

A Profession Allied to the Community: The disabled people's trade union

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A HISTORICAL PERSPECTIVE

Human beings, by nature, structure their social relationships in order to assist each other to attain the necessities of life and to enhance the quality of their lifestyles. During the historical development of societies, this has taken many forms, with different groups at different times dominating the shape, meaning and accessibility of social assistance.

This process has embraced the design and provision of helping, or assistive, devices. For example, the invention of the printing press is an assistive device (a special aid) for “the sighted” to exchange information. The growing importance of this invention and proliferation of printed material, however, and the inability or unwillingness of sighted people with abilities to recognise the legitimacy of equivalent forms of information exchange for people with visual impairments, provides a critical context for defining the social meaning of “blindness” and excluding this particular group from the facilities and mainstream events of society

Control over the shaping and reshaping of social assistance has not only enabled specific social groups to dominate others, but has also enabled them to define what is “normal” and, in so doing, label all assistance required by other groups as “special” and “compensatory”. Consequently, people with abilities have come to see access to *their* forms of assistance as an essential aspect of a normal lifestyle. Deviations from this *ability*, then, are not only seen as tragic, requiring interventions which aim at “curing” or “caring”, but have added a “vulnerable” label to the social invention of non-normal individuals. Where there is not as yet an effective cure, and the provision of care threatens to become a curtailing burden on their own lifestyles, people with abilities have sought to shape the deviant and vulnerable as much as possible in their own image of normality

PROFESSIONS ALLIED TO MEDICINE

It is in this context that people with abilities have invented exclusive professions to cure the deviant, care for the vulnerable and to control perception of appropriate human attributes and desirable personal and social environments. The result is a National Health Service dominated by professions allied to medicine (PAMs) who work in cure or care services and Social Services dominated by a culture of welfare provision for the “vulnerable”. Around this development, people with abilities have created an elaborate “normative” language and culture. This is the language of the health and community care services. In this language, disabled people are seen as having “special needs” that require special expertise; while people with abilities remain totally unaware that the roads, public transport, telephones, television, retail shops, restaurants, etc., created by themselves for themselves, are also examples of special assistive devices and services.

PROFESSIONS ALLIED TO THE COMMUNITY

The growth of the world-wide disability movement has shaken this comfortable cultural dominance. Disabled people in organisations *of* disabled people (our *vehicles* for change) have begun to express their human nature by re-defining themselves and inventing their own forms of assistance in this image. In so doing, disabled people have begun a process of engaging in the transformation of the disabling society. There are three things to say about this development for our relationship to the majority world.

- First, the development of our own approaches to assistance not only requires an unpacking of the version imposed on us by people with abilities, but the creation of our own “normal” forms of assistance. Our constructing of systematic forms of help according to our own social model of disability will generate new services and service providers – professions allied to the community (PACs). I believe that these workers will constitute our own trade union. It is these trade unionists, truly immersed in a disability culture, who will be a vital *engine* for social change. They will have a crucial role in promoting the national and international criticism of the dominant health and community care ideology that is not wanted by disabled people.
- Secondly we can be sure that the elaborate culture, language, policies of medicalising health (seeking to “cure” disability), community care policies, community-based variations of rehabilitation, and obsession with assessing and labelling us (such as the latest World Health Organization’s ICIDH-2: International Classification of Impairments, Activities and Participation) will be vigorously defended by people with abilities whose careers are shaped within the framework of able-bodied chauvinism. As the struggles of disabled people to create a barrier-free world according to our own image of human functioning advances, we can expect the PAMs and welfare workers’ defence of their philosophy (based on the individual and administrative models of disability), and the associated expertise, to be exported to places where they are less likely to be challenged.
- Thirdly the migration of the cure or care culture and expertise (e.g. as in the “community-based rehabilitation” ideology and the WHO ICIDH) are important tools for advancing the able-bodied work ethic of the minority world to the majority world. Maintaining that the marginalisation of disabled people is due to our personal inadequacies (our disabilities) sustains the view that the disabling society is not responsible for creating the barriers that impoverish us. Providing PAMs and welfare workers for our special needs enables the disabling societies of the minority world to further their control of the international economy – free of criticism from the majority world whose established supportive social relationships are being dismantled.

FURTHER READING

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