



**BIRZEIT UNIVERSITY**

**A DOCUMENTATION OF THE EXPERIENCE  
OF SELF-ORGANIZATION  
AMONG PHYSICALLY DISABLED PALESTINIANS**

**Mouna Odeh Salem**

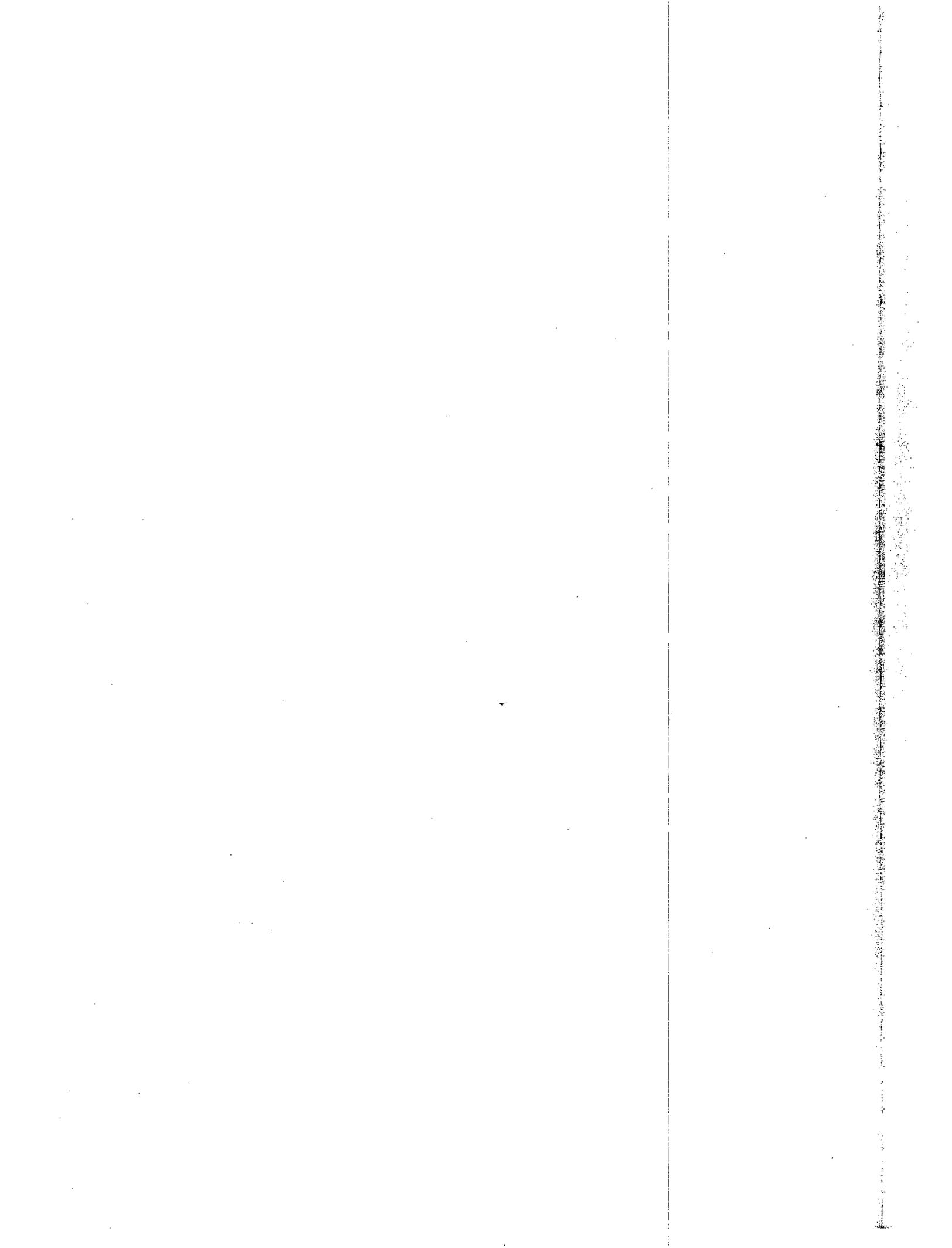
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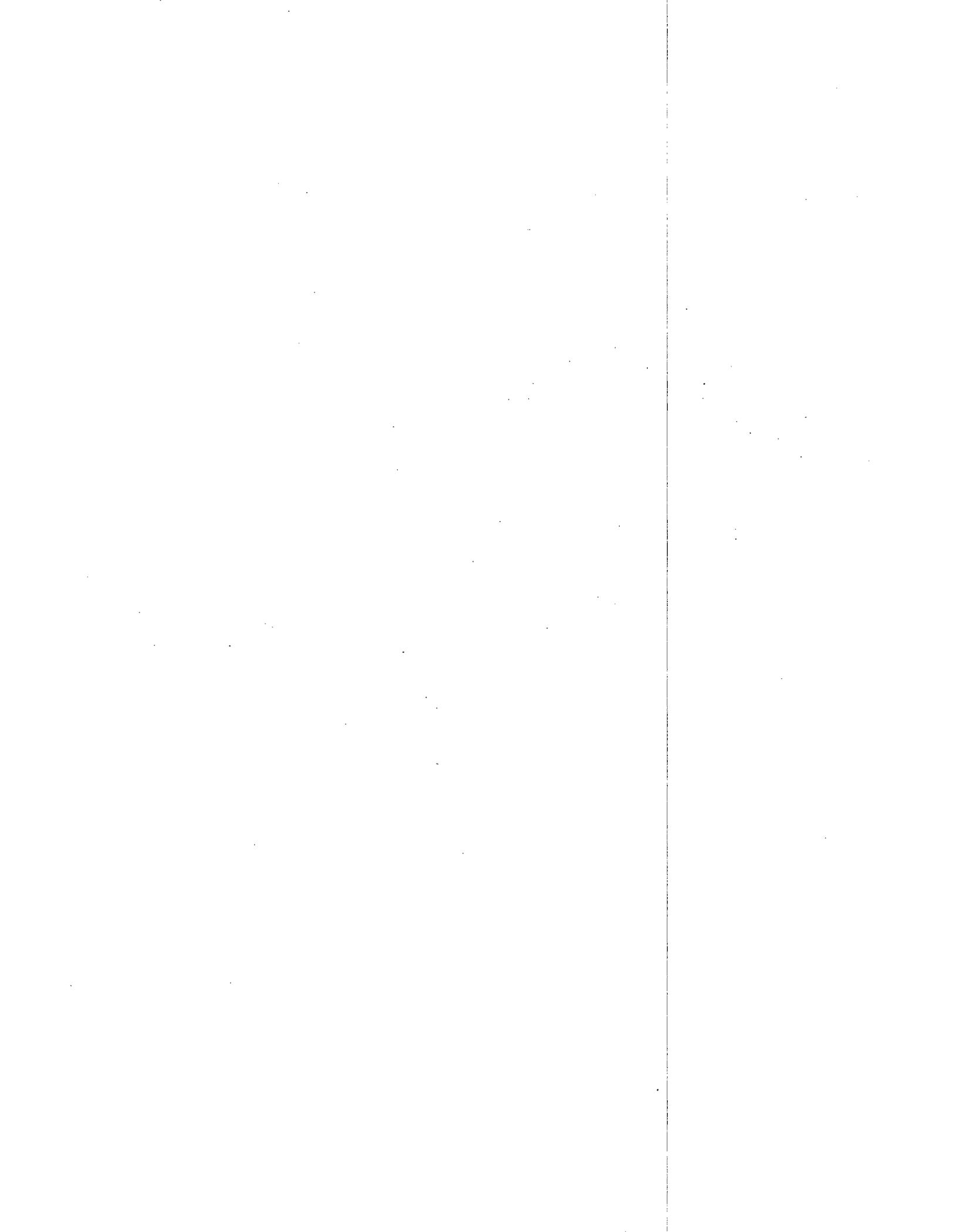
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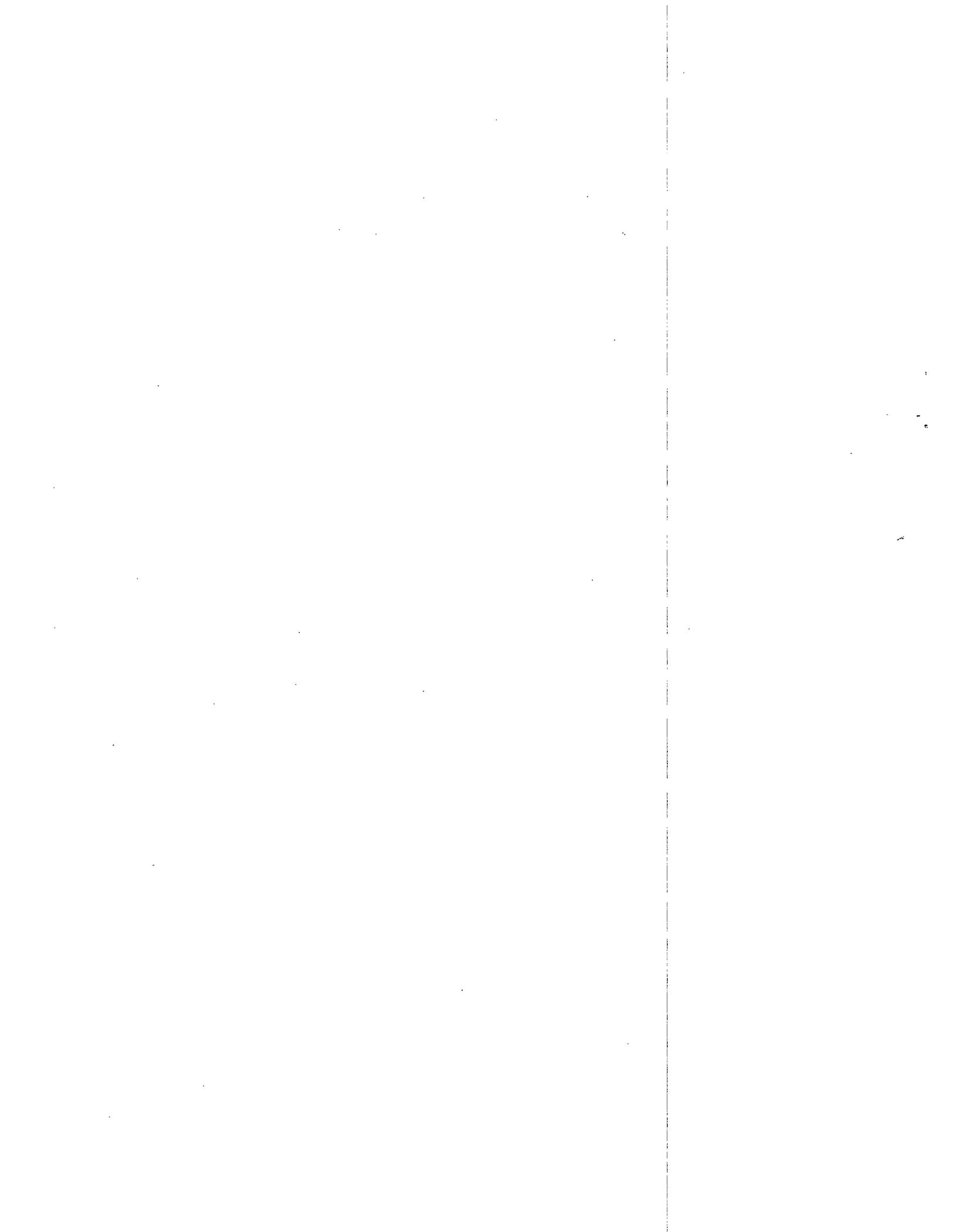
This study is dedicated to the founding members of The Arab Society for the Physically Handicapped (ASPH) who have cordially accepted me during the period of investigation. Yussef Mhesen, Akkram Okkeh, Yasser Tirhi and Yasser Sub Laban were most cooperative and our relationship has over the time grown into a friendship that I value and cherish.

Many of their friends, the supportive members of ASPH, both with and without disabilities, were receptive to the many questions that I had. I thank them for their kindness and specify namely Abu Mohammad.



## Introduction

Historically, the area of disability has been restricted to a charitable and social welfare approach which is built on the belief that disabled people are inherently dependent on others—namely the non-disabled, who should take charge of building and running organisations for disabled people. This classic situation has for long been the norm in all societies be they industrial or developing and started changing only two decades ago when it was challenged by the emerging voice of disabled people. The latter saw that one of the most important ways that disability and its social implications could be seriously tackled is through self-organisation, in such a manner that the lived experience of disabled people would reflect on identifying and later addressing the obstacles that retard their integration in society. The integration of disabled people is contingent upon several factors one of which is economic self-dependency. Studies in developing countries have shown that disabled people if and when employed, receive lower salaries than their counter-parts the non-disabled, and therefore remain economically vulnerable. This in turn affects their social status and curtails their participation and involvement in society thus leading to their marginalisation. An important facet of marginalisation is the process of disempowering disabled people through their exclusion from policy and decision-making in the area of disability (be it at the institutional level or at the individual one), and this is specifically where self-organisation tries to redress the balance.



This study looks at the experience of the Arab Society for the Physically Handicapped (ASPH) which is the only existing example of self-organisation among the Palestinian disabled in the occupied territories. Although there have been cases where disabled people have set up institutions for the disabled, such as Sobhi Dajani in the early 1930's (1), those remain radically different from self-organisation at the collective level.

This study then presents an analytical chronology of the experience of setting up ASPH; a Jerusalem-based society formed in 1981 and that provides services to disabled people by a group of disabled people. ASPH then is an organisation of disabled as opposed to the traditional organisations for disabled people. The former model is one that is widespread throughout the world (both in developing and industrialized countries) and has emanated as a result of the dissatisfaction experienced by disabled people with service providers in the traditional organisations. Organisations of disabled people were formed with the aim of allowing disabled people to speak for themselves, to represent their own interests and to work towards changing, " the public perceptions of disabled people as helpless and useless." [Enns and D'Aubin, 1991:5]

The study also sheds light on the reality of living with a disability in the Palestinian society and how this society deals with disabled people in varied situations. Understanding this reality which is complex and multifaceted, is vital in its detail and its depiction from the point of view of people with

disabilities. The present Palestinian scene in the occupied territories is potentially fertile for the development and expansion of a large-scale self-help movement by disabled people. The increased numbers and visibility of people injured and disabled as a result of the violent Israeli practices during the Intifada, has alerted the public attention to the question of disability. This was reflected in the media and in solidarity visits paid to disabled people in hospitals, in rehabilitation institutions and in their homes. It is known that the Intifada-disabled enjoy a preferential heroic status, the sustainability of which however, is in question. [Ballantyne 1988, Giacaman, et.al. 1989] Nevertheless, that elevated status of the Intifada-disabled remains at present, and will most likely remain in the future, more favourable than what other Palestinian disabled experience, and in some cases carries adverse effects on the non-Intifada disabled (2).

We suggest here that the heroic status which the Intifada disabled have gained could very well be the catalyst and the base upon which the traditional approach to disability would be challenged. Indications that such a process of change including self-organisation, is underway, highlight that the experience of ASPH would be both educative and constructive at the national Palestinian level.

This study follows the lead that by looking systematically at the lived experience of disability as narrated by disabled people in the Palestinian context, we can begin to understand the issues

involved and therefore to formulate sounder strategies towards the ultimate goal which is the integration of disabled people.

The specific objectives of the study are the following:

1- To analyse and understand the circumstances that accompanied the process of setting up ASPH. First at the personal level of the founding members; what was the impetus within the individual conditions for self-organisation. More specifically, whether there were common elements among the group which facilitated their rallying. Second, the general situation of the Palestinian society at the time and how conducive or prohibitive were the conditions that existed then. For example, ASPH was set up in 1981, which co-incided with a nation-wide convention that was held in Jerusalem to celebrate the International Year of Disabled People [see Appendix I]. In reviewing the papers that were presented at that Convention, it was clear that those were times where the Palestinian nationalistic spirit was highly mobilised and society's concern for disabled people was seen through a nationalistic political lense. For example, during that convention there was a large number of Palestinian national figures and heads of municipalities who were invited to attend this specialised event. This perhaps partly explains the premise that was used then by the founding members of ASPH, to the effect that addressing the question of disability forms part of national duty and obligation.

In both cases, (the personal and the general), it was hypothesized that indicators of socio-cultural values and

attitudes in the Palestinian society in relation to disabled people form part of the analysis. Furthermore, once those indicators are identified it becomes easier to understand society's reactions and the mechanisms through which the stigma against people with disability is manifested.

2- To investigate the possibilities of replicating the experience of ASPH and to raise the question as to why until today, there have not been other examples of self-organisation among disabled people in the Palestinian society.

3- By looking at ASPH's experience, the study also aimed to outline the needs and priorities of disabled people towards their integration in the Palestinian society. Those needs and priorities, needless to say, are most intimately felt and experienced by disabled people who should be provided the appropriate platforms to express and implement them.

4- The study also wanted to explore the adaptation process of living with a disability both for the individual and his/her society. It is a process because disability is not a rigid state but rather is dynamic and highly responsive to the environment (physical and attitudinal) around it [Scheer and Groce, 1989]. With time, increased familiarity and interaction, society could change its attitudes towards disabled people.

In this study, one respondent said:

Integration, mixing and getting to know the disabled individual (no matter what his state is) changes society's views and first impressions. Lack of integration and mixing in society make it difficult to get to know the real person underneath.

### Methodology

The study employed a methodology which aimed to lend a voice to the founding members of ASPH in order to describe their experience in their own words. This point is especially relevant in view of the fact that many a local study on disabilities have so far been carried out without a single question posed to or an opinion taken from disabled people. Instead, it is mostly heads of institutions, specialists and doctors who have so far been the intermediaries who have spoken for disabled people. This has been the case with the exception of some newspaper or magazine articles where disabled people have been interviewed and their situations presented, but only in a journalistic style.

There currently exists a majority of non-disabled people (10 out of 13 members) on the Board of Administration of ASPH, while the Director, is a disabled person, and is also one of the founding members. Despite that, ASPH still meets the characteristics of self-organisation mainly because their strategies and work philosophy, promote integration and self-help. Only four out of

the initial ten founding members of ASPH were interviewed, the rest have either left the country or are not active members anymore. The four were extensively interviewed first as a group and later individually using a semi-structured open-ended questionnaire. A period of time over the six months of investigation (December 1990-May 1991), was spent regularly in the offices of ASPH as part of participant observation which ultimately aided the researcher to get acquainted with the services that ASPH provides, their clientele and the professional and personal interaction among ASPH members.

The researcher is fully aware that the study sample is too small and not regionally representative to allow for generalisations. At the same time, the experience of self-organisation as an advanced stage towards a fuller integration, has over the years enriched and broadened the insight of the founding members of ASPH in such a way as to allow them to sincerely reflect some basic facts on disability in the Palestinian society.

The study analysis is based mainly on the interviews that were carried out with the four members of ASPH and includes two sections: the first relates to the personal circumstances and experiences of each respondent and the second is a chronology of the setting-up of ASPH and the services it provides.

In order to provide a more dynamic spirit to the chronology, each respondent was asked to narrate his own interpretation of the stages that ASPH went through since its inception and to

describe his own role and input in that process. The two sections are not presented as completely distinct; instead, the data is injected as appropriate and relevant to the point being discussed in either section.

Some of the information is also derived from the notes and observations of the researcher as well as the informal group discussions that used to take place during the time spent in the offices of ASPH.

#### Theoretical Background on Disability

Current social science literature views disability along a continuum that explains the experience of the 'loss' and its social outcome. The continuum starts with impairment followed by disability and finally handicap. According to this model impairment is "...any loss or abnormality of psychological, physiological, or anatomical structure or function", disability is defined as, "...any restriction or lack of ability to perform an activity in a manner or within the range considered normal for a human being..", and finally handicap is, "...the disadvantage that limits or prevents the fulfilment of a role that is normal (depending on age, sex and social and cultural factors) for that individual." [Williams, 1989:798].

The disadvantage that is described above to have a limiting effect is not completely contingent upon the physical impairment itself, but is also defined within other limiting factors that

have been summed up into two main categories; architectural barriers and attitudinal barriers.

A wide range of subjective and objective variables are involved in shaping the experience of disability. Such variables include; age of onset of a disability, gender of the disabled person, the social, cultural, and the economic and political milieu in which a disabled person lives. The origin or the cause of disability which has not been well researched in the same way that other variables have been investigated, also influences societal reactions to disability and affects the life of a disabled individual. These variables form an important part of this study and will be viewed from a cultural perspective that attempts to locate and understand the position and status of disabled people in the Palestinian society.

Having a disability, whether physical or mental is seen as being 'different' from the norms that are defined and set by society. This 'differentness' brings about a range of reactions, attitudes and views from society which largely affect or shape what kind of life and destiny a disabled person experiences.

[D]isabled persons occupy roles which deviate from the adult social norm: those of perpetual child, patient/invalid, curse or blessing from God. Those roles vary according to disability and culture and serve to disaffect disabled persons from the rights and privileges which accrue to most citizens.

[Driedger and D'Aubin, 1991]

In every society, be it developing or industrial, people with impairments are stigmatised and are consequently marginalised and segregated, to varying degrees from participating to their fullest in their societies. Stigmatisation is based on reactions to the 'atypical' physique coupled with prejudices which negate or belittle the economic and social viability, and hence roles, of people with disabilities without questioning why in the first place they are unable to fulfil such roles.

A Canada-based self-help group of disabled people has coined a term that reflects a realistic insight into the human vulnerability to disablement. Referring to non-disabled people, TAP stands for Temporarily Able-bodied People and alerts us to the fact that all human beings are prone to having a disability at any period in their lives. In this study two respondents expressed a similar view by using the popular Arabic idiom, "Ma hada 'ala rasso kheimeh" which translates to; "No one has a tent above their heads", thus implying that no one is immune to the possibility of having an impairment.

Historically, it is known that certain conditions need to be available in order to attenuate the segregation of disabled people from society's social, political and economic spheres.

Writing in 1948, von Hentig stated that:

Wealth or poverty, age, race, war prosperity, depression, a high surplus of females change the social meaning of physical handicap.

[von Hentig, 1948:25]

The often-cited case of the advantages currently provided to people with disabilities in Industrial countries is traced historically to the two World Wars. The increased number and visibility of disabled war veterans at the time, triggered the development of medical technologies, the Welfare State in some countries facilitated the provision of pensions for the disabled war veterans and later on to non-war disabled people, and shortages in manpower during the two World Wars necessitated the employment of people with disabilities both in Europe and the USA. The situation was later improved by enacting laws for the employment of disabled people in specific quotas in the different economic sectors. In parallel, society's reactions to the returning disabled veterans was to accord them the elevated status of heroes in order to reward them for what is seen as self-sacrifice. Finkelstein suggests that in addition, technological changes in the Industrialised countries, namely the automation of machinery and assembly lines, were significant factors in incorporating disabled people in the labour force. [Finkelstein, 1980].

At the same time, a socially perceived 'meritorious act of bravery' [von Hentig, 1948] rendered the disability of war veterans a public concern and responsibility which led to a less stigmatised life. It is evident that in the context of society's reaction the situation of Intifada-disabled is close to that of the disabled war veterans in Industrial countries while the present and projected economic and political situation the former could prove to be fundamentally different.

Disability or the socially defined 'differentness' then could be overcome and its consequences alleviated once changes take place in the environmental barriers (architectural or physical and attitudinal) which are at the core of severing and limiting the participation of disabled people. Architectural barriers are those related to public and home environments which are usually not built or designed to cater to the special needs of people with disabilities such as ramps and elevators. Attitudinal barriers are society and culture-specific and they are the sum of views and conceptions about disabled people which reflect on the attitudes of the non-disabled. The combination of architectural and attitudinal barriers curtails the integration of disabled people and leads to their marginalisation and segregation. At the same time that one greatly influences the other, the two barriers are intricately tied together. In this study, discussing the Palestinian context, some respondents argued that once architectural barriers are alleviated, disabled people are able to prove to their society, through their accomplishments and actions, that they are economically and socially viable, thus resulting in a more favourable attitude from society. Other respondents argued that the persistence of attitudinal barriers (3) makes it difficult, if not impossible, to start making architectural changes both in the private (home) and the public spheres.

Although the two sides held different positions as to which barriers take precedence, they both agreed that, in practice, the two should be tackled at the same time. The experience of

disability, added one respondent,

should be seen within the larger societal framework in which the disabled live which include economic, socio-cultural and political circumstances.

### The Medical Model

Opponents of the medical model argue against this model's position which considers physical rehabilitation as an end in itself and disabled people as eternal 'patients'. In fact, disabled people qualify as 'patients' in the majority of cases, only for a brief moment in the course of their lives. It is not their impairments which disable them as much as the environmental milieu in which they live.

Rehabilitation, which draws much of its philosophy from the medical model, has for long been heralded as the answer to integrate disabled people in their societies. While no one negates the practical values of rehabilitation (physiotherapy, occupational therapy etc..) nevertheless, its limitations to provide integration should be admitted. During the last two decades, rehabilitation in the West has been increasingly criticised because:

[It] relates mainly to actions aimed at the individual and it neglects those aimed at changing things in his or her immediate surroundings or in society at large.

[Moyes, 1985:V]

Self-organisation: a step forward towards integration

Meanwhile, the last decade witnessed a global increase in the self-help and self-advocacy movements of the disabled, the main objectives of which has been the de-medicalisation and de-professionalisation of disability and the concentration on architectural, social and cultural elements that stigmatise disabled people. Many of the changes that have taken place in the West, and in some developing countries, have been through the initiatives, the persistence and mainly self-representation of disabled people. This was in defiance of the traditional charity-oriented organisations run and managed by the non-disabled. The process of self-organisation took a global approach with the foundation of Disabled People's International (DPI) in 1981, a movement which aims to unite and empower all disabled people throughout the world. DPI's choice of the name of their regular publication 'Nox Vostra' which is Latin for 'A voice of Our Own', speaks eloquently of their aims and objectives. Self-organisation among disabled people then is a stage that has been reached only recently at a global level and is indicative of an advanced step in the area of disability. This is why we need to look at the case of ASPH as an experience that has evolved through a specific set of conditions and circumstances that nourished its existence and sustainability.

## THE STUDY

Analysis of the study interviews pointed out the existence of commonalities or common elements among the individuals which facilitated the process of self-organisation. Citing these commonalities does not only describe the founding members' personal and general circumstances and their experience with disability. It is also indicative of the variables in the Palestinian context which, from the respondents' viewpoint, facilitated or in other cases impeded their efforts to integrate in society.

When talking about commonalities, it is crucial to point out that a particular duality in conceptualizing the situation of disabled people exists. On the one hand, it is important to stress the individuality of disabled persons in such a way that they do not constitute a homogeneous group with defined and predictable patterns of behaviour and character. This point is important because:

[D]isabled persons are as philosophically and politically diverse as their non-disabled counterparts, as well as varying in their self-referential terminology: impaired, disabled, handicapped, even crippled.

[Phillips, 1990:850]

On the other hand, individualizing the question of disability could carry counter-productive, if not deleterious consequences.

The individualizing of the problem of disability is..a way of depoliticizing it. The focus on individual achievement, virtues and weaknesses thereby denies the critical importance of social, economic and political barriers to full participation of people with disabilities in society.

[Zola, 1985:15]

Recognizing this interplay between 'the individual' and 'the collective' is central to any discussion on disability which aims to further the integration of disabled people in society. It will be shown in this study how this conceptual interplay coincides with the work philosophy of ASPH.

#### Getting together

Before outlining the common elements among the interviewed, which it is proposed here have acted as a catalyst to self-organisation, it would be useful to look at the ways and manner in which this founding group got together.

The contexts in which the founding members met are interesting and varied; in fact they highlight the social settings and contexts that are accessible to disabled people in the Palestinian society. Some of the founding members had known one another for many years before the idea of self-organisation surfaced. For example, one of the older founding members was the head of a public library in Jerusalem and two other founding

members were at the time, pupils at school and for many years subscribed to that library. The head of the library, who according to the other respondents, had a fundamental initial role in rallying the members and suggesting the formation of ASPH, is well-read and well-informed on the question of disability. In his words, the idea for setting up ASPH was based on a 'Western conception' of disability. This, he elaborated:

...was related to extensive readings that I had done over the years. Books and journals provided a written proof that disabled people could do a lot of things if not everything, including self-organisation, once the right conditions are available. I started thinking: Why could it not be the same here in the Palestinian society?

This respondent was also the winner of the First National Palestinian Chess Championship held in 1975 in Jericho. There, he met another disabled person who also participated in the Championship; that was the start of a long relationship which was cemented with the foundation of ASPH and their joint efforts to recruit other disabled people. By 1981, the founding members were to be either friends or neighbours or school mates who'd known one another for a number of years and through various social contexts.

During the first year, 1981-1982, regular meetings were held in the homes of the founding members where until then it was not possible to rent a centre because of lack of financial resources.

The meetings helped create moral support which brought about a sense of togetherness where personal and general problems focusing on disability were discussed and where the objectives of ASPH were debated.

#### COMMON FEATURES AMONG THE FOUNDING MEMBERS

##### -1- Age

The ages of the founding members when ASPH was set up, ten years ago, according to the interviewed, was 'mature' enough as to have enabled them to accomodate and adjust to their disabilities and to eventually become capable of extending help and services to other disabled people. One respondent said:

We first had to be 'in good shape' ourselves before starting to think about ASPH.

Essentially, this translated itself in terms of employment and economic independence, as well as physical and psychological adjustment to the disability.

At the time of the research, two of the interviewed were in their thirties and the two others were in their forties and fifties. The sample that was studied comprised of two generations which meant that two distinct perspectives concerning disabled people in the Palestinian society were available. The interviews of the two eldest founding members provided a historical insight into the situation of disabled people and confirmed that there had

been a positive change in attitudes in the Palestinian society over the last 40 years. The latter two suggested that positive changes had taken place regarding the opportunities available to disabled people in the social and economic life. One important example they gave was that while they had not been able to study at university although that was their wish, the two younger respondents had in fact succeeded in obtaining university degrees. Both rushed to add that those positive changes were not solely attributed to attitudinal aspects, but were intertwined with other general economic and political changes.

-2- Type/cause and severity of disability

All of the founding members (those who were interviewed as well as the rest) had been disabled as a result of polio. One of them, in his early 30's pointed out to the existence of a 'generation of polio cases' that was afflicted by the disease at the time. Comparative observations of this researcher seem to confirm this point both among males and females. One wonders if this fact had made it easier for the parents and society in general to adapt to the disability in view of its prevalence and visibility hence its 'normalization' at the time.

All have been affected in the lower limbs of their bodies and 3 out of the four use crutches or supporting sticks. The severity of their physical impairment differs though not considerably, thus the assumption that it was easier for them to group together. Linked to that, all respondents consistently said that

their impairments do not constitute an obstacle in terms of their personal accomplishments. In fact, they expressed their confidence in their ability to do almost everything from personal care to general mobility, that they see themselves as equal to non-disabled people. In that context, one respondent asked me the following question:

Do you think that I am 'dis-abled'? I do not think so. In fact, if I were given the choice, I would not want to be a 'normal' person without an impairment. I can do everything that I want. Why would I need such a choice?

Interestingly, in comparison to a disabled woman who was separately interviewed during the same period of the study, and whose type and severity of disability is similar to that of the founding members', the assertiveness of the founding members concerning their abilities, was noticeably higher. It can be hypothesized that the assertiveness of the founding members conforms with the Palestinian society's role model and expectations for males while females are generally expected to be less 'aggressive' or expressive in their opinions. In addition, the fact that educational, employment and social ( eg. marriage) opportunities available to disabled women are much more confined than those available to men. It appears then that the question of gender in relation to disabled people, is in the Palestinian society similar to other societies.

if there are any opportunities for education or training, disabled boys receive them. Disabled women remain at home, doing housework indefinitely. Even marriage is not an option. A disabled bride would be perceived as "damaged goods"...Finding employment is among the greatest challenges for disabled women globally.

[Driedger and D'Aubin, 1991:3]

### -3- Age of onset

Another unifying factor among the founding members and which is linked to their type of disability, is that they had all been disabled at a very early age, mostly during the first or second year of their life. All respondents said that they have no memory of their bodies other than with an impairment.

The age of onset of a disability is one variable that has been extensively studied and is considered to play a role in defining the individual experience of disability. Most researchers contend that having a disability at an early age allows for easier and faster adaptation both physically and psychologically. Having a disability at an early age according to one study means that there is little to 'mourn about' and that there are no memories of the body being any different [Hunt, 1969]. Indeed, when the founding members were asked whether the fact that they had their disabilities at an early age made any difference to their lived experience, their responses were in accordance with the above view (4). Having a disability at a young age according

to the respondents, also means that one has a longer period of time to accept, accomodate and adjust to living with a disability; eventually it becomes second nature. This is in correspondance with the view that: "[T]ime with an impairment could modify its lived experience" [Fine and Asch, 1988:17].

#### -4- Place of residence

All of the founding members grew up and presently live in Jerusalem; an urban setting which according to them has positive features for disabled people which are not found in rural areas. The respondents argued that in an urban area, there are more educational opportunities (eg. more choices of schools in case a disabled person is rejected in one of them) as well as chances of finding employment where most national institutions are mainly concentrated. In addition, it was suggested that the community's attitudes towards disabled people in urban areas are more positive and less stigmatising than they are in the Palestinian rural communities. The respondents explained that the architectural setting of the latter ( no paved roads for example) as well as the non-familiarity of seeing disabled people moving independently with little help, exposes disabled people to 'ridicule' and dismissal. It was expected that the level of education, and that of the parents' in particular, as a feature of urban life, would be mentioned by the respondents as another variance between rural and urban settings. However, while they said that urbanites are: "more enlightened and educated" than

rural dwellers; a factor which comparatively renders the attitudes of the former towards disability less stigmatising, the parents of the respondents were all illiterate or semi-literate. When asked to explain this inconsistency or rather dichotomy, the respondents said that their parents placed a great importance on ensuring a formal education or a skill for their disabled children because that would be the "only guarantee in life" once the parents passed away. This stemmed from the parents' realisation that their disabled children are vulnerable and should be "armed" with a degree or a vocation that would render them self-reliant, and most importantly, economically independent. The respondents added that living in an urban area facilitated the realisation of their parents' wish because of accessibility to rehabilitation institutions, schools and job opportunities. The study sample is far too small to dismiss the parents' education as a factor in the lived experience of disability. However, the study highly suggests the following: it is a combination of factors that interact together and that parents' education is only one of those factors.

One respondent added that disabled people in urban areas have been able to:

..prove their aptitude and hence themselves in concrete terms both in the areas of academic qualifications and employment. This has allowed them to take advanced positions in the political and economic life. (5)

Still, it was added that lay people's reactions to disabled people occupying positions of authority in urban areas is still shaky and hesitant. ASPH's director explains:

Until today, relatives and parents of the beneficiaries often stand confused, not knowing how to react to the fact that they need to ask for help for their disabled children from other disabled people who are in positions of authority. This feeling usually weakens after the first couple of visits.

Another observation made to compare attitudes in rural vs urban areas was the example of people's response, and that of non-disabled children in specific, in public places. The respondents said that the more urban and 'cosmopolitan' is the location, the less it is expected to be called names or ridiculed on the street. Several examples were given where a disabled person walking on the street in a rural area would quickly be surrounded by children and would become a 'show case'. In other instances, terms with derogatory connotations such as 'hajeh' (a term used for elderly women), would be uttered by children to a young disabled woman using crutches. Other examples include 'araj' meaning cripple or simply making funny gestures or mimes. Although the adult community was in contrast described as less public with such terms and overall 'emotional' towards disabled people in a humanistic way, there were always occasions when equivalent undertones would surface be it directly or indirectly. The following phrases appear to be popular among non-disabled adults: 'Allah yishfik' translated to: "May God cure you" (which

essentially equates having a disability with being diseased), 'Ya haram' to denote; "Poor thing" and finally 'Istakhfar 'Allah 'al 'azheem', meaning "I beg forgiveness from God the Greatest." (This term is widely used on different occasions but in such contexts, it basically implies that one begs God's forgiveness for mocking or for being afraid of His creation and will; i.e. of the disabled individual).

All such terms emphasize the 'differentness' that is perceived the non-disabled and which according to the respondents, are most irritating and discouraging.

The interviewed concluded that the Palestinian society in general, whether urban or rural, remains restricted to viewing disability through the lense of "charity and pity" and "differentness"; an approach which yields emotional instead of constructive and practical responses.

#### -5- Mobility of the founding members

The type and severity of a disability affect the mobility of the individual as well as the availability of aids (prosthetics, wheelchairs etc..). At the time of the interview, all the respondents owned private cars: a 'privilege' which considerably enhanced their mobility (6). The period of owning a car varied between 8-15 years and was systematically referred to as being one of the most important factors in enhancing mobility and therefore, social and economic productivity. In the words of one of the respondents, the car, as well as other aids that guarantee

the mobility of disabled persons, have a dual positive role. He described them as being:

Basically 'the water and air' for the disabled individuals. Not only do these aids provide the physical survival, but just as importantly, they provide the right conditions for the development of the character and personality of disabled people, and strengthen the moral support they need. In addition, the aids help the disabled individual to avoid personal and psychological disturbances that might reflect on his/her attitudes to life.

Owning and driving a car not only enhanced the mobility of the founding members, it also improved their self-worth and self-image because others such as friends and relatives benefited as well.

This fact, according to another respondent has an important implication:

Instead of being a source of weakness, the disabled person becomes a source of support for others.

#### -6- School education

As an extension of their urban upbringing as well as the types of disability they have, all the founding members had been able to enrol in school at the right age and without delay. All of them also managed to finish the high-school years aided by their siblings, relatives or class-mates. The interviews revealed that school years figured prominently as being important for building

their self-worth and were in fact 'the formative years' that shaped the personality of the respondents. So important were those years that when asked about the single most positive and up-lifting experience in their lives, all the respondents said it was their success in the school years. Role models in the lives of two respondents were also encountered during the school years; namely teachers who were described as having been a source of support and inspiration.

Access to schools for disabled people in the Palestinian society is not a recent phenomenon, seeming to have become progressively more common over the years, especially in the urban areas. The two eldest members, (one went to school in 1949 and the other in the early 50's), pointed out that they were not exceptions and that in fact there were other physically handicapped students in their schools and/or classes. Like them, those were helped in getting to school mainly by their siblings and sometimes by friends.

The interviews revealed that the parents of the respondents had expended all available efforts and means in order to encourage their children to go to school. One respondent explained:

Perhaps the socially institutionalized importance placed on education in the Palestinian society has a spread effect that also encompasses disabled people.

Still, there were difficulties during the school years primarily because schools were not designed to allow the easy movement of

people with disabilities without help from others.

Asked about their performance in school, the respondents said that overall they did quite well and even excelled in some subjects. This the respondents elaborated, could have been an effort on their part to prove themselves and to compensate for their physical impairments. Excelling as explained by the theory of compensation was also mentioned in relation to work and the jobs that they had held. This is not surprising since this has been the experience in many countries over the time and was first articulated with regards to observations made during World War I and II where disabled people proved to be more efficient and productive than their counterparts the non-disabled. However, one should be careful not to over-emphasize the compensation theory as the only factor at play:

[D]isabled workers tend to have higher productivity because they are more diligent, they concentrate better and they take more pride in doing their work. Perhaps, too, they are more frightened of losing their job".

[Moyes, 1985:17]

The respondents explained that even 'armed' with the right academic or vocational qualifications, they faced difficulties in finding jobs. However, those who had a vocational training faced less difficulty in finding jobs than those with academic degrees. This is perhaps related to the existence of a stereotypical societal image and acceptance, of disabled people occupying certain manual jobs that have been traditionally known

to 'benefit' disabled people as opposed to intellectual interests. Perhaps the pervasive and universal belief that "A sound body is a sound mind" has a detrimental effect in this context.

-7- Economic background

It has been sometimes suggested that the better the economic situation at home, the higher are the chances for disabled children to overcome the disability and to integrate in society. This is clearly a complex issue. While it is true that financial resources of the disabled individual's family mean that one can afford physical rehabilitation or other needed medical procedures and sometimes better individual care, the reverse is not necessarily true. The interviews in this study suggested the existence of a number of intertwined variables only one of which is the individual's economic situation. All the respondents came from large families ranging between 7-9 persons and had experienced some kind of economic hardship during their childhood. The fathers of the respondents were mostly in trade or manual work. The mothers of the respondents had never obtained any school education (one indicator of the socio-economic status), they were all illiterate, yet this fact did not have any bearing on the ways in which they managed their children's disabilities. In a study carried out with illiterate and semi-literate mothers of disabled children in Guayana, O'Toole noted that the level of commitment of the mothers did not necessarily correlate with the levels of their formal education. [O'Toole, 1988]

The mothers of the respondents were the main carers, this being an extension of their traditional roles as providers of care in the family. Two respondents spoke of the arduous and admirable care that their mothers provided in the form of carrying them every day over several years to rehabilitation centres for physiotherapy sessions, (in one case as early as 1941 in a missionary hospital in Jerusalem). In another case, the disabled child was sent abroad to neighbouring Arab countries for periods of one to two years in pursuit of surgical operations and treatment promised to have rewarding results. The parents according to the respondents had been willing to go to considerable lengths in order to alleviate the consequences of their children's impairments.

Coupled with this commitment on the part of the parents and the mothers in particular, the respondents also noted that they were never made to feel any different from their siblings at home. Two respondents said that they 'discovered' and 'recognised' their physical differentness only when they came in contact with society; the outside world. In the first case, it was at the time when one respondent asked for the hand of a woman in marriage and was refused on the basis of his disability. The second said that it was during childhood when he was deprived from playing games with other children in the neighbourhood who used to mock him and belittle his abilities.

This study suggests that the individual economic situation does not stand as an independent variable in defining the experience

of disability, but forms part of a number of other variables such as those described in the previous sections.

-8- Gender

The interviews raised the question of the participation of disabled women in the founding body of ASPH and their present role as active members (7). To both questions, the answer was that most of the respondents had tried on many occasions to recruit women with disabilities but to no avail. The following explanations were suggested by the respondents:

- a- For the first two years, the founding members of ASPH used to hold meetings in their homes and at night after working hours. They insisted that this would have been unacceptable for the disabled women and their families in the context of the conservative Palestinian society.
- b- The family of disabled women the respondents noted, is especially over-protective and would not have permitted at the time nor at present women with disabilities to mix and mingle in public life, "for fear of being taken advantage of or of being hassled on the street when on their own". This is the case for most disabled women in developing countries where, ".overprotective families..are unwilling to allow their disabled daughters to venture out unchaperoned.." [Driedger and D'Aubin, 1991:3]

c- All respondents said that they thought disabled women were 'negative' or 'passive' and have been less responsive to the idea of self-organisation than disabled men. When I probed them to expand on why they thought disabled women were so, the answers always referred to society's negative views on and attitudes towards disabled women. Consequently, disabled women have less chances of finding a partner in marriage (9), of experiencing motherhood, of getting education and of finding employment. Palestinian disabled women, compared to disabled men are therefore more confined to their homes; to 'private' life as opposed to the 'public' one.

At the same time, the respondents strongly welcomed the idea of women membership and explained that in many of ASPH's social and entertainment activities disabled women are specifically sought out and included.

#### -9- The Israeli Occupation

The Israeli military occupation over the Palestinian population in the West Bank and Gaza Strip, according to the respondents, plays an overall negative role on the lives of disabled Palestinians. The most obvious proof of that, said the respondents, is the absence of a national Palestinian State or government, whose duty would be to guarantee the well-being of disabled people. They explained that, ideally, this would apply in terms of, first the provision of aids and assistive devices.

The overwhelming majority of Palestinians, except for those living in East Jerusalem, find it difficult to obtain such aids, since the Israeli government denies them such a privilege while it claims to 'administer' those areas and to work for its well-being. A Palestinian state added the respondents, would secondly address the architectural barriers by enforcing laws and regulations concerning public transport and public buildings. By extension, attitudinal barriers that impede the participation of disabled people, would also have to be tackled by that absent State. This would include a more systematic approach to access of disabled children to schools through legislation and a quota for the employment of disabled people. Examples in the neighbouring Arab countries, where progressive trends are rapidly being implemented by governments, were always given by the respondents to consolidate the feasibility of what a national Palestinian State could do for disabled people.

The respondents added that, the various local national institutions in the WB and GS, (which along the years of the Israeli occupation have been considered by many as part of the national Palestinian identity), have not been co-operative with regards to disabled people. Mainly in the area of employing, even qualified disabled people, such national institutions have been quite discouraging according to the experience of the respondents.

Strongly arguing that they form an inseparable part of their society, the respondents do not see themselves exempted from the

social and political oppression, that their co-patriotes the non-disabled face under the Israeli occupation. What Cox termed as 'the structural barriers' which disabled Black South Africans face under Apartheid, [Cock, 1989], also apply in the case of Palestinians [Odeh Salem, 1990]. This point highlights the fact that Palestinian disabled people face a triple burden of attitudinal and architectural barriers in addition to structural/political barriers perpetrated by the Israeli occupation. It is no wonder then, that the founding of ASPH was intended to fulfill certain unmet needs for disabled Palestinians, under the banner of a nationalistic duty.

Meanwhile, the large number of disabilities among the Palestinians inflicted as a result of the brutal Israeli response to the Intifada, has triggered society's attention and concern with regards to those who were disabled. All respondents insisted that the fact that society's attention had been captured has meant that positive changes towards disability have taken place. The respondents were also aware that it was only such circumstances as the Intifada which could have acted as a catalyst for a larger societal concern. Said one respondent:

Large numbers of disabilities means a larger visibility. Disability is no more a remote 'thing' but rather something that touched many many families. Society had to become concerned.

Another respondent explained that one should not undermine the effect of the Intifada disabilities because there were already

some indications that non-Intifada disabled would also be part of these positive, though rudimentary, changes in the Palestinian society. When asked to give concrete examples of those positive changes, articles in the media, more questions from lay people about their disabilities, physical/occupational rehabilitation programmes and the emergence of institutions that offer medical care for the disabled, were given by the respondents. For most of them, there was also a gut feeling they could not accurately explain, which told them that what lies ahead for disabled people is gradually changing to the better.

As with the rest of society, if not more acutely felt, the respondents consider the Intifada disabled as a special category, and according to one, 'they got their disabilities through their blood', pointing out the socially valued context of disablement. At the same time, the respondents emphasized that they share common grounds with Intifada disabled and in this context some of them make visits to the latter and talk to them informally about their experience in adjusting to their disabilities. This is clearly a form of peer-counselling although it is not done in a systematic way.

#### -10- Religion

Religion as an important part of the cultural fabric of any society, has been suggested, by other studies, to influence the experience of disability. [Groce, 1991] In this study, one respondent said:

All religions call for mercy and sympathy to be bestowed on disabled people which most likely explains most societies' charitable and philanthropic approach to disability.

It is worthy to note that ASPH, like most other local Societies working in the area of disability, quote in their newspaper advertisements and their pamphlet verses from Quoran which call on people to treat the weak and poor in society ( and is implicitly taken to include disabled people) with mercy and sympathy.

The question of religion as posed in the interviews, fits in two contexts; the first is society's religion and the second is a disabled individual's religiosity.

Researchers who have addressed the question of religion have indicated that religion carries an ambiguous position vis-a-vis disabled people. While on the one hand religion calls for mercy on disabled people, at the same time disability is seen as a punishment for a sinful act by the parents or the disabled person. The Judeo-Christian tradition for example offers some contradictory messages concerning people with disabilities:

"[F]rom the Old Testament conception of disability as a punishment for sin to the New Testament's view of salvation thru suffering". [Meyerson, 1948:4]

All the respondents are Moslems and therefore spoke of the role of religion from that perspective. In the Arab and Moslem societies, alms are considered a social and religious obligation offered to the poor, the weak and the disabled. Some

researchers have argued that that in some Moslem societies, children are deliberately maimed by organized gangs in order to benefit from the alms offered to them. [Scheer and Groce, 1988].

Though aware of the fact that religious messages are not always adhered to, one respondent in this study explained that for example, the well-known Quoranic verse: "Wa la tanabazu bi 'al 'alqab" which traslates to "Do not nickname one another in ridicule" could have a positive effect on disabled people when followed and implemented. More significantly, added the respondent, there is always the implicit understanding that stems from religion which states that:

Disability is God's will and creation and should therefore not be questioned or criticized. The disabled individual thus carries no guilt or responsibility for the way he is.

Religiosity of the disabled individual said all respondents could have a positive impact in terms of accepting and coping with a disability. This is so because religious disabled individuals embrace the doctrine that suffering on earth will be rewarded in the Next world. This acceptance contended one self-proclaimed religious respondent,

has a calming effect that helps ease the anger and frustration. Disability stops being something abnormal. One becomes convinced that things will never change and that after all God's fate [i.e. the disability], must have a reason, a purpose that is known only to Him.

Clearly, there appears to be an inconsistency in terms of what ASPH believes namely that:

[D]isabled people should live as other 'normal' people in society, not as a favour offered by society, but as a right which they should enjoy.

and what religion advocates under the umbrella of charity and good deed towards disabled people. At the same time, the respondents accepted the view that religiosity could provide relief and comfort to disabled individuals.

## SETTING-UP ASPH - A CHRONOLOGY

The respondents made it clear that the idea of setting up ASPH and the services it would provide, was a process rather than a single step that could be accurately dated and defined. The decision to take the first step they added emerged in response to several factors. The most important of which was that the one area most lacking in the realm of rehabilitation was the provision of aids and prosthetics on a large scale, in the West Bank and Gaza Strip. Throughout the years, the overwhelming majority of ASPH's clientel has been from those two regions and not from East Jerusalem. Provision of aids was deemed of paramount importance because according to ASPH, accessibility to aids and prosthetics is conducive to the mobility of disabled people. This mobility, they emphasized, positively influences many areas such as getting education, vocational training and employment.

All of the respondents said that ASPH was set up with the aim of sparing other disabled people the suffering and difficulties that they themselves had gone through. They believed that because they each had their own experience with disability, they could act as an 'informed group' in the context of 'peer-counselling' and would therefore help alleviate some of the difficulties that disabled people face in Palestinian society. The Independent Living movements and the Disabled People's Rights movements throughout the world concentrate on the value of peer-counselling and add that it is an: "Activity based on personal experience

[which] is possible only for a person who has the necessary experience" [Enns and D'Aubin, 1991:15]

Another factor that was raised by one respondent was that they felt dissatisfied with the then-existing institutions serving disabled people. More specifically he said:

There was a need for such an initiative to come from 'al tabaqat al sha'biya', the popular class.

This he added, was in contrast to the traditional set-up of rehabilitation societies and organisations where prominent social and political figures dominate.

Following is a detailed overview of the phases, rather than simply the events, that the founding members experienced in building up ASPH since 1981.

#### 1981- 82

During these two years recruitment of members and home meetings were intensely underway. Discussions of the aims of ASPH and where the starting point would be were in full swing. One respondent spoke of those times with a sense of nostalgia:

We had many ideas and dreams which we later realised were simply too big for us or would at least require a State apparatus to implement.

Among such dreams was to build a club for disabled people that would include sports, cultural and educational activities.

In addition and emanating from the realisation of the importance of the mobility of disabled people arose another dream; that of improving the public transport system. The founding members met with the privately owned bus companies in the West Bank, and proposed the implementation of simple measures that would promote the mobility of disabled people. For example, the designation of the first two front seats for disabled people with stickers to indicate that, as well as reduced fares. Both proposals were received with promises but no concrete action was taken.

Meanwhile, the founding members were struggling to obtain a recognition from The Union of Charitable Societies in the Occupied Territories. By the middle of 1982, they obtained a license from the Union but were met with little interest from the other local organisations and institutions working in the area of disability. ASPH members explained that this lack of interest was a result of the fact that they were perceived as:

Youths with little experience and who did not know what they are getting into.

This was further complicated according to one respondent, by the fact that they lacked any "socio-economic clout", both in professional and personal terms. He continued that in addition:

Perhaps, this disinterest was attributed to a sense of territorial integrity; we were treading on some people's toes.

When asked directly if the attitude with which they were met was related in any way to the fact that they have disabilities,

all answered in the negative. However, when the possibility of a link between lack of socio-economic clout and having a disability was pointed out, the respondents agreed.

During the first two years ASPH worked on collecting donations from national and private institutions as well as individuals. They only managed to collect a humble sum and later realised that they could not rely on such sources; what with their 'dreams' and plans.

In 1982, ASPH launched, what the respondents refer to as, 'a campaign for a social survey on disability among the Palestinians'. Such a survey they thought would be instrumental for their planning and strategies and in order to forge links with other disabled people. The campaign was advertised in the local newspapers and the home phone number of one of the founding members was given as a contact. Until then, ASPH had been unable to find an office mainly because of financial reasons; something which proved to be frustrating and counter-productive to their efforts.

The response to the intended survey was somewhat better than that of the experience of fund-raising. However, the respondents consider that they failed in the survey attempt because while people did respond and phone back, (phone calls were mainly from parents of disabled people), all they wanted to know was whether they would benefit financially or in terms of free-of-charge rehabilitation services. When told of the nature of the survey and that money was not part of it, most of the parents would hang

up and refuse to give any information.

Meanwhile, ASPH. was broadening and building their contacts with rehabilitation organisations as well as meeting disabled people in institutions. This phase was important to the founding members because it acquainted them with the available services, which they wanted to avoid to duplicate, and just as importantly, it helped them broaden their knowledge of the problems that disabled people face.

1983-84-85-86

By the end of 1983, following disappointing experiences and the discouraging prospects that ASPH faced mainly in view of their dire economic situation, they started discussing alternatives and solutions. The most acceptable one, in the expression of one respondent, was:

To 'inoculate' ASPH with figures of social and economic clout, who would at least solve the financial problem.

Once such figures were incorporated, a location was almost immediately donated to ASPH and it was to be used as an office and a centre for activities. The renovation of the location lasted for several months and shortly after the official opening, the first employee, who also has a disability, was hired. The centre was meant to be a gathering place for the members and their friends where chess and other games were supplied for entertainment. In addition, a small library was set up for the use of the members. The 'dream' of a club was thus put aside for

the time and more humble but feasible activities were being promoted.

ASPH however did not relinquish its seminal principles on the right of disabled people to participate in society in all possible aspects. For example, ASPH participated and won the second place in a National competition in general knowledge, thus breaking the traditional trend that restricts disabled people to a realm of their own. Another area which ASPH insisted upon and faithfully maintains till today, is to pave the way for disabled people to enjoy forms of entertainment that are almost exclusively accessible to non-disabled people. Since 1984, ASPH has been organising an annual camping week in the North of the country. Participants are primarily from the West Bank and in fewer cases Gaza Strip, of different disabilities, from both sexes and from a different region each year. A symbolic fee is paid by those who can afford it and the cars of ASPH members and their friends are used to transport the participants. During the camping week, open discussions and presentations take place where varied issues on disability are debated and discussed.

Another step taken by ASPH during those years, and which makes them pioneers at the local level, is that they took advantage of the local media in order to broaden and 'popularize' discussions on disability at the public level. In 1984, an interesting debate on the question of disability was stimulated and endorsed by ASPH in al-Fajar, (a local Arabic daily newspaper) an opportunity which they saw as an excellent medium to provoke some

relevant issues. On three consecutive days, there were articles and viewpoints on the architectural and attitudinal barriers facing disabled people in Palestinian society and ways in which they should be addressed. ASPH firmly recognised from then on the importance of the available local media to the Palestinians. Over the years, there has been considerable press coverage of ASPH's activities and objectives as a result of ASPH's initiatives. All those publications emphasised, that disabled people can be productive in their society when the architectural and attitudinal barriers are alleviated and that furthermore, disabled people should organise among themselves and be given the chance to run their own organisations.

On the more 'concrete' level during that period, ASPH worked in 1985 on setting up a sheltered workshop in Jerusalem with training in wood-carving for disabled people. The project did not succeed primarily because of insufficient funds and because the project was not 'well-thought out', but was in the end an educative experience.

Over those four years, ASPH benefited from the contacts that they built, (both with disabled people and with institutions and organisations,) in such a way as to facilitate for example, the entry of disabled people to schools and/or institutes for higher education. In conjunction, ASPH was helping disabled people in finding boarding accomodations while pressing for reduced fees or exemption for the impoverished cases. This required a formal understanding and arrangement between ASPH and such institutions.

Education and/or training and later employment, have consistently been regarded by ASPH as crucial to the empowerment (through endorsing self-confidence, self-image and economic self-reliance) and eventually the integration of disabled people. Meanwhile, the membership of ASPH was gradually growing and during those four years ('83,84,85,86), the main activities of the Society were:

[Of informal nature, basically focusing on the question of integrating disabled people. This was done by opening the possibilities for education/training and employment, as well as informing the public on this issue through the media.

#### 1987

By August of 1987, another one of ASPH's goals towards the integration of disabled people, namely the provision of aids and devices for mobility, was to come true through the Department of The Hand of Mercy. The Department according to one respondent is:

The most distinctive and indeed unique service at the level of the West Bank and Gaza Strip.

The Department was advertised in the newspapers as one that provides a variety of aids and assistive devices for the temporarily and the permanently disabled irrelevant of their place of residence. The last detail was important to mention in order to cast away any doubts that such services were exclusively

for the residents of Jerusalem. Since its inception, between 60-70% of the beneficiaries of this Department have come from the WB and GS, while most of the rest, who are mainly disabled elderly, are from Jerusalem and its suburbs. The advertisement on The Hand of Mercy also included a request from those who owned any aids (wheelchairs, walkers, crutches, etc..) that were not of use to them anymore, to donate them to ASPH. The idea rested on the philosophy of work of The Hand of Mercy whereby aids for temporary disabilities are rented and rotated instead of purchased and thus the maximum use is made and waste is avoided. The Department follows a work system where aids would either be purchased at cost price with reductions made for exceptional needy cases or rented on the following basis. The time of rental is three months and renewable if need be and a depreciation cost of up to 3% of the original value of the aids is paid each time they are rented. At the time of this study, about 10% of the available aids, had actually been bought, while 40% were rented according to the above criterion. The last 50% of beneficiaries were what is termed 'social cases' whereby they either pay a symbolic amount of money or in fewer cases, are exempted based on lack of any income. This last category need to present a medical report where possible and are visited by an employee from The Hand of Mercy in order to ascertain their economic situation.

Since mid-1987, the Department has served between 1000 to 1200 disabled persons per year. ASPH's director emphasised that there

are still a couple of hundreds whose requests cannot be met because of the insufficient number of available aids and needed equipment.

In December 1987, the Israeli brutal response to the Intifada announced the emergence of thousands of injuries and physical disabilities both temporary and permanent. ASPH rapidly responded to this new situation by advertising in all the local newspapers, that all those injured during the Intifada and in need of wheelchairs or other aids were also eligible for the Society's services. Other Intifada disabled were either referred to ASPH through hospitals or rehabilitation centres or would come on their own initiative. At the same time, the members of ASPH intensified their activities and visits to places where Intifada disabled were getting treatment and explained the services that they provide inviting the latter to make use of that Department. The Department currently employes four people, all of whom have physical disabilities.

#### 1988

During this year, another Department materialised which concentrated on vocational rehabilitation in the form of a sewing centre. Prior to setting up the centre in 1988, ASPH carried out a small opinion survey among disabled people concerning the most appropriate skill or vocation for this group. Sewing was chosen to be such a vocation and ASPH subsequently started looking for the needed machinery. They finally managed to find machines for

a small sewing centre which was specially designed to be used by disabled people. A training course with a promise for later employment in the sewing centre were advertised in all of the local newspapers each day for about a week. The advertisements specified that: "Priority of training and employment is given to disabled women".

Sewing teachers were employed and the small centre was starting to take shape. It was decided that the centre would produce clothing ( eg:jeans, school uniforms) at an affordable price in the markets.

However, the initial hopes and expectations of ASPH, to receive a positive and large-scale response, did not come true. When the respondents were asked about their opinions as to why that project did not meet their expectations, (even with the endorsement of the small survey), several theories, which did not relate directly to the choice of the vocation, were given. First of all was the issue of transport to and from the place of residence especially in the cases of rural areas where the public transportation system is unreliable. This point brought about the idea of purchasing a vehicle but lack of resources stood in the way of pursuing this idea and ASPH still considers this to be a priority for the future. A second point which was raised was that in the absence of an appropriate means of transport, a substitute should have been thought of such as a residence or boarding accomodation for the workers and employees. That being outside the financial capacity of ASPH, it has been put aside for

the time being. A third suggestion which was given and that could bear relevance to the Palestinian context and especially that of disabled people, is that advertising this project was confined to newspapers; a medium which is not necessarily popularly accessible nor affordable to many, especially in rural areas. The sewing centre currently employes two physically disabled women and one disabled supervisor out of a total of ten people.

### Concluding Remarks

The experience of ASPH is a valuable and important one at the local Palestinian level, if only because it is the first concrete example of self-organisation among disabled people. The value of knowing the process of its formation, both through the personal and the general circumstances at the time, have helped us to unveil some of the variables involved in defining the lived experience of disability in the Palestinian society. Each society holds a particular set of beliefs and notions about the meanings and implications of disability which directly influence the way that disabled people are viewed. The study re-iterated the fact that the issue is further complicated because communities within the same society could have varying beliefs and therefore attitudes, to disability (eg. urban vs. rural). The variables involved in moulding these attitudes are in no way related to inherent characteristics of the different societies or communities.

Folk beliefs about disabilities can vary by region, tribe or ethnic group, and are strongly influenced by religious beliefs, socio-economic status, educational background; indeed, beliefs about disability may vary from one village to another, depending on local history and epidemiology. (Emphasis added)

[Groce, 1991:3]

Expectedly, this study showed that an interaction between different variables (economic, social, religious, educational, type and severity of disability, age of onset, etc..), is what

constitutes the experience of disabled people living in the Palestinian society, instead of one single variable. However, this study does not claim to have fully understood the above variables and the ways in which they are located in the 'traditional folk belief systems' [Ibid] of that society. More rigorous work is needed in this specific area, in the absence of which, little progress can be made in terms of policy planning geared towards improving the conditions of disabled people [Ibid]. Groce suggested that data related to traditional folk beliefs can be gathered in a direct way:

In collecting information all available socio-cultural resources should be used. Religious beliefs, references to persons with disability and disability in myths and stories, as well as anecdotes and expressions found in ordinary conversations, can yield further information of what members of the local community really think...

[Ibid:6]

It is clear that folk and popular beliefs greatly influence what was termed here as attitudinal and architectural barriers, both of which figure prominently on ASPH's working agenda. Employment, for example, is clearly related to the two barriers. Access to schools and training centres dictates the options available to disabled people and therefore the degree of their integration or segregation in society.

This point highlights a crucial issue which defines the approach of any suggestion endorsing the integration of disabled people in

regular schools. Instead of following the current local trend that basically individualizes the question by laying all the blame on the parents and looking for ways to raise their consciousness and awareness, the accessibility of the school buildings and structure should be seriously questioned; how many steps on a staircase would someone using crutches or a wheelchair have to 'conquer' unaided every day? Are there appropriate and accessible toilets in the schools which can be used by disabled people? Another related aspect is how many enlightened headmasters/mistresses would the parents encounter in their search for schools that accept disabled children? Finally, what are the ways in which it will be ensured that disabled pupils will not be ridiculed or made fun of by their class mates? Raising such questions draws attention to the existing physical and attitudinal barriers in the way of integration in schools and helps us get closer to concrete, collective and long-lasting improvements.

The present Palestinian scene, in view of the large numbers of disabilities incurred during the Intifada, has alerted the public attention and has consequently put the issue on the agenda with a big question mark. What does society have to offer to those disabled people who cannot resume their previous lives neither socially nor economically? (al-Astal , 1991).

In part, this study aimed, by looking at the experience of self-organisation, to describe the world that Intifada-disabled will face once they leave the cocoon of the institutions for

rehabilitation. Since this study endorses the view that disabled people are key agents for the removal of all the barriers in society, it is believed that Intifada-disabled stand to benefit from ASPH's experience of self-organisation, in order to consider other similar initiatives that would on the long run empower all disabled people and induce their integration in society (9).

As for planning and policy making at the national level, there is clearly a dire need to know more about the situation of disabled people in the Palestinian society, and in particular, information of qualitative/longitudinal nature. It does not suffice to look at the life of disabled people within a defined period of time, because disability is not a static state but a dynamic one that responds to its milieu. In this context, it is imperative that disabled people speak for themselves; this summons researchers into the arena of the actual and lived manifestations of society's views on disability.

It follows from there that society (lay people and researchers), become acquainted with the barriers that impede disabled people and set them apart from the rest of their society. Consequently, raising society's consciousness and awareness on disability, could be one of the most important tasks at present; one which is accessible even in the absence of a national State for the Palestinians. Many studies confirm that the dissemination of positive images of disabled people in the mass media, could positively influence the public views and ultimately lead to changes in society's attitudes. The respondents in this

study see that this process should not be confined to traditional contexts of newspaper or magazine articles. They suggested that starting early, in schools for example, would erase many of the children's misconceptions and negative attitudes against disabled people. The respondents added another example, that of holding annual festivals for disabled people thus leading to a closer interaction with the non-disabled, and a starting point to tackle attitudinal barriers.

It is known however, that the dissemination of information and positive images of disabled people, through mass media, is not sufficient in itself and should be accompanied by additional measures, such as legislation and direct contact with disabled people within positive contexts. [Miles, 1981] The question of legislating for the rights of disabled people, in education, employment and other areas, should also be considered at the level of the West Bank and Gaza Strip. In the absence of a Palestinian State, other avenues need to be explored. This requires imagination and co-ordination among the Palestinian national institutes and other employing groups, where a consensus could be reached whereby disabled qualified people should be given the chance before being rejected. However, one should not over-emphasize the value and the effect of laws and legislation guaranteeing the rights of disabled people. Examples are abundant where governments have specified quotas for the employment of disabled people but because of attitudinal barriers their implementation was not attained. In the Arab countries, laws

exist but are rarely adhered to, for example, in Egypt a 5% quota, in Bahrain 2%, in Oman 20% have to be employed in the different sectors. In Iraq, by contrast, there exists a binding law for the employment of up to 20% disabled people in the public and governmental sectors [Quandil, 1990]. Non-adherence in the previous countries was found to be related to people's negative views and attitudes to disabled people [Ibid].

Again, the process of educating the public on disability requires the direct participation of disabled people. The recurrent proposal here that disabled people be incorporated in the various issues pertinent to their situation, should not be seen as advocating the elimination of the role of non-disabled people. Instead, it is suggested that the power structure in the area of disability should be equitably shared between disabled and non-disabled people working in the area, in such a way that:

[T]he 'expert' or professional becomes a teacher rather than a therapist or someone who does things to and for disabled people.

[Finkelstein, 1984:91]

This leads us to the subject of rehabilitation, which has increasingly become since the Intifada, a 'hype' and an approach presented to carry promises and solutions to the question of the disadvantaged situation of disabled people. However, caution is advised in relation to rehabilitation because:

Over-emphasis [on rehabilitation], could be counterproductive and prevent integration rather than promote it.

[Momms and Konig, 1989:17]

This is primarily so because rehabilitation rarely incorporates disabled people as active agents in the process of improving their lives, neither does it promote self-help and self-advocacy. In other words, it should be borne in mind that:

While it is true to say that the goal of all rehabilitation is integration- it would not be true to say that integration can only be achieved through rehabilitation.

[Ibid:17]

The great challenge that the Palestinians are faced with, both at the level of society and individuals (be they lay people or working in the area of disability), is to understand the barriers that impede disabled people and ways in which those can be alleviated. This requires a shift from the traditional view which 'problematizes' the disabled individual to one that is more fair and perceptive. More specifically, this shift means that:

[T]he central problem should be seen as one of trying to make society fit for disabled people rather than trying to fit disabled people into society.

[Finkelstein, 1984:87]

## REFERENCES

(1) In the early 1930's, Mohammad Sobhi Dajani, a blind person with a university degree from The American University in Beirut and a training course in Braille from Germany, established several societies and vocational centres for the blind in the West Bank, the most known is al-'Ala'yeh Centre. (Information was obtained through a private discussion with the niece of Sobhi Dajani).

(2) The elevated status accorded to the Intifada-disabled could reflect negatively on other disabled people in terms of society's responses. In one instance, a woman who was disabled from polio chose to say when asked by strangers about her disability that it had resulted from an Intifada injury. She contends that in comparison, people's reactions to her were significantly more positive.

(3) There were several examples that were given by the respondents to reflect attitudinal trends in public life. Of the recurring examples was the experience in public transportation, mainly in buses, whereby non-disabled people usually made a fuss by shouting and asking someone to give their seats to the respondents, even if that was not what they wanted or asked for. In other cases, bus drivers would refrain from taking the fare from the respondents, because the former would say they want to "gain a 'sadaqa'", (which is one of the main tenets of Islam usually offered to the poor and weak in society). By not respecting the decision of disabled people and by viewing them as 'charity cases', society unconsciously puts them at a disadvantage and robs them of feeling and acting in a normal way.

(4) Note how comparatively, the Intifada-disabled, the majority of whom are young and in their productive years, are more likely to experience mourning and bereavement. On the occasion of 'A Day of Friendship With the Intifada Injured' held at the YMCA in Jerusalem on 23/4/1991, a representative of the Intifada-disabled had the following to say: "Prior to getting injured, we used to enjoy what you presently enjoy of healthiness. We used to be Palestinian trees that rose proudly from the earth and extended as far as the skies".

(5) One testimony to the political activity of Palestinian disabled people is the fact that many have been arrested over the last four years of the Intifada. It is unlikely that there is an exact number of such cases, which indicates the need for

attention regarding this issue. Of the available cases to this study is one example in Gaza where 18-year-old Khamis al-Maghribi, who is blind, was sentenced to two months imprisonment for stone-throwing!! [al-Quds newspaper, 23/8/89]. A second case is well-known and concerns Sheik Ahmad Yasseen, 55 years old and on a wheelchair remains in prison since the beginning of 1989 [al-Bayader al-Siyassi, 1989]. A third case is one member of ASPH who has polio and is currently serving a two-year sentence in the Israeli prisons for political activity.

(6) Given that all respondents live in East Jerusalem which was annexed by Israel following 1967, they were eligible to benefit from privileges provided to disabled people by the Israeli government. Israel, most likely in relation to the high numbers of Israelis disabled during war and the Welfare state, has an advanced system of pensions, provision of equipments and medical care as well as aids designed to increase the mobility of disabled people. In that context, disabled people are exempted from paying the exorbitant importation taxes on cars which renders their purchase more affordable. At the same time, disabled Palestinians living in Jerusalem are discriminated against in comparison to their counter-parts the Israelis. For example, while the renewal of an application to purchase a car takes up to two weeks for the Israelis, it can extend as long as ten months for the Palestinians. The respondents also mentioned that other areas of discrimination against them by the Israeli government, include employment and change of address. In the latter case, an important detail was cited where a disabled Palestinian with a Jerusalem residency would be robbed of all the benefits the minute he/she change their place of residence outside the geographical boundaries of Jerusalem. Meanwhile, Israeli disabled settlers living in the West Bank and Gaza Strip are given their full rights irrelevant of their place of residence.

Palestinian residents of the West Bank and Gaza Strip are denied any of the above privileges. On one occasion, while visiting the Israeli centre that specializes in the provision of services for disabled people, one of the respondents told the following story. While touring the centre he questioned why the Palestinians in the WB and GS were denied these services. He was literally kicked out of the centre without being given neither an answer nor a reason for such a conduct.

(7) Both in developing and industrialised countries disabled women face the dual discrimination of disability and of gender which puts them at a more disadvantaged position than disabled men. Jesudasan says that in relation to disabled women, "...their self-esteem is dangerously low and they tend to regard themselves as unemployable, preferring to remain within the domestic sphere in isolation, out of sight". [Jesudasan, 1990:21]

(8) Marriage has been used by researchers as one of the most sensitive indicators of society's acceptance of disabled people. In times where there is a surplus of females (mostly in war-times and male migration) von Hentig suggested that the social meaning of disability changes and more disabled men are able to find partners. Relatedly, it is acknowledged that disabled women face particular difficulties in that respect. At the same time, researchers have suggested that women with mental disabilities face less difficulty in finding a partner. "Women who are disabled have greater difficulties finding a spouse than non-disabled women or disabled men. Exceptions to this rule are the mentally retarded. While men may be more willing to marry a mentally retarded woman-especially if she is beautiful- women are more likely to refuse marriage with a mentally retarded partner." [Boylan, 1991:55]. Safolios-Rothchild (1970) suggested that this might be at least partly attributable to society's image of women as passive and obedient i.e. of possessing feminine characteristics that could be considered 'typical' of women with mental disabilities.

(9) It appears that there are already seeds for a movement for self-advocacy and self-help among the Intifada-disabled. al-Astal published an article in July 1991, in the Arabic weekly Al-Bayader al-Siyassi, which reviewed the situation of the Intifada-disabled in the Gaza strip who after long stays in hospitals and rehabilitation institutions feel let down and neglected by their society. The article proposes building a social and sports club for the Intifada disabled which would additionally act as a forum for "...pressure groups that would demand the provision of the basic needs of disabled people in every-day life as well as moral support." The article then points out the abundance of institutions and centres that could take up such a project and ends with a challenging inquiry: "Will such institutions and centres spare the physically handicapped in the Gaza Strip the burden of self-organisation in order to adopt this idea themselves [setting up a club], since some [disabled people] are already seriously considering a demonstration or a sit-in towards that end."

## Additional Notes

\* Although there were no disabled women in the founding committee of ASPH, there was one non-disabled woman, Haifa Sabassi-Nasser, who according to the respondents, played a very positive and supportive role. Two of the founding members were students at Birzeit University during the early eighties. Mrs. Sabassi-Nasser, who has been an employee of the University's Student Counselling Office since that time, helped in the formation of a nucleus of a committee for disabled students at the University. Along the Disabled Students' Committee made concrete demands to the Administration in order to facilitate the life of disabled students while at University. The Committee also held activities on the campus in order to acquaint non-disabled students with the problems coupled with disability. Entertaining activities were also held in the form of trips and parties where both disabled and non-disabled from the University participated.

Based on that experience, Sabassi-Nasser wrote in 1984 an article in al-Fajar, an Arabic newspaper, stating society's responsibility to tackle disability in a more rigorous and serious manner. She concluded in the article that there is a dire need to address the attitudinal barriers in society and to start making the needed changes. More specifically she presented a procedure for change which entailed first: "Community efforts to change views and attitudes towards disabled people. Following that, the enactment and enforcement of executive procedures for an organised way to solve the issue".

\*In the Arab world where we can assume the existence of common cultural patterns with those in the Palestinian society, in relation to disabled people, Lebanon has the only reported case of self-organisation. Still, it seems that the start of a larger more comprehensive movement of self-organisation in the Arab world could be underway. In 1989 during a conference on the 'Potentials and Needs of Disabled People in the Arab World', held in Amman-Jordan, the voice and representation of disabled people took a new course henceforth unfamiliar in the Arab world. Quandil reported that thirteen countries including the West Bank and Gaza Strip attended where a concrete and effective participation of disabled people was prominent. Evidence of this was the fact that the conference was chaired by a blind man and instantaneous translation for the deaf/mute was provided. Moreover, added Quandil, the discussions of the disabled people were frank, critical and in some cases even confrontational and without intermediaries. The presented opinions and views raised challenges to attending policy makers, an observation which indicates that a democratic spirit prevailed. Ways of removing or alleviating architectural and attitudinal barriers were the core issues raised. At the same time that the conference was running, a sports and arts festival by disabled people was taking place in a totally new and non-traditional approach previously uncommon in similar Arab conferences.

## APPENDICES

### APPENDIX I

In 1981, the Union of Charitable Societies in the West bank held its second convention on disabilities both mental and physical. That year's convention was held on the occasion of the International Year of the Disabled People (IYDP) that was declared by the World Health Organisation. Although the convention proposed important recommendations for improving the living conditions of Palestinian disabled, in essence, it did not depart from the charitable spirit that characterizes the Union. More importantly, disabled people were not present neither as participants nor as observers. That is if we exclude the recital of Quoran by a blind man at the opening session of the convention where his presentation was described as "evidence of the strong will of disabled people". [In the Palestinian society as in other Moslem societies, blind people until the recent past, found little opportunity for employment other than memorizing Quoran and reciting it in funerals and other religious occasions. They have thus become in the minds of people 'sheikhs' or men of religion. We know now that blind people are often offended by this stereotype and do not appreciate being called 'sheikhs' because of the limiting connotation that it carries].

It follows then that the recommendations that were put forward did not touch on the issue of increasing the independent self-representation of disabled people. The convention certainly did not intend to empower nor to strengthen the voice of disabled people. Still, the following translated summary of the recommendations is valuable in historical terms as well as in helping us investigate what changes have taken place when they were proposed some ten years ago.

- 1- Carrying out a comprehensive survey of all the cases of disability.
- 2- Organising programmes for raising public consciousness and especially in villages, through all the available means including educational institutions and the media as well as paying attention to care of the disabled at an early age.
- 3- Encouraging the setting up of community colleges and training centres of a cadre capable of rehabilitating disabled people.
- 4- Arranging for scholarships abroad for specializations in rehabilitation and getting acquainted with the experience of other countries while considering the local situation at the implementation phase.

5-Improving the conditions of those who work in the area of rehabilitation and providing them with incentives that would advance their work.

6- Urging the national institutions to absorb the qualified disabled people according to their professional and artisanal skills while protecting their rights to equal pay and their chances of promotion in parallel to their counter-parts the non-disabled.

7- Setting up centres and homes for the disabled elderly.

8- An invitation to include the issue of disabilities in the school curriculum in order to develop interest in disabled people at an early age.

9- Developing sheltered workshops for the disabled and a centralised market in addition to exploring all other means that guarantee the marketing of their products while at the same time appealing to the national institutions to encourage and promote these products.

10- Specialised centres for the psychological and mental well-being as well as paying attention to early prevention of disability.

11- Appealing to the national institutions to provide the necessary means that facilitate the mobility of disabled people in public places and to reduce the fees of public and personal services.

Concentration on the national institutions as providers of jobs, as facilitators for the mobility of disabled people and as executors of many of the above recommendations is clearly indicative of seeing these institutions in the position of policy makers and the equivalent of a national Palestinian State. The time at which the convention was held marked an elevated nationalistic atmosphere where prominent national figures (mainly heads of municipalities in the West Bank) were invited but were not able to attend because of enforced Israeli military restrictions on their movement.

Ten years later, most of the above recommendations remain to be implemented. ASPH reiterated many of these recommendations and over the years attempted to implement them in practice and succeeded only marginally in some of them while completely failing in others such as accessibility in public places.

## APPENDIX II

In fact, the convention was attended by a second disabled person, a founding member of ASPH, happened to read about the convention in a newspaper; he went on his own initiative. Two months later, he wrote an article in a local newspaper pointing out that the IYDP should not constitute a momentary interest in disability that soon dwindles. A review of the basic points that the article raised is necessary here since they constitute the backbone of the philosophy and vision that led to the formation of ASPH. The author set out by saying that in contrast to the industrial countries where disabled people enjoy the right conditions that make them economically independent, the Palestinian disabled people are greatly undermined by society. The latter wrote the author, receive little attention and care if not 'belittlement and ridicule' because of the lack of social awareness. The basic premise of the article was that the disabled individual, "...irrelevant of his disability, is a productive and an active being if properly rehabilitated in such a way as to be able to contribute in advancing and in serving his society in the same way as other citizens do.." This statement transmits clearly the conviction of the author that disabled people can and should be part of society; and need not be restricted and consequently stigmatised in certain roles and occupations. Attitudinal barriers were given prominence in the article and more importantly a call for self-representation and self-help were suggested as part of integrating disabled people.

The ways in which this integration can be accomplished were proposed in the article as follows:

- 1- Working towards changing society's mistaken (erroneous) views of disabled people which regard him as a burden. These changes should be carried out systematically through the different available media such as newspapers, seminars and lectures that specialize in addressing this question.
- 2- The whole society, its members and institutions, should participate in sharing their responsibilities towards people with disabilities who have become disabled because of their living conditions one way or the other. This entails the continuous financial, moral and educational/cultural support.
- 3- Convening conferences on disability on a regular basis where issues related to the disabled are discussed. In addition, carrying out the needed research that would develop ways of caring for the disabled and their rehabilitation.
- 4- To give the chance and opportunity to disabled people themselves to run and direct areas that they are capable of doing in the institutions and societies for disabled people.

### APPENDIX III

On June 29, 1982 ASPH wrote in Al-Fajar (a local Arabic newspaper) a short announcement introducing the Society and that the founding committee was formed of ten disabled members. Following is a translation of the aims and objectives as mentioned in the article:

1- Working towards the rehabilitation of the physically disabled people both in education and in vocational skills. This would be accomplished by locating schools and the workshops that would serve disabled people and would be under their supervision. (Emphasis added)

2- Helping disabled people find jobs after rehabilitation.

3- Aiding those who need treatment and aids that would help them overcome difficulties in their life.

4- Finding/building entertainment activities such as sports and playgrounds.

5- Building apartments for disabled people.

6- Helping disabled people in buying (purchasing) cars through loans and grants.

The main concentration of ASPH at the time was to work for the economic independence and self-reliance of disabled people. The provision of aids and other devices that promote the mobility of disabled people was also paramount. There was also a clear realisation that entertainment for disabled people and leisure centres also help in their social integration. However, there was no mention of attitudinal barriers and the needed changes in society's responses to disabled people. This despite the fact that during the interviews all respondents were acutely aware of ways in which society's attitudes hamper their integration.

In September 1987, the activities of ASPH were covered in a reportage the same newspaper. The interviews with the director and members of ASPH yielded a different perspective from that of 1982. Perhaps the practical experience during five years alerted ASPH more insistently of the importance of attitudinal barriers. Said one founding member:

ASPH was set up with the belief in the importance of changing the existing situation from the point of view of society towards the disabled person who is described as 'deficient and incapable'.

## BIBLIOGRAPHY

- al-Astal, A., (1991) (Mann Yamid yad al-'awn lilmu'aqin harakiyan fi al Qita'? Mushkila insaniya mustamira tat'talab wujoud markaz da'em aw nadem) 'Who extends a helping hand to the physically disabled in the Strip? A humane and persisting problem that requires the existence of a permanent Centre or Club', al-Bayader al-Siyassi, no.454, July 27, 1991.
- al-Fajar Arabic Newspaper, 29/6/1982.
- Ibid, 28/9/1984.
- Ibid, 29/9/1984.
- Ibid, 27/9/1984.
- Ibid, 23/5/1986.
- Ibid, 22/9/1987
- al-Madani, R., (1991) 'The Society for the blind in the Gaza Strip ', al-Bayader al-Siyassi, no., 432, Jan., pp.51-52. (Arabic)
- Ballantyne, S., (1988) Physiotherapy fact-finding visit, West Bank and Gaza Strip, The Middle East Council of Churches Department of Services to Palestinian Refugees. (Unpublished report)
- Boylan, E., (1991), Women and Disability London: Zed Press Ltd.
- Cock, J. (1989) 'Hidden consequences of state violence: Spinal cord injuries in Soweto, South Africa', Social Science and Medicine, Vol.29, no.10, pp. 1147-1155.
- Darnbrough, A. (1991) 'The disabling effects of war and conflicts'. (Unpublished report)
- Driedger, D., D'Aubin, A. (1991) 'From Artisan to CEO: Women with Disabilities Take on the Global Challenge.', Match News Spring 1991.

Dybwad, R. F., (Ed.) (1986-89) 3rd edition, International Directory of Mental Retardation Resources Brussels: International League of Societies for Persons With Mental Handicap.

Enns, H., D'Aubin, A. ( March 1991) 'Focus on Independent Living' Vox Nostra, Vol.4, no.1, pp.6/13.

Fine, M. and Asch, A., (1988), 'Disability beyond stigma: social interaction, discrimination and activism', Journal of Social Issues, Vol. 44, no.1, pp.3-21.

Finkelstein, V. (1980) Attitudes and Disabled People: Issues for Discussion, Monograph Number Five, New York: World Rehabilitation Fund Inc.

Finkelstein, V. (1984), 'Rehabilitation services in Namibia', In Reclaiming the People's Health Lobstein, T. and The Namibia Support Committee Health Collective, (Eds.), London: AON Publications, Namibia Support Committee.

Giacaman, R., et.al. (1989) Towards the formulation of a rehabilitation policy: Disability in the West Bank. Oct. 1989. (Unpublished report)

Goldin, C., (1990), 'Stigma, biomedical efficacy and institutional control', Social Science and Medicine, Vol. 26, no.6, pp. 577-582.

Groce, N., (1991), 'Traditional folk belief systems and disabilities: An important factor in policy making'. One in Ten Vol.8, Issues 1-4 1989/ Vol.9 Issues 1-2 1991, pp.2-7.

Hentig von, H., (1948), 'Physical disability, mental conflict and social crisis.', Journal of Social Issues, Vol.IV, no.4, pp.21-27.

Hunt, P., (Ed.), (1966) Stigma: The experience of disability, London: Geoffrey Chapman.

- Ibrahim, S.E., (1981) 'Qadiyat al-mu'aqin fi al-watan al-Arabi: Al-malameh wa al-mu'alaja', (The question of the disabled in the Arab World: Features and treatment), al-Mustaqbal al-Arabi, Dec., 1981, 34, pp.37-50. (Arabic).
- Jesudasan, U., (1990), 'Women and disability', Health for the Millions, Feb. 1990, pp. 21-22.
- Meyerson, L. (1948), 'Social action for the disabled', Journal of Social Issues Fall, 1948, Vol.IV, no.4, pp.111-112.
- Miles, M., (1981), 'Public attitudes towards persons with disabilities following IYDP 1981', Pishawar, India. (Unpublished paper)
- Momms, W., Konig, A., (1989) From Community-Based Rehabilitation to Community-Integration Programmes. Experiences and reflections on a new concept of service provision for disabled people International Labour Office, Geneva.
- Moyes, A., (1985), One in Ten. Disability and the Very Poor, Oxford, OXFAM Public Affairs Unit.
- Odeh Salem, M. (1990) 'Stigma and the origin of disability. The case of the Palestinians', Unpublished MA thesis, The University of Manchester.
- O'Toole, B., (1988) 'A community-based rehabilitation programme for pre-school disabled children in Guayana', International Journal of Rehabilitation Research, Vol.11, no.4, pp. 323-334.
- Philips, M., (1990) 'Damaged goods: Oral narratives of the experience of disability in American culture.', Social Science and Medicine, Vol. 30, no.8, pp.849-857.
- Quandil, A., (1990) 'Conference on the potentials and needs of the disabled in the Arab World, Amman, 20-28 Nov.1989', (Mu'tamar qudurat wa 'ihtiyajat al-mu'aqin fi al-watan al-Arabi) (Arabic), al-Mustaqbal al-Arabi, no.135, May 1990.

Safolios-Rothschild, C., (1970) The Sociology and Social Psychology of Disability and Rehabilitation, New York: Random House.

Scheer, J. and Groce, N., (1988) 'Impairment as a human constant: Cross-cultural and historical perspectives on variation.', Journal of Social Issues, Vol. 44, no.1, pp. 23-37.

Williams, S.J., (1989), 'Chronic respiratory illness and disability. A critical review of the psychosocial literature', Social Science and Medicine, Vol. 28, no.8, pp. 791-803.

Zola, I.K., (1985), 'Depictions of disability- metaphor, message, and medium in the media: A research and political agenda', The Social Science Journal, Oct. 1985, Vol.22, no.4, pp. 5-17.

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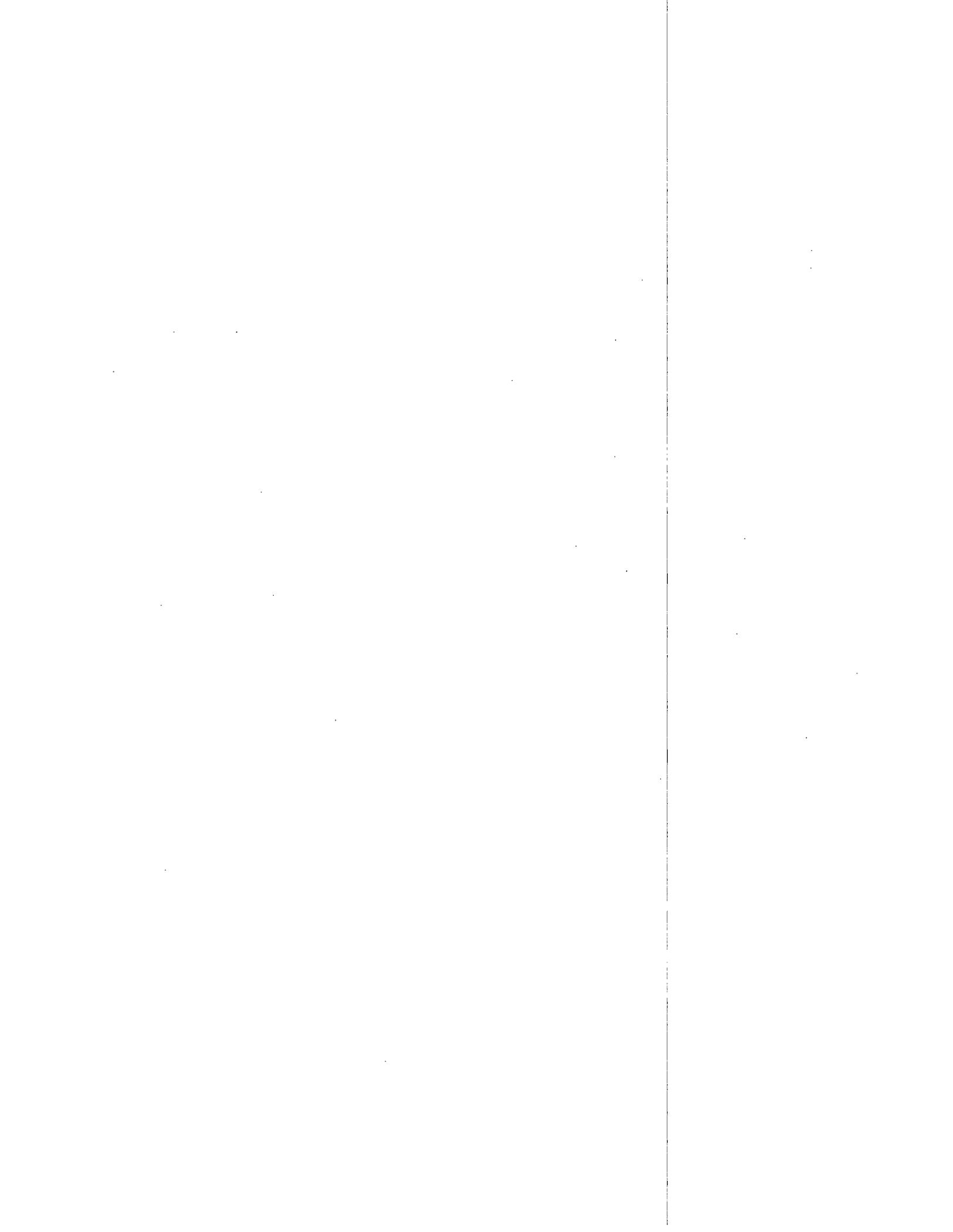
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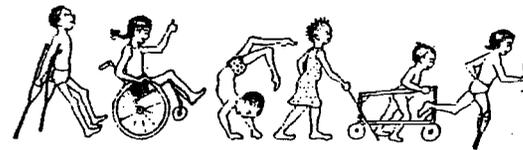




professionals to earn many times the wages of those who produce their food but cannot afford their services. We live on a wealthy planet where most children do not get enough to eat, where half the people have never seen a trained health worker, and where poverty is a major cause of disability and early death. And yet the world's leaders spend 50 billion dollars every 3 weeks on the instruments of war—an amount that could provide primary health care to everyone on earth for an entire year!

Instead of being 'normalized' into such an unkind, unfair, and unreasonable social structure, we disabled persons would do better to join together with all who are treated unfairly, in order to work for a new social order that is kinder, more just, and more sane.

This large book, then, is a small tool in the struggle not only for the liberation of the disabled, but for their solidarity in the larger effort to create a world where more value is placed on being human than on being 'normal'—a world where war and poverty and despair no longer disable the children of today, who are the leaders of tomorrow.



Top-down rehabilitation manuals too often only give orders telling the 'local trainer', family member, and disabled person exactly what they 'must do'. We feel that this is a limiting rather than liberating approach. It encourages people to obediently fit the child into a standard 'rehabilitation plan', instead of creating a plan that fits and frees the child. Again and again we see exercises, lessons, braces, and aids incorrectly, painfully, and often harmfully applied. This is done both by community rehabilitation workers and by professionals, because they have been taught to follow standard instructions or pre-packaged solutions rather than to respond in a flexible and creative way to the needs of the whole child.

In this book we try *not* to tell anyone what they *must* do. Instead we provide information, explanations, suggestions, examples, and ideas. We encourage an imaginative, adventurous, thoughtful, and even playful approach. After all, each disabled child is different and will be helped most by approaches and activities that are lovingly adapted to her specific abilities and needs.

