

Reginald Ford

Reginald Ford is fifty-six and was educated on a scholarship to Reading School followed by evening Art Studies at Reading University. He worked in an architects office and on the design side in printing before becoming a free-lance commercial artist in 1931. By this time he had developed muscular dystrophy.

Mr Ford is now mainly involved in educational book illustration for among others Oxford University Press, University of London Press, and Macmillan. He contributed many drawings to the Oxford Illustrated Dictionary, and he has had several paintings acquired by Reading Corporation. He has also published a number of books and articles.

Mr Ford married his Welfare Officer in 1964. He is a member of the Disabled Drivers' Association and the Muscular Dystrophy Group. He gives his interests as 'exploring old and new buildings and No Through Roads in a wheelchair-in to-car conversion', and says his hobby is 'designing aids to easier living and trying to persuade the Ministry of Health to pay for them'

Quite Intelligent

(Chapter 3 in Hunt, P. (ed.) 1966: Stigma: The Experience of Disability, London: Geoffrey Chapman).

He's a cripple but he's quite intelligent.' The speaker was a police officer of the old school who, during his retirement, used to take me for outings in his car. This form of words was his way of introducing me to a friend. It might well serve as a text for the following article.

He had no intention whatever of being offensive nor was he aware of the implications of his thought. After all, why should he have been, since the attitude of mind thus bluntly expressed is commonly held? To have attempted to explain to him, or to have remonstrated, would have been both useless and a breach of good manners: useless, because he would not have taken the point except to think that I was being 'touchy', and a breach of manners, because I could not have done so in the presence of the third party. In any case it is not easy to start arguing with a burly man thrice older than oneself who has just been kind to one. One grins and bears it.

Later I grew somewhat hesitant about accepting his kindness, when it became apparent that I was being taken for a ride as a leg-tied companion for a garrulous and infirm old mother-in-law, with whom I was parked in back streets and left for excessive periods. Cripples are fair game for this sort of treatment, and presciently learn to watch for any signs that such a tedious and inconsiderately contrived situation is about to develop. 'When I offered to take him out he wouldn't come! ...

To many people still a disabled person is a cripple, in the old pitying, derogatory sense, not only in body but also in mind. In fact, according to his lights, my policeman was paying me a subtle compliment with his but, and was trying to make it clear to the people to whom he was introducing that I was a notable exception to the general rule.

Let us examine the phrase in a little more detail. Take the use of the word 'cripple'. We are immediately up against a terminological difficulty. It is a word which has been overcharged with associations during the centuries. It arouses the emotions: it is a tear-jerking word. It at once brings pictures to the mind's eye from illustrations in

childhood bibles and Victorian Sunday School prizes. When we hear it we probably have a mental picture of a poor man in ragged clothes, supplementing his single leg with a broomstick crutch, and holding out a shapeless cap to a passer-by who, while fumbling for small change, regards him with mingled pity and aversion. Or we think of bravely smiling girls in white aprons and black dresses, seated at long tables in cumbersome wooden wheelchairs making artificial flowers. It is clearly not a word suited to the vocabulary of the nineteen-sixties. I myself dislike it, and yet it is difficult to replace. There is no exact synonym. It is precise in what it is associated with physical as distinct from mental disability.

Of alternatives, 'the disabled:' can only be used as a category and not of an individual, who must be a disabled or a handicapped person. This is a clumsy use of two words instead of one, which still need a qualifying adjective, such as 'mentally handicapped' or 'physically disabled'.

However, since my policeman's death some years ago there has been a noticeable enlightenment of public attitudes towards disablement, in deference to which, for example, the Central Council for the 'Care of Cripples' has substituted 'the Disabled' for the last words in its style, and on Government forms and Local Authority registers we are now officially either Disabled or Handicapped Persons. For this new awareness I have to thank the bodies, both privately and publicly organized, which have grown up rapidly, many of them in very recent years, to look after the interests of the physically defective members of society. For members of society is what we are, and as such we wish to be regarded.

To this claim of ours increasing publicity is being given in the press, on radio and television, and through publications which cater for various specialized conditions

of disablement, such as polio, multiple sclerosis or muscular dystrophy. Not many years ago, few people had even heard of the latter condition despite the fact that it has a recorded history of some five millennia, numbers thousands of victims in this country alone, and, when it is not fatal, (as it usually is when it manifests itself in infancy), is one of the most disabling of all diseases. The reasons for this ignorance are that, although it is transmissible" it is not notifiable, that because its cause and cure are equally a mystery, medical textbooks dismiss it in a brief paragraph, and that in the past, those who fell to it were seldom if ever seen out-of-doors. But now there is an organization with groups in the chief centres of population all over the country, which raises funds and allocates thousands of pounds annually for basic research, the findings of which it publishes in its quarterly journal.

As an example of a different category, the Disabled Drivers' Association, through representation on advisory committees and the pages of *The Magic Carpet*, acts as a clearing house for all problems and news relating to the mobility of the incapacitated, whether restricted to a wheelchair or able to drive themselves in an adapted car. Such bodies are gaining greater support and achieving wider recognition as repositories of authoritative opinion.

In the public field, while a lot still remains to be done and there is too much red-tape and official hamstringing, advances have also been made. Firms employing more than a certain number must reserve positions for a proportion of disabled people; rehabilitation and training: centres, and sheltered workshops, have been set up. And the Health Service provides a range of aids to mobility and general convenience for those fortunate enough, if that is the correct word, to share common, and not uncommon,

disabilities and so to fit into stock patterns of quantity-produced appliances.

At the Local Authority level there is great variation. Many authorities have not yet availed themselves fully of the Government's permissive legislation, but those which have provide services for the disabled of considerable variety and range, from the purely social to the eminently practical, from the large housing scheme to the provision of a specially designed pencil grip. Such authorities will be found to have in their Welfare Departments capable people with imagination enough to be willing on occasion to bend regulations and stretch rules-for essentially the success or failure of any endeavour to assist the disabled depends on personal relationships. It is human problems, not legislative or statistical ones, that we are talking about-individuals, not cases. All this is familiar enough to the disabled themselves, but it is not so to far too many of the public at large, which is the reason for including this brief introductory survey. This book itself is evidence that there is a greater recognition than formerly that the disabled can make very real contributions to the community if they are given encouragement and opportunity. Many have been enabled to become fully independent and self-supporting citizens who, not so long ago, would have wasted their forgotten lives in 'Crippleages' and other unhomely homes, performing, if they could, useless and monotonous tasks, making objects of little beauty or value for the charitable to buy and promptly dispose of to the next jumble sale. (I am not decrying the work of those institutions which show imagination in turning out articles that can compete in design in any open display, and are therefore worth buying on their merits.)

A prime contribution to this integration has been made by the use of modern scientific and technological methods in the design of mechanical aids of all sorts, and new

materials have enlarged their range and capabilities. But it must not be forgotten that to the disabled a crutch can never be anything more than a crutch, however skillfully it may be designed. No mechanical aid is better than the natural member for which it is a substitute. It may do one action perfectly, but only that action. It may suit a single purpose admirably, but no more: whereas the normal body is almost infinitely adaptable in action and movement. All too often the solving of one problem of adaptation simply raises another. The sufferer may only become aware of this when, after considerable trouble and money have been expended, he is given an appliance which he then finds he can use in one set of circumstances but not in another. So he may be told that he is 'too fussy' or that he is being 'difficult' and must now make the best of it. This is why so many of us prefer to solve our problems privately instead of through the National Health Service, expensive though the independent line may be. The relationship between oneself as 'patient' or 'case' and a Ministry of Health official is far different from that which prevails when one is consulting a sales agent as a prospective customer.

So much for 'cripple'. Let us pass on to 'intelligent'. Under this heading can be grouped all those aspects of human relationships and the problems arising from them to which I have already made passing reference. Nearly all of them stem from the deep desire of the disabled person to be accepted as normal individual, or from his sense of inferiority when he is not.

For this reason, some of us do not view with any great enthusiasm the purely social activities of groups which cater for those suffering from specific disabling diseases, however much we may support their other aims. While it is undeniable that for many who might otherwise be housebound and completely cut off, such meetings do provide opportunities and facilities for social contacts, yet

they are in danger of having the adverse effect of emphasizing abnormality. We wish to forget our deficiencies by mixing freely on level terms with normally endowed people, and to be accepted for what normal qualities we may share with them. We do not want to be segregated into insulated groups of individuals who may have nothing in common except their physical condition. Amputees do not form clubs consisting solely of the one-legged or single-armed. They see and find their level among those with the full complement of limbs in whatever field they feel most at home. Why" therefore, should well-meaning organizers of such groups, composed entirely of polio 'cases' or dystrophy 'cases' and their friends and relations, look hurt and mystified when some of us say, 'Not for me thank you'? Ours may perhaps be a selfish attitude, but when one's energies are limited one has to decide in which direction they can be channeled most effectively.

The best way of assisting the disabled to overcome their handicaps is to encourage them to seek out the environment and create the atmosphere in which they can forget them. They should not be constantly reminded of them by the sight of others similarly afflicted, however convenient it may be for officials with a passion for efficient organization. Too much of that sort of association, and disablement of the mind will follow that of the body. If the body is weak the mind must be strengthened, and whatever intellectual endowments a man in such straits has – and no one is without any at all – must be stretched by use to the fullest extent, so that eventually he develops the ability to make a stranger forget, or better still, hardly even notice, that he is not all that he might be physically. The strategy should be attack, not defence. The 'patient' can legitimately congratulate himself upon having achieved success when he can with ease put a new Welfare Officer who has come

to visit him at the receiving end of the interview. A warm glow of satisfaction is derived from such a session when it concludes with the realization that he knows as much, or more, about the officer as he has revealed about himself!

The livelier a disabled man's intellect is, and the more enquiring his mind, the more he is likely to suffer from loneliness and frustration. These are the two great hardships resulting from any serious and lasting disablement, whether brought on by accident, disease or simply old age. The heedless world going by without one is a depressing sight. But provided he keeps his intellectual faculties alert and up-to-date with everything touching his special interests, the individual can do a lot to mitigate this state and even to influence the course and direction of the activity that is apparently passing him by.

For a disabled person has specialized knowledge, that of his own condition. And specialized knowledge is always in demand if forcibly and reasonably and clearly enough expressed, and arouses interest, if not at first full understanding. Many of the aids to easier living already referred to have been designed by people with individual needs which had not hitherto been met. They have later found that others were faced with similar problems which could be similarly solved. Many of the amenities for the disabled now to be found in streets, parks and public buildings-such as ramps instead of steps and kerbs, barriers- and lifts which admit wheelchairs, raised herb gardens for the blind, to say nothing of convenient conveniences - are there because individuals who found the lack for themselves harried local authorities into providing them. As such amenities (especially the last named) are still far too thinly spread, there is plenty of scope for making a nuisance of oneself to town councillors, borough surveyors and other public servants

until the need is recognized and filled as routine and not extraordinary practice.

These things are among the necessities of civilized living in any community and should be provided as such, and not considered as sentimental little concessions by local authorities who wish to demonstrate that they have 'a heart' - as long as it means nothing on the rates. For a community comprises human beings of every degree of physical endowment, the ill-endowed as well as the healthy, the abnormal as well as the normal. The disabled are becoming less and less content to be thought of as a minority of third-class citizens whose needs can be shelved until Utopia is founded. They are increasingly desirous of getting out and about and claiming their rights, as well as being willing to accept responsibilities if they are given the opportunities to do so within their capacities. If a few more handicapped people were co-opted on to committees dealing with their requirements and problems, these might often be more adequately satisfied and solved.

Of course an enormous amount of voluntary service is disseminated throughout the country for the amelioration of the lot of the disabled. But there is too much overlapping, insularity and misdirected energy with consequent waste of time and money.

And there is too little actual physical effort in terms of foot-pounds put into it all. For instance, many people are so disabled that they cannot be got into a car, and have no one to push them out in a chair. So they must remain housebound. They become bitter when they see the amount of energy that is being dissipated in, for example, 'keeping fit' for sport and games which, they consider, might occasionally be used to give them an airing. Keep-fitters might well include in their training programme

pushing a chair for a few miles. Yet try to organize such a service on a reliable, regular, rota basis and see what response is forthcoming! You may get volunteers who will 'oblige' once or twice, but they all too quickly tire and fade out. The emphasis must be on the words 'reliable' and 'regular'. It is extremely rare to find suitable helpers willing to give up time regularly - even if infrequently-for such a purpose. The infrequency does not really matter if there are sufficient names on the rota. What is essential is that if they promise to turn out at a certain time on a certain day they should either do so without fail or see that a deputy comes: or at the very least that notice is given beforehand that the appointment cannot be kept. An active person has little idea what keen disappointment a broken 'date' can mean to someone inactive who has been looking forward to it for days.

'Never disappoint children or the aged' is a maxim which every social worker learns to take to heart. To these two categories might be added 'the disabled'. Many people seem to think that raising hopes by offering to do a service is the same thing as having performed it.

Anyone with a handicap is naturally liable to be sensitive about it and to react in a sharper manner than the ordinary person to disappointments and fancied slights. The problem of disabled people in society is somewhat similar to that of the coloured community. When confronted with either type of human being in circumstances a trifle out of the ordinary for which he is not prepared, the average person is uncertain how to react, and therefore tends to be confused or to seem gauche. He suddenly comes upon a cripple in the street, say, and is immediately faced with a test of manners. He stares a little to make sure that he is seeing something unusual aright, and then catches himself doing it. He realizes he may appear rude and so too- quickly looks away. Or he may recognize a cripple at

a distance and therefore deliberately does not glance at him. Then he has the feeling that the cripple may be feeling that he is too distressing a sight to be looked at; so a vicious circle of hypersensitivity is set up which, unless broken by 'trained self-confidence, can inhibit relaxed social intercourse. A parallel case is that of a white woman at a 'mixed' dance. If she does not care for a white man personally she has no qualms about refusing to dance with him. But if a coloured man whose personality offends asks her for a dance, she feels she cannot refuse without running the risk that he will conclude it is solely on account of his, colour. If she refuses, she has increased the chip on his shoulder. If she accepts, she does so on the basis of a false relationship.

So a cripple is often the subject of an abnormally protective attitude because people feel they must be extra nice to him. Except by his intimate friends, he is not accepted for what he is unless he has or can develop the personality to compel that acceptance. If a disabled person has a talent for something creative which enables him to earn a living or to pass his time with a minimum of boredom-such as writing or drawing-he frequently has to endure the comment, 'Ah, but you have compensations: look at your wonderful gifts!' As though the whole situation is thereby excused and dismissed. In fact the comment derives from the speaker's own unease and is a sop to his conscience. The fact that a cripple may possess 'gifts' often makes matters seem worse instead of better" because in trying to develop them he becomes increasingly conscious of the braking effect of physical limitations which prevents their full growth and flowering.

'Braking' is the exact word, because any disablement must slow down activity. Not the least of a cripple's irritation is caused by the length of time it takes him to perform the simplest operations of daily life; and he watches with envy

normal people doing them with ease, strength, grace and speed, and without giving a thought to what are to them purely automatic actions. Disablement is such an appalling waste of time.

Inevitably one falls into a philosophy of resignation in order to retain one's sanity, because one cannot go on indefinitely beating one's head against a wall without in the end suffering permanent damage. Stopping does not mean that one is no longer conscious of the proximity of the wall. The best course is to direct one's energies into such channels may be open to them at the moment; or, if there are none, to try strenuously to force at least a single little pipe through to the outer world, which may perhaps take notice of it as something odd and worth investigating.

It sometimes happens that when a cripple shows some originality and intelligence people are so astonished and delighted that they will go out of their way to be nice and extraordinarily obliging. Because they find themselves at ease they forget to be patronizing and condescending. Such fortuitous and casual relationships can brighten up a day considerably. It is therefore a good idea for a cripple to spread his interests over as wide a field as possible so that he gradually acquires at least a superficial knowledge of a variety of subjects. This will enable him to find immediate common ground with an increasing number of those with whom he comes into contact. It is all part of the game of carrying the war into the enemy's camp. It is, not necessary to have a deep knowledge of a particular subject in order to be able to ask a specialist in it the right questions to: set him talking. Once get a man to begin holding forth on his own 'shop' and any awkwardness occasioned by self-consciousness on either side rapidly evaporates. Physical disability is only a handicap when one is conscious that it is so. The aim should be to reduce

the period of such consciousness to an absolute minimum.

A cripple learns eventually to be very wary in his relationships with women. Many women, especially those of a certain age and experience (or lack of it), think they are perfectly safe in mothering or sistering anyone suffering from apparently in-capacitating disablement. They are genuinely embarrassed and shocked when they find that the protege has normal masculine feelings- perhaps even stronger because of enforced suppression. They feel he has let them down if he reacts in a normal way, and many a beautiful friendship has ended in protestations of injured innocence and misunderstanding on one side, and on the other deeper bitterness and disillusionment. Pity is no basis for any but the most temporary or superficial relationship.

A lighter aspect of the attitudes we have been discussing is illustrated by another typical incident. A friend took me to tea with some people I did not know. The hostess stage-whispered to my companion, 'Does he take sugar'? I was evidently not considered capable of answering for myself, but was by inference regarded as an infant or a deaf idiot. Again one has to smother one's fuming' interior resentment with a blanket of outward grace. Or, one is being pushed in a chair and meets an acquaintance who with effusive greetings bends down to one's level to shake hands. He, or more probably she, then stands upright and addresses the chair-pusher, who of course is of the same standing height. Imperceptibly the chair is edged forward until the two are together behind it and are in a position to engage in an interminable conversation from which one is totally excluded. And matters are not made easier when one's attendant begins to move the chair slightly backwards and forwards in the unconscious rhythm of a mother with a pram. The situation of being in a wheelchair

at all is humiliating enough without this added indignity. Yet one cannot complain without hurt feelings and general embarrassment.

The disabled are commonly given credit for patience and cheerfulness which they know that they do not in fact possess and do not particularly want to acquire a reputation for having. Of course an invalid is cheerful when someone pays him a visit, if the visitor is acceptable in the slightest degree. Almost any visitor is a welcome break from the loneliness and tedium of not seeing anyone at all. Cheerfulness in such circumstances is, for the length of the visit-whatever state one relapses into afterwards-a natural and instinctive reaction. Similarly, convention and upbringing ensure that one exercises some degree of self- control, misconstrued as patience, when in company, although. actually one is often inwardly seething with rage and resentment at the injustice of life in general and celebrates one's retreat into privacy with such convoluted swearing as invention and vocabulary permit.

Long suffering is another quality we are supposed to have. But at bottom we suffer long because we do not want to humiliate ourselves by asking others to fetch and carry or perform small services for us. Really we are in rebellion against the fate which prevents us from doing such minor chores for ourselves. It is not so much the big services which injure our pride as the necessity of asking for a multiplicity of small ones.

Similarly, often it is not the major disablement that is so difficult to bear but the multitude of associated pinpricks to which it may give rise-such as cramps in unexpected places through long sitting, sudden exhaustion from overstrain, small sores from unbelievable friction, etc. Cumulatively these minor ills can add up to more than the fundamental affliction.

Betterment of circumstances can lead to an increase of resentment rather than a diminution, because the more one gets the more one realizes what has been lost or is missing. The wider the view the more places are visible that one realizes are unreachable. The bedridden sufferer in a dingy room may be so accustomed to his hopeless misery that he has little desire to go out-of-doors in a wheelchair, whereas the man in a pushed wheelchair may resent the fact that he cannot travel alone in a motorized one. The motorized invalid is discontented because he must go out by himself and cannot take his wife and family to the seaside in a car. On a different plane the disabled man who by some appliance has been newly enabled to use a toilet unaided, resents it all the more that he cannot take a bath in privacy. In speaking like this of 'resentment' I do not mean that it is always on the surface, but nevertheless in unguarded moments or when one thinks about oneself deeply enough one has to recognize its subconscious presence and influence. This is life.

It is somewhat difficult for an individual to discuss disablement in general terms, because really he can only speak from his personal experience of it. This experience will be qualified by many factors peculiar to himself: the kind and degree of disability, the hope or despair of its ultimate cure or alleviation, whether or not he has been fortunate enough to find love and encouraging companionship, what sort of education, intelligence, upbringing and class he has or finds himself in. And, not least, what his financial circumstances are; for while money may not automatically ensure happiness it does enable one to be miserable in comfort, as the cynic commented. In short a disabled person's experience is qualified by all the influences that are brought to bear on a normal person, but slanted in a particular way and viewed from a special standpoint. The only person at all qualified

theoretically to generalize about 'The Problems of the Disabled' is the social research worker with an enormous file of case histories tidily docketed, analysed, digested and finally presented in a neatly bound report, of which nobody takes any serious notice and which leads to no action whatsoever. The real problems of the disabled are how to get up in the morning, whether the toilet seat is half-an-inch too high or too low and how to pull one's trousers on when one cannot stand up to do so! Some readers may feel that these comments are tinged with bitterness. In excuse I would observe that the experience of disablement is not sweet, and therefore the telling of it must unavoidably sound somewhat bitter. This does not necessarily imply that one is oneself embittered: though we should not judge harshly those who are.