

# Difference as a site of struggle: the production of disablement and emancipatory disability politics in Britain

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# Outline of the Disabled People's Movement (DPM) in Britain

- A reaction to failed 'disability movements' in the 60s and 70s, which had been led by charities, professional bodies, etc
- Most active period mid-1970s – mid-1990s
- Shared commitments to independent living, anti-discrimination, equality and inclusion, etc
- Highly politically and geographically diffuse: concepts of 'discrimination', 'oppression', 'independence' etc hotly contested, as were strategies to overcome them.

# Academic receptions of the DPM: Reductionism

- Social movement actors' analysis must be rich and nuanced to be successful. They have to recognise multiple dynamics, prioritise them, and plan action accordingly.
- Academics' incentives are the opposite. They have to translate claims into discourses already recognised as 'scholarly', and arguments that are easily evaluated in these.
- Academic commentary has assigned a single, simple claim to the whole movement: that impairment (biological/mental difference) does not cause disability (social exclusion, reduction of life opportunities)

# Academic Receptions: Objections to an Imagined Position

- Commentators make the DPM's whole theoretical arsenal one slogan: 'Disabled by society, not by our bodies' (Tom Shakespeare)
- Many (Shakespeare, Siebers, Hampton, etc) then claim that this reduction fails.
- Bodily/mental states are accorded social inputs and effects, and the distinction purportedly falls apart.



# Responding to Reductionism: Social Critique in the DPM

- My project here is to flesh out the other side of the equation: the DPM's accounts of how social difference gets produced.
- Activist-thinkers were more concerned with *how* and *why* structures of oppression emerge, than with explaining individual phenomenon from the right category of causes.
- The production of social difference sets the terms for whether and how bio/neurological states interact with social structures and events.

# Individualist and Collectivist trends in the DPM

- **Disability Oppression as violation of personhood:** disablism primarily assaults personal dignity, individual freedom and choice, and human rights to privacy, equality, etc
- **Disability Oppression as violation of collective right:** Disablism one form of human domination, created by wider forms disempowerment, and stemming from social relations beyond disabled/non-disabled interactions,
- The personalist trend was empowered by political developments in the late '80s, and came to dominate DPM thought by the mid-'90s

# Individualist Social Critiques: Simon Brisenden

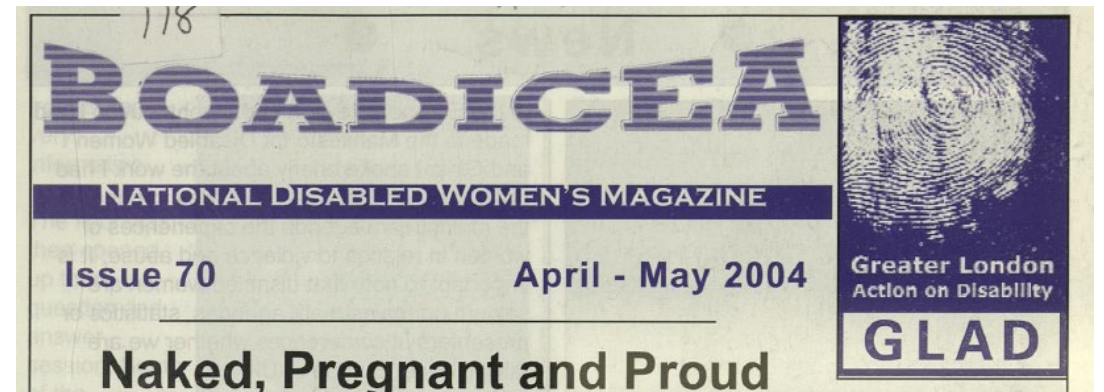
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- Disability oppression a function of medical imperialism.
- As medicine became sidelined from social policy by modern states, senior doctors strengthened their monopoly wherever they could – and disabled people were an easy target.
- By creating a powerful ideology of medical lack, and gatekeeping knowledge and resources, medicine was able to dominate every aspect of disabled people's lives, and use its domination for social leverage.



## Individualist social critique: Jenny Morris and *Boadicea* magazine

- Disablement a form of gender oppression – understood as the valorisation of violence and domination.
- Features associated with violence give access to public space, while those unable/unwilling to assert violence are privatised, objectified, and silenced.
- The political task to re-assert and re-interpret our own difference; as a source of strength and care rather than a lack of violence and vitality.





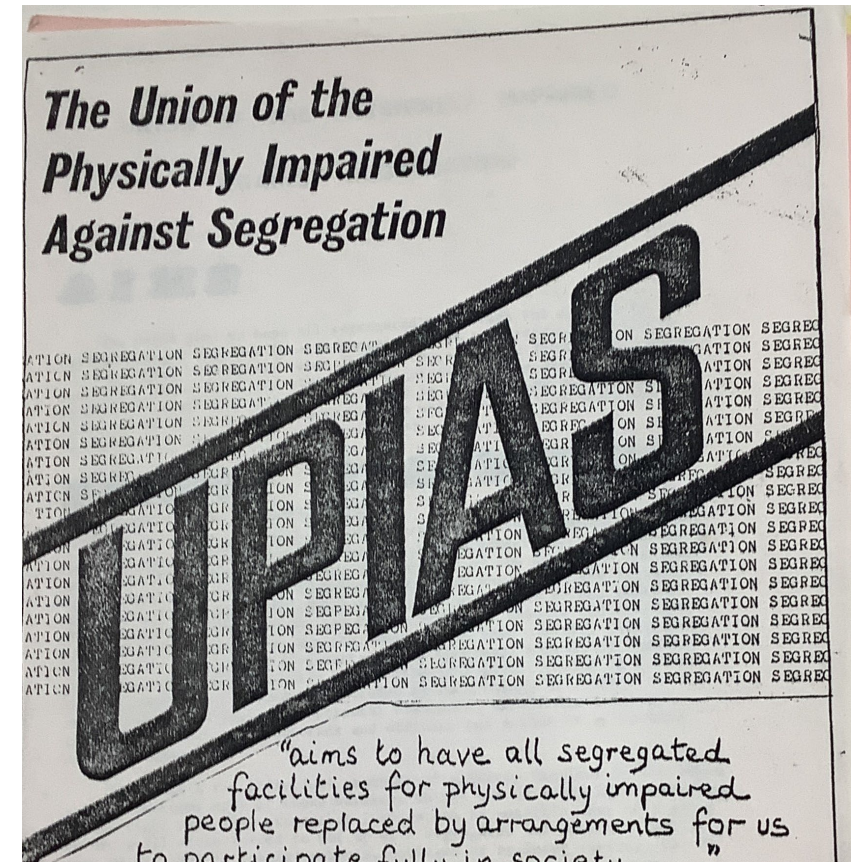
# Problems with individualist accounts

- Rely on fairly simple ideological constructions: some group (doctors, non-disabled men) are able to impose their perspective on the rest of us.
- This implies a clearer distinction between in-and-out groups, and a closer relationship between intentions and outcomes, than often appears the case.
- These accounts also miss out social actors disabled people deal with everyday – bosses, landlords, non-medical service providers, the state, etc

# UPIAS's Anti-Reductionist Theory of Oppression

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- Disability Oppression arises from the interaction of: capitalist labour markets and processes; institutional responses to surplus populations; street level contestations of institutional practice.
- Capitalist production revolutionises itself to extract maximal surplus value. As work processes optimise, increasing numbers of people are unable to keep up, and prevented from reproducing themselves through wages.
- Capital also sculpts physical space, social infrastructure and policy around its core workings – ‘abstract[ing]’ those unable to labour from social life outside the workplace.



# UPIAS: The State and Institutional Actors

- It is politically difficult for capitalist states to abandon everyone indefinitely excluded from the wage fund (either partially or fully).
- Generally, the states commissions third-party institutional actors (charities, professional bodies, 'social enterprises', etc) to manage provision for disabled people.
- These actors have contradictory incentives: i) Management is easier to pull off and justify by dividing up and dominating the disabled population; ii) Market share is increased by exploiting dissatisfaction with other actors' illiberal management techniques

# UPIAS: Anti-institutional Strategies

- The final determinant is how disabled people respond: do they accept the conditions imposed on them?; play institutional actors off against one another?; or try to create something outside of the existing institutional market?
- UPIAS members accused the Brisenden and Morris/Boadicea positions of only dealing with facets of the disability industry (it's price mechanisms and moral valuations) rather than its core functions.
- Instead, they argued for the collectivisation of all disability specific services, under the democratic control of disabled people

# UPIAS's (Unfinished) Social Account of Impairment

- Bodily and neurological states are irreducible, and impairment types should not be expected to track social phenomena or social positions (as inputs or outputs)
- They are, however, interpreted as impairment in thoroughly institutional settings – determined by intervention options and resources, as well as ideology.
- Collectively, they are closely related to forms of surplus making across the proletariat – imperialist war, dangerous working conditions, poverty, etc.

# Thanks for your time

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