

Epilogue



Ragnhild Kaata in conversation with Elias Hofgaard

Photo: De Døves Blad 1954

On blindness

Instead of a summary of the book *Legacy of the Past* (1996), this author (Enerstvedt) wishes to emphasize Cutsforth's brilliant comprehension of the consequences of blindness. Cutsforth has a harsh criticism both of psychology and pedagogy and points to the sad consequences of their errors:

"The prevalent psychological belief that the activity of each sense is unitary and separate from the activity of every other sense has added greatly to the educational problems of the blind. The teachers, through an erroneous psychological concept, are compelled to regard the blind pupil as the equivalent of a seeing pupil except that he does not see. They conceive of the child as structurally incomplete, like an automobile engine with one cylinder missing. Therefore education must not only be education, but must also be a remedial therapy that will supply the missing power and also make the car sound as if it were really hitting on all six cylinders. It occurs to but few that a blind child is a complete mental and physical whole, organized to function perfectly upon his level of sensory equipment, with its accompanying restriction of objective activity. He has a five-cylinder engine.

Blind teachers of the blind also commit the same error, for they insist just as rigorously that the pupil acquire the same visual superstructure they themselves have acquired." (Cutsforth 1951, p. 50).¹

Cutsforth is of the opinion that this erroneous comprehension of the acquisition of such a visual superstructure robs the sensory world of a wealth of beauty and appreciation and leaves in its place empty husks of visual meaninglessness. It is also dangerous for personality and social adjustment. The discrediting of a meaningful world by the addition of a visual superstructure in which the blind must dwell but not live produces an injurious attitude towards the self. If this empty visual structure is so much superior to the world of experience, in what a poverty of experience, then, must the blind feel that they are living. The educational situation is briefly this, Cutsforth asserts:

¹ Cutsforth's message is clear. His terms, however, might be confusing, since most people in daily language would speak of 5 (not 6) senses as normal and, according to that, of five cylinders. Thus, a blind person would have a four-cylinder engine. Cf. the short story of H. G. Wells.

"We have not even so much as attempted to educate the blind, for we have been spending all our efforts educating the seeing who cannot see. By charitably giving them what they cannot possibly use, we have robbed them of most of that which they possess." (Cutsforth 1951, p. 51).

The blind education Cutsforth criticizes might be compared to an extreme form of oralism in the history of deaf education. That means spending all our efforts educating the hearing that cannot hear.

On deafness

Although Harlan Lane has an interpretation of history very different from the author's he has a major point, or points to a crucial and general problem, when looking at *deaf* history in two basic models: For over a century, he states, our nation (R.Th.E.: US) has sought to address the social problems of deafness with a model that pathologizes all consequences of deafness, tidily placing the blame for the ills of the deaf on a cruel nature. This is the *pathological model*, with the aim of conferring speech or restoring speech to the deaf (Lane 1984, pp. 2-4). It is also at least partly true that this model is a model constructed by hearing people and that there has been a deaf community with another model: The deaf community itself has historically spurned this pathological model of its situation, favouring instead a *social model*. Deaf signers have seen themselves not as deficient but as different, the difference consisting not of their hearing loss but their ostracized language, a language that has been actively banished for over a century by the hearing establishment concerned with the deaf (Lane 1984, p. 2).

Lane points to something both very real and very wrong: There is a tendency among hearing people to act as the guardians, the protectors, and the superiors of deaf people. Hearing people thus unquestioningly grant themselves the authorization to interpret the needs and longings of people without hearing.

In the history of segregated schools for deaf there is a common ground for both the pathological model and for the social model: Both models stipulate the need for segregated schools for deaf children. However, the two models comprehend such schools very differently. According to the pathological model such a school means special education. As a consequence, the goal in the pathological model is assimilation of deaf people. Oralism could be viewed as the policy of assimilation. When deaf people had learned to speak they were "cured." When deaf people speak, they are normal. Although it appears to be a contradiction, the example of oralism demonstrates the close link between the pathological model and the ideology of assimilation. The pathological model might be identical to a policy of segregation, however: The whole idea of "treatment," of "curing" is the transformation of the diseased to healthy normal persons.

Contrary to this goal, the goal of the social model stressing a genuine deaf culture is integration of the deaf community in society. According to the social model, deaf children do not need special education, they need rather education in their own language. Just as you would not call the Spanish school of a Spanish minority "special education" in a country with an English speaking minority, neither is a deaf school special education. It is said about special

education that its error lies in the fact that it is neither special nor education. Considering "special schools" compared to "normal schools", a deaf leader in Norway said that "deaf schools are normal for the deaf".

Although Lane's models have existed in history, they are extremes. There were always positions in between. Not only was (is) the tradition from L'Épée flourishing in varieties of manual signing of the phonetically (orally) based languages. Also positions emphasizing the advantage of combining both the acquisition of one or other form of orally based linguistic structures (speech and/or manual alphabets) and the acquisition of the indigenous language of the deaf have existed throughout history.

At the beginning of the nineteenth century signing among deaf people was promoted in many schools around the world. However, the latter part of the nineteenth century seems to have provided the real breakthrough for the pathological model. Signing was opposed and oralism grew consecutively stronger all over the world (i.e. "the world" for Europeans and US-Americans: Europe and the United States). In her thought-provoking paper Marte Feiring demonstrates how the physicians in Norway gradually began to play the leading role regarding the schools for "abnormals". The physicians redefined "the blind", "the deaf" and "the feeble-minded" as diseased people (Feiring 1994, p. 21).

Thus, the pathological model, the emergence and foundation of the medical profession, the era of the physicians, oralism, and the policy of assimilation, go hand-in-hand.

On the other hand, when reading Harlan Lane, one might get the impression that this development is identical with the great fall of man: Concerning deaf people, it is the development from respecting and valuing deaf culture and signing to regarding deaf people as diseased, impaired, and handicapped.

This author (Enerstvedt) looks back on history in a very different perspective. If the development can be characterized as passing from a cultural model (social model) to a pathological model, cultural really was regarded as sub-cultural, and sub- in its most prejudiced meaning. In general, this development should rather be described as the path from the main (although not the only) view that all deviants are miserable, helpless, useless, evil, obsessed and cursed, idiots or abnormals with no possibilities of being integrated in society to the view - the pathological model - that they can be cured. Thus, historically the pathological model represents huge progress, the opposite of the fall of man. Over centuries it is the transformation from madness to mental illness, from dumbness (as stupidity) to hearing impairment. In large parts of the world, the transformation to, and, victory of, the pathological model still would represent great progress.

On deaf-blindness

Great educators of deaf-blind people, such as Vinterhøj and van Dijk, were aware of the big risk of additional impairments when a child was born deaf and blind (or severely hearing and visually impaired). Additional impairments are seen as a major problem in Vinterhøj's "The Linguistic Development of the Multi-Handicapped" (Vinterhøj 1988). However, in education and care the consequences, especially of brain dysfunction, were scarcely taken into consideration. The last half of the twentieth century was a time of "educational optimism" in Europe and the US. At present, there is a will to re-evaluate the educational results achieved during this period. Wisdom is always belated wisdom.

Also in Russia the question of congenital deaf-blindness is raised (Sirotkin, Shakenova 1991). The former education of deaf-blind persons is criticized. The criticism is partly based on a principal criticism of the theory of human activity (Leontjev, Vygotsky). The validity and productivity of that criticism can be doubted. However, their empirical criticism should be taken very seriously. They assert that the developmental pattern of congenitally deaf-blind persons was used by Sokolyansky/Meshcheryakov "for analysis of other groups of the deafblind, even those who became deafblind later in life and preserved their speech." (Sirotkin, Shakenova 1991, p. 14).

Sirotkin and Shakenova assert that there are very few totally and congenitally deaf-blind persons and, "according to contemporary research data, they usually have some congenital cerebral diseases so that their education is hardly possible (that was, by the way, the opinion of Sokoliansky and Meshcheryakov themselves)." (Sirotkin, Shakenova 1991, p. 15).

Sirotkin and Shakenova also point to the fact that the "successes" were not congenitally but adventitiously deaf-blind persons with a high mental and linguistic level before the onset of deaf-blindness (Sirotkin, Shakenova 1991, p. 14).

However, already more than 30 years ago, Nan Robbins referred to such facts (cf. above) and understood that the crucial point was not the onset of the impairment per se but whether the cause led to neurological impairments in addition to the peripheral ones, i.e. to brain dysfunctions connected with the intellectual functions.

On the other hand the question of neurological dysfunctions does coincide with the question of the onset of impairment. The new "generation" of deaf-blind people are the congenitally and adventitiously pre-lingual deaf-blind. The question should be raised:

Do the congenitally deaf-blind and the post-lingual deaf-blind belong to the same population?

Normalization - the future for people who have an impairment?

In Norway a step in the direction of "normalization" was taken in 1915, at which time the term "abnorm" (abnormal) was removed from official documents. In the same year, the Act of the School for the Abnormals ("Abnormskolen") was replaced with the "Act for the Deaf, Blind and Mentally Retarded" (Feiring 1994, p. 18).

The ideology of normalization, mostly developed and discussed in relation to people with a mental retardation, has in Norway developed into a general ideology. This is also considered to be the best for other groups, such as people with a mental illness, blind people, deaf people, children with problems in their behaviour, etc. As a policy it has been implemented for many groups: institutions as well as special schools have been closed. Deaf people therefore, had to fight for their special schools. They fought, and so their schools remain.

The cultural concept of normality does not say that all people are healthy, it implies that something is a normal way of life in a culture and that all people should take part in this way of life, e.g.

- go to a school where all other children go
- have an economical standard equivalent to that of most other people
- have choices in what to buy, where to travel, etc.
- have contact with the other sex as most people
- live in an apartment like other people, etc.

The policy consistent with the ideology of normalization is the policy of deinstitutionalization.

The policy of normalization, then, is the main policy towards deviant people in Norway. The policy, however, is not unequivocal for several reasons. One of them is already mentioned: The resistance from some of its target groups.

Is not, then, the principle of normalization the best one if the goal is a life of dignity for all human beings?

That might be debatable.

Historically, the process of normalization is progress, but as every progress, it is equivocal and ambiguous.

If we look at the list above indicating a normal life, this is so far from reality for most congenitally deaf-blind persons that its implementation can only be an ideology in the bad sense of the term, - it is a way of thinking which promotes false consciousness, "falsches Bewußtsein", concealing the real life of congenitally deaf-blind people. A common factor for many persons with grave impairments is that there are few of them in each municipality, e.g. one deaf-blind person. It is obvious that the municipalities alone cannot provide the necessary services. If more deaf-blind persons could be given assistance together it would be possible to give an education, health service, sociality, etc.

on the highest level adapted to the group. For very many people with multi-impairments we could say the same as for deaf-blind people. Most of the large old institutions were bad in any context, but to abandon the idea that a large setting sometimes might offer the best service to some people - best education, best health service, best social life - is not to throw out the baby with the bath water. It is to throw out the bath water with the baby. It is the Sartresian "bad faith". Such an anti-institutional policy might pose a grave threat to the education and health of many people. Many examples could be given from the new so-called "homes" of people with grave multi-impairments or for people with behaviour problems. A social worker asked the head of one such home: "Where are the fire instructions?" (The instructions in case of fire, usually a poster on the wall.) The answer was: "Have you ever seen such a fire instruction in a private home?" Now then, people with multi-impairments have the same potential right as every other person to be a fire victim. Another example: "Can I lock Rolf's door whilst I put the clothes on another person, Rolf runs into the streets when left alone?" The answer was no, it was not permitted to lock doors. So now Rolf has the same right as every one of us to be run over.

Although the stated goal in the ideology of normalization is supposedly a life of dignity, a better quality of life, one can also ask: What are the economic functions of this policy? The state no longer has responsibility and can thus reduce its costs, the same is valid for the counties, while the municipalities often have a poor economy. It is therefore no surprise that the ideology of the blessings of life in the private family is again in the forefront.

The experience from the United States demonstrates that a system of private health services is more expensive for society than a public system. The question, however, is not simply that of cost. The question is: Who is going to pay?

More and more often, the core of this ideology manifests itself and promotes the myth that the best life for every child is at home, together with mother and father, and not in residential schools and institutions. Relations based on blood are best since blood is thicker than water. The responsibility for raising children is private, as is the responsibility for all private property. Some parents have bad luck getting an impaired child just as some people suffer losses in the stock market. Not everyone can win in the lottery of life.

But aren't we back again, then, where we started some hundred years ago?

Is there a long world-wide tendency of normalization in history going from the non-existence and then extermination of deviant people to the isolation of them, to the private and hidden care and, for very few deviant people, also some education? Did the path further lead (from isolation) to segregation, to the hidden but public care and education in large public special schools and

institutions? Did it go from segregation to the present tendency of a public and municipal education and care in normal schools, small "homes"? And are we finally witnessing a return to isolation: to the private and hidden care, education, responsibility? The step from the municipality level to the private level is not far.

The ongoing normalization policy can be labelled a policy of assimilation.. This could be viewed as something quite different from the policy of integration. There is only one good argument for a total assimilation in a society: it is good for people living on the sunny side of the street to be confronted with real life, to meet and be together with people who have moderate or serious impairments. For many people who have grave impairments, however, the policy of assimilation is a tragedy.

The major point, however, is that the policy of normalization in the assimilation version is a policy that most likely will end as privatization: The irony of real life is that when all of us are normal, i.e. when the policy of normalization has achieved victory, "abnormality" will no longer be permitted. Some of us then will once again be put out of sight, hidden in a few families that will bear the cross for all of us.

Integration, on the other hand, would have the perspective of paving the way to a real socialization process. The policy of integration is a policy based on the characteristics of different persons and groups. It takes seriously the fact that human beings are not only equals, they are also unequal with specific needs.

The policy of normalization was promoted by the victorious path of Christianity in Medieval Europe. It was followed up by the movement of Enlightenment (cf. Diderot and the blind people) representing the forerunners of a new society: the capitalist one. It was taken further by the struggle of the working class for a new socialist society, a society characterized by "the equality of human beings". It was turned into an ideology in a society based on neoliberalist conceptions of the private capitalist market. The equality of the normalization process has become the same as the "principle of equality" of the bourgeoisie justice that forbids the poor and the rich to steal bread and to sleep under bridges. The "de-centralization" of health services, of special education, etc. - the process of normalization - corresponds to the real process of capitalist privatization, of selling out state-owned property, which is a tendency in Scandinavia and other highly developed capitalist countries.

The triumph of the policy of normalization reflects the triumph of capitalism at the end of the twentieth century.

The new language is *lingua capitalismi triumphantis*.

The principle of inequality

The author's research, his working with and living together with people who have varied impairments, has convinced him that they are a very heterogeneous group, in fact, the most essential characteristic they have in common is that they are even more unique than other people who also are unique personalities - a statement by a mother of a young deaf-blind man.² It is not difficult to see that the statement above expresses a logical contradiction in speaking of them as more unique. However, it is the antinomy of real life. This antinomy is a general antinomy.

Human beings are equal.

All human beings are - de facto - human beings. This statement is not trivial, not a truism. Throughout most of the history of mankind as a species this statement was seldom accepted. Women were not fully accepted, neither were slaves. People who had impairments were often exterminated, not even regarded as human. The following statement is basic:

All human beings - women, men, Asians, Caucasians, manual workers, intellectual workers, deaf people, blind people, deaf-blind people, people with grave brain dysfunctions, mentally ill people, etc., etc. - have physiologic and mental characteristics which are specific to human beings.

When will we unreservedly accept the equality of all human beings, be they individuals or groups?

The discussion of the pathological model and the social model demonstrates the need for new models necessary in the study of blind people, deaf people, and deaf-blind people. A comprehension that goes beyond both models is needed. In Enerstvedt (1995) such a comprehension was called "the model of inequality". However, this is not a model of the same kind as the pathological model and the social model. It is a principle. Based on the principle of inequality we would understand some people according to the glasses of the pathological model. Some people have a disease, for example, pneumonia, tuberculosis, etc., and can be cured. We would understand some people according to the glasses of the social model. Some people constitute a minority with their own language in a majority using a different language. Neither of these models, however, would be appropriate in the comprehension (and self-comprehension) of blind people, deaf people, or deaf-blind people, and consequently they should not be adopted.

² His multi-sensory impairment was due to the Rubella virus.

Human beings are unequal.

Deaf people, for example, have their indigenous culture in a signing community. However, adopting Cutsforth's metaphor, a deaf child has one cylinder less than hearing people. This, whether we like it or not, is an impairment of the perceptive possibilities. The latter could be asserted for a blind child, and a deaf-blind child has two cylinders less than a child with vision and hearing. Thus, new models, or new comprehensions have to be developed for every special group or individual because every group and every individual is special. Every human being, therefore, needs special education. There should be only one science and one practice of education based on the principle of inequality, of uniqueness, with the means of a learning and teaching strategy adapted to the unique needs, interests, and conditions of every child, of every unique group, with the goal of contributing to the development of the person, the personality.

The deaf community, for example, is unequal to all other communities, it is unique - as is any other community. The deaf person is unique - as is any other person. However, as in any other community or any other person, the characteristic, the peculiarity, the uniqueness does not merely contain one aspect, but the totality of properties. The deaf community, the deaf person, has an indigenous and unique language. However, an additional characteristic is that we are dealing with a community of persons that cannot hear. It is as simple as that.

Our goal concerning deaf people, blind people, and deaf-blind people, should not be that of assimilation, but that of integration. Concerning deaf people, for example, this means acceptance, support and favouring of deaf communities, of deaf culture in a multi-cultural society; it means acceptance, support and favouring of bilingualism, of sign language, speech and literacy.

The principle of inequality, here briefly outlined and exemplified for blind, deaf and deaf-blind education, is a model suitable for all education.

The inequality, the uniqueness, the characteristics and the peculiarities of every group should include recognition of not only what is conceived of as positive and attainable, but should also include recognition of the inherent limitations. There was a time when men's properties were designated as being only positive, men being, for example, "intelligent", etc. Conversely, the properties of women were presented as inferior to those of men. The roles were then reversed: Some feminists claimed that all properties of women were "good", while all properties of men were "bad".

When will we unreservedly accept the inequality and the uniqueness of all human beings, be they individuals or groups?

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