Social Welfare or Socio-Political Entitlement: Disabled People Caught Between the Poles of Their Tunisian Origin and Acculturative Pressures

Mustapha Ouertani

Our society is increasingly socially complex. As a result – often as an initial response to emerging conflicts about participation in all areas of society and government – the view of the differences between the members of society and their needs has become more focused. When we deal with ideas and conceptions about the theme of *disability* from the perspective of different cultures, we are confronted simultaneously with a number of contradictory but closely interrelated aspects. This is especially true seen from the perspective of migration. First of all, it is worthwhile to clearly work out the similarities and differences in the definition of, as well as evaluation and attitude towards, disability. We then need to look at how these arise in the various socio-cultural contexts that people who migrate are involved in. The pressures for acculturation, to which immigrants are already exposed in any case, are even more intense in the case of disabled immigrants. This is because of the confrontation of their own understanding of disability with another such understanding. This other interpretation is experienced as alien and constitutes an initial potential for conflict. This initial conflict is experienced at first as a shock, in that communication and interaction are conditioned by completely different experiences and standards of judgement. In brief, disabled people who are also immigrants are in a fundamentally different situation from disabled people who are Germans.

The understanding of self of the disabled German develops in a socio-political environment in which individualism and independence, as well as an attitude of *stand on your own two feet*, are legally formulated and enacted in law and are, finally, legally enforceable. This clear prestructuring of everyday life is experienced for a while as positive and its predictability is meaningfully applied as a principle by disabled immigrants as a guide in life planning. However, all their earlier psycho-social experience in their country of origin contradicts, in a sobering way, this calculation based on the promotion of individuality. For the cultural

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group of Muslims who come from a region like North Africa[1], the family constitutes above all the basic cultural, economic and political unit. The family prefigures all communication, interaction and dealings in society and government. The family was and is to be understood as a microcosm of society. This means that the family represents the original, prototypical form of the religious community and is an economic core group. As such, it not only regulates the common family life of all individual members, in its socio-political, cultural and political dimensions, but also the life of the individual down to the smallest details. This is true even today. Outside of this structure it was impossible for the individual to exist. "The family is everything because nothing exists outside of it" (Gu'rin 1906: 105). The family fulfilled its responsibility, for example, by providing employment for family members and by serving as a bank which functioned as a source of capital. Decisions were made by the older men, by fathers. They held all official power and allowed no opposition. Without the agreement of the elders no important decision relating to the interests of the group as a whole could be made. No marriage was agreed to without arrangements in advance, and all other festivities, especially those honoring the revered forefathers of the community, always served to maintain family solidarity.

Even if the Islamic family structure and functions described above are undergoing the same processes of transformation as outlined for families in Germany, they represent a strong authority operating in the background. This is especially true in relation to disabled members. The reason for this is the Islamic code of social ethics, which is systematically set down in the *Qur'an.* As stipulated by this code, the rights of orphans, the disadvantaged and the disabled are protected. This means that the *Qur'an* is concerned with social groups that require the protection and care of the community. On this basis, the inclusion of the disabled person is a necessary and self evident attitude in an Islamic society. Within this kind of family unit, which has maintained a significant degree of stability despite societal change, the disabled person is a fully integrated member of the community. The disabled person is rewarded, not according to performance, but rather on the basis of abilities and needs, just like other family members (Ouertani 1994). This generally positive attitude is an expression of the Sufi tradition in Islam[2], which takes a holistic view of the human being as having physical, psychological and social aspects. Within this perspective, the disabled were taken into consideration in the division and distribution of labor. To a certain extent it can therefore be legitimately established that the attitude of Muslim parents – only natural when interpreted in a typological sense – can vacil-

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late between one of constructive acceptance and support as well as one of clear rejection of disability and of the disabled child (Said 1997). Seen in a general psychological sense, the attitudes of parents towards a disability are not the result of a conscious decision but are the consequence of the interaction of human beings and their surroundings. To a significant extent, these attitudes are determined by factors that are beyond the control of the individual and two facts must be taken into consideration at this point. Firstly, attitudes – just like life in general – are not static but are subject to changes. This means that

> the majority of parents can be helped to express their attitude, recognize it and eventually to change it for a double benefit to their child and to themselves. (ibid.: 4)

Furthermore, attitudes can usually not be clearly defined because they change according to the situation and measure of satisfaction that parents receive through the actions of their children: "Love and hate, acceptance and rejection seldom appear in a pure form" (ibid.: 5). Much more relevant are the levels of the predominant attitudes which characterize the parent-child relationship.

The integration and participation of the disabled in social life appeared in Europe, in contrast, first with the Enlightenment and later with industrialization. Last but not least, the damage resulting from frequent wars made it necessary for the state to take action (Müller 1990: 162–191). As a result of the social movements of the second half of the nineteenth century, led by significant figures in public life like the theologian Hermann Schulze-Delitzsch, and through the influence of social democracy (August Bebel), disabled people – above all the blind – organized themselves into interest groups and attempted to make changes in the laws. Only over a period of several decades was admission to paid employment outside the home made possible and, along with this advancement, a better status in general for disabled persons in Europe, in contrast to the colonies of the European nations. A carryover of these developments to the colonized countries did not occur. Preexisting structures were actually destroyed and replaced with new structures that allowed indigenous disabled people no proper place. The changes in the social structure of the North African populations, taking place in the colonial era as a result of economic pressures, caused a flight from rural areas and the impoverishment of the internal migrants. These developments, along with repeated epidemics, caused the situation of the disabled to deteriorate. Bad sanitary conditions, and the lack of hygiene and job security, actually led to an increase in the incidence of disabilities. Thus, in the

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immediate post-colonial period in North Africa, disabled people were neither adequately protected by the traditional social safety net, nor could they rely on access to European-style medical care in the urban centers. Although the North African states were subjected to a great deal of pressure to modernize, including the integration of the disabled, the colonial system did not pursue progress in the areas of education and public health with the same enthusiasm as organizing the economy for their own profit. The solution to this problem consisted in creating a European-oriented plan for political advocacy, medical care, academic and vocational training, as well as labor market related policies and measures designed to benefit the disabled. This meant the creation of special facilities for the disabled such as schools, sheltered workshops, vocational training centers etc.[3] At the same time, the traditional family and community oriented concept of social welfare persisted and continued to exert influence. This caused the integration of the disabled in North Africa to proceed along two different tracks and in two directions. It is not only the state that educates, takes care of and promotes the interests of disabled people, the family and community also make strong efforts to integrate them. These efforts are a taken-for-granted part of family and communal life, despite all of the processes of social erosion that have occurred in North Africa. This aspect of family and community, the performance of the task of integrating disabled persons jointly with the state – without leaving it up to the state alone – is gaining new significance in connection with recent discussions about the costs of health care and the cost-related withdrawal of the state from its provision. What light can the comparison of the developments in Tunisia throw on the developments in Germany?

Behind the cuts in funding and jobs in the areas of support and rehabilitation of disabled people that are planned or have been already carried out in Germany is a specific view of disability and disabled people. This view is characteristic of a social order based on the market economy. Since disabled people do not conform to the principle of economic performance, they are the first large group to be subject to budget cuts. The same is true for their integration into the sphere of employment. During economic recessions, the access of disabled people to education, skilled occupations and employment is made more difficult. An indication of this is the statistic of over 100,000 trained disabled people who are unemployed, despite the fact that employers receive a compensation award of 250 Marks a month for hiring handicapped persons to fill positions that would otherwise remain unfilled.[4]

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Now for my thesis: these very concrete effects on the lives of disabled people arise from the fiction that society is homogeneous. This is the basis of the belief that disability is an individual deviation, the fate of the individual, and not the result of social interaction and acts of communication (Ouertani 1994: 389). The disabled person is thus measured according to a standard that is imaginary but, none the less, deeply rooted in socio-economic structures and overwhelming in its effects. The type, intensity and result of participation in the social process of production dictates the definition, degree, evaluation of and attitude towards *normality* and *disability*. That this ultimately leads to stigmatization, isolation and segregation, I would like to illustrate for you in the following with the example of the institutions that are responsible for the care and welfare of the disabled. As I have already mentioned, North Africa is oriented to the individually based support, supervision and social integration of disabled persons, as fought for in Europe and as perceived here by the relevant organizations and associations. Without a doubt, this European development represents an important achievement in basic human rights and integration policy. People with disabilities have gained essential opportunities for action and freedoms of personal development. As a result, certain groups of disabled people, such as the blind and visually impaired, have been able to emancipate themselves. At the same time, however, they lived, and continue to live, in a *parallel society* during their schooling and vocational training and to an even greater extent later, when employed in their chosen occupations. They are certainly well protected and supported but, to a great extent, removed from the *normal* world. Thus, integration initially began with a well meaning but very problematic isolation that made the disabled person different from others. This is because the conceptual formation of the institutions designed to serve the needs of the disabled took place in a social order that was oriented to economic performance. As a result, the institutions themselves are not free of a certain definition monopoly in regard to *disability* and *normality*. Thus, the original good intentions fossilized into a patronizing attitude, social isolation and, finally, exclusion from a society determined more and more by productivity and performance. The labeling of this development as welfare despotism does not seem inappropriate.

In Germany, the forced incorporation into allegedly new structures, which is legitimated by economic arguments, naturally harbors a danger. This is that the disabled will once again be returned to a state of economic and social isolation. Since the current understanding of rights and responsibilities represents a unique instance, in the form an individu-

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alized and particularly compatible entitlement in relation to and through the state, the *liberated* disabled person has no communal and familial back-up system to rely on anymore. The disabled person is therefore confronted with three negative developments. The family no longer exists in the traditional sense; on the other hand, the access of the disabled to work and employment is increasingly limited; thirdly, the disabled themselves created, and continue to create, jobs in the care industry. The current health science and job market dimension of the debate totally objectifies disabled people. Therefore, can the manner of dealing with disability and the disabled, and the way that the disabled person is cared for within the Islamic community and family, point to a way out of the current dilemma?

A disenfranchisement of disabled people, such as we observe in Germany, does not occur in North African countries, as homes with residential care for the disabled hardly exist. In so far as they do exist, it is as part of educational facilities so that the stay of the disabled person in the institution is always temporary. In general, this means that the relationship between disabled and non-disabled people continues to be determined by traditional and religiously influenced structures in the North African countries. This, for example, hinders the exclusion of the disabled as well as that of elderly people. As a result, the North African societies are not focused, as are the European, on the image of the young and healthy person who is capable of high performance. Up to now, being different in these societies is not associated with social sanctions that ultimately lead to complete social isolation. Therefore, embeddedness and inclusion in the family and societal structures is a psycho-social and health-political necessity. The bonds to the family are expressed to a certain extent unconsciously in the form of actions that require no special reflection. In conclusion, we can say that there are essentially three differences between the situation of the disabled in Europe and in North Africa:

1. the definition, attitude, evaluation and way of dealing with disability and the disabled, originating in the communal- and family orientated tradition.
2. the social and political order, which is still largely rooted in the basic structure of the extended family.
3. the shared responsibility for the support and integration of disabled individuals resulting from this.

Of course, the situation of disabled people in terms of the job market in the North African countries is, as in Germany, generally characterized by disadvantage. This means that governmental support is also necessary

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there for the incorporation of disabled people into the work force. Nevertheless, the psycho-social situation of disabled people in North Africa is better than in Europe, as a consequence of the maintenance of traditional family relations. These intact North African family ties largely allow for the social integration of disabled members. For disabled immigrants, this means that the social and political situation in Germany cannot substitute for the experiences and fundamental familial and social ties that they brought with them.

Notes

1 By North Africa the Maghreb states of Algeria, Tunisia, Morocco and Libya are meant.
2 The Sufi movement was founded in Baghdad in the 8th century. Sufism was basically a mystical movement that, among other things, opposed the civilizing tendencies of the ruling elite. Its members wore clothing made out of wool ("Suf" in Arabic) as an expression of purity and authenticity. They formed a community based on the form and style of the life of Mohammed. They developed, among other things, methods for the healing and treatment of illness. See Mustapha Ouertani 1993, p. 39.
3 On the politics of health care in North Africa after independence see, for the case of Tunisia Ouertani 1993, p. 39.
4 See Rolf G. Heinze: 1979, pp. 37–63. See also Thea Stroot, p. 9.

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