

## **The Politics of Disablement - Existing Possibilities**

The final two chapters will consist of an analysis of the current provision of services, a consideration of future trends within the capitalist state and a more speculative and visionary discussion of alternative possibilities. A critique of the current restructuring of the welfare state along lines set by the political right will be provided and this will be followed by a consideration of alternative conceptualisations provided by the political left. Finally it will be argued that we need to move beyond the traditional left-right framework for understanding political activities, with its associated and traditional notions of interest representation, and move towards an understanding of the disability movement as part of the development of new social movements, characteristic of late capitalism. Only then will we begin to grasp the importance of the politics of disablement.

### **THE RESTRUCTURING OF THE WELFARE STATE - THE ELIMINATION OF DEPENDENCY?**

Since the mid-1970s there has been a world economic recession, one result of which has been to call into question both the nature and future of welfare states in the industrial world. This questioning has usually been raised within the language of crisis, of which there are at least three dimensions;

- (a) a crisis in the welfare state in that it was not meeting social needs,
- (b) a crisis of the welfare state in that it was creating needs that it could not meet,

(c) a crisis by the welfare state in that the rising cost of welfare was creating a crisis of capitalism itself.

Further,

The crisis definition is now being used as an ideological basis for reducing social expenditure, changing redistributive patterns in disfavour of the marginal groups and reducing government responsibility in social policy. (Oyen, 1986, p. 6)

While both the precise nature of this crisis and the ideological response to it differ from industrial country to industrial country, all have had broadly similar experiences. In Britain, the left have broadly subscribed to the view that there is a crisis in the welfare state and that the solution is to increase public expenditure on it. The right, on the other hand, have subscribed to the view that there is a crisis of the welfare state and, if not properly managed and controlled, it could indeed become a crisis of the capitalist state. As the right have held political power for most of this period, it is their view of the nature of the crisis which has shaped the process of restructuring the welfare state. A major underpinning of the ideological basis for this restructuring has been the issue of dependency. Reductions in expenditure, changes in redistribution and the gradual withdrawal of the state from people's lives, have all been legitimated on the grounds of the need to reduce dependency.

There is little doubt, with regard to disabled people, that their experiences of the welfare state coincide with both the 'crisis in' and 'crisis of' dimensions. In other words, they have not received all the services they need and in many cases those services that they have received have created or reinforced their dependency. So, it has to be said that, future policy options stemming from either (or

both) of these dimensions are unlikely to succeed in reducing dependency, whether it be physical or social. Simply increasing public expenditure will only serve to lock disabled people into the dependency-creating relationships already described, and reductions and redistributions will condemn disabled people to isolation and loneliness in the community or institutionalisation in residential care.

In the previous chapter, primacy was given to the economic basis for creating dependency, but it has to be concluded that in the current political climate, there is little scope for intervening in the economy, for

Social policy has been assigned ... to the role of intervening in a natural order of economic relationships to modify their outcome in the interests of 'social' goals. In both capitalist and state socialist societies, social policy has operated as a 'handmaiden' to the economy. (Walker, 1984, p. 33)

Hence the chances of tackling this economic basis for the creation of dependency amongst disabled people 'are slim because the same societal forces which manufacture disability also mitigate against a structural response' (Borsay, 1986a, p. 188).

This does not imply the complete pessimism of an economically determinist position which is an accusation sometimes made of sociology in general, and Marxist sociology in particular. While the economic may be determining 'in the last instance', there is considerable scope within what Gramsci called the state (conceptualised as a social relation) and civil society for individuals, groups, interests or classes to act autonomously. The point being made here is not that economics determines politics, but the more limited one

that the politics of social policy is circumscribed by economic considerations.

Certainly, in the current political climate, the Conservative Government in Britain shows little inclination to intervene in the economy, and as far as social policy and state welfare is concerned, it is actively withdrawing through the strategy of privatisation (Le Grand and Robinson, 1984). This privatisation has three aspects; reductions in state provision, reductions in state subsidies and reductions in state regulation; and is underpinned by the rhetoric of targeting, consumer choice and dependency reduction. It is emphasised by recent government reports (DHSS, 1988; NISW, 1988) which stress the need to give consumers (a key word in the new rhetoric) more choice of, and control over, services. In reality, no one, except those on the extreme right, see all welfare services being provided by the private market as the main objective, but rather it is the reductions in the role of the state within a 'mixed economy of welfare' which is the main goal.

As far as disabled people are concerned, this privatisation is not something that has occurred only in recent years. Services such as residential care and special education have been provided by organisations like the Cheshire Foundation and the Spastics Society almost since the inception of the welfare state, and all the evidence suggests that these services create dependency in exactly the same way as state services. More recently the privatisation of some cash payments for some severely disabled people who would previously have had statutory rights to such payments, through the establishment of a trust fund to be administered by the Disablement Income Group, is only likely to reinforce dependency by furthering the image of disabled people as burdens of charity.

It is, perhaps, ironic that the model for providing these privatised services is that of the supermarket; the argument being that packages of care can be purchased just as customers purchase products from supermarket shelves. Ironic, because many disabled people find shopping in supermarkets difficult if not impossible because of physical access, difficulties in reaching shelves and the fact that products and packaging are tailored to the needs of the modern nuclear family and not to the needs of individuals. In short, supermarkets offer a limited range of products which suit the needs of particular groups in society and if not in these groups, then the consumer is not sovereign, as the rhetoric would have it. Thus, for many disabled people, the supermarket model of provision is unlikely to offer anything substantially different from the provision of state services; that is to say, little choice over what is provided and little control over how it is provided. Further, the supermarket model, utilising the rhetoric of consumerism has been criticised, for

In sum ... this model is a 'harmless version' of consumerism - it requires little serious change, but much public visibility. It is about the appearance, not substance, of change. (Winkler, 1987, p. 1)

What the supermarket is alleged to offer, but clearly does not, is choice and control. The key issue for the future as far as the left is concerned is whether the 'crisis in' the welfare state can be resolved by offering users of services choice and control.)The traditional view from the left suggests that it can, by the modification and adaptation of first principles:

The challenge that faces us is the choice between universalist and selective services. The real challenge resides in the question: what particular infrastructure of universalist services is needed in

order to provide a framework of values and opportunity bases within and around which can be developed acceptable selective services provided as social rights, on criteria of needs of specific categories, groups and territorial areas and not dependent upon individual tests of means? (Titmuss, 1968, p. 122)

To update the language somewhat, it should be possible to allow for choice and control in service provision within a universalist infrastructure if consumers have social rights to these services and if there are mechanisms whereby the needs of groups and communities, whether local or interest communities, can be articulated by them, themselves. This view is therefore articulated by some of the new thinkers on the left where it is only the words, not the ideas, that have changed.

The goal would be truly universal services; that is, for the community and not separate client groups, distributed according to need rather than ability to pay. They would be based on small local areas, as far as possible, to enable democratic involvement and control. This would help to counteract paternalism and dependence. (Walker, 1984, p. 43)

Specifically, as far as disabled people are concerned, the left in Britain, in the shape of the Labour Party (Meacher et al., 1986), has attempted to switch the emphasis away from needs and on to rights. But it has become clear that if disabled people are to have social rights to services, then the legislative framework must do more than simply list these services (Chronically Sick and Disabled Person's Act) or provide professional and administrative approaches to their provision (Disabled Person's [Services, Consultation and Representation] Act). This inevitably implies the necessity for anti-discrimination

legislation which would not only provide public affirmation of the unacceptability of discrimination against disabled people, but also, if properly drafted, a framework for the enforcement of service delivery and a mechanism for professional accountability. In both political and policy-making terms, an emphasis on social rights rather than individual needs, suggests a move away from the ideology of individualism and the beginnings of attempts to address the creation of dependency at both political and professional levels.

By itself it would not be enough, of course, as the experience in the areas of race and gender demonstrate (Gregory, 1987). Therefore an essential adjunct would be legislation facilitating complete freedom of information which goes beyond current attempts to provide access to information held on computers and in local authority files. The locked medical cabinets would need to be opened and the unofficial documents that are kept as ways of avoiding information-disclosure (as with current practices which require information to be provided to parents under the statementing regulations of the Education Act [1981]), would need to be made available.

Finally, a mechanism whereby the needs of groups and communities can be articulated, needs to be developed. This can only be accomplished through the adequate funding and resourcing of organisations controlled and run by disabled people which have been going from strength to strength throughout the world in the 1980s. Significantly, there is some evidence that these organisations of disabled people find it easier to flourish in the underdeveloped rather than the industrial world. This is due, in part, to the resistance to change of bureaucratic and professional structures in the industrial world, but also to the existence of a large and powerful sector of traditional organisations for the disabled who remain

locked into dependency-creating service provision and attitudes, and who, consequently, have vested interests in maintaining the STATUS QUO.

None of these developments by themselves, or an incremental approach to them, is likely to prove successful. Anti-discrimination legislation without freedom of information and a supportive network of disabled people, will simply mean that the lawyers will get rich; freedom of information by itself will mean that individual disabled people will be subjected to professional mystification and slight of hand; and support for the disabled people's movement without a framework which guarantees basic human rights will leave the movement politically emasculated. But an integrated programme as suggested above, could provide a means of addressing the problems of dependency-creation at both political and professional levels, and hence go some way to resolving the 'crises' both, in and of, the welfare state, at least as far as disabled people are concerned.

Given that this integrated programme could represent a way forward in terms of offering a more appropriate basis for the provision of welfare state services for and with disabled people, the crucial question then concerns the possibilities of getting this and/or other programmes on to the political agenda. There are two ways in which this question can be examined; firstly, in terms of direct participation through the ballot box, and secondly, through pressure-group activity. It is these political strategies that now need to be considered.

## **THE POLITICAL PARTICIPATION OF DISABLED PEOPLE**

That disabled people constitute a potentially powerful political force there can be no doubt, for according to Fry



(1987) a recent MORI poll in Britain found that 9% of the public (18+) considered themselves to be disabled and 27% said that another member of their family was disabled. This study (Fry, 1987) looked at the political participation of disabled people in the General Election of 1987, and found that many disabled people did not even appear on the electoral register; others, particularly blind and deaf people, were denied access to all the information necessary to make an informed choice; and other disabled people, postal and proxy voting notwithstanding, found the problem of transport and physical access to polling stations too daunting to allow them to exercise their right to vote.

There are two further ways in which it is difficult for disabled people to participate within the party system. Firstly, many local constituency headquarters are inaccessible and hence it is very difficult for them to become grassroots activists and to feed in disability issues at this level. Secondly, although there are examples of disabled politicians at the local and national level, it is also very difficult for many disabled political activists to offer themselves as candidates at local or national elections, for the problems of both campaigning and door-to-door canvassing may prove to be impossible.

Even if these barriers to political participation were removed, it would not necessarily mean that the disabled population would cohere into an active political force to which all political parties would need to take notice. There are a number of reasons for this.

To begin with, there is a great deal of variety within the disabled population as a whole - differences in social class, age, sex, family circumstances and clinical conditions - as well as the fact that disability may have developed after political commitments had

been established. In addition, many disabled people do not necessarily regard themselves as disabled, or even if they do, would not contemplate joining an organisation for disabled people. Finally, as a consequence of disability, some people may disengage from political activity, either because their physical impairment poses limitations of a physical or psychological kind, or because they are aware that in many contexts they lack any basis for exercising power, e.g. through the withdrawal of their labour. (Oliver, 1984, p. 23)

Extending this analysis, it has been suggested also that the medical approach to disability has fostered artificial divisions within the disabled population (Borsay, 1986a).

But these divisions do not arise simply from the medical approach, for the state also provides services in such a way as to foster divisions within the disabled population. Hence, it gives tax allowances to blind people but not to other categories of disability, mobility allowances to those who cannot walk but not for those who can, and higher pensions and benefits for those injured at work or in the services than for those with congenital disabilities or those who have had accidents. This is not an unintentional consequence of state provision but a deliberate tactic which the state has developed in its dealings with other groups and can be summed up as 'divide and rule'.

This idea of disabled people as a group divided amongst itself has obvious implications for any notions of class-based political activity:

The myriad of disability-specific programs and policies, the segregation of disabled people, the inability to gain access to organised society, to experience an integrated and adequate education, to

obtain meaningful employment, and to socially interact and participate has resulted in a politically powerless and diffuse class of people who are unable to coalesce with other groups of disabled people on common issues, to vote, to be seen or heard. This class has accepted the stigma and caste of secondhand citizenship and the incorrect judgement of social inferiority. (Funk, 1987, p. 24)

This description of the political situation fits in neatly with the 'underclass thesis' developed to explain the political situation of black people.

The usefulness of this idea of an underclass is still being debated within sociology, centring around the issue of whether an underclass is a sub-group of the working class or a group relegated to the margins of society on the basis of personal or group characteristics. In either case disabled people as an underclass are likely to remain powerless and marginalised, at least as far as organised political activity is concerned.

Thus it is unlikely that disabled people can expect the party political process to serve their interests well. If we return to the issue of anti-discrimination legislation, while it is true that this issue has been forced on to party-political agendas, and indeed, several bills have even been introduced in Parliament, nonetheless, all of these have been defeated, usually covertly, but on one occasion, overtly through the operation of the party political system; that is, through a sustained campaign by Conservative whips to ensure that their party members voted it down (Oliver, 1985). Hence, disabled people can hardly expect to articulate and achieve their political ends through the party system, and this raises the question of whether they can expect pressure-group activity to serve them better.

## THE POLITICS OF PRESSURE-GROUP ACTIVITY

From the mid-1960s onwards, it became clear that, despite rising affluence, a number of groups were not sharing in the new material and social benefits that were being created, and that traditional political activity was not even getting these issues on to the political agenda. This resulted in the creation of new kinds of pressure groups who were likely to campaign around single issues of one kind or another. Groups like Shelter and the Child Poverty Action Group are examples of these, and specifically, in the area of disability, the Disablement Income Group is the most prominent example. The establishment of these groups

was a reaction to what was perceived to be the fraudulent character of British democracy. There were of course special conditions which explained the new expression of protest. Public expectations had been running high. The policies of successive Governments had been built on relatively full employment and steadily increasing national wealth. This meant that the views and interests of workers, pensioners and others were believed to weigh more heavily than they had done before the war in the conduct of national affairs ... Some groups - like the elderly, one-parent families and sick and disabled people - were observed to have been left behind in the race for prosperity. (Townsend, 1986, pp.i-ii)

If, then, disabled people could not get issues on to the political agenda through the normal processes of political participation, then this raises the issue of whether the avenue of pressure-group activity was likely to be more successful. The most sophisticated analysis of this so far is provided by Borsay (1986a) who draws heavily on the

framework provided by Cawson (1982). Cawson suggests that pluralist analyses of pressure-group politics are now inadequate because of the nature of the 'corporate state', and that it is necessary to distinguish between competitive groups, whose members share a common interest, and corporate groups, whose members share a common position within the division of labour. Needless to say, it is the latter who have most influence on the political decision-making process. As most disability organisations are of the former kind, their partnership with government (Oliver, 1984) is unlikely to have much influence.

This partnership does not inevitably banish the needs and opinions of physically disabled people from sight, but the allegiance of corporate professional interests to economic development stacks the cards against their faithful representation in the shaping and administration of policy. (Borsay, 1986a, p. 15)

It is not, however, simply a matter of the structural location of these disability organisations that leads to such pessimism. As most of these organisations are registered as charities, direct and overt political activity is precluded. But more importantly, these disability organisations have, over the years, built up a relationship with the state, or the 'establishment' as Borsay calls it, which gives them credibility, but little power.

The string of more formal voluntary organisations or charities, which for many years have doubled up as pressure groups in the field of physical handicap, meet the same structural barriers to change, but the status which flows from their long traditions and their connections with the 'establishment' give them a credibility and aura in government circles which more recent (and perhaps more radical) groups of disabled people cannot easily imitate. (Borsay, 1986a, p. 16)

This credibility has been based upon history and tradition rather than the claim to representativeness of these organisations, whose 'key decision-makers' are usually salaried professional staff who articulate their own assumptions about the needs of disabled people rather than the needs of disabled people as they themselves express them. Two recent examples of this are the attempts of the Government with the public support of RADAR to abolish the Quota, established under the Disabled Person's (Employment) Act, 1944, and the opposition of the Spastics Society to anti-discrimination legislation. Pressure from individual disabled people and from organisations controlled and run by disabled people forced public about-turns in both cases.

There is one further aspect of the politics of disability as pressure-group activity that needs to be considered; that of minority-group politics. In the wake of the Civil Rights and Women's Movements in the United States in the 1960s, it was suggested that disabled people should seek to articulate and claim their rights to full citizenship on the basis of their own particular needs as a minority group (Hahn, 1986). However, there are problems with this approach, for

The minority group approach basically argues that disabled people should be brought into the American political system as another interest group. The structure of decision making isn't attacked. Instead the idea is to improve the odds that the disabled will be recognized as having legitimate demands. (Liggett, 1988, p. 271)

Using what she calls 'an interpretive approach', based on the work of Foucault, Liggett takes her criticisms further than this. Just as earlier, it was argued that professional

interventions in the lives of disabled people were structured by certain discursive practices, so, she argues, is the politics of disability. Thus the minority group approach

is double-edged because it means enlarging the discursive practices which participate in the constitution of disability. In other words, the price of becoming politically active on their own behalf is accepting the consequences of defining disability within new perspectives, which have their own priorities and needs. The new perspectives then become involved in disciplining disability. (Liggett, 1988, p. 271)

Thus, accepting disabled people as a minority group also involves the accepting of the disabled/non-disabled distinction; accepting the 'normalising' society.

This has implications for disabled people seeking to gain control over their own lives, for

in order to participate in their own management disabled people have to participate as disabled. Even among the politically active, the price of being heard is understanding that it is the disabled who are speaking. (Liggett, 1988, p. 273)

While not disagreeing with this analysis of the politics of disability as minority group activity, Liggett's problems arise when she suggests alternative political strategies. These strategies involve 'reflection' and sometimes the acceptance, sometimes the rejection of disabled identities, depending upon the specifics of particular situations.

However, such strategies would inevitably look like special pleading and further, move away from the strategies

disabled people have chosen for themselves; that is, the personal and public affirmation of disabled identities and the demands that disabled people be accepted by and integrated into society as they are; that is, as disabled people.

Thus, the structural position of these organisations, their relationship to the state, their non-representativeness in terms of the needs and wishes of disabled people and their acceptance of the normalising of society, lead to the inevitable conclusion that

for disabled people ... the chances of immediate and radical reform of social policies are slim. (Borsay, 1986a, p. 19)

It is hard to disagree with this conclusion when analysing disability pressure-group activity from a pluralist, corporatist or minority group position, but an analysis based upon the idea of 'new social movements' within late capitalism, can lead to very different conclusions. However, that is the subject of the next chapter and no discussion of pressure-group activity would be complete without some discussion of the single, most sustained example of pressure-group activity within the field of disability in Britain; the campaign for a national disability income.

## **A NATIONAL DISABILITY INCOME**

The campaign for a national disability income began in 1965 with the formation of the Disablement Income Group by two disabled housewives. This group provided a major focus for pressure-group activity and published plans for a national disability income comprising two elements; a disablement costs allowance and an income maintenance scheme. A decade later, the Disability Alliance was



formed, initially comprising over fifty voluntary organisations, which has now grown to over ninety, and they put forward their own proposals which were broadly similar to those of DIG. Recently both have updated their plans (DIG, 1987; Disability Alliance, 1987), which are, again broadly similar, except that the Alliance proposals plan to incorporate a separate, independent benefit for those who care for a disabled person, whereas DIG argue that if disabled people were given a proper, adequate income, it would be unnecessary to pay carers separately.

There are difficulties in assessing the success or failure of these pressure-group activities over the last twenty years, though it has to be said that a national disability income has not yet become a reality. On the other hand, all of the major political parties have made public commitments to the establishment of such a scheme (Disability Alliance, 1987, pp. 4-5), but have couched these pronouncements with get-out clauses such as 'when economic circumstances permit' and 'as a matter of priority'.

Despite these expressed commitments, no substantial progress has been made towards the introduction of a comprehensive disability income scheme. The past decade has instead seen a series of piecemeal changes which, although sometimes useful, have failed to correct the longstanding anomalies in social security provision for people with disabilities. Furthermore, in a number of vital areas, benefits have been cut and new anomalies created. (Disability Alliance, 1987, p. 5)

So, during the past twenty years, there have been some incremental improvements, usually connected to the performance of the economy, but there have also been reversals.

There are a number of reasons why this sustained campaign has been unsuccessful. To begin with, both DIG and the Alliance have suffered from the problem already referred to, that as registered charities, they have been unable to campaign in an overt political way. They have therefore found it necessary to divide their organisations into two component parts in order to retain their charitable status and to continue with political activities. In addition, both organisations have found it necessary to set up information and advisory services in order to steer disabled people through the maze of benefits and to help individuals to receive all the benefits they are entitled to. Finally, they have carried out research to demonstrate that the financial position of disabled people is considerably worse than that of their able-bodied counterparts. Hence, neither organisation has been able to concentrate solely on pressure-group activities.

Both groups can also be criticised for taking a somewhat naïve view of the political process in that their campaigning is based upon three assumptions; that evidence must be produced to show the chronic financial circumstances of disabled people; that proposals for a national disability income must be properly costed to show that the burden on the economy will be marginal; and that sustained pressure must be mounted to hammer these points home to the political decision-makers. This approach has been called 'the social administration approach' and has been criticised for its assumptions about consensual values, rational decision-making, its unproblematic view of the state and its failure to acknowledge, let alone consider the role of ideology. Perhaps the only thing that can be said in its favour is that

If the empiricist study of consensual solutions to defined social problems did not exist, it would be necessary to invent it: democratic welfare capitalism

presupposes the social administration approach.  
(Taylor-Gooby and Dale, 1981, p. 15)

What the income approach to disability fails to understand, therefore, is that political decisions are not made on the strength of particular cases, but in ways whereby the capitalist system itself benefits, regardless of the appearance of consensual values concerning the need for a national disability income. The establishment of such a scheme implies the paying of one group of people a sufficient income for not working to enable them to have a quality of life comparable to another group of people who do work. This, of course, has enormous implications for any system which requires its members to produce sufficient goods and services to sustain the material life of the population, and indeed for its ideological underpinnings which emphasises the value of those who do work and denigrates those who do not. In short, the fundamental question of whether a national disability income is achievable within capitalism, has never been addressed.

This failure to address fundamental issues has brought criticism of both DIG and the Disability Alliance from the more 'populist' organisation, the Union of the Physically Impaired Against Segregation (UPIAS). The two major criticisms of this approach are that it concentrates on a symptom (i.e. the poverty of disabled people) rather than the cause (i.e. the oppression of disabled people by society), and that both organisations have moved away from representing disabled people and instead present an 'expert' view of the problem. The logical conclusion to this approach, according to this analysis, is to make things worse, because such an approach would be 'expert-led' in that it would require detailed individual assessments. The consequence of this for disabled people would be that

We would be required to sit alone under observation on one side of the table, while facing us on the other side, social administrators would sit together in panels. We would be passive, nervous, deferential, careful not to upset the panel: in short, showing all the psychological attributes commonly associated with disability. It would be the social administrators who would gain strength, support and confidence from colleagues on the panel. A token number of the more privileged physically impaired people might be included, as they are in the Alliance. But the whole approach would reinforce the historical and traditional situation whereby physically impaired people are made dependent upon the thinking and decisions of others. (UPIAS, 1976, p. 18)

This debate about 'expert' or 'mass' representation in respect of pressure group activity has continued into the 1980s, with Townsend (1986) claiming that these groups can only be 'representative' in certain senses.

But what they can do is commit themselves unreservedly to the interests of millions of poor people, call representative injustices to public notice and exchange blow with blow in an expert struggle with the Government over the effects, implications and constitutional niceties of policy. (Townsend, 1986, p. v)

But like UPIAS before it, BCODP denies the claims of such groups to be representative in any sense, suggests that expert representation can only be counter-productive, and argues that the only way forward is to fully involve disabled people in their own political movement.

If this analysis is correct, then it is, perhaps, fortunate that a national disability income is likely to be unachievable

within capitalist society. However, it does raise the cash-versus-services debate in respect of provision for disabled people. Both left and right agree that the key issue is to give disabled people choice in respect of services and control over their own lives. In theory, this can then be polarised into a market solution by giving people sufficient cash (i.e. a national disability income) to purchase their own services, or a state solution by making services and professionals accountable (i.e. anti-discrimination legislation, freedom of information and a strong disability movement). In practice, these solutions are not mutually exclusive and neither DIG or the Alliance would argue that service developments were unnecessary, nor would UPIAS argue against an adequate income for disabled people if it were part of a wider package of reforms.

The crucial issue from a political point of view, however, is whether the traditional, single-issue pressure-group campaign for a national disability income is any longer a relevant tactic for the post-capitalist world to which we are moving. The following chapter will suggest that the politics of disablement can only be properly understood as part of the new social movements which are part of post-capitalist society.