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When social protection and emancipation go hand in hand:
towards a collective form of care
Quand protection sociale et émancipation vont de pair :
vers une forme collective de *care*

Isabelle VILLE*

*Institut National de la Santé et de la recherché Médicale (Imserm), Paris, France;

Ecole des Hautes Etudes en Sciences Sociales (EHESS) - Centre d'Etudes des Mouvements Sociaux (CEMS) - (CNRS/EHESS/Inserm) - Programme Handicaps et Sociétés, EHESS, Paris, France

e-mail: isabelle.ville@ehess.fr

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Mailing address:
EHESS - CEMS
105 boulevard Raspail
75006 Paris, France

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Abstract

In the second half of the 20th century, all welfare states introduced social policies to help disabled persons. Yet since the 1970's, social protection devices have been the object of two criticisms. Disabled persons movements and the *disability studies* denounce both the underlying domination and paternalism and the forms of segregation that fuel the dependency and passivity of the beneficiaries of such devices. More recently, neoliberal activation policies have been trying to restrict access to these devices, believing that because they encourage people to take advantage of national solidarity, they constitute an obstacle to self-determination. These two lines of criticism converge to consider forms of protection as forms of alienation; they associate emancipation with the exercise of autonomy and the defence of human rights on the one hand, and with individual accountability on the other.

By revisiting certain forms of protection related to French public policies – such as the introduction of social minima – and to civil society (associative work in particular), and by referring to different empirical studies, I will attempt to shed light on the conditions for forms of social protection that are sources of emancipation. I will show that they take place in arrangements that combine local *care* between peers with financial support from public policies. In this way I hope to make a modest contribution to Nancy Fraser's project to forge "a new alliance between social protection and emancipation".

Keywords : Social protection; Emancipation; Disability movements; Activation policies; French public policies; Political care.

Résumé

Dans la seconde moitié du 20ème siècle, tous les Etats providence ont mis en œuvre des politiques sociales en faveur des personnes handicapées. Mais depuis les années 1970, les dispositifs de protection sociale sont la cible d'une double critique. Les mouvements de personnes handicapées et les *disability studies* dénoncent la domination et le paternalisme qui les sous-tendent, tout comme les formes de ségrégation qui alimentent la dépendance et la passivité de leurs bénéficiaires. Plus récemment, les politiques néolibérales d'activation cherchent à restreindre l'accès à ces mêmes dispositifs qui inciteraient les personnes à profiter de la solidarité nationale et constitueraient un frein à l'autodétermination. Ces deux lignes de critiques convergent pour rejeter les formes de protections du côté de l'aliénation et associer l'émancipation à l'exercice de l'autonomie et la défense des droits, d'un côté, à la responsabilisation individuelle, de l'autre.

En revisitant certaines formes de protection relevant des politiques publiques françaises - comme l'instauration de minima sociaux - et de la société civile, notamment du travail associatif, et en m'appuyant sur différentes études empiriques, je chercherai à mettre en lumière les conditions de formes de protection sociale sources d'émancipation. Je montrerai qu'elles se réalisent dans des agencements qui associent le travail local de *care* entre pairs au support financiers des politiques publiques. J'espère ainsi contribuer modestement à l'ambitieux projet de Nancy Fraser de forger une « nouvelle alliance entre protection sociale et émancipation ».

Mots-clés : Protection sociale; Emancipation; Mobilisation des personnes handicapées; Politiques d'activation; Politiques publiques françaises; *Care* politique.

The purpose of this text is to use the perspective opened up by Nancy Fraser (2013) in her analysis of feminist movements to clarify the prerequisites for a possible alliance between social protection and emancipation. To this end, I will take as my starting point the intense criticism of the post-war social protection system by disabled activists on the one hand, and by promoters of activation policies on the other, and I will revisit previous empirical studies in relation to this new common theme.

During the second half of the 20th century, all welfare states introduced social policies to support disabled persons. They demonstrated their political determination to grant all citizens basic protection against life's vagaries, whilst at the same time using targeted devices to support certain populations deemed to be "vulnerable". Freed from survival-related constraints, very single citizen could thus acquire the capacity to fulfil the social roles expected of him or her, and to be of use to the Nation – particularly by working and by starting a family. As White & Tronto (2004) have pointed out, in guaranteeing collective social rights and a solution to individual vulnerability, the Welfare State defends a public (political) approach to care – care for all citizens, broken down into singular forms.

Yet over the last forty years, social protection for disabled people has been the object of two criticisms. The first criticism has come from disabled people themselves. Part of a vast mobilisation since the 1970s, they denounce a social attitude to disability that has its roots in paternalistic relationships of domination, thus maintaining their dependency and fostering their segregation and oppression. More recently and more generally, in the 1990s, social protection was negatively impacted by neoliberal economic policies which specifically challenged the notion of minimum social benefits. Whether it targeted young people, the unemployed or disabled people, such state support was stigmatised. It was felt that it encouraged people to take advantage of national solidarity, and that it constituted a brake on their individual responsibility and their self-determination. By assuming that only certain categories of person have needs, this approach stigmatises beneficiaries of social protections by comparing them to autonomous and self-sufficient citizens, thus conveying a private and miserabilist vision of care (White & Tronto, 2004).

Although they are based on very different foundations, these two lines of criticism converge. By placing the accent on individual autonomy and on a treatment of disability based on common law, disabled people movements – just like activation policies – reject the specific forms of social protection implemented during the three post-war decades, considering them to be oppressive. Such convergence, whilst contingent, can have devastating consequences, as philosopher Nancy Fraser explains in her analysis of second-wave feminism transformations in relation to the history of capitalism.

The paper is structured on the basis of the two criticisms of social protection that I mentioned above, using the results of empirical research and the situation in France as a case in point. In the first section, I briefly summarise Nancy Fraser's analysis and show in what way it provides information on changes in the disabled persons movement and in the disability studies. In the second section, based on the criticisms made by the *disability studies*, I relate how disabled persons' movements emerged in France at the beginning of the 20th century, and their link to the first social rights. I will show how the process which led to the domination and oppression of disabled people was initially an emancipating one. The third section will examine how the treatment of disability was transformed by neoliberal policies. I will draw on the conclusions of a study carried out in the late nineties, and I will compare two forms of social treatment of disability which coexisted at that time: one based on the generous social protection proper to welfare states, the other based on the activation principle of neoliberal policies. The examination of these two moments – early 20th century and the 1990s – is an opportunity to consider different forms of protection, originating in State interventions or community-based solidarity, and the ways in which they frame people's experiences. To conclude, I will discuss the conditions for the possibility of an emancipation which combines these two forms of social protection.

1. From the feminist movement to the disabled persons movement: Nancy Fraser's analysis

In order to understand the current crisis of capitalism, Nancy Fraser takes up and expands Karl Polanyi's (1944) "double movement" theory which contrasts the marketization designed to grow markets, with social protection which tries to protect society from marketization. But N. Fraser adds a third dimension to this process: the emancipation associated with social movements (Fraser, 2013). It is therefore a triple movement, or three-dimensional conflict, that needs to be considered. They are all intertwined and "ambivalent", says Fraser, in the sense that they all bear within them both positive and negative effects. I previously mentioned the ambivalence of the social protection offered by welfare states, which whilst guaranteeing the survival of disabled persons, keep them in relationships of domination and dependency. Whilst economic liberalism aggravates social inequalities and threatens social protection, it can also have positive effects by promoting negative freedom or by increasing the range of individual choice. This is especially the case with the marketization of care when the introduction of competitive services allows people to choose what best suits their needs and helps to improve service quality (see for example, Gustavsson, 2006). The forces of emancipation are themselves ambivalent, for whilst they produce liberation, this is sometimes achieved at the expense of the destruction of existing forms of solidarity and protection.

Nancy Fraser uses the polarities between these three dimensions to analyse the transformations of capitalism. State-regulated capitalism[1] and the emergence of welfare states are evidence of an alliance between social protection and marketization. By using targeted measures of protection to support family and reproduction, the State stabilises the markets through household consumption - an alliance created at the expense of emancipation, especially that of women who, assigned to the activities of reproduction and care, find themselves in a situation of economic dependency and minoration. But with globalised and "financialized capitalism"[2] it is emancipatory forces that converge with marketization at the expense of social protection. Although, according to Fraser, all social movements were concerned, feminism played a leading role in this reconfiguration. When women gained access to the economic sphere, those who were able to do so commoditized care, encouraging the dismantling of social protections and producing new inequalities by carrying care activities over to women in southern countries. In the movement's history, this alliance coincided with the emergence, in the 1980s, of a new grammar of feminist advocacy, aimed at identity politics, the valorisation of difference and the fight against discrimination. This orientation fitted in with a broader civil rights movement that involved other minor groups, including disability groups.

These shifts in the second wave of the feminist movement are comparable to those that took place in disabled persons movements and in the disability studies. Indeed, the first struggles, embodied in particular by the Independent Living Movement (ILM) in the USA and the Union on the Physically Impaired Against Segregation (UPIAS) in the United Kingdom, fought for the economic independence of disabled persons, through integration into the productive sphere. This involved making available resources that were managed by the people concerned (direct payment), allowing them access to training and employment. It was thus a

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[1] Second period in the history of capitalism identified by N. Fraser, following on from 19th century "competitive capitalism".

[2] Third period in the history of capitalism identified by N. Fraser.

question of transforming, whilst at the same time strengthening, existing social protection devices, in such a way that their beneficiaries could appropriate them. Yet in turning their attention towards the defence of their rights and the fight against discrimination, disabled activists ended up opposing the social protection system that had become the symbol of segregation and exclusion. Universal treatment through civil rights and category-based treatment through social protection are now presented as two contradictory and irreconcilable models, even by political scientists and lawyers. "Translated into policy, the social welfare model follows a difference or separated treatment doctrine, providing for the different needs of people with disabilities in segregated settings, such as special school, sheltered workshops or assistive living centres. These social institutions are created as a separated and parallel track that provide income and services for people with disabilities, apart from the welfare institutions that serve the non-disabled" (Heyer, 2005: 239-240). Welfare states were retrospectively deemed to have the intent to protect so as to more effectively exclude. Whilst it can be generous, "the social welfare model is built on the idea of separation. […]. It allows society to exclude people with disabilities with a clear conscience" (Waddington & Diller, 2002).

Although it is true that between the 1950s and 1970s social protection and exclusion went hand in hand, one must avoid the reductionism trap and consider the historical reasons for such convergence. The legacy of the theories of heredity and degeneration remained popular throughout the 20th century, along with bleak and even eugenic conceptions of disability. Moreover, as we shall see, the first institutions were created – in France at least – by the first disabled persons movement, in a form that we might now call a chosen non-mixity. To ignore this context is to be unable to consider forms of social protection compatible with an approach via civil rights and thus to contribute towards an alliance, against which Nancy Fraser warns us, between forces of emancipation and neoliberal economic policies. Such an alliance would be devastating because it brings with it the risk of abandoning social protection to conservative policies. To avoid this trap, Nancy Fraser advises us to think about the forms that an alliance between emancipation and protection might take – be it protection by welfare states, or supranational, local or community-based protection – and to look at how they might be articulated with one another. In this article, I try to make a small contribution to this ambitious and important project.

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2. Criticisms put forward by the Disability Studies: segregation and oppression

The 1970s saw the creation of new disabled people communities. They mobilised in order to denounce their segregation in institutions where they were forbidden all forms of intimacy, where their lives were ruled by other people who took decisions for them. Dispossessed of any control over their own lives, they were often oriented towards "segregated" trajectories of training and work. Someone else decided in their place whether or not they were able to work, and if so, what sort of work they should do. The impetus for the movement came from people with motor impairments; they wanted to make their own life decisions and have social lives with other people. They did not wish to be protected by specific measures; instead, they wanted the right to access all spheres of social life.

This vast movement of disabled people was relayed in academic circles by the *Disability Studies* the first professorships for which were created in the late 1980s in England (University of Leeds) and in the USA (University of California, Berkeley) (Albrecht, Ravaud, Sticker, 2001). Affiliated with Cultural Studies, and with a militant and emancipatory outlook, they promote the knowledge produced in the sub-cultures of disabled persons as being resources that make it possible to resist and fight against the oppressive dominant culture. Disputing analyses that declare disability to be a social deviancy and representing disabled persons as passive victims, they place particular focus on the collective experience of disability as a socially constructed system of discrimination (Ville, Fillion, Ravaud, 2014). Disability studies had a considerable impact on social policies. I am not going to dwell on this well-known stage in the history of disability. What are less well-known however, are the mechanisms which led to the oppression that was being denounced. In order to shed light on these, we must go back a little further in history.

On the old continent, numerous institutions for the care of disabled adults and children were created as from the 1950s. But in France at least, the initiative for the very first institutions was taken by the first disabled people's communities, those of the first wave about which so little is said and which were born between the two world wars. And whilst in the 1970s, life in an institution meant a denial of one's rights and veritable oppression, the first institutions in the 1930s well and truly offered the promise of emancipation, as I will attempt to show.

In France, the first forms of social protection against the consequences of disability appeared at the dawning of the 20th century. But they only applied to certain categories of disabled people: war invalids and victims of accidents at work. These categories had a right to financial compensation for the prejudice suffered, in the form of a disability allowance. The "civil disabled", those who suffered from the consequences of an illness or a domestic accident, or who had congenital disorders, were excluded from this right (Ville, Fillion, Ravaud, 2014).

To understand this distinction, we must place it in the cognitive and moral climate of the time. These first forms of social protection were born of a philosophical and political movement – "solidarism" – which aimed to counter the negative effects of rampant and poorly controlled industrialisation. Solidarism defends the principle of a reciprocal relationship between individuals and society. On the one hand social organisation benefits individuals who are indebted to society and who have a duty to support one another. On the other hand social organisation causes harm to individuals, and society therefore owes them redress (Blais, 2007). This is particularly the case of numerous accidents that occur in the workplace, as victims often find themselves unable to work. In eighteen ninety eight a law was passed in France. The *loi sur les accident du travail* (law on occupational accidents) which entitled victims to receive a disability pension. National solidarity was also engaged in the context of the First World War: society owed a debt to maimed soldiers who were paid pensions in reparation of damage.

The war context gave rise to an idea for a new form of compensation that was no longer financial, involving rehabilitation. To support the war economy, the country needed all of the Nation's strength. The idea was thus to repair damaged bodies by retraining them, by offering compensation in the form of prostheses (Stiker, 2000). During the First World War, centres were opened for the war-disabled, with a view to helping them to return to work. Rehabilitation provided a new conception of disability which broke away from the notion of inaptitude for work and marked a shift from social protection based on assistance to protection based on reinsertion (Romien, 2005).

As I have mentioned, only the war-disabled and victims of work accidents received social protection. This came in the form of dual compensation: the payment of a pension and a right to rehabilitation. But so-called "civil" disabled persons were considered to be victims of nature and chance. The received no protection under the social law of the period. If they could not guarantee their own survival, they were placed in hospices. For the more fortunate, it was their families who provided material protection. But families were often overwhelmed both by the difficulties involved in providing care, and by the stigma that affected them too. It has to be said that theories of degeneration were still very much alive at the beginning of the 20th century (Carol, 1995), and the presence of a disabled relative was a source of shame for the entire family (Tranoy, 1993).

I have made the hypothesis that this difference in the treatment of victims of war and work accidents and civilian disabled persons regarding access to rehabilitation was a key moment in the history of disability in France. The condition of civil disabled persons was perceived as unfair. Indeed, rehabilitation was universal in its principle: it applied to all disabilities, whatever their origin. This feeling of injustice was the catalyst for an initial wave of mobilisations by civil disabled persons (Ville, 2008; 2010, Ville, 2016). They were not demanding society's assistance; rather they wanted temporary support to allow them to earn their independence through work. This demand illustrates a form of alliance between protection and emancipation.

In the absence of any such support, civil disabled persons, especially those with sequelae from the two main scourges of the 20th century, tuberculosis and poliomyelitis, took it upon themselves to organise their own rehabilitation by setting up a form of protection on a voluntary community basis. One of the first conditions for this mobilisation was to bring people together in places where they could be cared for. The first association came into being in nineteen twenty nine in a centre for people suffering from bone tuberculosis. The second was created in 1933 in a physiotherapy centre for people with poliomyelitis. Actions were organised by these highly local groups: libraries and conferences to occupy the patients taking rest cures; professional training organised in the sanatoriums. The first institutions, homes and holiday centres, were opened to break the isolation of people confined with their families or shut away in hospices and funds were collected to provide vital healthcare and technical aid. New local associations sprang up, and with them came new institutions; cohesion came about through the organisation of popular events and through the introduction of innovative means of communication, such as the *"cordées"* or "roped teams" of the *Association des paralysées de France*, which were in reality booklets that circulated by post between local communities to share activities and testimonies. It was in this context of primary solidarity and community care, of sharing the same activities, that the first communities of civil disabled persons gave a new meaning to disability – a meaning which valorised the subjectivity of the experience (Ville, 2008, 2010).

Irrespective of its origin, disability became a challenge that could be met in a reflexive manner, letting people learn about themselves and about the values of existence, and making them stronger. It was seen as an experience through which the self could test, develop and transform itself. This new conception of disability inaugurated the subject's entry into public debate. We find various testimonies, such as, for example, that found in the first edition of the *Association des Paralysées de France* journal, which was published in nineteen thirty three and where we can read:

"We want to be men in the full and sublime sense of the word, despite – or thanks to? – our physical inferiority; men who have understood the meaning and the value of life, despite – or thanks to? – our suffering".

Disability was no longer a fatality; the experience had value. In Stigma, Goffman offers another testimony, probably from a later date – that of someone suffering from polio:

"But now, far away from the hospital experience, I can evaluate what I have learned. For it wasn't only suffering, it was also learning through suffering. I know my awareness of people has deepened and increased, that those who are close to me can count on me to turn all my mind and heart and attention to their problems." (Goffman, 1963:11)

In linking reflexivity on one's own experience with intersubjectivity in exchanges, this meaning of disability is both an identity resource and a political tool. The type of community protection developed by the first disabled persons groups in the early institutions was clearly of an emancipatory nature. It allowed "civil disabled" persons to emerge from their isolation, to meet people and to take action with fellow disabled persons by creating the resources needed for their emancipation, prefiguring what are now known as self-support groups.

The distinction that solidarism made between different categories of disabled person helped to produce two figures of disability that coexisted for a large part of the 20th century in France (Ville, 2016). On the one hand, as I have just mentioned, civil disabled persons defended access to jobs and financial independence by valorising their abilities and experience. The victims of war and work accident on the other hand, who were also organised into strong associations, fought for their rights to be respected. Like work accident allowances, military pensions, which were low from the very outset, had never been adjusted, despite rampant inflation. They were just enough to ensure survival, but were insufficient to allow disabled persons without work to be emancipated. The latter therefore took on the role of "victims of the Nation", demonstrating the harm they endured by displaying the scars of their sacrifice, in the hope of obtaining a re-evaluation of their pensions (De Blic, 2008).

The history of this initial period means we need to relativize the Disability Studies' criticism of the institutional treatment of disability three or four decades later. It shows us that the institutions did not bear within them the seeds of oppression, and that the between-us of the communities cannot be deemed equivalent to segregation.

Oppression and segregation came later, with the increasing number of such institutions as from the late nineteen fifties. This multiplication was strongly driven by the welfare state, which decided in 1956 to fund them on the basis of a set price per day for each beneficiary. Yet whilst it showed itself to be generous, the State refused to reflect upon the way this sector was organised, delegating full responsibility for this to associations for disabled persons and their families, who were unprepared for such a task. These institutions developed in an anarchical manner, with major territorial disparities, according to the whim and interests of local dignitaries (Barral, 2007). Above and beyond geographical location, the disparities also related to the quality of reception and care. Some institutions, headed by rehabilitation professionals and paediatric psychiatrists, were at the cutting edge of expert knowledge, whereas others, with insufficient and untrained personnel, had practices that would nowadays be considered abusive (Mazereau, 2000; Zucman, 2011). In this context, the first associations found themselves having to manage an increasing number of structures, some of which had as many employees as the biggest French companies. What is described as the "managerial turning point" for associations, took place at the expense of their militant and protest functions (Barral, 2007; Chauvière, 2010). The roles of administrator and employer meant new managers, new methods of organisation and new economic strategies that pushed to one side the founders' militant commitments, now deemed secondary (Robelet & Crest 2015). It was within such a context that the first associations' power to emancipate weakened or even disappeared, and that institutions became places of oppression and segregation. At the same time, the growth of ethical concerns and of disabled persons movements, along with western societies' increasing aspiration for personal freedoms, offered a fresh perspective on conditions in these institutions that had now become unacceptable. Whence the emergence of a second wave of mobilisation in the 1970s, denouncing the practices of the first associations and calling for deinstitutionalisation.

The neoliberal turning point and activation policies

In the context of the enduring welfare state crisis, neoliberal doctrines have introduced a new principle of public action: activation. This represents a shift from a logic of assistance to a logic of individual contracts and reciprocal obligations. The State no longer sets itself the task of protecting, but rather one of restoring people's capacity to choose and act (Dang & Zajdela, 2009). Services have been set up to help disabled people – who are henceforth users – with their individual projects and with the pursuit of their autonomy. They reveal forms of "social judiciaries”[3] in which national solidarity allowances are no longer automatic, but are subject to conditions. In particular, people have to demonstrate their capacity to undertake a project.

Thus in France, at the beginning of the 1990s, several public actors mentioned in their reports the negative role of the financial aid that disabled persons received in their renunciation of work. National solidarity allowances were considered to be “inactivity traps” that discouraged their beneficiaries from accepting any paid activity and which were the cause of the disappointing results of insertion policies. Disabled persons preferred to receive assistance from the State and to sometimes work in the shadow economy, rather than coping with the conditions of the job market.

This situation was not unique to France. In its report “Transforming Disability into Ability”, the Organisation for Economic Cooperation and Development (OECD, 2003) promoted the principle of activation and encouraged governments “to introduce new obligations for disabled people” based on the principle that “Active participation should be the counterpart to benefit receipt”. Measures have been introduced in several European countries, particularly in Holland and the United Kingdom, where disabled persons benefiting from state aid are required to either accept the employment they are offered or else to take part in activities in the public interest. Refusal leads to the cessation of aid. It was conceived as a response to the supposedly disincentivizing role of income support benefits on job seekers keeping those who receive such benefits away from the job market (Marie & Vall Cestallo, 2012; Lo & Ville, 2013).

How can we analyse these transformations in state intervention and their effects on individual and collective experiences? To what extent can the imperatives of rationality and

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[3] “Magistratures sociales”. See in particular ASTIER I., « Présentation du dossier. Les magistratures sociales », *Droit et Société*, 44-45, Paris, L.G.D.G, 2000 ; Rosanvallon P. *La Nouvelle question sociale. Repenser l’État-Providence*, Paris, Le Seuil, 1995.

effectiveness proper to the management of public funds be reconciled with the new task that the State has set itself – that of encouraging user autonomy?

Empirical research that I carried out in the late 1990s throws some light on these issues[4]. I was interested in a situation that is emblematic of the social protection provided by Welfare States, in that it defines a category of beneficiaries on the basis of disability measurement combined with negative representations. It concerned people whose disabilities were considered too serious for them to be able to work - for example blind and deaf persons, and permanent users of wheelchairs. In the absence of any other resources, these persons were entitled to several allowances, the total amount of which was approximately equivalent to one and a half times the French minimum wage and three times the minimum income benefit for young unemployed persons. It must be said that this generous subsistence income was based on the false premises of a paternalistic and oppressive form of social protection which decreed an inaptitude to work founded on negative representations. However, it created an opening that offered certain people life choices other than that of "normalisation", in a context of job shortages and challenges to the values and functions of work.

My research[5] focused on the various activities that people in this situation, developed and on the values that they attached to them. Quantitative data gathered via a questionnaire given to wheelchair users and to persons with no disabilities[6] offer an initial insight.

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[4] It was in this context, in 1997, that APF's management launched a call for a research project to help them take up a new challenge. After being fully committed to the fight for rehabilitation and professional insertion, they had to accept the fact that an increasing number of young people at the grassroots level of the movement were challenging these practices and the central role that the work was playing in their life choices. The association therefore turned to social sciences in an attempt to resolve this dilemma.

[5] With funding from the Association des Paralysés de France (Convention APF n°9705)

[6] Taking part in the study: 250 men and women, aged between 18 and 65 years, presenting disabilities which for at least three years had justified almost permanent use of a wheelchair, and 220 men and women aged between 18 and 65, with the same gender and age spread as the French population as a whole,

As we might have expected, manual wheelchair users are less frequently active: 32% work as compared to 65% of the able-bodied persons who took part in the study. Yet 75% were involved in leisure activities, as opposed to 44% of able-bodied persons, and 76% participated in voluntary or associative work compared to only 31% of people with no impairment. Even more interesting is that, in the population of wheelchair users, we find a reduction in social inequalities: participation in leisure, voluntary and associative activities is independent of socioeconomic level, whereas, among persons with no impairment, associative and voluntary involvement concerns significantly more often people with higher qualifications and greater resources (Ville & Ravaud, 1998).

It would certainly seem that, as long as it is sufficiently generous, social protection does not encourage the passivity and disaffiliation of its beneficiaries, as activation policies and certain rehabilitation professionals would have us believe, in order to legitimise new practices which are in reality designed to reduce public spending. Furthermore, whilst disabled persons are more often jobless, due to a highly competitive and discriminatory job market, they are no less socially useful and take part in many social activities (Ville & Winance, 2006). Yet like everything else relating to solidarity and care, these forms of social utility are not included in economic calculations.

Another part of this same research project referred to life narratives to see how wheelchair users organise their activities (Ville, 2005). I found that, following an accident or a chronic illness, a gradual return to activity cannot be separated from the "biographical work" that people carry out to give meaning to their story[7]. When conditions so allow, and with varying time scales, people who become disabled build new meanings and have a new perspective on

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[7] I am borrowing the term "biographical work" from Juliet Corbin and Anselm Strauss, 1988, who very clearly describe this process.

their situation. As can be seen in this account by a forty-five year old man who had an accident aged twenty:

“I’ve changed since the rehabilitation! At the vocational rehabilitation centre, I met a lot of different people who opened my eyes. Because before that, I wasn’t worth much, I was just a yob who just wanted to mess around, and they gave me a whole load of interesting ideas. But that’s because in hospitals and centres you’ve got a lot of time, you know! I think it’s a shame for those who go straight back home after the rehabilitation centre. They whine about their disability because they’re stuck in the past. […] I’ve had two lives, one before and one after. It’s completely different! I’m living a different life and it’s very interesting. But it took me three or four years to do. You need time, it doesn’t just happen in one go!

Or this testimony from a thirty-three year old man who had an accident four years earlier:

“In fact, somewhere along the line I decided to take control of my life, to change, because since I was a child my life has always been a real mess […] It’s a second chance, yeah, it’s a new life, it’s true, because you’re starting from scratch. You have to change, you can’t stay like before, your state of mind changes. Okay, it didn’t happen overnight, you have to get out, see things, and talk with people.”

These two interviewees talk about an identity change that takes place over time and includes a highly relational dimension, especially with people who share the same experience.

Social protection resources are thus a means to play for time, to try new experiences in order to construct “customised” occupational trajectories – a subtle “gluing together” of different activities – and to come up with social conditions for an accomplished life. These trajectories might combine – often very creatively – associative work, a decision to work part time, family life and, for some people, an existence based on personal achievement through sociability and conviviality. My study shows a wide diversity of possible arrangements. One example of this is a thirty-eight year old woman with multiple sclerosis. She explains the complementary nature of her part-time job and her associative work:

“My paid employment is important in terms of social recognition. The first thing people ask you is “What do you do?” A job is a calling card. But in terms of human contact and of what I give and what I receive, my voluntary work is way beyond the rest. I have the impression that my voluntary work is what brings me the most and what constructs me the most. […] And on top of that, I’m the one who decides what I’m going to do.”

On the other hand, three of the persons who took part in the study had integrated what was at that time a new device for an “early return to work”, a mechanism that stemmed from activation policies. Nowadays this is the recommended solution in rehabilitation practices. It is a case of encouraging employers to reorganise the work station (with financial support) in order to allow a rapid return to work. Years later, when I met these people, two of them had remained in what I called an “impossible future” (Ville, 2005); they had not managed to integrate the event of their accident into a meaningful biographical story. This can be clearly seen in this interview with a thirty-seven year old man who had an accident aged twenty-two:

“In fact your whole world has collapsed in one go and you no longer have access to very much, so you can’t say “I’ll go on this or that trip’, that you are going to do this or that, because in any case your physical situation won’t allow it, it’s all completely out of the question, so, you know, there aren’t many projects available for the future. [...] I think that a job for someone who’s disabled is a way of feeling a bit better about yourself, of feeling that you serve some purpose in society, so … When I’m at work I don’t think about anything other than my job, and it’s sure that if you have a lot of time to think dark thoughts, well, it’s … Ultimately, if you don’t think about it, you no longer remember you’re disabled. […] The only project is that of being able to carry on working. My aim, in fact, is to keep at it and make it through to the end!”

The third interviewee had also gone back to his previous job, where his work station had been adjusted to suit his needs. They had also bought him a car. But two weeks later he had handed in his resignation. He gave the following explanation:

“I was scared, it frightened me, I just didn’t want to go back to the same old work routine [...] I don’t think I could have stood it […] Because I know that if I’d stayed there I’d never have been able to leave and I’d have spent years there. You know, I wouldn’t be where I am now, maybe I’d have committed suicide.

He then went on to do a training course in the field of music, something he had begun to study whilst at the rehabilitation centre.

This second period is an interesting one, as it allows us to see two forms of State intervention: a generous social protection, the last bastion of the welfare state, and a device for implementing the activation principle targeting a swift return to work.

In putting people back into their pre-accident situations, this device hinders their “biographical work” and closes off any opportunity for change. Far from restoring people’s capacity to choose and act – the task that the active State had set itself – instead it seemed to constitute a brake on autonomy and emancipation. In the mainstream milieu, it reproduced the “normalisation” of disabled persons that had previously been at work in specialised sectors.

From these two periods in France’s history of disability, what have we learned about the links between protection and emancipation?

One thing is obvious, but is nevertheless worth repeating: the first condition for emancipation is protection against the hazards that threaten existence and which are likely to produce forms of vulnerability. During the first period, by allocating insufficient pensions to the victims of war and work accidents, the State failed in its promise to provide compensation; in addition to the difficulties associated with poverty, this gave rise to a form of legitimate resentment. On the other hand, the allocation of generous resources, managed by the beneficiaries themselves, constitutes a strong support for emancipation. It provides the time and resources needed to build a new life and new projects, thus opening up the range of possibilities. As an objective of the liberal policies of the first half of the 18th century, it ultimately allows a person to be autonomous and to enjoy negative freedoms. For as Stephen Holmes and Cass Sunstein point out (1999: 204): Liberty, rightly conceived, does not require a lack of dependence on government; on the contrary, affirmative government provides the preconditions for freedom.

But the guarantee of material protection is insufficient. If it is to support freedom, emancipation requires another form of protection, rooted in primary solidarities, and a political work of care. Even when they can provide acceptable material living conditions for those closest to them, families are not always equipped to offer an emancipatory form of care, because very often they themselves feel isolated and stigmatised.

Conditions that favour emancipation are to be found in the between-us of disabled persons groups which offer resources that are both material and symbolic, for a personal and collective valorisation of the experience of disability. The strength of the between-us was already explicit during the first period. In 1936, the first Chairman of the *Association des Paralysés de France* wrote:

“We are told that it is not a good thing to put disabled persons together. They must blend in among the able-bodied. […] To blend in, in such a fashion, is impossible for almost all of them. Whence a suffering that the association wishes to alleviate by giving them a setting in which they can be at ease and where they will gain the strength to mix with the able-bodied."

"Where they will be at ease" illustrates the protective dimension of the group; "where they will gain the strength to mix with the able-bodied" demonstrates its emancipatory dimension.

The second period also reveals the role of the groups. Having the opportunity to be with people with whom one shares a common experience is essential if one is to make projects and establish oneself as a subject. Other studies have demonstrated this. Those by Anne Marcellini (2005) in France or those by Carol Gil (2007) in the USA. Anne Marcellini shows how, in playing a "handisport" and in re-education practices, the between-selves allows one to carry out new experiments with the body, movement and space. It helps with the construction and transmission of know-how and new norms. When these skills are then used in mainstream social interaction, they allow disabled persons to be "effective inter-actors", to "educate the able-bodied" or even to charm them by creating a positive picture of the body-in-a-wheelchair. Because between-selves is not the same as communitarianism. On the contrary, in local groups, people find the cognitive and subjective resources to engage in social interactions based on mutual recognition.

It seems that a virtuous alliance between social protection and emancipation is possible. The combination of a guarantee of sufficient resources, a material condition for the possibility of negative freedoms, and the presence of local spaces in which to share experiences and thus to symbolically support these freedoms, is one form among several.

As White & Tronto (2004) suggest, such an alliance means rethinking the relationship between protections and rights, between justice and needs, and doing away with reductive binarisms. It requires recognition of the non-universality of rights (particularly in relation to disability), the effectiveness of which, in France at least, is feeble (Revillard, 2017). It also means breaking away from the idea that only some people have needs – an idea that goes hand in hand with the privatisation and marketization of care that has become invisible. This marginalisation of people with needs renders them abject in relation to the neoliberal ideal of autonomy that is nevertheless impossible to achieve, at least not throughout an entire lifetime. It is the complementarity between protections and civil rights that is the foundation of a political approach to care. According to Jeremy Waldron (1996, quoted in White & Tronto, 2004: 432-433) rights talk "provides an indispensable framework in which talk of needs can be related to ideas about personhood, self-assertion, and dignity [...] By taking needs, in other words, as a basis for rights, rather than an alternative to rights we can give them a certain integrity and dignity that claims of need do not always have on their own" (Waldron 1996, 105). In other words, a framework of rights is needed in order to avoid the pitfalls of oppressive paternalistic care or intolerant communitarian care, or to ensure emancipatory care.

This is the condition for allowing forms of alliance between social protection and emancipation to exist. Yet as historically situated empirical studies clearly show, such an alliance is a demanding one, because all forms of protection, whether they originate in the State or in local communities, can become alienating. These virtuous alliances are based on fragile dynamics that can backfire. Generous aid from the State in no way guarantees the emancipation of those at whom it is aimed. The "managerial turning point" that began in the late 1950s, when the first disabled persons' associations received funding from the social security is a perfect example of this. I have based my presentation on two situated moments of the French case. It is certain that other local accounts of situations in other countries, at other times, will add to the range of alliances between protection and emancipation and will feed the collective reflection that Nancy Fraser encourages us to undertake.

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