has developed the same distrust for Çetin:

I have suffered a lot. I went to the army and even couldn't make them believe it. I told them that I had a hearing-loss and asked them not to take me responsible for the things that I couldn't hear, but they never listened to me. I never said let's take you to the hospital and get it checked. I even didn't know what a report meant. Nobody said anything to me because my parents were not literate. They were uneducated. They didn't show any interest in me either. Because I didn't know anything about it, I showed the health report given to me to the company commander and he ripped it into pieces and threw it at me. I find these really humiliating. I can tell you these now but those are my lost years.

Even though ripping a health report and throwing it at the disabled looks as if a direct attitude taken towards the disabled , showing disbelief in health problems of the disabled and developing distrust against them is not different form tearing the report in pieces and throwing it at them. Because of means of oppression used against them, the disabled workers metaphorically rip their own health reports into pieces. In other words, they do not get health reports for their health problems. On occasions when they get health reports, a duration of time is required to convince the chiefs. Alper's experience is as follows:

I went to the hospital. I suffer from bronchiectasis. It gets worse during winter months. The manager called me one day. Another colleague had been to the hospital that as well. He called that one too. He lined us up, never asked us to sit down or anything. We are standing up. He is asking

us what our problem was as if he were the doctor. I told him. I told him that I had bronchiectasis and went to the doctor to get my medicine prescribed. He asked me what time I was finished at hospital I said 1p.m. and he asked me why I didn't get back to work: I told him that if I did, it would have been 5 pm by the time I got to Gebze from the European side. He never asked what was wrong with me, he only asked why I went there. He is not a doctor anyway. He thinks we are skipping work that's why. He is not only thinking that he is oppressing us to make it a deterrent. If I go there ever month, I would understand it but if you only do that every 3-4 months, it upsets you. When you experience something like this, you think about going to the doctor 5 times. You keep thinking "Is he going to call me again? Is he going to tell me off?"

At the end of the related duration of convincing period the disabled workers consider going to the doctor many times and mostly prefer not to go. The disabled not getting health reports not to be the centre of attention is the most obvious finding of this study. The disabled workers being sure that they will have trouble when they get a health report are scared of the treatment they are going to receive at work. Mine is one of the disabled workers working with this fear:

I haven't had any trouble because I try not to get a health report. However, I believe that I will after I get a few reports. This is something we always live with; thus, this could a complaint for you as well. They wouldn't like it. I'm sure.

The second deterrent that prevents the disabled workers from getting health reports is that all the effort spent on "not to look like disabled" is wasted by a health report. The health report turns into the ticks put in the disabled workers section and the discomfort felt by the chiefs is either directly or indirectly hinted to them. When Şenol got a health report, his colleagues regarded it as intentional and his chiefs as negligence:

Because my colleagues didn't know what diabetes is like, they thought that I had a health report because I wanted to and the chiefs thought that I avoided work. I have a proof. If your doctor gives this, nobody should really object to it.

No matter how solid an evidence is the health reports that the disabled workers receive, they are not convincing enough for their chiefs and the non-disabled workers and each health turns into an oppression. What is unusual about this is that

the same process is not applicable for the non-disabled workers. İlker's opinion on the issue is as follows:

The disabled individual should either never come to work or turn up at work like everybody else but do no work and just sit there. When somebody cuts a finger and gets a health report, nothing comes out of but if we get a health report when we get the flu, it turns out to be big thing.

The chiefs developing oppression orally is one of the most common phenomena. Çetin, with a disabled child, states that he cannot use his monthly 8-hour disability permission to take his child for doctor's examination and his chief advises him to take him to a private hospital at the weekend and in this way he suffers from oppression. It's not only the health problems that the disabled suffer from but also the ones around them suffer from are not considered convincing because the disabled himself is regarded as someone to be trusted:

We have 8 hours permission a month. When I want to use this 8-hour permission to take my child to the doctor, my managers suggests that I should do this at the weekend. I cannot afford to take my child to a private hospital if I could, I wouldn't be here anyway. I have to go to the state hospital. Then he tells me that half a day is enough for me to do it. He faints at the hour and he has seizures. If your child, your soul has seizures, would you be able to work here?

All the effort the disabled workers spent to break the perception of being “useless” is wasted because of health reports. The only strategy that is developed by the disabled is not to get a health report. Mine is one of those workers who has developed a reflex not to use a health report. Her insight on the issue is as follows:

If I get a report a few times, I will become a useless worker. You are disabled anyway and then you will become useless too. I have never used one up to now. We make this situation normal as well.

The reflex that the disabled developed not to get a health report is not only out of their experience but also of other disabled workers experiences. As Neşe stated this kind of situations can easily spread among the disabled:

These things can easily be heard among the disabled. There is this general tendency not to get a health report even though s/he really needs one.

The third deterrent that prevent the disabled from getting health reports is giving low performance grades as a reflection of the perception that they are “useless” and thus stopping them getting promoted. Umut is one of the disabled workers who got a low performance grade because of his health report he had to receive for his treatment:

Normally, I should receive a general treatment once a year and an eye treatment every six months. I have trouble asking permission for this. Once I got a 10-day health report when I was on holiday. I got a low performance grade because of this. I took a long holiday. This affected my motivation too. After that I couldn't ask for permission. This can hamper our treatment too.

5.5.4. Impossibility of the Disabled to Get Promoted in the Public Sector

In the public sector, any worker who fulfils the required criteria can legally get promoted. However, after a period of time what illegal has become legal in perception and practice and the disabled have stated that they have no belief in getting promoted at work. 19 out of 21 disabled participants mentioned that they would not be placed in better positions and get promoted just because they are disabled. The participants have given three reasons why they would not get promoted at work. The first one is that they never came across a disabled at high status. This opinion developed through comparison takes the possibility of them getting in better positions and getting promoted to level zero. Secondly, they think that they will never get promoted at work just because they are disabled and the concerns related to aesthetics is quite intense. It is essential to mention that when the participants were asked why they “wouldn't get promoted”, the only answer they gave was “because I am disabled”. The third reason is the statement that there is no connection between education received and high positions and getting promoted for the disabled. They think that getting promoted in the public sector has an ideological side to it and there is no place for the disabled there. The first element identified in the impossibility of not getting promoted in the public sector is not coming across a disabled in high positions, which cause the belief to get promoted disappear. A hearing impaired worker Oktay, basing the situation on his condition, has stated that he has never seen a hearing impaired individual in higher positions and given his reasons as follows:

I have never seen an hearing impaired individual in higher positions because s/he should be able to give something to the public, and to blend with the public s/he should be able to understand them and the public should be able to understand him. We are always misunderstood because we cannot be understood. There is a saying in public the deaf cannot hear, they make things up. What can a deaf person do, of course, s/he will say something whether right or wrong.

Irfan also points out that he has never seen anybody disabled in higher positions in Turkey:

I think I'll always be left behind because I have a disability. No disabled has actually been promoted to high positions in Turkey.

The second element identified as the impossibility of getting promoted in the public is just to be disabled and the intensive aesthetic concerns. The reasons for a disabled not to be placed in higher positions should not only be read through physical conditions which is related to being disabled and aesthetic issues. As a medical model set on a relation between the physical condition and the personality ruptures the relationship between the disabled and high position. Ilker thinks whatever he does, he will never get promoted:

Even if you show that you can do something, it is never accepted. Aesthetic point of view is really strong. People have boundaries which cannot be bend or broken. Even if we create miracles, nothing will happen. That's the mood we are in now.

Nilüfer also thinks that aesthetic issues form a barrier for the disabled get promoted at work and that the disabled would never be active in work life is a theory that cannot be disproved:

Even if they get really good education, they cannot do it. Because they see it through their prejudice, they will think that the disabled would never act in an active position. I wouldn't be given the chance either. There are aesthetic concerns of course.

No matter how much value a disabled brings into the institution or how hard s/he works, they are never placed in high positions. The disabled understand that there is discrimination against them by comparing themselves with the non-disabled workers. When Çetin considers the premium given to the workers he has trained

himself and the status of the other workers with whom he stated work together, he knows for sure that he will never get promoted:

I have suffered a lot here. I worked day and night, especially when they were setting this building up, I was here all the time. I stayed here until 12 am. I never said I was disabled or this or that. They even awarded the ones who came here after me but not me. Because the way they see the disabled is "he is disabled and that's it" even though I worked harder than them. I worker who I trained got promoted twice but not me. My colleagues who started work the same time as me have reached B7. I'll never get there. You consider the financial part of it. They get more premium and they get to high positions. Then you realize that there is discrimination against you.

The third element identified as the impossibility of getting promoted in the public sector is the thought that getting promoted at work is ideological. Contrary to common belief, there is no connection between the level of education and getting promoted. In addition to this, the boundaries set by this ideology for the disabled are solid and it is not possible to go over these boundaries. Neşe's opinion on the issue is as follows:

I think it is nothing to do with education. In Turkey, getting promoted is ideological. Because I think the administrators in the public sector are not educated, even if I had high qualifications, I wouldn't get placed in higher positions.

Nermin who points out the boundaries set for the disabled by dominant ideology of disability does not think that she can go over those boundaries and thus get promoted:

No matter what kind of education s/he receives, there is a status for her/him. They never let her/him get out of it.

5.5.5. Being a Disabled Woman: Double Disadvantage

In general, disabled women are more discriminated against and disadvantaged than disabled men (Emmett & Alant, 2006). Although disabled men and disabled women are subject to discrimination because of their disabilities, disabled women face a double disadvantage in the workplace based on both their gender and disability status. Disabled people are stereotyped as dependent, helpless and therefore less

productive. However, disabled women have additional stereotypes as being “weak” and “emotional” (Tororei, 2009).

‘Regimes of inequality’ are constituted in organizations in which social inequality categories are mutually reproduced. “Inequality regimes have certain, but varying characteristics, including different bases of inequality, degrees of visibility, legitimacy, hierarchy and participation, types of ideologies supporting or challenging inequalities, and organizing mechanisms that maintain and reproduce inequalities” (Acker, 2000: 192). Work relations among colleagues and with managers and the dynamics of the everyday social and cultural practices and dynamics in the workplace can serve to reinforce gender inequalities at work (England, 2003). Disabled women are seen as helpless, childlike, dependent, needy, victimized and passive more than disabled men (Tausadottir, 1990).

Disabled women discouraged to be employed in paid work, since they have seen as less effective at work because of needing to also manage domestic responsibilities (Arthur & Zarb, 1995). For this reason, not surprisingly, disabled women occupy marginalized places within employment area. According to Chouinard (2010), marginalization of disabled women in relation to paid work is realized on the bases of gender and disability. In this way, a sort of queue operates in employment and disabled women are at the very end of it (Fawcett, 2000).

There are specific employment barriers for disabled women in the public sector. The public sector expects the disabled women workers to give up on their feminine image. Both the collective spirit of the public sector and the attitudes of the chiefs and the other workers force the disabled women workers to show manly traits. The second gender based discrimination is that the disabled women workers are exposed to more harassment in the public sector. It is more difficult for the disabled women workers who could not go through the strict filtering system of the private sector and forced to work in the public sector to quit their jobs than the disabled women workers who have gone through the strict filtering of the private sector. However, it is essential to mention that this thought belongs to the world of harassers world and is used as a trump. In this respect, disabled women in the public sector are more likely to experience abuse for longer periods of time (Hassouneh-Phillips & Curry, 2002).

The clothing and the care of the disabled women workers in the public sector are condemned. The stereotypes of the disabled constantly remind the disabled women workers that they are disabled and the disabled women workers who go out of these stereotypes are warned. Gülhan's experience is as follows:

When I take care of myself a little, I get comments as “What kind of a disabled are you?” I come across this quite a lot. “look at that girl. She is disabled but look how she is dressed or look she had her hair dyed blond” and thing like that. Don't I have the right to do these things?

Condemnation of being a well-groomed disabled women worker shows that disability cannot be built through femininity and women are seen through an asexual identity. For Oliver (1990), disabled women are often denied access to female images and roles because they are often seen as asexual. Nermin also faced such kind of dialogues:

I wear these high-heel shoes because of my colleagues. Me wearing these shoes continually is because of them. I cannot wear high-heel shoes. I cannot wear short skirts. What do I have to show? It is just like how you feel when you wear a miniskirt or high-heel shoes, You don't want to show yourself. It is all about making yourself happy. OK I could be limping but I ignore it. I don't understand what annoys you about this. There were people who asked me what my purpose was in doing so. The one who should understand a women better is another woman, isn't it? Men also have different approaches on the same topic.

The critical issue here is that being well-groomed is not only condemned by men but also women. While the disabled women in the public sector who would like to be well-groomed receive verbal harassment on account of going well over the expectations of the non-disabled women workers, they are exposed to sexual abuse by men. The interview with Nermin ended as follows and could not be continued:

Being a woman is associated with being weak. Being a disabled woman brings the double burden of being weak. We are exposed to many things. This could also be abuse. It could be because we cannot talk about it.

Disabled women who experience abuse may be perceived as powerless to escape or dependent to people in the workplace that they may fear risking their needs met or placed in a more restrictive position if they report the abuse (Young, Nosak, Howland, Chanpong, & Rintala, 1997). Moreover, “For disabled people abuse may

be normalized” (Shakespeare, 1996b: 203). Disabled women are at increased risk of physical and sexual abuse (Smith & Strauser, 2008).

The public sector is full of threats for the disabled women workers. Along with all the discrimination that the disabled men workers face, the gender based discrimination that they face makes the work life for the disabled women workers even more difficult. While the public sector requires the disabled women workers not to go out of the boundaries set for them. They are also exposed to sexual abuse. In the public sector, the disabled women workers are condemned for being well-groomed and on the other hand they are exposed to abuse because it is thought that the disabled women would not quit their jobs or they would not complain about it. These understanding could be seen give abusers opportunity and justification to abuse.

5.6. Conclusion

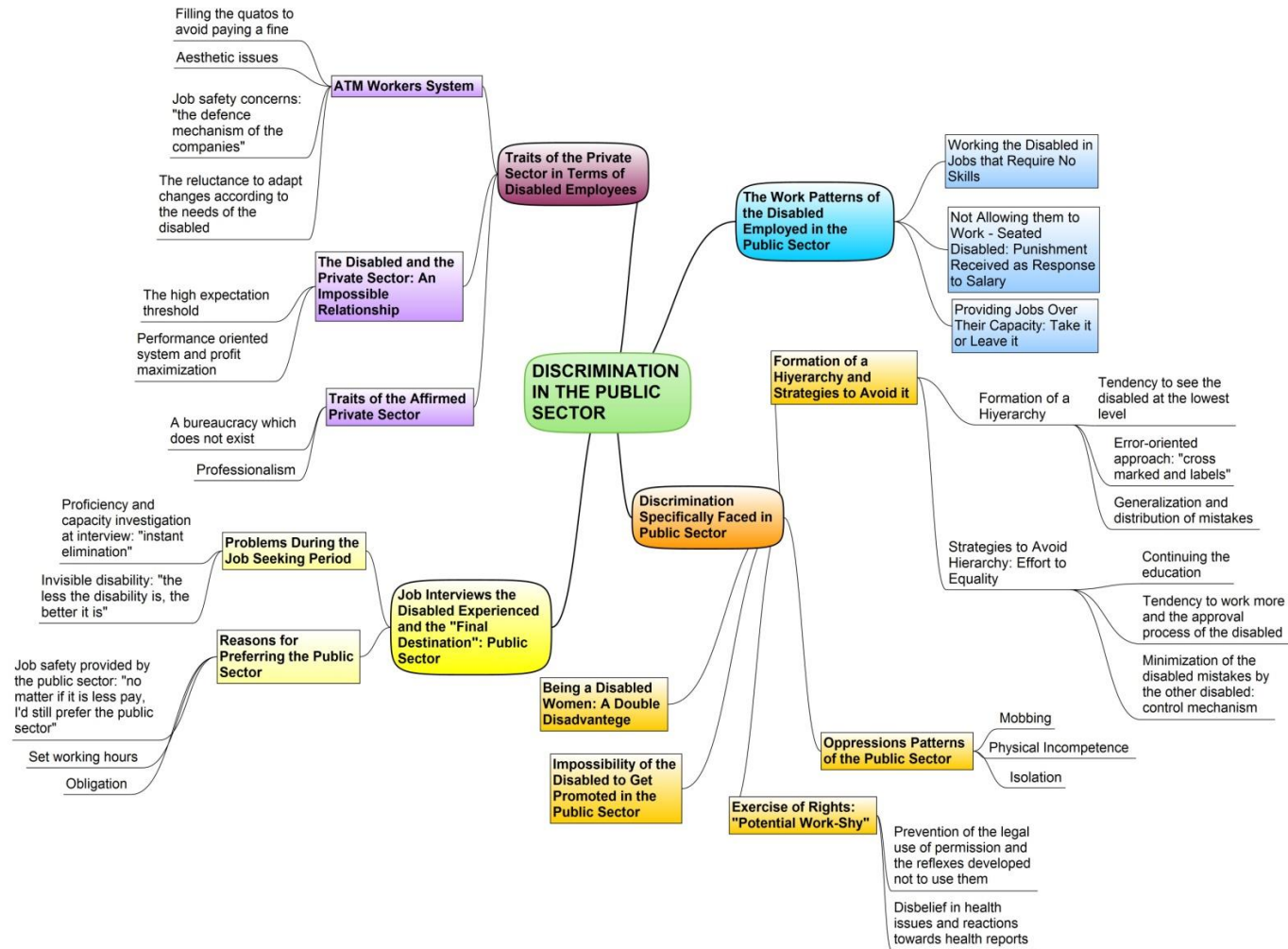
Literature on the employment of disabled people has focused almost exclusively on employers. As Barnes (1991: 18) claimed that “we have to remember that there is a world of difference between what people say and what they actually do”. As a result of “political correctness”, discriminatory acts have been become invisible or gained altered forms from the employers’ perspective. In this respect, it is a need to grasp whole discrimination map faced by disabled employees in the public sector. Interactions with employers have significant influences on the ways individuals identify themselves and how disability identities are constructed (Brown et al., 2008). For this reason, exploring discrimination requires the experiences of discriminated clusters.

In this chapter, I have attempted to highlight the discrimination practices towards disabled employees in the public sector that treated them as a burden, unwanted and a social (not economic) cluster that no needed to deal with (see Figure 1 for the argument mapping of the study) Since disabled people are excluded from the private sector as a result of the reluctance to adapt changes according to the needs of the disabled, job safety concerns, aesthetic issues, high expectation and being performance oriented system, disabled people prefer public sector compulsory that make discrimination practices visible within an institutionalized form. Beside, job

seeking process is one of the crucial steps to make visible the discrimination they faced. Instant elimination regarding the questioning of the capacity and seeking for invisible disability are the reflectors of medical model. Moreover, the work patterns as working the disabled in jobs that require no skills, seated disabled and providing jobs over their capacity are used as means of oppression in the public sector. On the section of discrimination specifically faced in the public sector, I have tried to display unique discrimination practices in the public sector such as formation of hierarchy and strategies to avoid it, oppression patterns of the public sector, exercise of rights, getting promotion and double burden of disabled women employees. Disabled employees are listed as “the lowest status” that is observed in attitude, addressing and general work practices set boundaries for them.

To conclude, as a result of institutional discrimination, the social and ideological construction of the public workplace could be seen through disabled employees’ perspective. While not working means a burden for the society, working in the public sector as a disabled alter the “burden paradigm”. Disabled people are employed compulsory and seen as a burden for both public sector and the society.

Figure 1. The Argument Mapping of the Study



CHAPTER VI

CONCLUSION

This study aimed to analyze the discriminatory attitudes in the public sector which excludes disabled employees in an institutionalized form that makes “visible” the discrimination processes disabled employees faced. This purpose of the study necessitated examining disabled people’s experiences of both seeking employment and being members of the workplace in the public sector. It is useful to note that exploring the perceptions and expectations of employers does not serve to develop applicable policy initiatives.

Disabled people are the world’s largest minority group; they are estimated to include about %10 of the world (United Nations Enable, 2008) and %12 of Turkey (Tufan & Arun, 2002). Disabled people are mainly disadvantaged through limited access to the labour market. Almost all discrimination acts depend on liberalist “equal opportunity” approach to employment. Thought of receiving equal treatment from the existing labour market for disabled people is stemmed from free market ideology that all people have equal chances to access material goods (Russell, 2002). If there is a problem to access material goods, “equal opportunity” approach accuses those who could not participate. However since disabled people are seen as “less than whole” through institutional discrimination and disability harassment as a result of medical view, they have no equal chances to access material goods. In this respect, inequalities are hidden under ideologies constructed around disability.

Disability levels of individuals who have same biological characteristics are varied by the environment they live in. For this reason, disability has no biological but social ground. Since societies and countries have different social circumstances, it is not possible to mention universal criteria of disability. This approach brings the theoretical framework of disability to the micro level basis. Oppression and its circulation in a society have unique features in bases of pattern, context, time and space (Abbarley, 1997). Even disability has unique features, it also shares the disadvantageous base of social oppressed categories such as gender and ethnicity. All over the history, significant amount of oppression has applied to social categories by biological references. Even the oppression has applied to social

categories such as black people or women in a labour pattern, biological differences have provided a ground for the form of oppression. For this reason, it is a need to understand biological standpoints of discrimination of disabled people to suggest new point of view rather than ignoring medical view totally.

At this point, disability models and definitions gain importance. Models and definitions of disability become authoritative and establish a justification for interventions on disabled people's mainstream social and economic activities.

Fundamentally, disability is defined by public policy. In other words, disability is whatever policy says it is... The fact that disability is basically determined by public policy, moreover, seems to demonstrate the need for careful investigations of definitions that are embedded in existing policies (Hahn, 1985, p.294).

The process of social construction of disability is not dependent on individual meanings or the activities of powerful groups, but "disability is itself produced in part by policy responses to it" (Oliver, 1999: 7). State, its institutions and society have shaped disabled people's life through modeling and defining them. The mainstream activities of disabled people are influenced by disability models and definitions. In other words, definitions, based on models, are translated into social policies. For this reason, social and ideological barriers of disabled people could be explained with deeper analysis of definitions and thinking system behind them.

Medical model analysis disability within individual and its body, however, social model deals with social structure that fail to predict and adapt to the differences. Medical view of disability imposes a distinction between "normal" and "pathological" body, by doing so it legitimizes the disadvantaged position of disabled people in the society. In this respect, if disabled people could not integrate into the society, it is not because of society but of their impaired body. Since disability is conceptualized around "outside of the health conditions", they have been forced to be rehabilitated rather than allow them participate to the mainstream activities of the society. Medical model conceptualizes the "normality" and excludes people who do not fit to the conceptualization of "normal" that set a ground for marginalization of disabled people. If disability is seen as tragedy within medical model, disabled people will be treated as if they are victims of some tragic circumstances. This treatment is not seen just daily interactions, but will also be

translated into social policies which reproduce the inequalities (Oliver & Barnes, 2012).

Social model, emerged as a critique of medical model, holds that disability is the outcome of social barriers. In other words, disability is a consequence of a society that is not designed to all people. It focuses on disabling environments, negative social attitudes and discriminatory barriers rather than “body” that suggests the need for strengthened laws and redesigned social structure to struggle with discrimination against disabled people experienced. Indeed, limitation of activity evolves from internal to external dynamics by the social model that claims there should be a shift from stressing on functional impairments to a perspective regards disability as the product of the interaction between disabled people and the social structure (Hahn, 1985). Medical model has been the dominant model in the formulation of disability policy in Turkey. While social model focuses on attitudinal, physical and institutional barriers that form disability by highlighting importance of political, social and economic factors, medical model emphasize on care, disabled people are excused from working that segregation gains justification.

Work is an important activity in modern society. The social and economic status of people is mainly determined by access to the labour market. Lack of paid employment has obvious implications of social isolation and exclusion. However, within the perspective of this study, accessing labour market could not guarantee the inclusion through paid work since inappropriate social, ideological and spatial organization of work and disabling character of work environments are ignored. Institutional discrimination and disability harassment play a crucial role for operating discrimination in the workplace. Institutional discrimination refers to policies of the dominant group institutions and the attitudes of individuals who control these institutions that mean discriminatory attitudes are embedded in the institutions. Discrimination is not just an outcome of individual negative attitudes but it has much more complex structure. Focusing on changing individual behavior is needless to analyse within the perspective of this study, because it should be evaluated under unchanged structure of social, political and economic environment that brings us to the concept of institutional discrimination. It is operated in three dominant ideologies: (1) establishing normal/abnormal dualism, (2) legitimizing

social inequalities and power relations and (3) governing eugenism principles. Firstly, medical view of normal/abnormal dualism is the major tool of institutional discrimination that determines approaches shown towards disabled employees. Secondly, institutional discrimination makes the lower socioeconomic status of disability and discrimination within employment “natural” and “as should be”. Thirdly, disabled employees are evaluated within eugenism perspective and they are assigned as the “losers” of the workplace. Disability harassment, conceptualized as manifestation of attitudinal barriers, complete these three dominant ideologies mentioned above. Since medical model associates disability with incapacity, through disability harassment disabled people are identified as worker who cannot perform given tasks with desired level. Disability harassment reinforces the message that disabled people do not belong and that nothing they do can change their circumstances (Weber, 2002). The combination of institutional discrimination and disability harassment is based on dominant ideology contains normal/abnormal dualism legitimized social inequalities and power relations that attempts to eliminate and disqualify disabled people from employment arena by perceiving them as a “threat”. In this way, the combination of institutional discrimination and disability harassment constitute on the one hand “invisible barriers” to satisfactory employment in public sector, on the other hand make discrimination visible in it.

The main point of this study that the discrimination is more visible in the public sector requires organizational culture analysis. Organizational culture, socially and ideologically constructed, determines all aspects of the organization related with work and workplace. While private sector excludes disabled employees by focusing on individual talents / knowledge and perceived inability, the motivation to exclude of public sector is the assumption that disabled employees cannot fulfill its “sacred” roles. However, because public sector has to employ disabled people, their employment is an obligation to be fulfilled by law and they are perceived as more like a “burden” than an employee, discrimination comes to exist more visible than private sector.

This study analysed also disability legislation of national and international grounds about employment in the public sector of Turkey. Legislative acts promote the rights of disabled people. National and international legislations of disability intend to

facilitate social change and improve the status of disabled people. However, institutional discrimination embedded in public sector preponderates over legislative acts. Despite the legislative acts, the findings from this study suggest that disabled people face extensive discrimination within public sector.

The exclusion of disabled people from the private sector forces disabled people to prefer the public sector. The main motivations of private sector to exclude disabled people are aesthetic concerns, work safety concerns and reluctance to adapt workplace according to employees' needs. Moreover, the high expectation generated by private sector from disabled employees and performance / profit orientation are the other motivations to exclude disabled people. ATM workers system has been used by private sector to perpetuate its capitalist concerns. Even legal contract is signed by employee and employer, employer does not invite employee to the workplace while paying is going on. In this respect, it could be argued that discrimination of disabled employees in private sector is ontologically "invisible".

Job seeking period is also important to reveal discriminatory side of the employment arena. Questioning of capability and capacity of disabled is used to eliminate them for seeking "invisible disabled" employees. The social construction of ableism frames the employment of disabled people. Also, the formulation of work and workplace is based on ableist ideology. The capability and capacity is hold by medical view that is assumed that productivity is ensured by employment of invisible disabled employees who do not like as disabled. Medical view becomes a major tool for decision making in the process of recruitment.

As a result of "direct elimination" and invisible disabled" criteria, disabled people elimination from private sector, disabled people prefer public sector compulsory that make the discrimination processes visible in an institutionalized form. Job safety provided by the public sector, set working hours and obligation are the main reasons for the disabled to prefer the public sector. Despite all the mobbing process and discriminatory structure, public sector is associated with guarantee and safety. Set working hours is another reason to prefer public sector in a comparison with private sector. Finally, obligation refers that preferring the public sector is not an option but a necessity.

I also classified the work patterns of disabled employees in the public sector. The lack of education of disabled people is one the hegemonic discourse that sets legitimate ground for employers to discriminate them. However, according to study findings, education does not much matter to determine their work types. In this respect, work patterns are not determined by skills, qualifications or education, but the work patterns are used as means of oppression as a result of the medical frame that assume disabled employees are positioned out of the desired employee profile. Rather than make necessary adaptations needed for satisfactory performance, jobs that require no skill, drudgery jobs, are created out as a strategy to exclude them from the center of the work activities. “Seated disabled” as not allowing them to work is another work pattern for disabled employees. Since the capacity of disabled employees is not trusted and they are seen as a “threat” to the institution, the second strategy of the public sector comes out as not allowing them to work. Providing jobs over the capacity is the final strategy that disabled employees are forced to resign from their jobs.

The study also tried to reveal discrimination practices specifically faced in the public sector. On the one hand, formation of a hierarchy was elaborated; on the other hand strategies formed by disabled employees to avoid a hierarchy were listed. Formation of a hierarchy consists of tendency to see disabled at the lowest level, error oriented approach and generalization and distribution of mistakes. Strategies to avoid a hierarchy covers continuing the education, tendency to work more and start the approval process and control mechanism to minimize the mistakes made by the other disabled employees. Regardless of their position, qualifications, skills and education, disabled employees are listed as the lowest level status worker, in other words, they are placed at the bottom of the unofficial organizational chart. Moreover, public sector develops an error oriented attitude towards disabled employees that deepen the hierarchy. Disabled employees keep on being alert and work with feelings of threat. Since all work practices are evaluated in terms of disability, distrustful attitude is constructed by the public sector creates a frame of error oriented approach in the workplace. In addition to error oriented approach, public sector has a tendency to generalize the “mistakes” and negative experiences with previous disabled employees are transferred to all disabled employees. In other words, disabled employees suffer from the mistakes that they have never made. For all that

constructed hierarchy, disabled employees develop different kinds of strategies to decrease the effects of hierarchy. In order to break down the prejudice that they are uneducated, they try to finish high school at night schools, receive a university degree at Open University or do a second university degree. However, it should be noted that the reflection of continuation of education cannot reach the expected levels. Second strategy to overcome the constructed hierarchy is the tendency to work more and start the approval process. By working more on the one hand disabled employees spend more effort not to make mistakes, on the other hand they try to create awareness at workplace to be equivalent to colleagues. They intend to start the approval process by working more. Last strategy to overcome the constructed hierarchy is to establish a control mechanism to prevent generalization and distribution of mistakes. Although the “generalization and distribution of mistakes” belongs to discriminatory non-disabled perception, disabled employees have to tackle with this perception and practices stem from this perception. This mechanism functions as a verbal and institutional warning made by disability foundations or NGOs to disabled employees who are considered to make a mistake.

The study illustrated the oppression patterns as mobbing, physical incompetence and isolation. Because disabled employees are labelled as “unwanted” in the workplace, mobbing is used as an oppression method to intimidate them. There are two reasons for mobbing towards disabled employees. Firstly, the hierarchy between employers and employees get stronger. Secondly, the mobbing prevents equality or betterment demands for both disabled and non-disabled employees. Physical incompetence in the public sector is another major issue that displays disabled employees are not exposed to perceptual but also physical barriers. Public sector does not provide the physical facilities for disabled employees that show it has no expectations from them. Furthermore, the workplace is often designed as an isolated structure that creates an “army of disabled workers not demanding anything” by placing them in a single room.

Labelling disabled employees as a “potential work-shy” is another oppression method used in public sector. The assumption of there are excessive rights regarding disabled employees brings both prevention of the legal use of permission and reflexes developed not to use them. Since these rights are thought as unnecessary,

employers do not let disabled employees to use their rights. Eventually, the motivation of “not looking like a disabled” brings the disabled to the point of using their legal rights less than the non-disabled employees. Moreover, there is an excessive reaction shown towards disabled employees if they get health report. On this point, public sector develops three deterrent mechanisms to prevent getting health report. Firstly, employers ask for an evidence of health problem free from health reports. Undoubtedly, medical model adopted by public sector gives a “right” of showing a doctor-like attitude. Secondly, the motivation of disabled employees as not to look like a disabled is invalidated by a health report. Finally, getting health report causes low performance grades that make disabled employees to develop a reflex to not to get a health report. Otherwise, using of the disabled rights leads to increase in the disabled label.

This study also revealed that discrimination practices mentioned above prevent getting promotion in the public sector. Due to the being disabled and intensive aesthetic concerns related with being disabled form an ideological barrier to get promotion. Disabled people think that the boundaries set by this ideological barrier and it is not possible to go over these boundaries.

The final argument of this study is that disabled women are more discriminated than disabled men in the public sector that they face double disadvantage based on both their gender and disability. Disabled women occupy marginalized places within employment arena. On the one hand, the public sector expects the disabled women workers to give up on their feminine image, on the other hand disabled women workers are exposed to more harassment in the public sector.

This study makes a small start by contextualizing employment of disabled people in the public sector. Focusing on statistics of employment of disabled people causes to miss the wider picture of discrimination and the nature of barriers that disabled people face in the workplace. Social policies have focused on employment statistics of disabled people rather than quality of work arrangements, emphasis on recruitment is much more common. However, identification of institutional and attitudinal mechanisms of disability discrimination in the workplace should be starting point for implementing social policy.

As for the policy suggestions, before anything else, policy-makers should admit that employment of disabled people has been characterized by ableist view and domination, and decisions are largely top-down. It is a need for internalizing social model to revise the policies. Moreover, it is very crucial for decision makers to increase the level of awareness about employability of disabled people and discriminatory side of the public sector. Employers need to be educated in terms of capabilities and productiveness of disabled people and national and international disability legislations about employment. Plus, laws should be clear and understood by employers. Additionally, I recommend a policy initiative that aims at educating the employers and colleagues about not just employability of disabled but disability issues in general.

Public sector should provide suitable employment refers to work that is flexible enough to accommodate disabled people, in terms of number of work hours, accessible building design and physical competence. Employers should consider reasonable accommodation to be included in the workplace for all kind of disability. After recruitment employers should ask questions and learn what disability entails specifically. Personal competencies assessment should be developed in the public institutions and disabled employees should be trained according to the institutions' needs. Besides, the budgets of the public institutions should include expenditure item of "physical improvement for disabled employees" and whether it is spent or not should be followed.

Foundations and NGOs related with disability commonly function as a charity in Turkey. It is a need for foundations and NGOs further the political or social goals of disabled people. As it is listed above, contrary to common belief, disabled employees are not inactive but they have created their own strategies to struggle with the discrimination acts. Their experiences should be taken into account while implementing policies with the collaboration of political foundations and NGOs. Indeed, it is a need for greater collaboration among policy-makers, employers, employees and political foundations and NGOs to promote success of disabled employees and decent work. Moreover, there should be protective items in collective bargaining agreements signed between unions and employers.

Employment policies have devoted little attention to the disadvantaged employment status of disabled women employees. Conditions of disabled women employees could be improved by adopting policies aimed at diminishing discriminatory acts and additional quota for disabled women could be added on.

Finally, more studies are required in different locales in Turkey that take into account the diversity of socio-geographical context.

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APPENDICES

A. INTERVIEW QUESTIONS

Görüşme No:	
Tarih:	
Başlangıç Saati	

A. Genel Demografik Sorular

- A.1. Cinsiyet: (K) (E)
- A.2. Doğum yılınız:.....
- A.3. Medeni durumunuz: [1] Bekâr [2] Evli [3] Boşanmış / Eşi vefat etmiş
- A.4. En son diploma aldığınız okul?.....
- A.5. Haneye en çok gelir getiren kişi kim?.....
- A.6. Haneye en çok gelir getiren kişinin eğitimi?.....
- A.7. Haneye en çok gelir getiren kişinin mesleği?.....
- A.8. SES Grubu: [A] [B] [C] [D] [E]

B. Temel Engellilik Soruları

- B.1. Engelinizin türü nedir? Engellilik raporunuz yüzde kaç? Kaç senedir engellisiniz? (Nasıl engelli oldunuz? İş kazası, kaza, doğuştan vb.)
- B.2. Rapor oranınız yıllara göre değişti mi? Neden?

C. Kişisel Çalışma Soruları

- C.1. Hangi pozisyonda çalışıyorsunuz? Bu işte daha önce hangi pozisyonlarda çalıştınız? Ne tür işler yapıyorsunuz?
- C.2. Kaç yıldır burada çalışıyorsunuz? İşe girme sürecinizi detaylandırır mısınız?
- C.3. Daha önce nerelerde ve ne kadar süre çalıştınız?

D. Genel Çalışma Soruları

- D.1. Nasıl bir eğitim aldığınızı düşünüyorsunuz? Aldığınız eğitim yeterli miydi? (Kaynaştırmalı okulda mı, özel okulda mı okudunuz?) Ne tür eksiklikler

vardı sizce? Engelli kişinin iyi bir eğitim alması neleri sağlar? Sosyal yaşamında neleri sağlar? Çalışma hayatında neleri sağlar?

- D.2. Engellilerin iş bulma sürecinde yaşadıkları sıkıntıları anlatabilir misiniz?
- D.3. Peki engellilerin iş bulduktan sonra yani iş hayatındaki sıkıntılarını anlatabilir misiniz?
- D.4. Engelliler çalışma hayatında ayrımcılıklara uğruyor mu? Ne tür ayrımcılıklar bunlar, biraz açabilir misiniz?

E. Kamuda Çalışma Soruları

- E.1. İşe ilk girdiğiniz zamanları düşündüğünüzde sizi şaşırtan ve şaşırtmayan şeyler nelerdi? Fiziksel mekân, yaklaşım, işin türü, genel çalışma hayatı? Önceki işlerinizi düşünerek de cevaplayabilir misiniz?
- E.2. Neden kamuda çalışmayı tercih ettiniz?
- E.3. Özel sektör ile kamu sektörü arasında engelliler açısından ne tür farklar var? İki sektörün avantaj ve dezavantajları nelerdir?
- E.4. Hangi engelliler özel sektörde çalışıyor, hangi engelliler kamuda çalışıyor?
- E.5. Kamuda çalışan engelliler ne tür ayrımcılık yaşıyorlar? Peki, özel sektörde olup kamuda olmayan ne tür ayrımcılıklar söz konusu? Bu anlattıklarınızdan başka sizin karşılaştığınız hususi ayrımcılıklar var mı?
- E.6. Kamudaki amirler engellilere karşı ne tür önyargılar geliştirirler? Sizce bunun sebepleri nelerdir?
- E.7. Kamudaki çalışanlar engellilere karşı ne tür önyargılar geliştirirler? Sizce bunun sebepleri nelerdir?
- E.8. Engelliler kamuda genellikle hangi işlerde çalıştırılırlar? Bunun sebebi sizce nedir? Engellilerin kamuda yükselme şansları var mıdır?
- E.9. Kamu ne tür engellere sahip çalışanları tercih ediyor? Sizce neden?
- E.10. Sizce engelli çalışan kotası olmasa, kamu, engelli çalışan istihdam eder mi?
- E.11. Bazı engellilere sağlıkla ilgili yaşadıkları problemlerde çalışma arkadaşları ve amirleri tarafından inanılmadığını duyuyoruz. Siz böyle bir şey yaşadınız mı yahut duydunuz mu?
- E.12. Sağlık sorunları yaşadığınızda ya da rapor aldığınızda nasıl yaklaşıyor? Amirler nasıl yaklaşıyor? Çalışma arkadaşlarınız nasıl yaklaşıyor?

- E.13. İş arkadaşlarınızla sorunlar yaşıyor musunuz? Ne tür sorunlar yaşadığınızı açabilir misiniz?
- E.14. Yaptığınız işe yönelik güvensizlik duyulduğunu düşünüyor musunuz?
- E.15. Çalışma hayatınızda yeteneklerinizden faydalandığınızı düşünüyor musunuz?
- E.16. Engellilik durumunuza uygun işler verildiğini düşünüyor musunuz?
- E.17. Çalışma mekanı sizin için fiziksel olarak uygun mu? Ne tür sorunlar yaşıyorsunuz? Bu sorunlar çalışma hayatınızı nasıl etkiliyor?
- E.18. Sizce amirleriniz ve iş arkadaşlarınız engelliliği yeterince tanıyorlar mı?
- E.19. İş yerinizde sizi nasıl görüyorlar sizce? Yakından tanıyan kişiler nasıl; yakından tanımayan ya da hiç tanımayan kişiler nasıl görüyorlar sizce?
- E.20. Sizce kamuda çalışan engelliler, devlet tarafından yeteri kadar korunuyor mu? Daha kaliteli ve mutlu bir çalışma yaşamı için ne tür destekler ve önemler gerekir? İdeal çalışma yaşamı için başka kimlere görev düşüyor?
- E.21. Son olarak sizce çok iyi bir eğitim alsaydınız ve yüksek pozisyonlarda çalışan kişilerin tüm özelliklerine sahip olsaydınız, kamuda yüksek pozisyonlara getirilir miydiniz?

**B. PERMISSION DOCUMENT FROM GOVERNER'S
OFFICE OF KOCAELI**

T.C.
KOCAELİ VALİLİĞİ
İl Yazı İşleri Müdürlüğü

Sayı :B.05.4.VLK.0.41.03.00-492-9012
Konu :Tolga TEZCAN' ın Dilekçesi

12/09/2012

SN. TOLGA TEZCAN
TÜBİTAK TÜSSİDE
BARIŞ MAH. KOŞUYOLU CAD. NO:48 GEBZE/KOCAELİ

Tolga TEZCAN isimli vatandaş tarafından Valilik Makamına sunulan "Kamu Personeli Engellilerin Çalışma Hayatı" başlıklı tez çalışmasıyla ilgili olarak, "Gebze'deki kamu kurum ve kuruluşlarında çalışan engelliler ile mülakatların gerçekleştirilmesi için gerekli iznin verilmesi" talebini içeren 04.09.2012 tarihli dilekçe ilişikte gönderilmiştir.

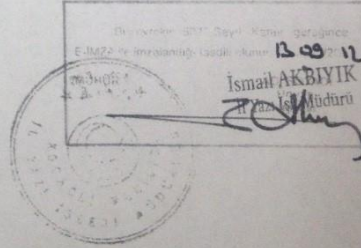
Bilgi ve gereğini rica ederim.

Mustafa GÜNI
Vali a.
Vali Yardımcısı

EK :
Dilekçe

DAĞITIM :
Gereği:
Gebze Kaymakamlığına

Bilgi:
Sn. Tolga TEZCAN
TÜBİTAK TÜSSİDE
Barış Mah. Koşuyolu cad. No:48 Gebze/KOCAELİ



Not: Bu evrak 5070 Sayılı Kanun gereğince E-İMZA ile imzalanmıştır.

Karabaş Mah. Rauf Orbay Sk. No:16 İzmit 41018 Ayrıntılı bilgi için irtibat:B.ÇAVUŞ
Telefon: (262)321 33 90 Faks: (262)324 07 96
e-posta: koca.eli.yazisleri@icisleri.gov.tr Elektronik Ağ: www.icisleri.gov.tr

**C. PERMISSION DOCUMENT FROM GOVERNER'S
OFFICE OF GEBZE**

KB-4154
24.09.2012
BYSI 20.09/2012 798
20.09/2012 56
1650

T.C.
GEBZE KAYMAKAMLIĞI
İlçe Yazı İşleri Müdürlüğü

Sayı :B.05.4.VLK.0.41.45.00-492-1915
Konu :Tolga TEZCAN' ın Dilekçesi

14/09/2012

TÜBİTAK MAM

İlgi : Kocaeli Valiliği İl Yazı İşleri Müdürlüğü'nün 12.09.2012 tarihli ve 9012 sayılı yazısı

Valilik Makamının ilgi yazısı ekinde alınan, ODTÜ Sosyal Politikalar Yüksek Lisans Öğrencisi, aynı zamanda TÜBİTAK TÜSSİDE bünyesinde araştırmacı olarak görev yapan Tolga TEZCAN'ın 04.09.2012 tarihli dilekçesinde; yürütmekte olduğu "Kamu Personeli Engellilerin Çalışma Hayatı" başlıklı tez çalışması kapsamında, Eylül 2012 - Mart 2013 tarihleri arasında ilçemizdeki kamu kurum ve kuruluşlarında çalışan engelli personel ile bir dizi mülakat gerçekleştirmek istediğini belirtmiştir.

Adı geçenin tez çalışması için engelli personelle mülakat yapmak üzere kurumunuza başvurusu halinde kendisine gerekli kolaylığın sağlanması hususunda bilgi ve gereğini arz ve rica ederim.

Sahin KARABULUT
Gebze Kaymakamı

TUBİTAK
MARMARA ARASTIRMA MERKEZİ
GENEL EVRAK SERVİSİ

Evrak No	12846
Evrak Tarihi	15.09.2012
Havale	BYSI / GSSB

EK :
Dilekçe.(1 sayfa)

DAĞITIM :
Gereği:
Kamu Kurum ve Kuruluşları

Bilgi:
G.Y.T.E. Rektörlüğü
Gebze Cumhuriyet Başsavcılığı
Sayın;
Tolga TEZCAN
TÜBİTAK TÜSSİDE
Barış Mah. Koşuyolu Cad. No:48 GEBZE/KOCAELİ

Not: Bu evrak 5070 Sayılı Kanun gereğince E-İMZA ile imzalanmıştır

Hacı Halil Mahallesi Hükümet Caddesi No:94 41400 Ayrıntılı bilgi için irtibat:N.TELEK
Telefon: (262)641 32 03 Faks: (262)641 61 20
e-posta: gebze@icisleri.gov.tr Elektronik Ağ: www.icisleri.gov.tr

D. ENGAGEMENT DOCUMENT

TAAHHÜTNAME

Ben, Tolga Tezcan, Orta Doğu Teknik Üniversitesi Sosyal Politika Yüksek Lisans Programı'nda uyguladığım “Kamu Personeli Engellilerin Çalışma Hayatı” başlıklı tez çalışması çerçevesinde tarihinde ile gerçekleştirdiğim mülakatın çıktılarını sadece bilimsel amaç ve yöntemlerle kullanacağımı,’ın kimliğini ortaya çıkaracak alıntılar yapmayacağımı ve adını hiçbir yerde geçirmeyeceğimi, aksi halde doğacak maddi ve manevi zararın tarafıma ait olduğunu ve cezai yükümlülükleri kabul ettiğimi taahhüt ederim.

Tarih:

Tolga Tezcan

(imza)

**E. NUMBER OF EMPLOYEES DEPEND ON LAW NO. 657
SENT BY DISTRICT GOVERNORATE OF GEBZE**

14-OCA-13 11:12

SAYFA: 1

TOLGA TEZCAN BEYİN DİKKATİNE
GEBZEDEKİ KAMU KURUM VE KURULUŞLARINDA ÇALIŞAN ÖZÜRLÜ MEMUR SAYISI

	KURUM ADI	ÇALIŞAN ENGELLİ MEMUR SAYISI
1	Aile ve Sosyal Politikalar İlçe Müdürlüğü	1
2	Gebze İlçe Emniyet Müdürlüğü	-
3	Gebze İlçe Sağlık Müdürlüğü	8
4	Gebze Belediye Başkanlığı	2
5	Gebze PTT Başmüdürlüğü	-
6	Gebze İlçe Müftülüğü	1
7	Gebze Tasfiye İşletme Müdürlüğü	-
8	Gebze İlçe Nüfus Müdürlüğü	-
9	Gebze İlyasbey Vergi Dairesi Müdürlüğü	1
10	Gebze Tapu Müdürlüğü	-
11	Gebze Sosyal Güvenlik Merkezi	-
12	Gebze İSU Şube Müdürlüğü	-
13	Gebze Uluçınar Vergi Dairesi	1
14	Gebze Halk Eğitim Merkezi Müdürlüğü	1
15	Gebze İlçe Millî Eğitim Müdürlüğü	16
16	Gebze İlçe Gıda Tarım ve Hayvancılık Müdürlüğü	2
17	Gebze Kadastro Müdürlüğü	-
18	Gebze Dağıtım ve Toplama Merkezi Müdürlüğü	-
19	Gebze Sosyal Yardımlaşma ve Dayanışma Vakfı Müdürlüğü	-
20	Gebze İlçe Malmüdürlüğü	-

**E. NUMBER OF EMPLOYEES DEPEND ON LAW NO. 657 SENT BY
DISTRICT GOVERNORATE OF GEBZE (CONTINUED)**

14-00A-13 11:13

SAYFA: 2

21	Gebze İlçe Fatih Devlet Hastanesi	8
22	Gebze Orman İşletme Şefliği	3
23	Gebze Gümrük Müdürlüğü	-
24	Gebze İş-Kur Şube Müdürlüğü	-
25	Gebze İlçe Halk Kütüphanesi	-
26	Çayırova Tohum Sertifikasyon Test Müdürlüğü	1

T.C.
GEBZE KAYMAKAMLIĞI
Yazı İşleri Müdürlüğü
T.C.
Müdür Y.

İktibat No: 6413203
Gebze Kaymakamlığı
İlçe Yazı İşleri Müdürlüğü

**F. NUMBER OF EMPLOYEES DEPEND ON LAW NO. 4857
SENT BY İŞKUR**

16 Kasım 2012 Cuma

TÜRKİYE İŞ KURUMU

ÖZÜRLÜ - ESKİ HÜKÜMLÜ - TERÖR MAĞDURU ÇALIŞTIRILMASI GEREKEN İŞYERİ LİSTESİ

VARSAYILAN													
Grup Adı		Kamu											
İşyeri Türü		HİZMET											
Ana Sektör		70.10 / İdare merkezi faaliyetleri											
Ekonomik Faaliyet Alanı		Toplam Çalışan			Özürlü			Eski Hükümlü			Fark		
İşkur No	Unvan	Kontenjan	Çalışan	Fark	Kontenjan	Çalışan	Fark	Kontenjan	Çalışan	Fark	Kontenjan	Çalışan	Fark
20372138790	TÜBİTAK MARMARA ARAŞTIRMA MERKEZİ	750	30	34	4	15	6	15	6	-9	15	6	-9
Ekonomik Faaliyet Grup Toplamı		750	30	34	4	15	6	15	6	-9	15	6	-9
Ekonomik Faaliyet Alanı		60.20 / Televizyon programcılığı ve yayıncılığı faaliyetleri											
İşkur No	Unvan	Toplam Çalışan			Özürlü			Eski Hükümlü			Fark		
İşkur No	Unvan	Kontenjan	Çalışan	Fark	Kontenjan	Çalışan	Fark	Kontenjan	Çalışan	Fark	Kontenjan	Çalışan	Fark
32768266810	GEBZE BELEDİYE BAŞKANLIĞI	277	11	12	1	6	8	6	8	2	6	8	2
Ekonomik Faaliyet Grup Toplamı		277	11	12	1	6	8	6	8	2	6	8	2
Ekonomik Faaliyet Alanı		81.30 / Çevre düzenlemesi ve bakımı faaliyetleri											
İşkur No	Unvan	Toplam Çalışan			Özürlü			Eski Hükümlü			Fark		
İşkur No	Unvan	Kontenjan	Çalışan	Fark	Kontenjan	Çalışan	Fark	Kontenjan	Çalışan	Fark	Kontenjan	Çalışan	Fark
44202319719	DARICA BELEDİYE BAŞKANLIĞI	122	5	4	-1	2	3	2	3	1	2	3	1
Ekonomik Faaliyet Grup Toplamı		122	5	4	-1	2	3	2	3	1	2	3	1
Ekonomik Faaliyet Alanı		72.19 / Doğal bilimler ve mühendislikle ilgili diğer araştırma ve deneysel geliştirme faaliyetleri											
İşkur No	Unvan	Toplam Çalışan			Özürlü			Eski Hükümlü			Fark		
İşkur No	Unvan	Kontenjan	Çalışan	Fark	Kontenjan	Çalışan	Fark	Kontenjan	Çalışan	Fark	Kontenjan	Çalışan	Fark
11065852813	TÜBİTAK BİLİŞİM VE BİLGİ GÜVENLİĞİ İLERİ TEKNOLOJİLER ARAŞTIRMA ENSTİTUSU (UME)	1022	41	31	-10	20	0	20	0	-20	20	0	-20
37772751378	TÜBİTAK -JULUSAL METROLOJİ ENSTİTUSU (UME)	233	9	9	0	5	0	5	0	-5	5	0	-5
Ekonomik Faaliyet Grup Toplamı		1255	50	40	-10	25	0	25	0	-25	25	0	-25
Ana Sektör Grup Toplamı		2404	96	90	-6	48	17	48	17	-31	48	17	-31

F. NUMBER OF EMPLOYEES DEPEND ON LAW NO. 4857 SENT BY İŞKUR (Continued)

TÜRKİYE İŞ KURUMU											
ÖZÜRLÜ - ESKİ HÜKÜMLÜ - TERÖR MAĞDURU ÇALIŞTIRILMASI GEREKEN İŞYERİ LİSTESİ											
16 Kasım 2012 Cuma											
Grup Adı	VARSAYILAN										
İşyeri Türü	Kamu										
Ana Sektör	SANAYİ										
Ekonomik Faaliyet Alanı	42.11 / Kara yolları ve otoyolların inşaatı										
İşkur No	Unvan	Toplam Çalışan	Özürlü			Eski Hükümlü			Fark		
			Kontenjan	Çalışan	Fark	Kontenjan	Çalışan	Fark			
10888363149	ÇAYIROVA BELEDİYE BAŞKANLIĞI	85	3	5	2	2	2	0			0
Ekonomik Faaliyet Grup Toplamı		85	3	5	2	2	2	0			0
18.11 / Gazetelerin basımı											
İşkur No	Unvan	Toplam Çalışan	Özürlü			Eski Hükümlü			Fark		
			Kontenjan	Çalışan	Fark	Kontenjan	Çalışan	Fark			
92619371112	DEVLET MALZEME OFİSİ BASIM İŞLETME MÜDÜRLÜĞÜ	100	4	5	1	2	2	0			0
Ekonomik Faaliyet Grup Toplamı		100	4	5	1	2	2	0			0
Ana Sektör Grup Toplamı		185	7	10	3	4	4	0			0
İşyeri Türü Grup Toplamı		2589	103	100	-3	52	21	-31			-31
Genel Toplamı		2589	103	100	-3	52	21	-31			-31

G. TEZ FOTOKOPİSİ İZİN FORMU

TEZ FOTOKOPİSİ İZİN FORMU

ENSTİTÜ

Fen Bilimleri Enstitüsü ☐

Sosyal Bilimler Enstitüsü ☐

Uygulamalı Matematik Enstitüsü ☐

Enformatik Enstitüsü ☐

Deniz Bilimleri Enstitüsü ☐

YAZARIN

Soyadı : Tezcan

Adı : Tolga

Bölümü : Sosyal Politika

**TEZİN ADI (İngilizce) : DISCRIMINATION EXPERIENCED BY
DISABLED EMPLOYEES IN THE PUBLIC SECTOR:
“INSTITUTIONAL DISCRIMINATION AREA”**

TEZİN TÜRÜ : Yüksek Lisans

☐

Doktora

☐

1. Tezimin tamamından kaynak gösterilmek şartıyla fotokopi alınabilir.

☐

2. Tezimin içindekiler sayfası, özet, indeks sayfalarından ve/veya bir bölümünden kaynak gösterilmek şartıyla fotokopi alınabilir.

☐

3. Tezimden bir (1) yıl süreyle fotokopi alınamaz.

☐

TEZİN KÜTÜPHANEYE TESLİM TARİHİ: