

Extract from UPIAS Circular 3 (c. December 1972)

Contribution to the discussion on the nature of our organization:

There are three questions that are most pressing at this time in the inception of our group:

1. We may be asked why our organization should be called a “union”?
2. It has been pointed out that if our organization is concerned with integrating disabled people into society - i.e., we are against segregation - then why do we want a membership comprised of only physically disabled people? Is this not encouraging the segregation we oppose? Why not include all people, irrespective of physical status, provided they subscribe to our aims?
3. We are asked why, in the title of our proposed organization, we are “against” something and not “for” something? Why not, for example, “for” integration, or “for” emancipation?

1. At the outset of starting our new organization we must be sure and in total agreement about one thing. Disabled people are oppressed in our society. There should be no confusion about this, nor should this fact be far from our minds. It is the essence of the justification for starting our organization and from which many ideas flow. For example, if we keep the awareness of our oppression in front of us we will not be deceived by the introduction of side-issues, such as the possible “advantages” of being out of the “rat-race” as a result of our disability. We are oppressed by the society in which we live. How can there be “advantages” out of this condition? It is true that all societies have hitherto oppressed their physically impaired citizens. Some will argue that this is intrinsic to physical impairment. We must insist, however, that the argument is about Britain today and that we are struggling against this oppression irrespective of whether it has always occurred.

Oppression takes many forms and I guess that our group will need to discuss the variety of ways so that we will clarify our views on all aspects of our condition. However, we have agreed that the most pressing is the isolation of physically impaired people in institutions. It seems to me that this is no accident. Institutionalization involves a process which typifies our condition. It reveals the nature of our oppression in its most pure form and in struggling to change this we are bound, provided we insist on being thorough, to understand what disability really is. This, I feel, should be an integral part of what we set out to do. That is, while we struggle to change society in such a manner that people will no longer wish to isolate physically impaired people into institutions we should, at the same time, seek to clarify the nature of the condition. Theory and practice should be united.

Now when people, such as ourselves, are oppressed the individuals in this condition are bound to try and defend themselves. At first this is likely to be isolated individuals who speak out for themselves and struggle to change their own circumstances. In time some of these people may learn to speak out for all the people who are similarly oppressed. Historical conditions, however, determine the development of a collective recognition that the oppression is not confined to oneself but is part of the oppression of a group. When these conditions are ripe this oppressed group begins to organise itself in defense. At first such organizations are bound to be “blind” with vague intentions and an unclear idea as to the source of the misery. Again in time, particularly with the awareness of the inadequacy of the earlier organizations, new organizations are formed with clearer aims.

The development from isolated struggles of individuals to the recognition that only through united action can one more effectively defend oneself against the oppression involves a developing awareness of the social nature of physical disability. This country is rich in experience of the creation of unions to defend groups of people against insufferable conditions. To my mind the creation of our union is part of this tradition and should be

recognized as such. By calling ourselves a “union” we are giving effect to the fact that a group of people are getting together because they are sick and tired of being oppressed by society. I believe that a major task, concomitant with the struggle practical changes we wish to make to society, is to clarify issues. We cannot, after all effectively struggle against something if we remain unsure as to exactly what it is that we feel is wrong. To call ourselves a union will help other disabled people see more clearly their position in society, by drawing attention to the fact that we have an organization united in defense against oppression. Those who feel that something is wrong, although unable to clarify exactly what it is, will be able to look at our organization with the knowledge that here is a group of people who wish to change something they recognise is wrong. A “union” of physically impaired people is explicit in this respect.

Given that we are oppressed and that physical disability is a social question (about which I will say more later) which we, as the people who experience the condition know best, it follows that a union of like-minded, suffering people is an essential requirement in the struggle to overcome the state. For these reasons I feel our organization should unashamedly call itself a “union of physically impaired people”.

2. My argument as to why I feel the organization must be kept firmly in the hands of its physically disabled members follows from the thesis above and my concept of disability as a social condition (which I argue more fully later). I have said society oppresses its physically impaired members and that when “conditions are ripe this oppressed group begins to organize itself in defense.” I am emphasising the fact that physically impaired people do not choose to be disabled, but society causes this. Consequently a whole class of strangers are grouped together despite themselves. We are, in reality, united (and have to come to recognise this in the course of struggle), because of the common social oppression of the physically impaired members of society. Physical disability is a social, not an individual, condition. The formation of a union of this oppressed group is the logical outcome of a group consciousness, developed historically, which recognizes its real social condition.

There are two points that follow: Firstly, that society segregates us and in recognising this we begin to defend ourselves. This means that the issues of disability must be kept firmly in our hands precisely because we, and only we, experience the true misery of the experience. While we may very possibly make mistakes in the struggle, able-bodied sympathisers who do not have the same experience are much more vulnerable to misconstruing the precise nature of our complaints and are, therefore, much more liable to struggle against the wrong issues. For example, both able-bodied and disabled people contemplating the miserable conditions of severely physically impaired people in institutions may well place their emphasis in different directions. The able-bodied may see the need to provide better living conditions in these places (i.e., as they are doing in building new ‘chronic sick units’), whereas we are much more likely to see this in terms of providing better services for the disabled people to use, in the community.

Secondly, precisely because we are the oppressed group we are the ones who suffer the effects of social deprivation. Consequently we lack experience of social struggles, knowledge about the general social struggles of other oppressed groups, confidence, ability to argue clearly, determination in the face of hostility, academic studies, etc., - all the fruits of full social intercourse. Able-bodied members of our group would immediately be in a privileged position of ability, knowledge and experience and would always be in a position to dominate us at any time of their choosing. My argument is that it is exactly through the course of the struggle, through the process of making our mistakes and successes, that we will acquire these social skills. To deprive ourselves of this experience by depending upon more able,

able-bodied, people can only serve to deflect our struggle away from the real causes (the hard part) and on to emotional and empty moral pleas for integration (the easy way of struggling).

If the cause of physical disability is within society itself then we have to participate in changing that social reality. We should, therefore, start from our real social position, as an oppressed segregated group. In this position the true oppression can be kept in clear consciousness and the confusing side issues, which always threaten to deflect the struggle, can be exposed. Able-bodied sympathisers, whose real experience is not the same as ours, would not view this task of changing this reality with the same urgency. Hence they may well end up advocating reforms instead of radical change. They would play a restraining role on the movement by advocating appeals to like-minded (to themselves.) able-bodied influential people. The fact that we organise ourselves and speak for ourselves will be a great source of strength in the consistency with which we fight for social integration.

3. It seems to me that the proposal to include “against segregation” in the title of our organization is a matter of the tactics of the struggle. I have said that I feel the title should help clarify issues and make our position clear so that others can see their own position more accurately and so come to join in knowing what they are doing. I am very much against using words in such a way that people are not antagonised. The suggestion that we use a title with a vague definition so that some people who might be put off, if they really knew what we wanted, will join in with us is dishonest. It attempts to succeed in the struggle by deception. We have nothing to hide in making it clear that we are oppressed by society. In fact, the more honest we can be about our aims and analysis of the position of physical disability the more we will see the necessity to change that social reality. Those that join our organization under false pretences, because they were deceived by our aims, will only try and hold us back. They will be a powerful drag on our struggle and I feel we do not want such members.

When arguing for the integration of severely disabled people into society I have been struck by the consistency at which our adversaries readily agree with this aim. They easily agree, “we all want integration”. However, as the argument proceeds it inevitably transpires that they believe “of course, there will always be some disabled people who cannot be integrated; not everyone can be integrated”. They proceed to defend the “exceptions”. So while it is very easy to agree with the aims of integration (who would openly oppose this?), what is not so easy is to agree with the struggle against segregation. In fact, this is the point. They are “for” integration because this fits in with their ideas of reform (gradual changes), whereas “against” segregation reads more radical - one cannot so easily argue for “exceptions”. At the present time I feel it is important to clarify these issues and cut through the deceptions and confusions that have been present up to now in organizations ‘for’ the disabled. Could the authorities unashamedly build new “chronic sick units” if they were “against” segregation? They could still make an argument (though dishonest, I admit) if they claim to be “for” integration - i.e., they are for it, but because of the severity of our disability it can’t be managed. The trouble is, they claim, that although they have our best interests at heart (by being for integration) we prevent this by being so severely disabled. This position serves to place the fault within us instead of seeing the cause as within society. It is most revealing to see how tenaciously these people cling to the notion of the exceptions. The whole argument begins to centre round this question and the hypocrisy of their agreement about integration comes to light. “Against segregation” is clear and unambiguous and I therefore feel this is the correct way of putting our case at this time.

I need to say a few words about the following terms: Physical Impairment; Physical Handicap; and Physical Disability. While these three are related they should not be confused.

a) Physical Impairment - by this I understand we are referring to the physical abnormality (or damage) in the condition of the individual's body. This may have resulted from illness, accident, or genetical reasons. Physical impairment is usually what we mean when we talk about "medical" diagnoses, such as multiple sclerosis, left lower limb amputation, etc. The point being that it is the task of medical science to describe these conditions accurately. The alleviation of problems involving physical impairment falls within the realm of medicine.

b) Physical Handicap - here I refer to the functional disturbance that accrues from the physical impairment. For example, a walking handicap will accrue from a leg amputation (the physical impairment). Walking, then, is handicapped by the specific impairment possessed by the individual. The same physical handicap may accrue from different physical impairments, and this seems to lead to much confusion. A walking handicap may result from leg amputation, or spinal injury, or muscular dystrophy, etc. It is at this level the occupational and physio-therapists are involved. Strictly speaking the problems at the functional level are no longer within the realm of medicine although closely connected. The mistake until now has been to view these functional problems as medical and consequently under the control of doctors. Recently these functional disorders are equally wrongly seen as social problems. Since the doctors came in at the level of the physical impairment, and consider their field to involve the handicap, they have subsumed other professions under them (the so-called professions supplementary to medicine). This is a gross distortion, but it is made worse when handicap is seen as a social phenomena and therefore social aspects associated with physical impairment are looked at as though they were medical problems. The alleviation of problems involving physical handicap falls within the realm of physio and occupational therapy. It is clear that we need to support the struggle for these two professions to obtain an equal and independent status compared with medicine.

c) Physical Disability - we distinguish this concept from the previous two when we look at the functioning individual in his social relations. We are all born into society which was organized and structured in a way which places certain emphasis upon specific human functions. If some of these functions are handicapped then the individual is excluded from normal social intercourse - i.e, he is disabled. Not all handicaps may result in a permanent disability - e. g., shortsightedness (resulting from an eye impairment); the handicap is corrected by the use of glasses and the person no longer disabled. In short, disability results when an individual is unable to participate in social relations because these very social relations are organized in such a way that the physical handicap excludes its possessor. For example, a physical impairment (spinal injury) results in a handicap (loss of ability to walk). The former is stabilised by medical treatments and the latter is overcome by the provision of a wheelchair. However, if when he wishes to return to his place of employment he cannot because there are staircases at work - he is disabled by a social organization which uses staircases to allow people to traverse from one level to another. The staircase is based upon normal walking function; what is required is that the social relations at work are re-organized so that people with walking handicaps are no longer singled out for exclusion by the way the buildings are arranged - e.g., by the provision of elevators. Society, therefore, disabled the physically impaired (with specific physical handicaps) by organizing social relations in certain ways. If there were no such invention as elevators then the buildings would have to be arranged on one level (or with ramps). The problem, however, is clearly a social one. The alleviation of problems involving physical disability is within the realm of the social relations of the physically impaired. It is properly the task of the physically impaired themselves (hence a "union of the physically impaired against segregation").

However, the historical development of medicine has already led the doctors to dominate the field of physical handicap. Doctors oversee the other professions of occupational and

physiotherapy, and wish to maintain and entrench their control in the social area where disability occurs. They encourage the creation of “rehabilitation” doctors to meet the growing, and vocal, dissatisfaction with the condition of physically disabled people. Ostensibly this is to meet the outcry against glaring neglect (why has it taken them this long merely to recognise what we have always known anyway?) in the social condition of the physically impaired, but in fact it serves to maintain the hegemony of their profession. Clearly the problem of physical disability (as opposed to physical impairment) is not medical at all. When doctors apply their medical interpretations to disability they horribly confuse the issue and effectively prevent disabled people themselves from participating at the level just where it is absolutely essential disabled people control. We are to get a new breed of “experts” who will sort out our problems. We can be sure that, not even for one moment, they will consider disability is a form of social oppression that can only be overcome by those so oppressed, in conjunction with others who are also oppressed by the same society. These are the people who have an interest in changing society and so eliminating disability (of all types).

Doctors, because they look at phenomena in a certain way, interpret the social phenomena of physical disability in the same manner they interpret physical impairment. This prevents them from seeing the oppression. In fact, this enables them to smugly participate in the oppression of the disabled. “They know what is best for us”. While this is true for physical impairment, it is not even true for physical handicap, let alone physical disability. Their influence is insidious because they serve to side-track disabled people from the real issues of physical disability (where we make our contribution) by confusing it with physical handicap and physical impairment. While we do have to adjust psychologically to our physical impairment the doctors would have us apply the same approach to the disability, where in fact the requirement is to change this - i.e., never forget that we are oppressed. One of the easiest pitfalls is that of getting involved in academic discussions about the psychology of disability, and disabled people frequently fall into this medical trap. When doctors talk about adjusting to physical disability it amounts to no less than an encouragement for disabled people to accept their oppression. A reading of rehabilitation doctors’ articles on present day concepts of this topic amply confirms this view of their confusing contribution to the issue of disability - e.g., the article in the January edition of DIG’s PROGRESS,

I would like to put my view on the proposed Newsletter of the union. I feel that it is a vital question for us to clarify our views on the nature of disability, etc. To do this I think it is necessary to begin a thorough discussion of the issues. However this is something that I feel is an internal matter for us to work out. Therefore, I suggest that our Newsletter is very strictly private to members only. Once we have clarified a point which we feel is important in the struggle then I think we should publish those views for public consumption, In this way we will develop the confidence to discuss issues about which we feel very unsure and which if we raised in public before we ‘were ready could well lead to defeat in argument (with the more socially experienced adversaries) and consequent demoralization and depression. In public, I feel we should come out with those views which we are absolutely correct and confident about, the ones we have already argued and looked at from all angles. In this way we will have preempted all the opposition. To maintain democracy in the organization I feel we should undertake to circulate privately in the newsletter all articles, letters, etc., which members send in to the secretary co-ordinator (Paul Hunt, in the first place). This will also ensure that we keep to our budget since we will have to pay for the articles we duplicate to all members (about 20 I gather) and we will be constantly aware of the effect of writing long irrelevant articles.

I know that I will feel a lot happier in developing my viewpoint if I feel that criticism will at this stage only come from the membership and that no outsiders will see these views. For this reason I am keen for a strictly private and wholly democratic internal Newsletter.

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