

IMAGINING WELFARE

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HELP

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INTRODUCTION

'Help' is one of the shortest and most powerful words in the English language. It describes various acts of assistance. It also constitutes an order or request for people to perform such acts. And, as a call for help, it is a direct appeal for escape or rescue. It is an ambiguous imperative. Because it is both simple and extensive, I have chosen it in preference to the obvious alternative, 'care', in order to describe the areas which are covered in this book. 'Care' is a word which is value-laden, contested and confused, particularly in the way it combines an emotional component and a description of basic human services. There is argument as to when it is necessary, what it means, and how it should be applied. For these reasons, I have tried to avoid it wherever possible.

By 'help', I refer to a range of relationships within the social welfare field. This includes high-status help, such as the work of medical and therapeutic professionals, as well as the low-status help of nurses, social workers and care assistants, and the no-status help of unpaid carers, family and friends. This aid may range from complex intervention such as surgery to basic intervention such as washing. Sometimes it is useful not to draw sharp distinctions between professional and volunteer, or specialist and general help. Drawing distinctions may obscure the fact that all human beings need help on a regular basis. Aristotle suggested that the person who did not need anyone else was either a beast or a god and John Donne wrote that 'No man is an island, sufficient unto himself.' However, I am most interested in the particular kinds of help which are encountered in the health and welfare contexts, and in people who are more likely to receive help and who are often defined in terms of the fact that they are seen to need help in ways which others do not. These people include disabled people, people with learning difficulties, people with mental health problems, older people, people with HIV / AIDS, and children. Of course, there are many differences and distinctions between these very diverse groups. For example, some people are more able than others to make decisions about their lives. Some people need to be supported, while others perhaps need to be kept from harming themselves or others.

Yet, while sensitivity to these differences is very important, there are also significant continuities which justify considering these care-receivers together. Particularly, all these people are subject to social processes of exclusion. In addition to whatever problems they might experience because of their physical or mental condition, in addition to the barriers which are placed in their way by environmental or policy restrictions, people who regularly receive help may be viewed in ways which reinforce their isolation and dependency. They can be seen as objects of care, as patients, as needing protection, as incapable of exercising autonomy, as in-valid. These are strong claims, particularly because modern

societies generally pride themselves on the humanity and compassion which vulnerable groups are dealt with. No one wants to believe that children, disabled people or older people are treated badly or cruelly. Yet the facts seem to suggest that this is often the case, and that whether or not direct abuse or neglect occurs, people in these groups are widely devalued. For example, disabled people, older people and children may not be respected or listened to. Even the social policy literature seldom sees things from the point of view of the people who receive help from welfare services. Care-recipients tend to be objectified or ignored within a focus on broader issues about funding, planning and service delivery.

This book discusses the recipient of help, and the way that helping and helpers are experienced. I suggest that 'care' can operate as a kind of imperialism. In the early twentieth century, residential institutions were often actually called 'colonies'. Still today, people who receive welfare or medical help may be taken over, their homes or bodies invaded. In return for help, they have to give up control over their lives. The colonialism incipient in the caring relationship can mean that even the power to define the problem, let alone the way that the problem should be solved, is removed from the person and monopolised by the helper. The help-receiver may be regarded as incapable, incompetent, sometimes even morally inferior -just like attitudes to 'natives' in the former colonies (Memmi, 1990). Receiving help can often lead to various forms of dependency, but this dependency may not be a straightforward outcome of the physical or mental situations which might have led to the need for help, but of the form and the context in which help is provided. Often the need for help is itself an outcome of exclusionary social arrangements, and the outcome of help is further to be rendered dependent and powerless. And things could be otherwise.

The arguments draw on various pieces of qualitative research which I have conducted since 1995. They also refer to some less conventional sources. I have drawn on the imaginative writings of some leading nineteenth-century European authors such as Charles Dickens, Charlotte Bronte, Gustave Flaubert, Franz Kafka, and Anthony Trollope, where they can offer insight into aspects of the helping relationship. Many of the principles and institutions with which we are familiar, date from the Victorian period. This was the time when many charities and the first residential institutions were founded, and when the medical profession began to emerge in its modern form. It was the period when middle-class morality and the role of women as the 'fairer sex' was enshrined. Here, too, notions of disability and dependency were being formed, with distinctions between the deserving and undeserving poor. The work of Charles Dickens is a good example of the insights which fiction can bring to understanding welfare relationships. Themes and situations in his books illustrate the evils of Victorian values very clearly. As a humanitarian, Charles Dickens paints strong pictures of social injustice and devises

characters in order to provoke the outrage and shock of his readers. Yet, as a theatrical writer, Dickens cannot help but construct vivid characters drawing on and contributing to stereotype. Often, such characters revolve around disability. These images inform our current discourses of disability and help.

Simon Schama has suggested that the truth which historians seek is nearer to the truth of great novels than of social science. Perhaps conversely, works of fiction can bring insight into issues within social policy and sociology, just as Ken Plummer (1995) has demonstrated how we can understand individual life histories in terms of narrative. John Clarke (1999) has made a strong argument for cultural studies being taken seriously within social policy, and perhaps one aspect of this is to explore the cultural representations of help, charity and dependency which dominate our society. Cultural sources illustrate some of the key themes of the helping relationship. They may also reveal the hidden emotions and transactions within taken-for-granted situations. Here, the book follows the precedent of Jennifer Hockey and Allison James (1993), who also explored issues of dependency in the lives of children, disabled people and older people, looking at issues of cultural metaphor. Social policy has traditionally relied on statistics, and also on the testimonies arising from qualitative research, for communicating a political imperative for welfare reform. Yet imaginative representations may also provide inspiration for rethinking policy and practice. Robert Wuthnow (1991, 179) quotes W.H. Auden's comment: 'You cannot tell people what to do, you can only tell them parables.'

This book is as much four separate essays as one continuous argument. The theme which links the chapters is the idea of colonialism and of the 'other'. *'Helpless'* is about those who receive help, and the social treatment and cultural constructions which render them excluded. *'Helpers'* is about people who give help, including professionals, volunteers and relatives. *'Helping'* looks at the relationship between *'Helpers'* and help-recipients itself, particularly in its institutional forms. *'Helpful'* suggests alternative approaches which may resolve some of the problems.