

MORE ON PHASE 2

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In the previous edition of the MAGIC CARPET (New Year 1975 edition), I argued that disability was basically a social condition. In doing this I was trying to raise the level of discussion amongst disabled people about our place in society. What I believe is basic to our advance into 'Phase 2' (where we discover the person and eliminate the disability), is that (a) we the people with physical impairments have to take control over our own social affairs out of the hands of professionals and experts – we have to participate in the making of our own solutions; and (b) we need to break with all the former approaches which saw as an essentially personally-, or physically-based condition (or, at its best, recognising that there was a social 'aspect' or 'effect').

I believe we need to fix these two principles firmly in our minds for unless we are guided by them disability will not be abolished (see my previous article, 1). It was on the basis of these principles that I chose to introduce a theory of disability in a journal of disabled people rather than in a learned journal. We need now to develop our views of disability beyond the narrow limits and confusions of some 'experts'.

To my mind the cause (or 'source') of disability is social. That is, society through its social relationships (both, inter-personal – the roles people play; and physical – the buildings and environment where these roles are played) disables its people who have physical impairments. Consequently to eliminate disability it is necessary to change these social relations – that is, we, disabled people, must *all* participate in the changing of society. It is obvious that this is a major task and cannot be achieved if we are confused about what we *have* to do. It is therefore important to make clear where some of the 'experts' go wrong, where they are confused or where they mystify the nature of the problem (disability).

In my earlier argument I concentrated on showing that disability is *not* caused by the physical condition of a person's body. Theories which use this concept as the basis for a definition of disability are using what various 'experts' have called the 'medical model'. With this approach the cause of our social difficulties is seen to be in our physical condition. If this could be 'cured' then our social problems would be eliminated. Since, at present anyway, not all physical impairments can be 'cured', those who use the 'medical model' of disability usually end up by talking about the necessity for 'adjusting' to disability, 'accepting' our limitations, or saying that not every disabled person can be integrated, etc. With the two principles in mind I hope we will be able to dismiss the 'medical model', such as, for example, put forward by Ian Henderson (of the British Council for the Rehabilitation of the Disabled): 'Rehabilitation of the Disabled is fundamentally a medical problem and it is on this foundation all is built'. (2). He does, however, rightly point out: Physicists, sociologists and others who are now involved in Rehabilitation are *crying out for a lead ...*' (my emphasis, 2). It is time that disabled people took the lead.

When society disables us by segregating and isolating us from the mainstream of life it places us into a socially stressful situation. We call this social situation 'disability'. Disability does not cause Stress. Disability is, in itself, a stressful condition. Overcoming the stress can only be achieved by eliminating the disability of physically impaired people. It follows that we must understand the source of disability in all its intricate details so that it may be abolished. When a sociologist such as Peter Townsend, for example, says: 'Britain is still largely governed in its conduct towards the disabled by the *source* rather than the *effect* of 'disability' (3), he is confusing the problem. There is no *effect* of disability. Disability is the effect of the

way society relates to physically impaired people. The trouble is Britain 'in its conduct towards the disabled' has never been governed by the *real* source of disability, and this is precisely what needs to be done. To look for imaginary effects is to abandon all hope of eliminating the condition since only by dealing with the source can the effects be changed. This approach leads to a piecemeal nibbling away at the problem. Arguing about a little bit of money here, a bit of legislation there, and so on. Whereas what is needed is a thorough principled approach to the *whole* condition of disability.

We must get our definitions straight for this will help point to the solutions. The key to the problem lies in seeing that society gives a meaning to physical impairment. It translates physical impairment into disability. These are the definitions I suggest (based upon those of Amelia Harris, 4): *Impairment*; lacking part of or all of a limb, or having a defective limb, organ or mechanism of the body. *Handicap*; loss or reduction of functional ability. *Disability*; the disadvantage or restriction of activity caused by social relationships which take no or little account of people who have physical impairments.

Once this definition, of disability as a social condition, is accepted, it follows that physically impaired people need to think in a new way about our social relationships. These social relationships include those between ourselves, on the one hand, and the researchers and experts on disability, on the other hand. To my mind the experts will only be of help to us if their research is deliberately aimed at eliminating disability. Simply collecting facts, or mere factual descriptions of our stressful situation does not explain anything or help to improve our position. Professionals, experts, specialists, or whatever they call themselves, can have a most important role in helping us to become socially active in our own problems. They can help us see the social causes of disability more clearly and can help provide the aids and technology which will enable us to participate in its elimination. In trying to move into Phase 2 we must think seriously about our social relationships, including those with the 'experts'. In other words, we disabled people must research the researchers!

References

- (1) **Finkelstein, V.** (New Year 1975) 'The Magic Carpet', Vol. XXVII, No.1, page 31.
- (2) **Henderson, I. R.** (17.11.1972) 'The Case for a Unified Service for Rehabilitation of Disabled People', British Council for Rehabilitation of the Disabled.
- (3) **Townsend, P.** (5.5.1967) 'The Disabled in Society', Greater London Association for the Disabled.
- (4) **Harris, A., et al** (1971) 'Handicapped and Impaired in Great Britain', HMSO.