

## **Disability and the helper/helped relationship. An historical view**

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In this short essay attempts have been made to draw attention to a long neglected area of study: the historical origins of the relationship between disabled people and those, professional or lay, who may work with them in a helping role. For convenience the discussion is centred around the disablement of those who have physical impairments (excluding those with partial sight or deafness, as well as mentally handicapped and mentally ill people). However, it is maintained that the general social theory of disability, which underpins this essay, can be fruitfully applied to each specific group. Space only allows a sketch of the salient features of what can be called the 'helper/helped relationship in disability'. Future research will be necessary to unravel the complex details of this relationship which has matured over the past 300 years. It is hoped that this essay will seed such research as well as encourage practitioners to take a more positive attitude towards supporting physically impaired people when they try to bring a new helper/helped relationship to life.

There can be no doubt that over the past two decades there has been a radical improvement in the situation of disabled people in the United Kingdom. Twenty years ago few disabled people were to be seen in public. Although the numbers are still relatively very small there has been a significant increase. Reserved parking spaces for cars, ramped entrances to buildings, adapted toilets, captioned television news broadcasts, 'bleeping' pedestrian crossings, are all material examples of special facilities now available for disabled people within the larger community. Non-disabled people, therefore, not only are more likely to come within sight of disabled people, but have increasingly to adapt to sharing an environment which is also designed for others. Disabled people are becoming part of the community and entering into its social relations.

Paradoxically, probably the most significant measure of this changing and *improving* situation is the greater number of physically impaired people who have come forward to express their views and describe their *problems*. The sudden spurt in 'consumer' groups, too, reflects the growing confidence of disabled people that they should be active in championing their own cause. While this activity has, in the first place, taken the form of protest against social discrimination and inadequate help, it also shows that disabled people are moving from passive social relations to active ones. It is this trend that is particularly significant in the history of disability and in the relationship between helpers and helped.

Traditionally, disabled people have been viewed as passive, unable to cope with normal social relations and dependent upon others. The professions came into being with this assumption as the key to the relationship that developed over the centuries between the active able-bodied helper and passive disabled object of attention. The refinement of professional education and training programmes over the years has not only entailed acquisition of specialised skills in 'treatment' but formalised ways of behaving towards patients and clients. This aspect of 'professionalism', how to dress for work, how to talk to patients, professional ethics, and so on, represents the accumulation of traditional practices which serve to maintain distance between active helpers and passive helped. 'Disabled people cannot do certain things', goes the idea, 'and therefore we intervene to help. In order to help it is necessary to be clear about what is the problem and who has it. We must, therefore, separate ourselves

from our patients so that our actions are aimed at the ones needing help'. Central to this view is the notion that disabled people possess the 'problems'.

Now as disabled people have become more active in defining the 'problem' the traditional helper/helped relationship has come under strain. The suggestion is that in addition to their physical problems disabled people are placed in an oppressive relation to able-bodied people. This is particularly so when as a result of physical impairment they are assumed to be socially passive, inadequate and helpless. Since some of these assumptions underlie the evolution of the professions, the point of irritation between helpers and helped, in the modern era, can be easily recognised. For the momentum towards integration to gain pace it has become imperative that traditional restrictive professional practices give way to a new helper/ helped relationship. To do this it is necessary to take another look at the assumptions handed down to us by history and, until recently, only interpreted through the eyes of active able-bodied helpers.

## **Phase 1**

It is convenient to take our starting point with the emergence of the British capitalist system. In its earliest period, prior to the Industrial Revolution, the population was overwhelmingly rural and production essentially agricultural with limited craft production but growing merchant trade. The importance of the market in the life of the community had become established and trade increasingly dominated the economy and social relations. Food, clothing and other goods were produced for sale in the market and one's ability to survive became determined by the ability to produce something for sale, reselling commodities bought from others, offering a service such as transporting goods to markets, or owning land. In these conditions 'cripples' can be assumed to have lived not very differently to the cripples under feudalism. In the small communities of early capitalism everyone knew each other and had a relatively fixed social status with its attendant family and social obligations (the inheritance of feudal rights and duties). Those who survived severe physical impairment, either at birth or through injury, would have lived as cripples within their communities. It is this proximity between able-bodied and crippled people which explains the ease with which writers could include crippled characters in the literature when writing about the common people. Conditions of life were extremely harsh for cripples, but in a context where life was harsh for all the common people, the circumstances of cripples would not have seemed significantly worse.

Apart from performing domestic duties for their families, such as cooking, making clothes and looking after the young children when possible, cripples unable to perform agricultural work could have supplemented the family income by spinning and weaving. Small and portable, the early machines could have been easily adapted to suit individual physiques. The work was carried out in their homes and cripples had no need to seek employment beyond the family. However, the rural population was being increasingly pressed by the new capitalist market forces and when families could no longer cope the crippled members would have been most vulnerable and liable to turn to begging and church protection in special poor houses. Market forces soon favoured machinery which was more efficient and able to produce cheaper more plentiful woven material. Those working larger looms would more likely survive and cripples would have had greater difficulty working such equipment. The tendency of capitalism to sift out the infirm from the able-bodied started with manufacture for sale in the market and from the earliest days being a cripple implied more than just having a physical impairment. When a group of people are sifted out of the general population by a manufacturing process this reflects the relationship between people and the way society produces and reproduces itself. The physically impaired people living in early capitalism

were just as crippled by capitalist production using increasingly efficient machinery, as they were by the physical condition of their bodies. The cripples of early capitalist society started parting company with the cripples of feudal society and the social impediment to integrated community living became a small component together with the physical impairment component that went into making the new cripple. It took the Industrial Revolution to give the machinery of production the decisive push which removed crippled people from social intercourse and transformed them into disabled people.

## **Phase 2**

Manufacture, largely based upon spinning and weaving, gradually spread in the rural areas until a large proportion of the population was engaged in these home industries. Several inventions increased the efficiency and power of these machines. Water power was harnessed in the drive for faster and more productive equipment. By the late eighteenth century highly complex mechanical devices were in use and the advent of the steam engine finally paved the way for very large machines attended by several workers. The size of the equipment necessitated special buildings and the increasing need for workers to travel to their place of employment. At this time the manufacture of machinery, which was for the production of commodities, became an important economic development. Spinning machines, for example, designed in this way were for use by average human beings and had to be usable by any worker freely employed on the labour market. Such a worker could not have any impairment which would prevent him or her from operating the machine. It was, therefore, the economic necessity of producing efficient machines for large scale production that established able-bodiedness as the norm for productive (i.e. socially integrated) living. For physically impaired people the machine determined their social status, rather than people determining the social significance of machinery – production for profit undermined the position of physically impaired people within the family and the community.

The Industrial Revolution also led to the growth of new industries – in particular the metal and coal mining industries. In both these areas disabled people could expect no salvation. Indeed, the conditions of work were such that new physical impairments were being created in the form of industrial injuries. Capitalist farming methods were also increasingly introduced and the steam engine played its part in encouraging the migration from country to town. Unemployed workers mingled with unemployable disabled people in the growing towns. The need to control population mobility became necessary as well as the need to control civil discontent amongst those out of work. So it was that the next step was taken and civil authorities began building special secure places for disabled people, and others who had no permanent home or source of income, and staffed these places with wardens and attendants.

By the 1850's conditions in industrial Britain were ready for large numbers of people to be uprooted and thrown into the new industrial factories. Beggars, thieves, vagabonds, unemployed workers and cripples were an endless source of concern to the authorities. At the same time industrial workers began organising with greater efficiency, demanding safer working conditions and compensation for industrial injury. Efforts were made to improve working conditions, and the sanitation in the cities, while the medical profession became increasingly involved both with illness and physical impairment. In a climate of great productive activity those who did not work were regarded with abhorrence and held to be responsible for their poverty and afflictions. But the work ethic made it necessary to distinguish between those who were able-bodied but did not work from those who were physically impaired. The latter were to be accepted as rightful recipients of charity and the former as indolent wasters to be hounded and punished for their sins. Thus the final

segregative process occurred which set disabled people apart from all others. Even in unemployment physically impaired people were to be removed from their fellow-citizens.

In presenting the process whereby cripples were transformed into disabled people it is not implied that there were no positive aspects. It is clear that to be given charity rather than being punished for not working has its advantages. But the advantage was gained by their ultimate removal from the social community – firstly from the working class family and then from the unemployed bottom layer of society. By the end of the 1800's and into the twentieth century it had come to be accepted that disabled people ought to be 'protected' by being placed in large institutions or, when families refused to abandon their members, to be hidden out of sight. The only source of income for the disabled population was charity.

Having a captive population of disabled people made it possible to study some of the underlying physical conditions more carefully and systematically and this went hand in hand with the general advance made by the medical profession at the turn of the century. Of particular importance, too, was the process whereby labour shed in efficient industries moved into the services. This meant that more labour became available for use in institutions. The First World War brought women into industry under conditions where they could assert some control over the way they were employed. Such experiences led to greater independence and acceptability as employees in services for disabled people. Nursing became a recognised profession for women. The transition from domestic work where they might well have had to care for an elderly disabled relative to paid employment looking after sick and disabled people was not too difficult a change. By the time the Second World War had started disabled people had been removed from their community roots for so long that the increasing numbers of people working with them could accept the historical assumptions about the intrinsic causes of their social isolation without a second thought.

The Second World War gave a tremendous impetus to the development of specialisms within the professions working with disabled and physically impaired people. Medical practices were improved so that more severely disabled people survived and physical treatments were developed which helped disabled people manage in activities where they were incapable before. Of particular importance was the availability of domestic appliances which could be operated with the minimum of physical energy and skill. Teaching a physically impaired person how to go to a well, fetch a pail of water, collect firewood and light a fire to make a pot of tea may have been impossible last century, but teaching a similarly impaired person to fill an electric kettle with water, switch on a button, etc. to make a pot of tea today is well within the accepted aims of modern rehabilitation practice. In this respect the growth of wealth in Britain has been the basis for those helping disabled people reach increasingly complex goals in activities of daily living.

The increased wealth of the nation, large numbers of workers in service industries (especially the post Second World War health and welfare services), and an isolated disabled population available for intensive treatments paved the ground for the next development in disability. At the turn of the century non religious charitable organisations played an increasingly significant role in the care of disabled people and disabled children and began to organise on a massive scale (e.g. the Spastics Society) to agitate for state intervention and better forms of treatment. They were particularly concerned about the education of their children and set about creating such a service.

There have always been a few physically impaired people who managed to avoid the disabling pressures of the social system and find a place within the society where they have achieved recognition as fellow human beings. The past two decades, however, have seen increasing numbers of disabled people using the skills learnt from professionals as a step

towards social reintegration. The movement of this group into the community, however, has confronted them with the experience of disability as a form of social discrimination and oppression. The successful disabled integrators have found that society, uncontaminated by their presence for centuries, has designed a world which does not recognise their existence. Such people have been forced to protest, at first individually and then collectively about their social situation. This protest has not been confined to the material world of buildings and streets but includes a rejection of the now well established view that disability means passivity in organising and managing ones own life. Like the parents' organisations these new self help groups started providing their own services.

Centuries of isolation have been followed by help to counteract this segregation and disabled people have begun articulating their own interpretations of their social situation as well as redefining the roles and limitations of the helping professional and lay workers. It is clear that professional practice which grew up on the basis of the social exclusion of physically impaired people led professionals into a set of practices which have now become a barrier to further development of their client group. What should be clear from the above historical sketch is that it is not professional practice, as such, which impedes the increased flow of disabled people back into the community but that aspect of their relationship which places them in an active controlling role over a passive patient or client.

### **Phase 3**

It will be clear that we have only started entering the new phase whereby the helper/helped relationship will become reformed into one of equality. Exactly what the requirements are lies in the future but it is clear that any future relationship between physically impaired people and those who help them will have to encourage the utmost activity of the client in the decision making process and access to all records, plans and planning meetings will be necessary. If disability was a social imposition on physically impaired people, the reintegration of disabled people will not only remove their disabilities but introduce a new era of cooperative work between helpers and helped.