Chapter 3 (In 'Help', Tom Shakespeare (2000) Venture Press, pp. 43-62)

HELPING

Preceding chapters have explored the cultural meaning and social context of receiving and providing help, focusing on the roles and individuals involved on either side of the equation. In this chapter, I will discuss the process of providing help in modem British society, looking at three paradigmatic examples before reflecting on the process of altruism itself.

1. The *family* is the archetypal unit of mutual aid, and is associated with very positive, and often very romanticised, notions of selflessness and support. Yet it is also the concept from which we ultimately derive our notions of patriarchy and paternalism, and writers from the feminist and psychodynamic traditions have challenged the beneficent ideal of domesticity.

2. *Charity* is strongly valued in all religious traditions. It expresses the voluntary response of the community towards those in need, and particularly those who are the casualties of cruel social conditions such as war, famine or *laissez-faire* capitalism. Donating money or time to help the less fortunate remains a social ideal, as the popularity of telethons and aid appeals seems to indicate. Yet, particularly from the disability movement, a powerful critique has developed of the way that the helping impulse has been institutionalised through large quasi-business voluntary organisations.

3. *Welfare state* provision arose from the social democratic and liberal traditions, particularly in the postwar period, to express social responsibility for collective needs such as health, education and those excluded from the labour market. Yet, despite regular processes of reform and renewal, social services in particular have been criticised as unresponsive, undemocratic, and ineffective in fostering independence and social inclusion.

As well as providing relief, both informal and formal helping have promoted disability-welfares by failing to recognise the personal dignities and citizenship rights of those who receive help. The persistent devaluing of care-receivers, explored in the first chapter, is expressed in the lack of a voice, in the lack of choice and autonomy, and in the status gap which helping reinforces. Therefore it may be necessary to suspend the positive values which are associated with helping our society, and to look more critically at the actually existing relationships of care which we take for granted.

One way to begin the deconstruction is to turn a symbolic exploration in the artistic field which embodies themes that often emerge from the testimony of people who are made dependent. Two sculptures by Lebanese/British contemporary artist Mona Hatoum illustrate the dilemma at the heart of the helping relationship. *Untitled (Wheelchair)* (1998) is a stainless steel structure resembling a conventional wheelchair. Bare and clinical, and looking very uncomfortable, it is reduced to a simple arrangement of bars and sheets of metal. It has four small wheels, which clearly could not be manipulated by anyone sitting in the chair. Yet the two handles, which would enable someone to push the chair from behind, are formed into sharp carving knives. It would be impossible to take hold of them without being sliced or spiked. The sculpture seems like a modern, medical, rendering of Boadicea’s chariot with its wheel blades. What are we to make of this shocking apparatus? Its extraordinary power as an object comes from the collision of caring and cruelty which is represents. Hatoum’s *Incommunicado* (1993) has the same effect. The piece is a simple, institutional cot made of bare steel, but instead of a mattress it has a base of rows of thin wire, making it like a person-sized egg slicer. Both these works challenge our understanding of the help that is extended to vulnerable or dependent people, whether babies or adults. The clinical functionality of the equipment suggest that only the bare minimum of help is being offered, without any affection or real warmth. The cot-as-torture apparatus suggests that caring can conceal violence and abuse. The wheelchair-with-knives also suggests to me the powerlessness of the person using the wheelchair, and a sense of resentment at being dependent on someone else to push one around. Enshrined in steel, both the dependency of the user and the hostility towards the helper are a product of the physical arrangement of the chair.

Both artworks are about contradiction. *Untitled (Wheelchair)* denies reciprocity between user and carer, but also offers the contradiction that the chair can neither be propelled by its user, nor pushed by someone else. Partly perhaps this should read as a statement about the contemporary western fixation with independence. In western society, individualism and autonomy are of the highest value. People are unable to accept help without losing a sense of self. In societies such as the one from Hatoum originates there is more of a sense of interdependence and reciprocity in which both the community and the family are more important, and perhaps this cultural difference is underlined in the artwork. Yet also, and most disturbingly, the sculptures point to the way in which care and cruelty can be intimately related, and to what Zygmunt Bauman (1993) calls the 'intimate dialectics of love and domination'. Hatoum's work prompts the questions which are posed in this discussion of the helping relationship. What are the motivations of those who help others? How is helping experienced by the others who are helped? What are the psychological and institutional models for helping? It is my argument that helping, in our society, has operated as a form of colonialism. Represented as beneficence, it sometimes operates as oppression.

Family and parenting

The ideology of the family exerts a powerful influence on our understanding of helping, and it casts a long shadow over the contemporary arrangement of community care (Dalley, 1988). As feminists have shown, too much of community care rests ultimately on the unpaid caring work of women in the home, who are expected to be the natural carers of people who are chronically ill or impaired, or who are elderly. Care is seen to belong in the idealised nuclear family, while paid care is viewed as second best. So the emphasis of much social policy is on sustaining family care, and when voluntary agencies or the state provide residential care as an alternative to the family, it tends to reinforce the same model (Brechin *et al.,* 1998). Yet, while family care and the 'normal' home are meant to be the ideal, social research and analysis also suggest we should be suspicious or cautious about what goes on in the domestic environment. Parental love and support, which we have been led to expect as unlimited and unconditional, seems to be more unreliable than ideology claims.

Gay writers have explored the way that parents may reject their homosexual children: many gay people reject the intolerance they experience from their family of birth, and turn instead to create alternative models of family in the form of networks of friends and partners within gay communities. Researchers involved in the 'families of choice' project stress the choice and agency in this new idea of family:

'In the family stories being told at the end of the twentieth century there is a sense that, for some, family is something you create for yourself; something that involves interactions, commitments and responsibilities that are negotiated in a world where few things are pre-given or certain.' (Heaphy *et al.,* 1999,3)

This has been a particular aspect of resistance and survival during the AIDS crisis: friends as well as partners have been providers of care. Kinship has been about choice and self-determination, and the crisis has led to a particular valuing of the institution of friendship, based on mutual help, support, love and trust in a community context.

Feminist writers have explored the dominance of men over women which takes place within the home, and the tendency towards economic and sexual exploitation within heterosexuality (Barrett and McIntosh, 1991). Equally the inequality of parent and child may contribute to emotional or physical disempowennent. The late twentieth-century realisation of the extent of child abuse -physical or sexual - suggests a contradiction between the myth of the family and the reality of some domestic practices. So, too, a growing realisation of the phenomenon of elder abuse makes us cautious about the ways in which not just institutions, but also private houses, conceal cruel or exploitative practices.

At a less extreme level, professions such as health visiting have always occupied a role as agents of surveillance and control over families, and mothers in particular (Donzelot, 1980; Bloor and McIntosh, 1990). Rather than caring being natural or automatic, it is now suggested that parents require tuition in how to be effective parents, not only in terms of exerting moral authority, but also in terms of basic techniques such as bathing babies or providing appropriate diets for infants. Contemporary concerns about uncontrollable youth often contain an element of blame towards parents for failing to exert proper care and control, for example, with the advent of parenting orders.

But we also know that there are many ways in which parents can, at a very ordinary level, undermine the personhood or infringe the basic rights of their children. Many people still believe that it is correct and sensible to hit a child, whereas acts of violence between adults would not be condoned. The growing literature in the new sociology of childhood shows how children are denied independence and autonomy not only in society, but also in the home. Often this may stem from over protection, which originates in the best possible motives. Very commonly, parents of teenagers have difficulty in letting go: in recognising that their children now need to move away and make their own lives. We laugh at the sit-com stereotype of the controlling mother. Yet the humour comes from recognition that this transmutation of love and concern into control and domination is common to many families.

Parents of disabled children, for example, may feel that their children are vulnerable, or incapable of exercising choices, and thus require guidance and direction at all times. Often people with physical impairments and especially learning difficulties are maintained in a protected and childlike dependency long after non-disabled young people have 'grown up'. When parents are needed to provide care to their older disabled children, they may be unable to see them as adults in their. own right. Because they provide physical support, they may feel it necessary to provide emotional and social support, and even take decisions for the disabled person. One disabled woman referred to her own experience of relying on her parents for support by saying '*give an inch and they take a mile'*. It is common to find that older parents of people with learning difficulties are keen for them to be institutionalised, for fear of what might happen to them after their own death, despite those who advocate a greater independence for those who are often adult children. Part of this is an understandable fear about the quality of services, and the realisation that respite and residential care fails to meet the needs of disabled people effectively, or to respect the individuality and human rights of service users. But there is also here an extension of the feelings of indispensability which are part of the psychological gains that parents achieve from looking after children. Having power over others may bolster self-esteem and provide satisfaction, and for this reason it may be hard to let go or to recognise the other's need for independence.

The new sociology of childhood has demonstrated that young people are not passive receptors of socialisation, or 'inferior adults', but active agents, able to express feelings about their lives and their wishes: for example, Priscilla Alderson's (1993) work has shown that children are able to make sophisticated judgements about having surgery. Physical immaturity does not translate into social or moral incompetence, despite the ideology of childhood innocence and the need for parental protection. Evidence from psychoanalysis demonstrates the harming outcomes of particular parent-child relationships long into adult life. Effective parenting, like effective helping in other spheres, comprises a balance between direct care and fostering autonomy. It involves recognising the agency and independence of children as separate people. It means hearing the voice of young people, rather than relying on the old adage about children being 'seen and not heard'. It relies on values like trust and respect, as much as the altruism and concern which are the dominant associations of parenting.

The problem is that the traditional myths of parenting as benign and appropriate become transferred outside the home into caring situations, which are often designed to be as much like 'normal families' as possible. Geraldine Lee-Treweek's research in care homes shows how carers can infantilise older people, and treat them as if they are their parents (1996). A subconscious model of the family dominated a set of relationships in which physically capable older people were expected to submit to total surveillance. Lee-Treweek labels the group who conformed to this caring model as 'the lovelies': they would get cuddled, kissed and tucked in, as positive rewards for their compliance. Another group of residents, who resisted the baby-talk and other patronising processes, were labelled 'the disliked', and seen as troublesome and demanding for rejecting the emotional order of the home. The final group were 'the confused', who were pitied, and seen as sweet and cute and comical. My own experience of working in a hospital for people with learning difficulties echoes Lee- Treweek's research: residents tended to be seen either as sweet and innocent and childlike, or as threatening and unpredictable and dangerous. Of course, these values can also be associated with children -either the charming five-year-old, or the challenging teenager -and a parent-child model tended to dominate interactions. In both these examples, emotional work is a way of empowering the workers, and of rationalising a situation which is outside normal expectation. Manipulation of the service users (who, in Lee-Treweek's case, were actually paying for the service) is achieved via a nurturant power that echoes the dominance in many real parenting situations.

It is vital therefore to understand the way that unhelpful helping begins in the home, and is then replicated in the helping promoted by welfare arrangements which seek to duplicate the home. The 'naturalisation' of help should be replaced with a sensitivity to the ways in which help may harm. Consistent respect for the dignity and autonomy of children, disabled people and older people needs urgently to be inserted into conventional approaches to family and non-family care.

Images like those of Mona Hatoum bring to the surface a realisation of the anger and antipathy which may underlie altruism. Another shocking metaphor for power and dependency within the family comes in Kafka's story, *Metamorphosis.* Gregor Samsa, a young clerk, wakes up one morning to find that he has been transformed into a giant beetle. Kafka's work is about the human condition in general, and the problems of bourgeois life in particular, but his story can also be seen as a metaphor for disability. Gregor's metamorphosis parallels the change brought about by a spinal injury, or stroke. At first, he is unable to accept or understand the change in his physicality. Later, he learns to forget his old way of moving around, and to adapt to the best way of standing and walking in his new body. The focus of the story is on how Gregor's parents reject him, and how his family comes to see him as a burden and an embarrassment, and as a disgrace. Metamorphosis echoes the difficulty that families may sometimes have in dealing with unexpected, irreversible change, and their resentment against a disabled family member. It also reminds us that many people are very uncomfortable with disability: it may be a threat, or something to be feared.

Charities

The sentimentalisation of domesticity and the ideology of the patriarchal family were products of the Victorian middle classes. The institution of charity is another manifestation of altruism which took a recognisably modern form in the nineteenth century. It also provides examples of the way in which helping can harm, and of the self-serving nature of seemingly beneficent social arrangements. As industrial capitalism developed, within the *laissez-faire* economics of Victorian England, so the problem arose of how to deal with the excluded, or the orphaned, or the aged or the disabled. Philanthropists on the one hand, and social campaigners on the other, developed organisations and institutions to meet the imperative of help for the casualties of the economic system.

Yet, from the earliest, humanitarians were identifying and criticising the short-comings of charitable provision. The novels of Charles Dickens are full of unforgettable images of charitable institutions such as schools and orphanages, and the cold regimes or exploitative overseers with which they were associated. So, in *Hard Times,* he mercilessly parodies the utilitarian philosophies of the day, in the person of Gradgrind. In *Bleak House,* the grotesque Mrs Jellyby is eternally preoccupied with her activities of 'telescopic philanthropy': for example, she is always writing letters on behalf of her Borioboola Ba charity. As the lawyer Kenge tells Esther, our heroine,

'Mrs Jellyby'. ..is a lady of very remarkable strength of character, who devotes herself entirely to the public. She has devoted herself to an extensive variety of public subjects, at various times, and is at present (until something else attracts her) devoted to the subject of Africa. ..' (Dickens, 1994, 31)

Meanwhile, the home and family of Mrs Jellyby are entirely neglected. Another do-gooder, Mrs Pardiggle, takes Esther on one of her trips to visit the homes of working-class people. Dickens viciously satirises her patronising do-goodism, and her tendency to blame the individuals for living in squalor, rather than putting their plight into the context of social and economic oppression. He puts a speech of bitter class resentment into the mouth of the bricklayer whose family is the subject of Mrs Pardiggle's charitable endeavours:

'I *wants it done, and over: I wants a end of these liberties took with my place. I wants a end of being drawed like a badger: Now you're a-going to poll-pry and question according to custom* -I *know what you're a- going to be up to. Well! You haven't got no occasion to be, up to it. I'll save you the trouble. ..*' (Dickens, 1994, 98)

As an analyst of the charity industry concludes,

'There is strong evidence that the Victorian poor were not content with their lot. Contemporary reports suggest irritation with the moralising cant of the relief workers, and resentment at providing a hobby for the evangelical middle classes whose women were precluded by custom from gainful employment. ' (Williams, 1989,44)

Yet Dickens is not arguing against altruism or kindness: when Esther herself intervenes to help the family - as when she later nurses Jo through his smallpox -it is clear that her help is humane and unpatronising and well-motivated.

Dickens's target is the class which presides over an economic system in which people like the bricklayer's family, or the streetsweeper Jo, or Betty Higden in *Our Mutual Friend,* are the ultimate casualties. The latter would rather die in the fields than submit to the indignities of the workhouse:

'Old Betty Higden however tired, however footsore, would start up and be driven away by her awakened horror of falling into the hands of Charity. It is a remarkable Christian improvement, to have made a pursuing Fury of the Good Samaritan; but it was so in this case, and it is a type of many, many, many.' (Dickens, 1985a,569)

Later Dickens suggests ironically that people like her would doubtless appreciate the Poor Law more philosophically on an income of ten thousand a year. In the moral landscape of *Our Mutual Friend,* we are meant to understand that working-class people -like Betty Higden or Lizzie Hexham herself -may have a nobility and dignity and moral worth far superior to the ladies and gentlemen who gather at the table of the Veneerings. Because the upper classes are oblivious or uncaring about the plight of the poor, the moral responsibility belongs to them. So, when Jo the lowest of the low, finally dies, Dickens's sentimentalism also has a hard political edge:

'Dead, your Majesty. Dead, my lords and gentlemen. Dead, Right Reverends and Wrong Reverends of every order: Dead, men and women, born with Heavenly compassion in your hearts. And dying thus around us every day. ' (Dickens, 1985a, 596)

The charitable projects of the Mrs Jellabys and Mrs Pardiggles of that world were more likely to add to the miseries of the capitalist system than to relieve suffering and injustice. In this period, colonising of the poor via paternalistic philanthropism was the domestic counterpart of overseas empire-building.

Charity in various guises is also a central theme of *Jane Eyre.* At the outset, the heroine lives with the relatives who have taken her in after the death of her parents. However, they view her as a burden, and exploit and torment her. When she opposes their ill-treatment, she is sent to a charity school, which is represented as a cruel, strict, mean establishment, with little food or warmth or freedom for its pupils, to the extent that many die from epidemics. After she flees from Mr Rochester, she is close to starving when she is taken in by two sisters, living in isolation on the moors: here she meets true charity for the first time. A clergyman, brother to her benefactors, finds her a teaching position, and then inveigles her to join his missionary work to India: he offers a stern and self-denying model of Christian service, which she rejects. Finally, she is reunited with the blind and maimed Rochester and takes up a role as wife, nurse, and ultimately mother.

The Christian approach of Charlotte Bronte and Charles Dickens highlights the fact that the injunction to give charity is a religious obligation. Yet their critique of actually existing charity suggests the tension that exists between the motivation to serve God by helping the poorest, and the way in which the social organisation of charity subverts the moral imperative. From the early fourteenth century, there were attempts to organise charitable donations, in order to reduce the problem of vagrancy and prevent malingering by able-bodied labourers. The resulting network of religious organisations, mutual aid societies, friendly societies and philanthropists proved increasingly unable to deal with the diswelfares of unrestrained industrial capitalism.

In the late nineteenth century, various reforms, including the work of the Charity Organization Society, brought about a coordination of voluntary organisations, and also heralded the beginnings of formal social work. As the welfare state developed via the work of Liberals such as Lloyd George and Beveridge, the role of charities changed, but did not necessarily diminish. Symbolically, the institutionalisation of altruism through the organisation of charity remains a model influencing the way help is delivered and understood in the society of the late twentieth-century:

'The concept of charity, as refined by the courts, has an underlying social philosophy which has remained intact and has influenced the whole of our society's view of social welfare provision. Running consistently through the decisions is the idea of "bounty". "Bounty" in the legal context *means more than just liberality. Preserved within it, like a fly in amber; is a concept of social relations in which some people are active agents and others just passive recipients.'* (Williams, 1989,42)

As the shortfalls and inequities of the postwar welfare state became obvious during the 1960s and 1970s, so a new generation of pressure groups such as Shelter and the Child Poverty Action Group developed to press for social change. Meanwhile, the big disability charities remained major sources of support for large numbers of disabled people.

Since the advent of community care, statutory authorities have increasingly moved to being funding agencies, purchasing the services provided by private and voluntary organisations. Once again, charitable organisations have a key role in providing social welfare: by 1995, two-thirds of voluntary organisations were in receipt of contractual support. Community care was partly introduced as a way of containing public expenditure. Voluntary organisations were favoured over private organisations for a range of reasons such as their not-for- profit ethos, their supposedly higher standards, and possibly also because they could be more easily controlled by local authority social services departments.

Since the 1970s, it is the disability movement, above all, that has continued the traditional critique of charitable hypocrisy which was established by Dickens and his contemporaries. Robert Drake (1996b) has summarised the five major areas where the role of disability charities has been found wanting. First, charities define the problems of their clients in individualist terms, using the medical model of disability. Second, charities speak for disabled people in negotiations with government, monopolise resources and set the priorities for intervention. Third, charities are led by non-disabled people and employ predominantly non-disabled people, are often unresponsive to disabled people or other users, and are hierarchical and undemocratic. Fourth, charities are politically inert: prevented from campaigning by the Charity Commission, they are prevented from working for changes to the law. Fifth and finally, charities have traditionally used exploitative images of disabled people in order to raise money.

With the slogan 'rights not charity', the disability movement has identified the role of charities as a major obstacle to the liberation of disabled people. As the photographer and critic David Hevey has written, *'Charity advertising serves as the calling-card of an inaccessible society which systematically segregates disabled people'* (1992, 24). Images of disabled people as victims of their medical conditions, or as incapable and dependent, reinforce the idea of disabled people as helpless. While charities may claim to be working for the empowerment of disabled people, the continuation of high-profile imagery which undermines the dignity and agency of people with impairments contradicts their intentions. Some charities have begun to change their imagery, and their ways of working, but progress is slow. Only very limited consumer participation is being achieved (Drake, 1996b, 160). When Robert Drake (1996a) interviewed lion-disabled people who ran charities in Wales, they tended to see it as natural that voluntary groups should be run by non-disabled people. Disabled people were seen as passive recipients, who were prevented by their physical or mental limitations from taking leadership roles.

Many of these arguments apply more broadly than just in the disability field: only gradually are voluntary organisations for older people beginning to represent their constituency effectively. Although progressive children's charities consult young people properly and involve them in decision-making, many do not. While the best charities have initiated new models of working far in advance of the statutory sector, there are many rather more conservative organisations. In general, a paternalistic model of help predominates, in which the priorities and practices are agreed by people who are not those in need of support. And the very need for charitable assistance may often be due to the shortfall of mainstream provision or the failures of social organisation, as Drake suggests:

> *'Were disabled people to command incomes and resources through paid work, and were the social and physical environment suitably adapted so as to remove the obstacles that currently deny disabled people their citizenship, what kinds of duties would then remain for the statutory and voluntary services to perform?'* (1996b, 163)

Charities are ways of managing and organising altruism: they set a limit to individual obligation, create appropriate roles, and enable effective delivery to those in need. The Jewish philosopher Maimonides favoured forms of charity in which there was anonymity of donor and recipient, because these prevented stigma and indebtedness. Yet the highest place on his' golden ladder of charity' was reserved for interventions which removed the structural conditions which made people dependent on the generosity of others. In the same way, the disability movement has campaigned for 'rights not charity', in order that barriers to participation might be removed, and disabled people enabled to access the benefits of citizenship which are currently denied.

Above all, the fact remains that charity is not a reliable way for delivering help, because the motivation to give is fragile and uncertain. In *The Gift Relationship,* Titmuss (1970) argued strongly in favour of the voluntary blood donor scheme operated in Britain, but the fact remains that only 6 per cent of those eligible donate blood. Even the motivation to provide now, in case one needs help later, is not always effective. And when it comes to more altruistic service, the same picture applies. In Britain, donations to international disaster relief, volunteers for service overseas or at home, the number of households making charitable donations, and particularly the number of young people giving, have all fallen during the 1990s.

Charity is a way for individuals and society to avoid their obligations to remove social barriers and support needy members of the community. It is rooted in religious morality but enables society to evade moral obligations. Often, charitable organisations are neither accountable nor responsive to the people whom they exist to serve, or else those who receive charity pay a high price in terms of self-esteem. As Bickenbach argues, *'Since a recipient of charity is the beneficiary of another's virtue, a virtue denied to the recipient, charity creates a morally asymmetric relationship'* (1993, 197). Charity exemplifies dependency and sustains it. Helping people is the right thing to do. But the ways in which charity is socially institutionalised create a moral asymmetry. Above all, this is because of the absence of equality between those who give and those who receive charity. Charity becomes a necessity in the context of an unequal and disabling society, but this situation creates stigma and undermines self-esteem and status even further. As the Quaker social reformer Joseph Rowntree wrote, *'Charity as ordinarily practised, the charity of endowment, the charity of emotion, the charity which takes the place of justice, creates much of the misery which it relieves, but does not relieve all the misery it creates.'* quoted in Vernon, A *(1958)A Quaker Business Man: the life of Joseph Rowntree,* 1836-11925 Allen and Unwin, London. The Hebrew word for charity translates as righteousness, or justice: Zygmunt Bauman quotes the Jewish philosopher Emmanuel Levinas, who argued: *'Charity is impossible without justice, but justice without charity is deformed'* (Bauman, 1997, 49).

Social work

Whereas in traditional societies the family and the community were the main sources of support for disabled people, older people, and others requiring help, in modem societies these roles are supplied by a combination of the family, charities, particularly the Church the state and, to an increasing extent, the market. The postwar welfare state led to an institutionalisation of society's caring responsibilities through local authority social services departments, it being recognised that social mobility and the changing family had created requirement for society as a whole to support people in need. Charities then regarded as rather inefficient and outdated (although the voluntary sector has experienced a resurgence in its role since the 1960s). However,' provision by local authorities was replaced by a commissioning role after 1990 reforms, which gave social services staff responsibility for assessing need and purchasing care in the market, rather than for social casework.

Most of these developments were intended to increase efficiency, to ensure that user needs were met more effectively, and to promote flexibility and responsiveness. Particularly, in the latter years, innovation was designed to promote care in the community, and remove the perverse incentive which caused people to enter residential care because it was the only way to obtain funding to support their needs. It was also designed to replace the previous service-led model with a needs-led model which would be responsive to the individual situation. However, the rhetoric of empowerment, consultation and choice has concealed an ongoing tradition of cash constraint, dependency and dissatisfaction.

The ambiguity in social work between providing personal services and allocating assistance impersonally was identified by Jordan and others long before the advent of community care:

> *'Thus a combination of factors has gradually altered the style and flavour of local authority social work, shifting It away from the personal and towards a more procedural, official approach. This has even influenced the way traditional social work tasks have been performed, placing emphasis on moving. clients around or giving them things rather than listening to what they think and sharing their feelings.* ' (Jordan, 1979, 140)

The institutionalisation of welfare within the modern state has replaced helping with a bureaucratic proceduralism which often leaves disabled people and others dissatisfied, not least many social workers themselves:

'[In social services departments] there is genuine warmth towards the ideals of empowerment. Yet there is also a mechanistic, controlling trend which arises from the specification of assessment procedures, eligibility criteria, budgetary control, and the contract culture.' (Stevenson and Parsloe, 1993,59) I

In their new role as assessors and managers of care, social work personnel are often involved with fitting need into bureaucratic categories and rationing services, rather than actually meeting expressed need. The tradition of 'fitting the client to the service', and particularly the dissatisfaction of disabled people with the repeated failure of regular reforms, has continued and even increased in the current landscape of community care. Although there is rhetoric about the new system being needs-led rather than service-led, the key determinant is the available budget: self-defined needs are rejected in favour of what is possible and available.

Service users' needs are often seen as different from those of the rest of the population within the prevailing social work philosophy. Service users are seen as requiring more structured lives than the rest of the population, nor are they empowered to make real choices. The choices which are available remain the same limited options: day centres, meals on wheels, homecare, residential care. There is an absence of imaginative alternatives. Employment is not seen as a need, whereas day centres are, contrary to disabled people's wishes. Moreover, the legal rights of disabled people are ignored, in the failure both to record unmet need (Marchant, 1993, 14) and to meet rights under the 1970 Chronically Sick and Disabled Persons Act, and 1986 Disabled Persons Act, which were reinforced, not superseded, by community care legislation (Morris, 1994b). The needs-based approach still supports the interests of social services, despite the good intentions or national community care policy.

Unsurprisingly, various researchers have found considerable dissatisfaction with the assessment process. For example, over one-third of disabled people and carers responding to SCOPE's survey were fairly or very dissatisfied with community care (Lamb an Layzell, 1995). People felt that social workers overlooked their lifestyles or coping systems, matching them against pre- existing criteria. They felt humiliated by the process and said that, because they were coping, they were not a priority. Begum (1994) highlights specific problems in black disabled people achieving appropriate services. Mark Priestley's research in Derbyshire records that disabled people felt under pressure to make less demands on the service and that they had not been fully involved in the assessment, that they felt patronised, and that they thought social workers were more concerned with their own problems than those of the client (1999, 92ff.). It is this context which explains responses from disabled people such as the following posted to an activist Internet discussion list:

'Surely anyone who has been involved in the disability rights movement must realise that Social Services is the engine of oppression of disabled people? Isn't this obvious? These people have been chosen by "the establishment" - the establishment we are battling with - to carry out the establishment's work -the oppression of disabled people -with maximum efficiency. And they do just that. So why is anyone surprised?'

When I have spoken to disabled people and other services users about the help they receive from local authorities, they have been strongly critical in their views. For example:

'If you dropped a bomb on most social services departments, you'd be doing them a favour in the sense that they could start from scratch and reorganise.

'Local authorities can develop schemes. But social services is based on the model of dependency and care. They're not going to change. '

'Ideally, local authorities would deliver services. But people have become so disillusioned with the lack of control. They have had to go outside local authorities. '

The institutionalisation of helping through community care often fails those who have a right to expect their needs to be met. Alongside the well-known failures of residential care (inflexible routine, lack of choice, dependence on others, lack of privacy) have to be set the failures of empowerment and participation which are clear from evaluations of community care. The current climate for many service users -older people, people with HIV / AIDS, disabled people and people with learning difficulties or mental health problems -is of minimal services and maximal dependency.

Altruism and dependency

Exploring the ways in which helping fails brings out two themes. The first is the way that the institutionalisation of need undermines the positive motivations which brought about the service in the first place. The large voluntary groups become driven by the requirement to raise funds, to recruit employees, and to compete in the social welfare marketplace. The business values which are needed in order to grow and survive organisationally end up subverting the principles which the charities were founded to serve. The campaigning ethos or radical edge is lost. In local authorities, bureaucratic procedure and hierarchical structures distance the managers from service users, and the requirements of the system predominate over those of the citizen. There is a conflict between the ends and those means which are seen to be necessary to achieve those ends: the means become an end in themselves, or else undermine the possibility of a progressive outcome.

A second theme, demonstrated particularly in the one-to-one relations of helping, whether by professionals, volunteers, neighbours, friends or family, is the ambiguities within altruism itself. Whereas helping is positively valued, in practice it can be misdirected, so that the recipient does not benefit. Or else assistance can conceal selfish motives, often unconsciously, of boosting one's own self-esteem at the cost of the person helped. The conspicuous generosity of millionaires, or celebrities turning out for good causes, may ensure fame and approval, just as in some cultures the phenomenon of potlatch, or ritualised giving, is a way of showing status and power. As Maimonides argued, anonymity is essential to true altruism.

The motivations for helping may be questionable. In its protests against television charity spectaculars such as Telethon and Children in Need, the disability movement has promoted the slogan 'Piss on Pity'. Helping motivated by pity is an inferior substitute for social inclusion and citizenship. The aphorist Lichtenberg wrote:

'I experience a very unpleasant sensation if anyone takes pity on me, as the word is commonly used. That is why when people are really angry with someone they employ the expression: such a person is to be pitied. This kind of pity is a species of charity, and charity presupposes need on the one side superfluity on the other.

Inextricably linked with pity is a feeling of superiority towards the other. Being able to feel pity for someone depends on their remaining in a sub-ordinate position. This was the key to traditional attitudes in the former colonies:

'Any attempt to "soften" the power of the oppressor in deference to the weakness of the oppressed almost always manifests itself in the form of false generosity,' indeed, the attempt never goes beyond this. In order to have the continued opportunity to express their "generosity ", the oppressors must perpetuate injustice as well. ' (Freire, 1972, 21)

In his exploration of *Zen and the Art of Helping,* David Brandon (1990) suggests that pity comprises arrogance mixed with sympathy. Good intentions are entangled with feelings of moral superiority, and recipients of help are seen as unequal and inferior. He contrasts this with the more egalitarian motivation of compassion.

Yet it is not always easy to disentangle positive fellow-feeling from more suspect emotions. For example, as social psychologist David Good has pointed out to me, the word 'condescension' has negative connotations in contemporary usage. It suggests looking down at someone, and a mixture of complacency, smugness and superiority. But, in its origins, it seems to have implied a conscious effort to step down from a higher social position, to abandon one's dignity and equalise relations. Neighbourhood activist Tony Gibson suggested to me that the carol about 'Good King Wenceslas' demonstrates this effective kind of condescension.

King Wenceslas shared the experience of the old man gathering fuel. He endured the conditions and went the distance. But maybe most people were unable to come down to the same level as others without letting people know that they were doing so. Perhaps over me, attempts to overcome status distinction have been regarded with increasing suspicion. Hence the word became pejorative. As Nietzsche suggests, '*"Stooping to" the weak by the self-confident strong is in the end the birth-act of domination and hierarchy: the re-forging of difference into inferiority.'* (quoted in Bauman, 1993,97).

Those who criticise the good intentions of others are often accused of cynicism and bitterness. It is very difficult to combat oppression when it comes in the form of apparent generosity. Yet, while not discounting the possibility of compassion and justice, we are right to the cautious about apparent motivations to social improvement and reform. There is a danger of helpers ignoring the conflict and difficulty involved in supporting those who are socially excluded: Bill Jordan (1979) describes what he calls the pitfalls of conventional helpfulness, meaning the tendency to keep things nice, friendly and sweet, when really they are complex, brutal, bizarre and menacing. He argues for honest self-criticism on the part of the helper, rather the naive helpfulness. Sometimes a large dose of realism is necessary to overcome the unrealistic expectations of do-goodness.

With emotions of sympathy and generosity, and the urge to improve difficult situations on behalf of the other, comes a tendency towards control. It is tempting to interpret what is best for the person who requires help, a phenomenon perhaps very common in families. Zygmunt Bauman's phrasing of this process will have echoes in any people's upbringing: *'Because I am responsible, and because I do not shirk my responsibility, I must force the Other to submit to what I, in my best conscience, interpret as "her own good"* '(Bauman, 1993,91). Because a parent or carer or professional feels that they 'know what is best' for a person who needs help and is regarded as less competent to decide, they risk removing autonomy and control from that person. They may be 'acting in the best interests' of the other, or they may bring about an outcome which is undesirable, but either way they have sacrificed the integrity and often the self-esteem of the person they have tried to help. According to Bauman, *"Care for the other". "doing it for the sake of the other", "doing what is be for the other" and similar love motives are now the legitimizing formulae of domination'* (Bauman, 1993, 103).

These contradictions, of course, operate within family relationships, but also within voluntary and statutory services.

Many disabled people can give examples of this process. Margaret, who has polio and uses a wheelchair, had battled for control with professionals. When her kitchen was adapted, she had a dispute with occupational therapists as to how it should be organised: when she insisted on doing it her way, they threatened not to provide the funding. The same occupational therapists refused to allow her new toilet to be sited at the height that she wanted. As result, she ended up falling off the seat, and lying helpless on the floor until her assistant arrived. Despite the fact that disabled people are the ones who experience impairment, and are the ones best qualified to make decisions, professionals routinely think that they know best, and try to overrule the choices of service users.

People who aim to provide assistance may face dilemmas when their assumptions or expectations are not fulfilled by the other. This may lead to a recognition of the control that underlies helping. Marcus is someone who has tried to provide assistance and support to homeless people, but found that things have not gone according to his plan. Forced to examine his own motivations, he concluded to me: *'Saying that we can help them is the charitable way of saying that we want to change them, because they are different from us.'* Again, Bauman summarises the outcome:

'The Other is recast as my creation; acting on the best of impulses, I have stolen the Other's authority. It is I now who says what the command commands. I have become the Other's plenipotentiary though I myself signed the power of attorney in the Others name.' (Bauman, 1993,91)

David Brandon suggests that this refusal to accept the autonomy of the other is clouded with a mixture of control, caring and power (Brandon, 1990, 26). Yet this state of affairs might originate in the willingness of the helped person to have the helper take on their problems. It may be the expectations of the other, rather than the controlling tendencies of the helper, which leads to the surrender of power. When one feel helpless, it is very tempting to let someone else take over one's problems. Yet at a later stage, when expectations of a solution are not fulfilled, resentment or cynicism can take over. If the helper does succeed, then a cycle of dependency may result, in which the helped person fails to take responsibility for their own life and perhaps ends up feeling resentment.

Yet while helped people fan lose their identity in need, helpers may build their identity on self-sacrifice. Figures such as Albert Schweitzer and Mother Teresa become saints and heroes, yet there is a danger in this model. While all caring involves a measure of sacrifice, a drive to help may take pathological forms. David Brandon suggests that: *'Helping and caring for others can be a very effective way of concealing desperate personal needs'* (1990, 33). Volunteers may become addicted to helping, because of the way that such positively valued activity gives meaning to their own life. But with these psychological rewards comes the danger of feeling superior and self-righteous. To quote Marcus again, *'Helping is a way of feeling more important. Of feeling more significant than the other person because you are in the control role.'*

The pitfalls of generosity are that it reaffirms the other's inferiority, and boosts one's own ego. A superb literary representation of this process comes in Adam Mars-Jones's powerful story, 'The changes of those terrible years' (Mars- Jones, 1992), a first-person description of a man who gives up his job to care for people with AIDS. As the story develops, we become uncomfortably aware that he is not the altruistic and benign helper that he believes himself to be. He is manipulative and controlling. Clues to this slowly mount up:

‘I was changing the flowers on the sick man’ s bedside table one morning, when without a word of warning he said. “ / know what you're doing " He solemnly informed me that / was trying to drive his lover away, so that / could keep him -in some unspecified and barely imaginable way - for myself' (Mars-Jones,1992, 240)

The narrator's tone is sanctimonious and self-congratulatory, and the reader starts to read between the lines - for example, we suspect that volunteers do not stay long because the narrator is insufferable, or does not want rivals. The key moment comes on the last page of the story, with the narrator at another bedside:

‘I said: "Anthony. If you want to fight this thing, I'm right with you. We'll fight it every step of the way. But if you've had enough, don't be ashamed of it. " I squeezed the hand I was holding. "I can let you go now. "

When he spoke, his voice was thick with thrush, and he left long pauses between his phrases, but I could make out clearly what he said. He said "Its not up to you. ***Old*** *man. Where do you get off telling people when they can die? Look at yourself You've grown fat on other people’s misery. With your television modesty, and your obscene birthday parties for corpses. But you're not going to get me." '(Mars-Jones,* 1992, *250)* .

The narrator has no self-doubt, he dismisses Anthony as feverish. Dramatic irony is generated because we can see through someone who believes they are acting nobly. The story works, because it is-both subtle and ambiguous. The same knife- edge distinction between true altruism and self-serving help operates in life as in this story, and the same tendency for people to delude themselves.

It would be wrong to conclude that helping is ultimately impossible, or that positive values, derived through religious impulses, or through commitment to social justice, or to humanism, are inevitably corrupted and in effective. It is important to be sceptical, but to avoid cynicism or nihilism: helping is difficult, but can succeed. The processes involved are complex and fragile, but the contradictions can be negotiated. In both *Jane Eyre*, and *Our Mutual Friend,* romantic resolution is only possible when the status of the heroine and her lover have been equalised. The positive values of care are enabled in a context of mutual support. Mr Rochester is brought down by the fire which destroys his home, kills his first wife and disables him. Only subsequently are he and Jane able to form a family. The resolution to Lizzie Hexham's story in *Our Mutual Friend* is similar. Like Jan, she refuses to be compromised by a man who is socially superior to her: both flee, rather than become the mistress of the man they love. Again, it is only after Eugene Wrayburn is injured that he is truly united with Lizzie, who both rescues him from the river and nurses him back to health. Again, the man is somehow redeemed and brought to social equality as a result of disaster and rescue, with the consequence of marriage and a happy ending. These texts show affirmation of Christian values of charity and help, but in the context of moral and social equality in which respect and mutuality replace sympathy and superiority.

The key to social transformation is combining the individual commitment to assistance on the basis of equal moral worth with a broader undertaking to remove the social and political conditions which perpetuate dependency:

‘True generosity consists precisely in fighting to destroy the causes which nourish false charity. False charity constrains the fearful and subdued, the "rejects of life”, to tend their trembling hands. Real generosity lies in striving so that those hands - whether of individuals or entire peoples - need be extended less and less in supplication, so that more and more they become human hands which work, and by working, transform the world.’ (Freire, 1972,21)

What is true for relations between the West and the developing world is just as true for the colonialism which begins at home.