

MOULIN D'ANDÉ, 19, 20, 21 MAI 2023
QUELLES MODÉLISATIONS POUR LE CORPS SOCIAL ?

**QUELS MODÈLES POUR L'INCLUSION
DES PERSONNES HANDICAPÉES ?**

Patrick FARFAL



WOSC, Moscow 2021, SEPTEMBER 27-30
Section 2.3

DISABILITY AS A SYSTEM MODEL IN SOCIAL SCIENCES

ROLE OF A 2-D VISUALIZATION

Patrick FARFAL

AFSCET

“Association Française de Science des Systèmes
Cybernétiques, Cognitifs Et Techniques”
www.afscet.asso.fr

Corps

Groupe formant un ensemble organisé sur le plan des institutions

Social

Relatif à un groupe d'individus, conçus comme une réalité distincte

(Le Robert)

Corps social

Groupe humain vivant dans une même société

(Wiktionnaire)

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- ❑ **Complexity: the “Disability System” – Interactions**
- ❑ **Disability Models: “attributes” – based**
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Personnes handicapées ?

Malvoyante

Paraplégique

Allergique à la farine

Traumatisée crânienne

Alcoolique

Trisomique 21

Daltonienne

Diabétique

Schizophrène

Épileptique

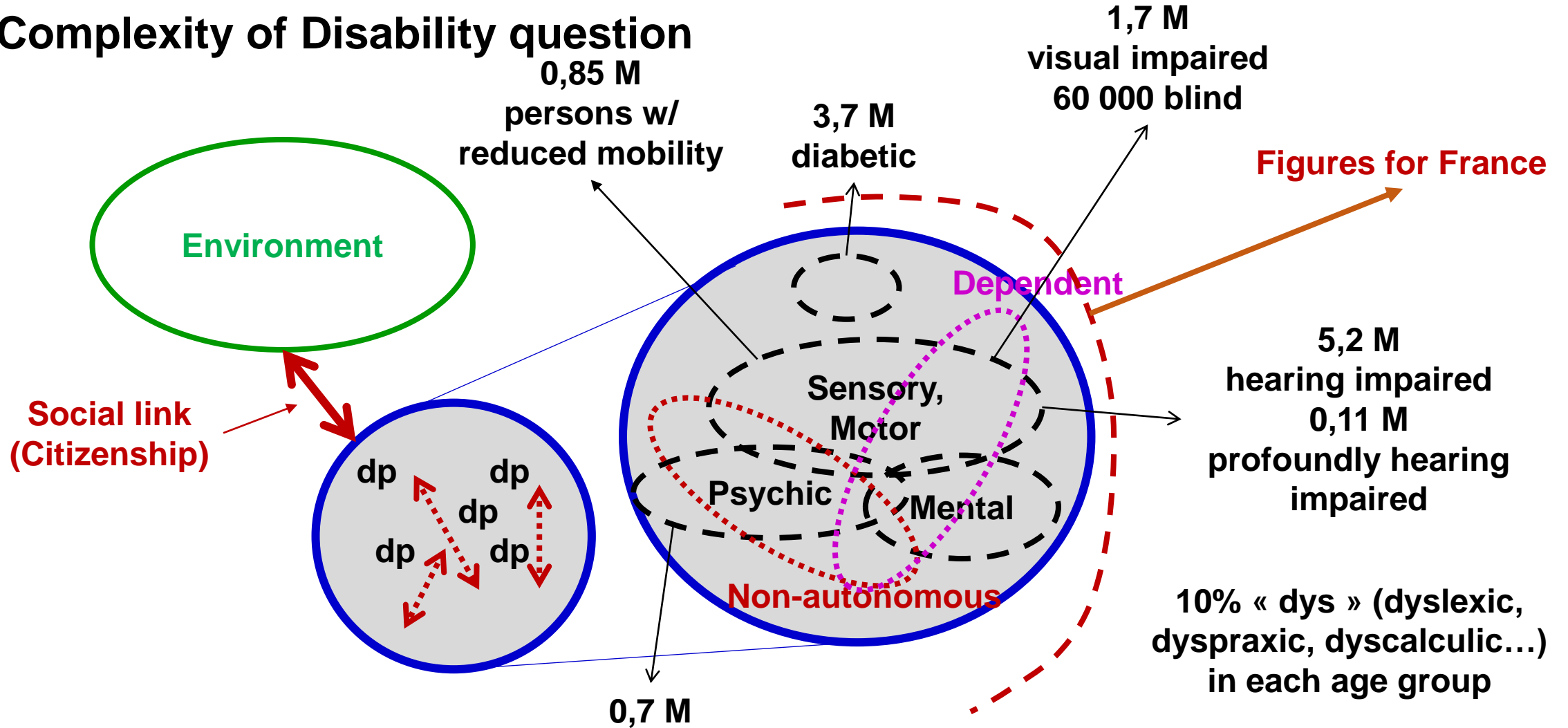
Souffrant de lombalgie

Complexity of Disability question

□ High number of people with disabilities

- ~ 5 M (strictly speaking) disabled people in France - 1,8 M w/ serious disability
- 80 M p. in Europe
- 15 % of world population (> 1 Bn) in 2010, 10 % in the 70's

Complexity of Disability question



Interactions between dp (disabled people)

- Gathering of deaf people in companies (communication through sign language)
- Peer-counseling (transfer of experience by autonomous dp to ones looking for greater autonomy)
- ...

☞ Disability is far from being marginal!

Le Handicap

❑ Loi du 11 février 2005 [*]

« **Art. L. 114. - Constitue un handicap, au sens de la présente loi, toute limitation d'activité ou restriction de participation à la vie en société subie dans son environnement par une personne en raison d'une altération substantielle, durable ou définitive d'une ou plusieurs fonctions physiques, sensorielles, mentales, cognitives ou psychiques, d'un polyhandicap ou d'un trouble de santé invalidant. »**



[*] On retrouve la même définition dans *International Classification of Functioning, Disability and Health (ICF)*, World Health Organisation

Complexity of Disability question

❑ Inflation of bodies in charge of disability [*]: “Institutional jungle” [**]

- Private & public sectors, associations
- Care & cure centers, financial bodies

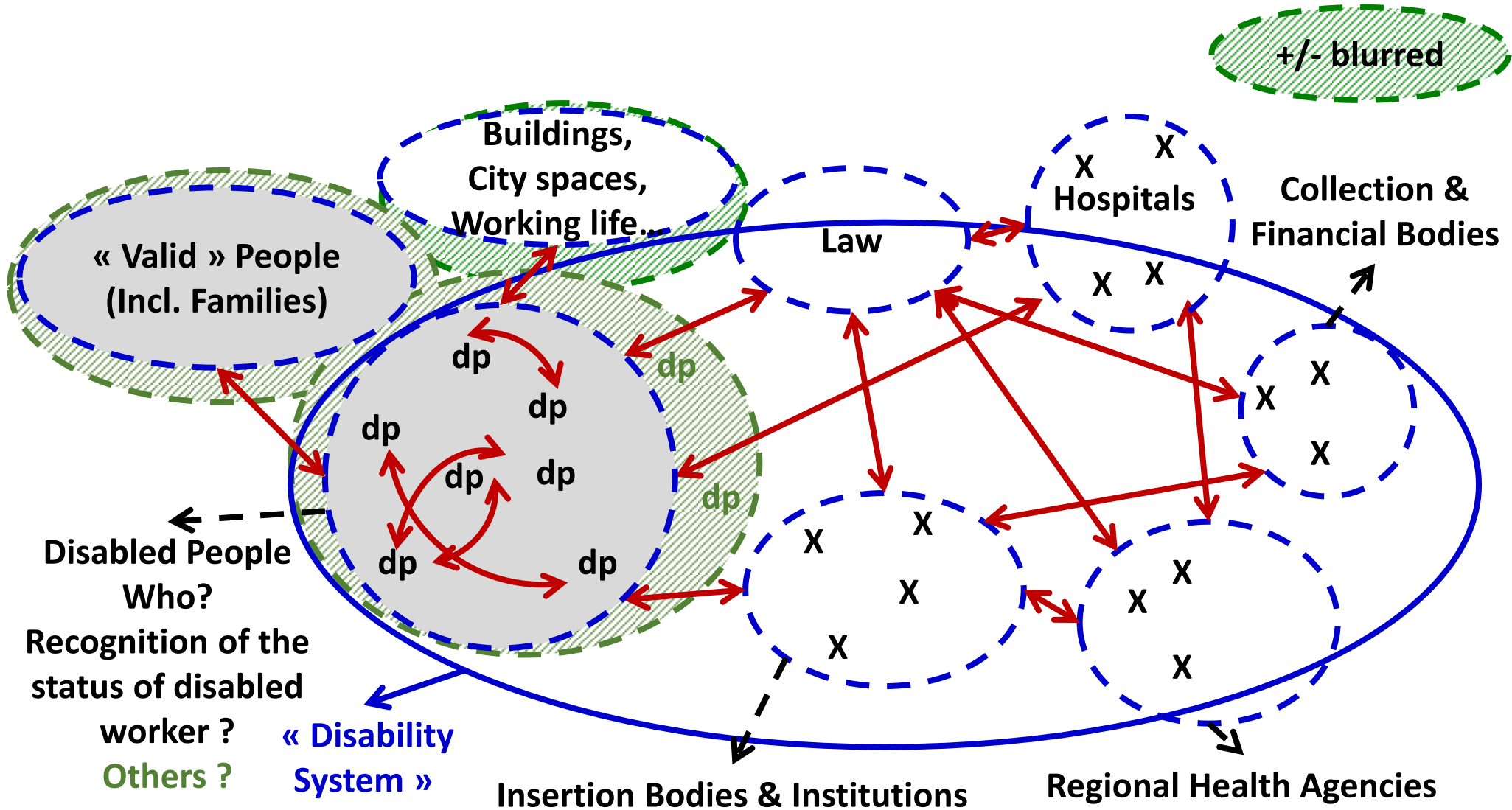
Dedicated bodies & associations in France:



[*] at least in France

[**] « *le maquis institutionnel* »

Complexity: the “Disability System” - Interactions



Complexity: the “Disability System” - Interactions

□ Interactions (cont'd) – Links

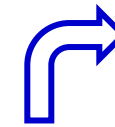
- Essentially social link
- Disability = interaction between **personal** and **environmental** factors



□ *Systemic* Loops

- « Positive » (blocking, vicious)
 - Exclusion

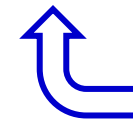
reduced participation in decision-makings, deprivation of civic and political rights



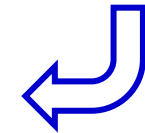
social exclusion, shame



deprivation of opportunities in social, economic, human development



lack of social, economic, cultural rights



- « Negative » (stabilizing, virtuous)

- Compensation: sensory or motor aid, desk fitting out, acces to buildings, offices, transport, communications
- School aids (support to children)
- Changing the attention

Disability Models: “attributes” - based

□ Individual Models of Disability

- No use of limbs
- In a wheelchair
- Deaf and/or blind
- In crisis
- Not able to work/to move around
- Uncommunicative and aggressive
- Constant need for aid

☞ **The disabled person is the problem**

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☞ **The disabled person is the problem**

□ Social Model of Disability

- Buildings unsuitable
- Transports inaccessible
- City spaces out of reach
- Discrimination in education
- Few employment possibilities
- Incomes modest
- Families isolated
- Segregative attitudes
- Large number of prejudices

☞ **Society (the Environment) is the problem (*Spirit of the 2005 French law*)**

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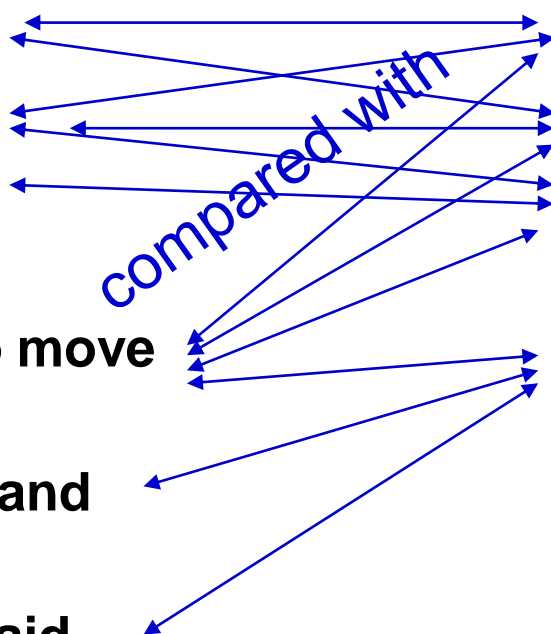
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compared with



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The disabled person is the problem

The way in which the Person is viewed determines the Model

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Social Model of Disability

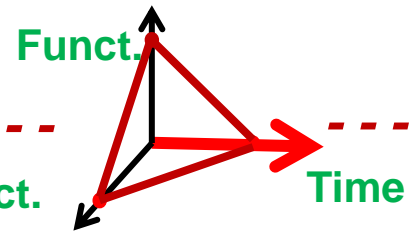
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compared with

The way in which the Person is viewed determines the Model

The disabled person is the problem

From Antiquity (punishment by gods) ----- to social model of disability (slow and recent evolution)



Disability Models: “attributes” - based

□ Individual Model of Disability

➤ Charity Model

- Takes a compassionate look at people w/ disabilities
- Appeals to generosity

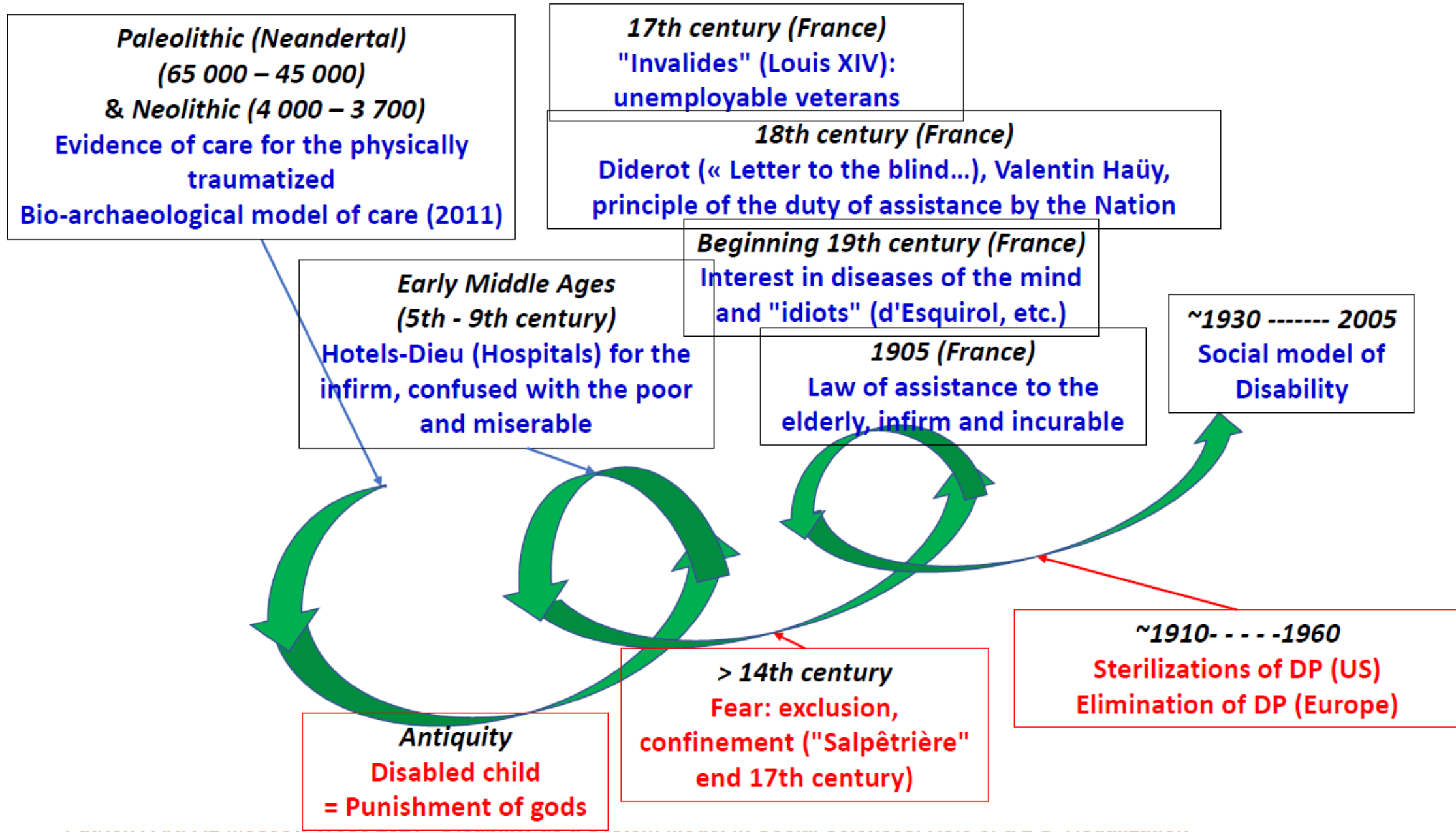
➤ Medical Model

- Fixes what is broken
- Restores normal functioning

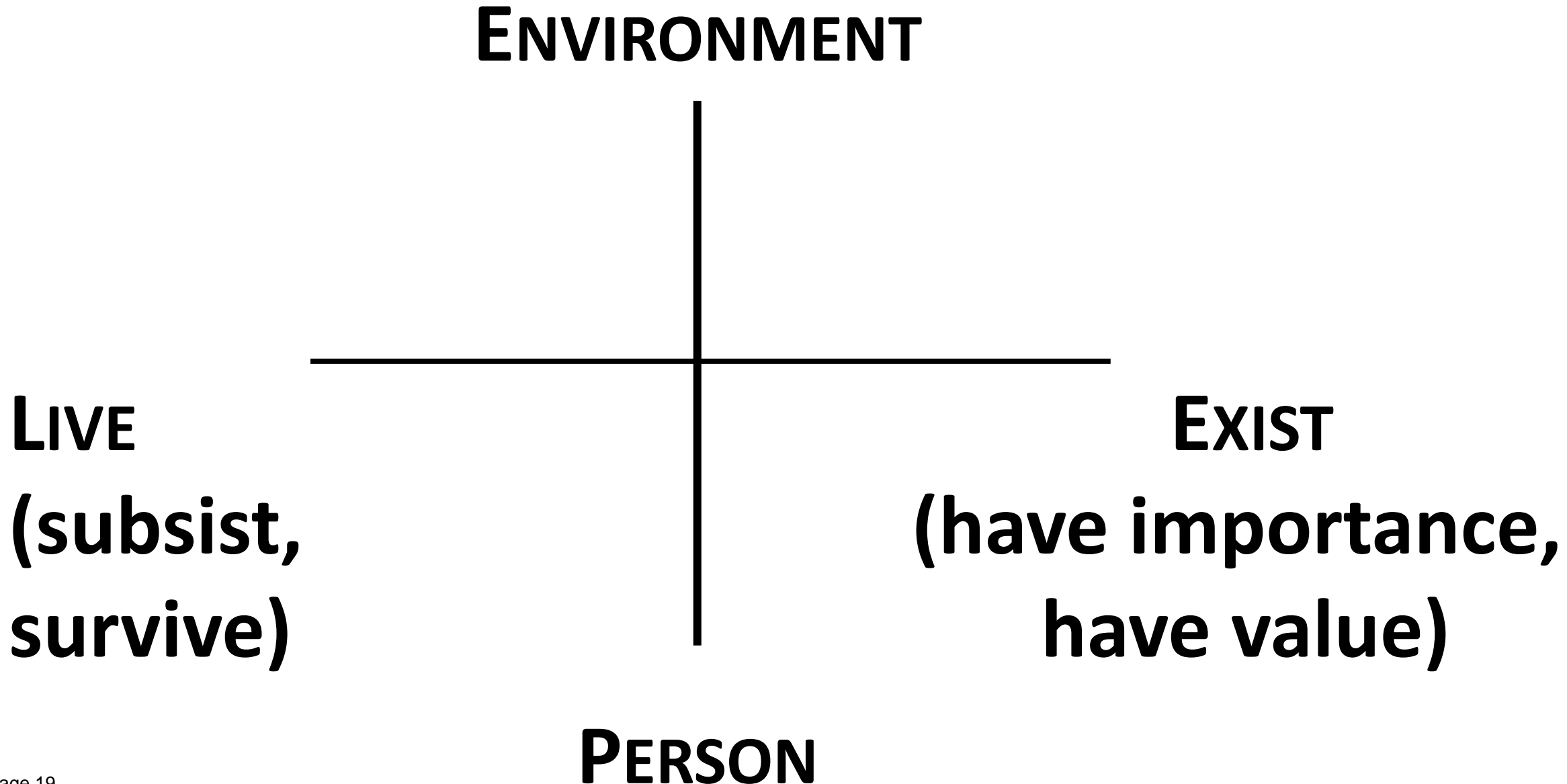
□ Social Model of Disability

- Aims at eliminating barriers that prevent the full participation of disabled persons to satisfactory personal and professional lives
- Without refusing to consider medical & medico-social aspects

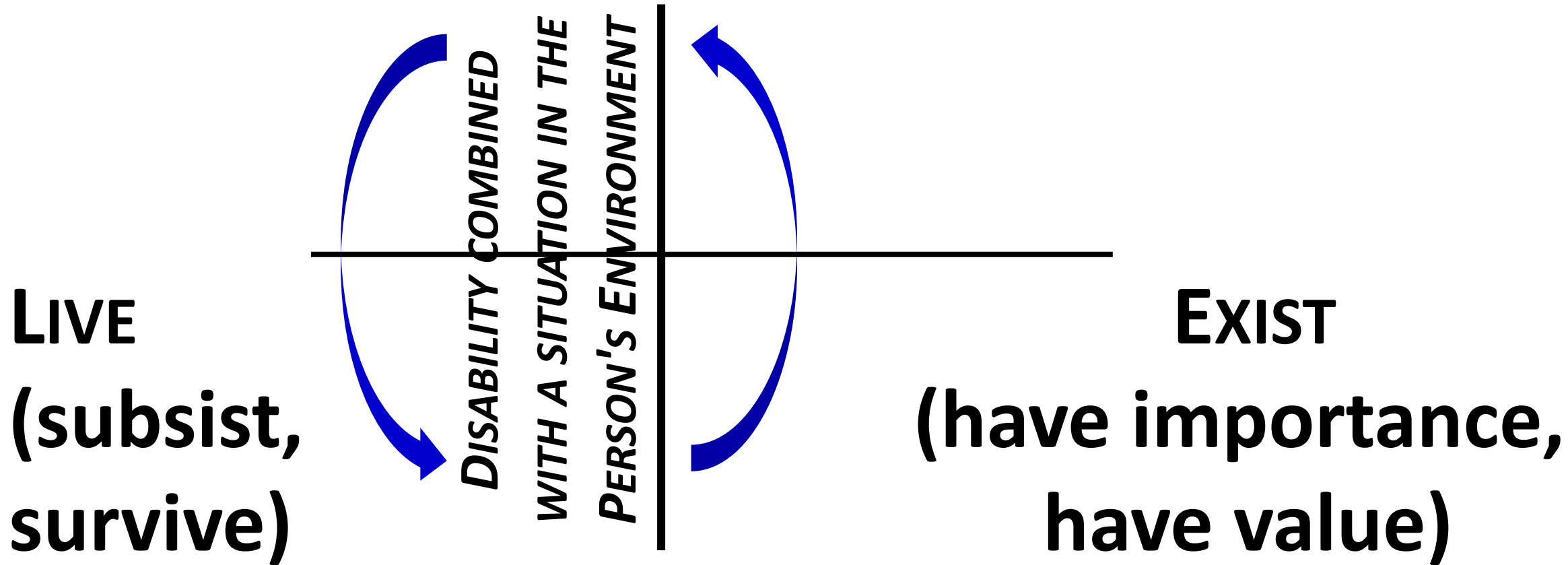
Disability Models: "attributes" - based

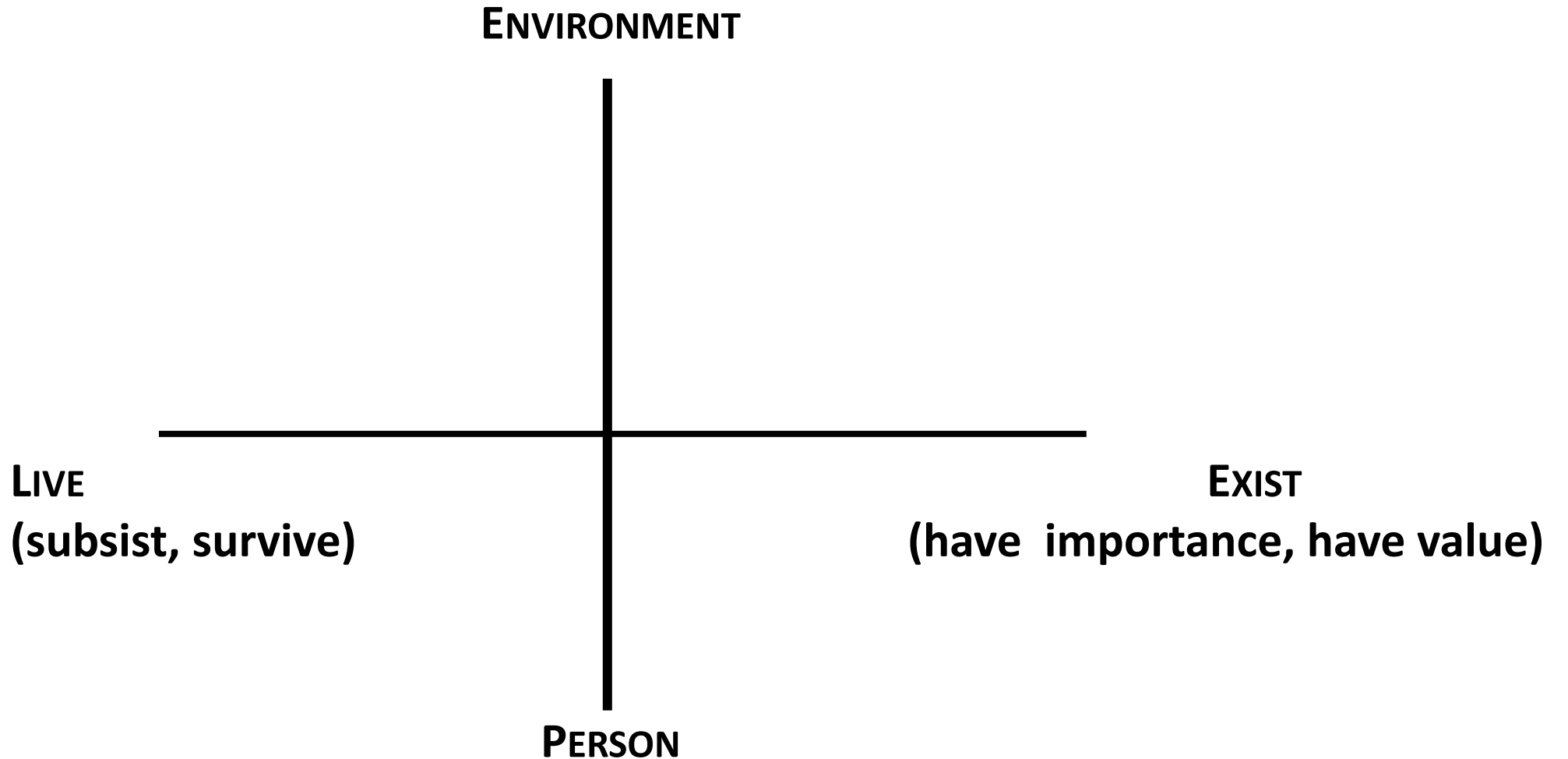


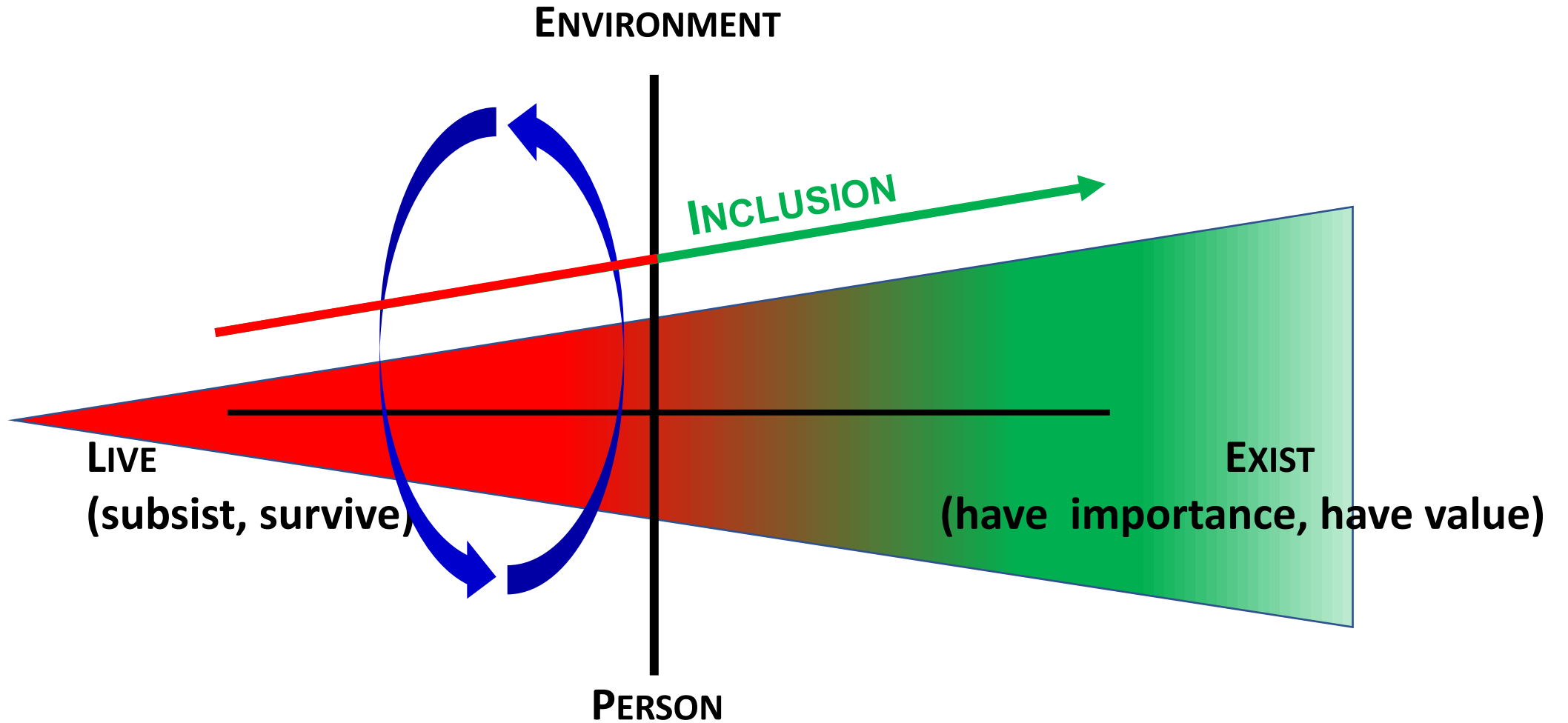
Disability Model: 2-D Visualization



ENVIRONMENT







ENVIRONMENT

**Non-adapted Buildings
Out-of-reach Living spaces
Inaccessible Transportation,
Discrimination in Education,
Few Employment opportunities,
Segregated Attitudes,
Many Prejudices
ETC.**

LIVE

EXIST

PERSON

**Sensor & Motor Disabilities
Mental & Psychic Disabilities
Low Incomes
Isolated Families**

ENVIRONMENT

Non-adapted Buildings
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LIVE

EXIST

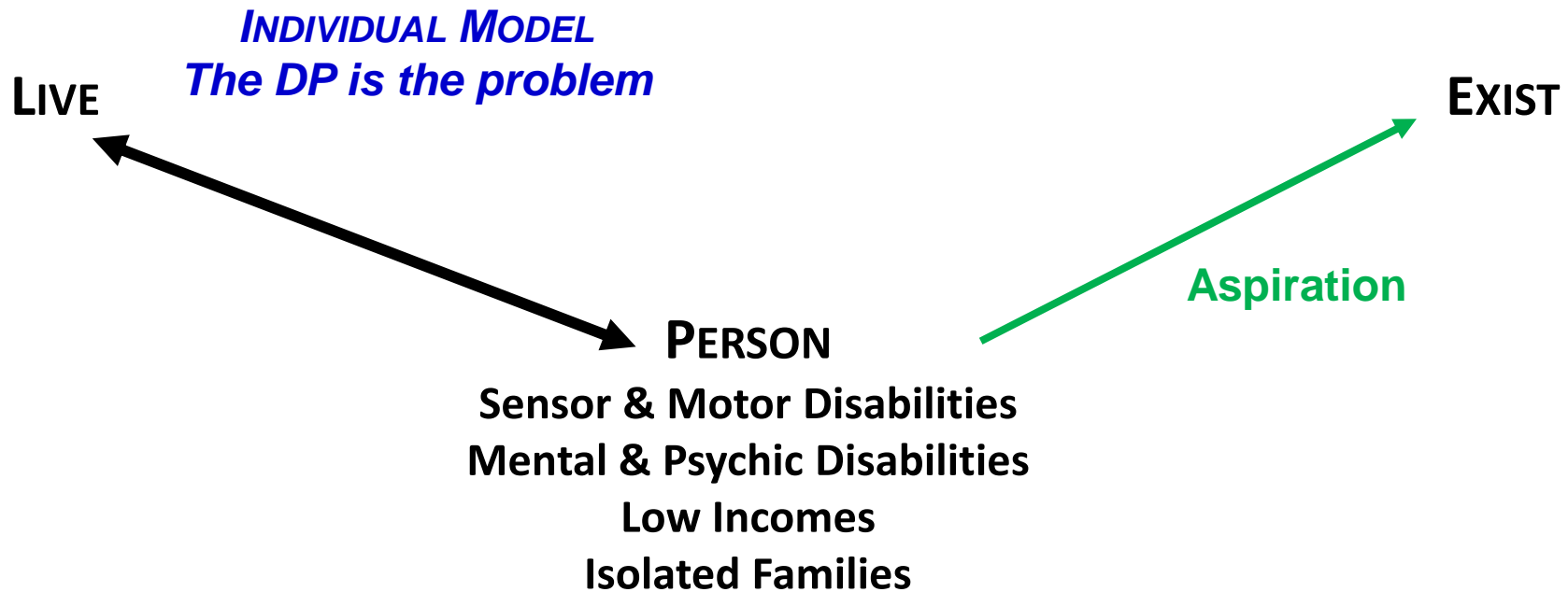
PERSON

Sensor & Motor Disabilities
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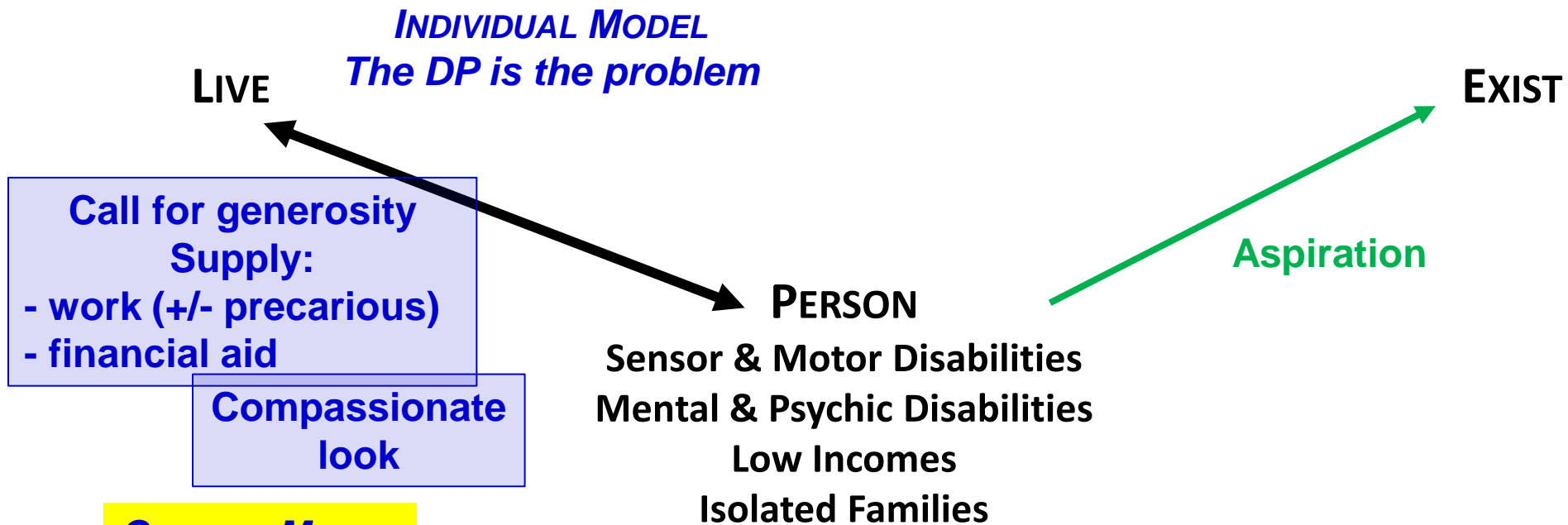


Aspiration

ENVIRONMENT
Non-adapted Buildings
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CHARITY MODEL

ENVIRONMENT

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LIVE

INDIVIDUAL MODEL
The DP is the problem

?

EXIST

Call for generosity
Supply:
- work (+/- precarious)
- financial aid

Compassionate
look

PERSON

Sensor & Motor Disabilities
Mental & Psychic Disabilities
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Aspiration

CHARITY MODEL

ENVIRONMENT
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INDIVIDUAL MODEL
The DP is the problem

LIVE

Aids (Compensation)
- wheelchairs
- guide dogs
- visual and hearing aids
- Braille computers
- medication
...

Clinical view
(compassionate?)

PERSON

Sensor & Motor Disabilities
Mental & Psychic Disabilities
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Aspiration

EXIST

ENVIRONMENT
 Non-adapted Buildings
 Out-of-reach Living spaces
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 Many Prejudices
 ETC.

**Partial
 Compensation**

INDIVIDUAL MODEL
The DP is the problem

**Partial
 Contribution**

LIVE

EXIST

- Aids (Compensation)**
- wheelchairs
 - guide dogs
 - visual and hearing aids
 - Braille computers
 - medication
 - ...

**Clinical view
 (compassionate?)**

PERSON

- Sensor & Motor Disabilities
- Mental & Psychic Disabilities
- Low Incomes
- Isolated Families

Aspiration

MEDICAL MODEL

ENVIRONMENT

Non-adapted Buildings
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ETC.

LIVE

EXIST

PERSON

Sensor & Motor Disabilities
Mental & Psychic Disabilities
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Aspiration

SOCIAL MODEL

Environment is the problem

ENVIRONMENT
Non-adapted Buildings
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LIVE

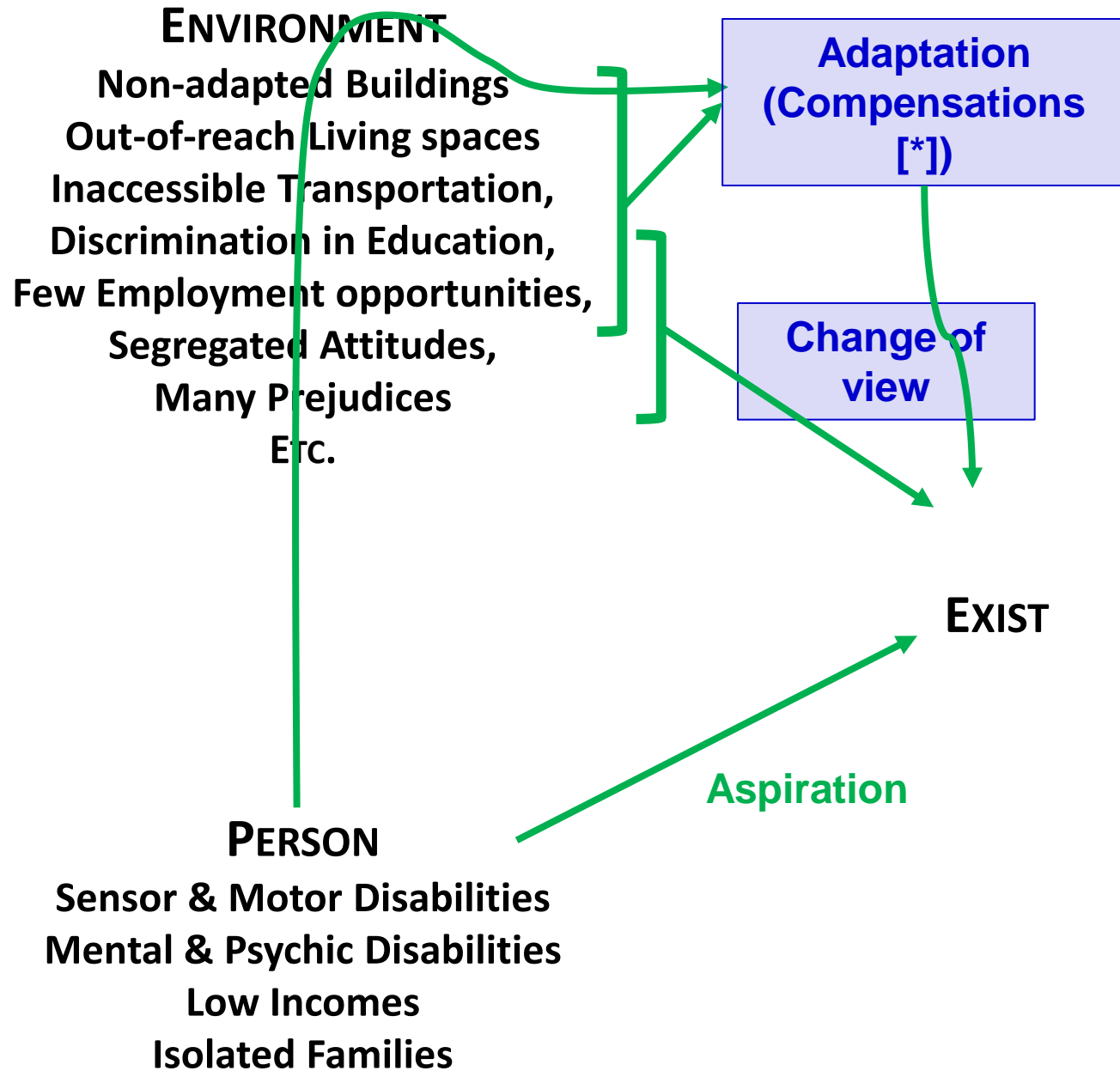
EXIST

PERSON
Sensor & Motor Disabilities
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SOCIAL MODEL

Environment is the problem



[*]
Accessible buildings
Adapted offices
(telephone, computers...)
Bus, Trains platforms
Inclusive schools,
School life assistants

Conclusion

- ❑ Extreme complexity of Disability ⇒ System approach
- ❑ Work within that System needs Models (“buildings in one’s mind”)
- ❑ Models based upon “attributes” (judgements) of Disabled People and Environment can be established
 - Result in linear diagrams unsatisfactory (even chronological)
- ❑ Better understanding of how the Models fulfill the aspirations of Disabled People lies in a 2-D representation

PERSON – ENVIRONMENT VS LIVE – EXIST
- ❑ 2-D Visualization can be used in other fields of social sciences

La vie n'est pas un long fleuve tranquille...

Il faut laisser du temps au temps...

« *L'esprit humain avance toujours, mais en ligne spirale.* »

Goethe, cité par Madame de Staël, *De l'Allemagne*

« *... il reste que, même au regard du simple biologiste, rien ne ressemble autant que l'épopée humaine à un chemin de la Croix.* »

Pierre Teilhard de Chardin, *Le Phénomène humain*

MERCI DE VOTRE ATTENTION

спасибо за ваше внимание

Handicap : Dans le cadre d'un troc de biens entre deux personnes, il fallait rétablir une égalité de valeur entre ce qui était donné et ce qui était reçu : ainsi celui qui recevait un objet d'une valeur supérieure devait **mettre dans un chapeau une somme d'argent pour rétablir l'équité**. L'expression s'est progressivement transformée en mot puis appliquée au domaine sportif (courses de chevaux notamment) au XVIII^e siècle. En sport, un *handicap* correspondait à la volonté de donner autant de chances à tous les concurrents en imposant des difficultés supplémentaires aux meilleurs. (Wikipedia)

handicap, attesté depuis 1754 comme terme désignant des courses de chevaux qui, à l'origine, étaient organisées sur le modèle d'un jeu dans lequel on proposait des sommes destinées à égaliser la valeur d'objets d'échange et où la mise était déposée dans une coiffure, ***handicap... sans doute une contraction de hand in the cap*** (CNTRL)

« course dans laquelle on égalise les chances des concurrents en répartissant des désavantages proportionnés à la force des chevaux » (CNRTL)

« moyen par lequel on désavantage des concurrents pour égaliser les chances de tous » : ***handicap de poids*** (CNRTL)

p. ext. : « désavantage, défaut ou point faible » (CNRTL)

Etc.

La personne autonome est celle qui **décide et agit seule**, sans recours à une aide
L'autonomie correspond à la capacité que possède un individu à ne pas être dépendant d'autrui **pour décider et agir** - la perte d'autonomie est une altération de cette capacité
L'autonomie revêt une dimension psychique et intellectuelle. La personne autonome est apte à décider et à choisir librement

La personne dépendante est celle qui, à la suite d'une maladie ou d'un accident, n'est plus capable de réaliser les diverses activités de la vie quotidienne (activités physiques, sociales...) **sans recourir à une aide**

La notion de **dépendance** réfère soit aux incapacités fonctionnelles de la personne, soit à sa relation, plus ou moins intense, à un dispositif médical, social ou technique compensant ses incapacités

La notion d'autonomie sert tout à la fois de point de référence pour qualifier les personnes et d'objectif à atteindre pour la personne et les soignants

Plus la perte d'autonomie est importante, plus elle accroît la dépendance (personnes âgées, p. ex.) À partir d'un certain stade de dégradation, il devient indispensable de mettre en place un dispositif adapté pour assurer le maintien à domicile dans de bonnes conditions, ou d'envisager un hébergement dans une structure spécialisée

DÉPENDANCE

**A
U
T
O
N
O
M
I
E**

	OUI	NON
OUI	X	X
NON	X	?