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HET DORP:

How the hierarchy of impairments shaped a pioneering Dutch accessible community

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Master Thesis History (L_GAMAGESSCR)



Architect's visualisation of Het Dorp, Arnhem: van Broek en Bakema Architecten (Image source: HNI, BROX 6189, 1355.2.2).

Het Dorp:

How the hierarchy of impairments shaped a pioneering Dutch accessible community

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Het Dorp: How the hierarchy of impairments shaped a pioneering Dutch accessible community

Introduction

This thesis explores how the “hierarchy of impairments” —a collection of prejudices that results in levels of preference for certain types of disabled people over others, while maintaining a general societal preference for non-disabled people—impacted the design, development, management and experience of life in Het Dorp, an accessible urban community for people with physical disabilities in Arnhem, the Netherlands, during its first two decades (1962-1982).

The notion of a hierarchy of impairments can be observed in historic attitudes towards persons with different disabilities in various societies and eras. For example, in ancient Greece, blindness was sometimes equated with wisdom, while physical (as opposed to sensory) disabilities were often associated with being cursed by the Gods (Penrose, 2015: 510). As a theoretical construct, the hierarchy of impairments is usually attributed to psychologist John L. Tringo, who researched public perceptions and preferences to better understand disability discrimination in the context of rehabilitation and employment (Tringo, 1970: 295-304). Using questionnaires that measure social distancing, Tringo found that those with chronic health problems such as ulcer, arthritis and asthma faced the least negative prejudices, while persons with intellectual disabilities, alcoholism and mental ill health were seen most negatively (*op cit.*, Tringo: 299). A 1984 reanalysis substantiated that visibility, whether a disability was seen as organic (based in a defect or disease impacting a bodily structure, e.g. a birth defect) versus functional (caused by a person’s behaviour, e.g. drug addiction), and the degree of social ostracism or stigma associated with a condition, all played a role in these different rankings (Schmelkin, 1984). Thirty years after Tringo’s article, psychology researcher Adrian Thomas returned to the concept to see if social perceptions and preferences had changed, and found that instead they had persisted—only persons with cancer were perceived less negatively than in 1970 (Thomas, 2000: 1155-1156).

As in the case of racial hierarchies and colourism, the hierarchy of impairments can also be heavily internalised. It often acts to prevent solidarity—especially when disabled people are pitted against each other in competition for scarce resources. Disability Studies researcher Mark Deal has investigated how the hierarchy of impairments functions amongst disabled people themselves. With

reference to multiple studies, Deal found that competition for help and funding, fear of stigma by association, and valorisation of “normal” appearance play key roles in establishing a “pecking order” amongst disabled people (Deal, 2010: 901-906). Psychology researchers Katrina Scior and Shirli Werner have amassed clear evidence of the persistence of persons with intellectual disabilities at the bottom of the hierarchy of impairments (Scior and Shirli, 2016).

Most recent research on this topic in the Dutch context has focused on stigma attached to intellectual disability or mental ill health (for example, Pelleboer-Gunnink, van Weeghel and Embregts, 2021). Research into perceived discrimination based on stigma in the Netherlands concluded that “there is a striking difference between people with psychological and physical disabilities. People with a physical disability experience both fewer negative attitudes and less unequal treatment” (Andriessen *et al.*, 2019: 3). However, physically disabled persons in the Netherlands continue to face severe barriers to work (*op cit.*, Andriessen *et al.*: 6-7), physical barriers in the built environment, and societal barriers, including low educational attainment, low income and a smaller social network (Vermeij and Hamelink, 2021). Social psychology researchers Vermeij and Hamelink found that the more visible the physical disability is, for example cerebral palsy with spasticity, or mobility problems resulting in wheelchair use, the more negative attitudes and behaviours are experienced (*op cit.*, Vermeij and Hamelink: 42-43). Separation between disabled people based on the type and origin of disability has long been observed in rehabilitation facilities, educational categories, social care policies and specialist housing forms in the Netherlands (Kramer, 1981: 84). A possible contrast between the general trend described by Thomas (2000) and the hierarchy of disabilities in the Netherlands specifically, is the persistence of persons with infectious disease and cancer in a lower position than elsewhere. One marker of this is the extensive use of words linked to cancer and infectious disease in pejorative language, an enduring Dutch habit substantiated by linguists (Pauw, 2021: n.p.).

This thesis focuses on the foundational and formative periods of Het Dorp, 1962 to approximately 1982, but also provides insight into changes and impacts between the 1980s and the present day. From 1982 onwards, new developments problematised the concepts on which Het Dorp was founded. Neoliberalism brought sweeping changes to social benefits structures and imposed austerity measures, especially after 1989 (Delson, 2011). However, emerging discourses of disability rights, positive disability identities, and new options for independent living also had an influence.

Social geographers Dear, Wilton, Gaber and Takashaki locate the concept of the hierarchy of impairments in “a social and spatial process” that both reflects and facilitates stigmatisation. It involves separation of “classes” of disabled people, and development of the mechanisms required to

maintain these societally determined boundaries (1997: 455). Accordingly, this research focuses on the development and deployment of a specifically Dutch hierarchy of impairments in relation to Het Dorp across a period of time, through processes such as design, resident selection, managerial practices, management of residents, image control and welfare state provision—as well as ways in which designers, developers, residents and staff challenged or subverted this hierarchy.

Approaching the history of Het Dorp in this way is in keeping with the central theory used in the field of Disability Studies, the *social model of disability*. The social model, which emerged from the disability movement in England, separates *impairment* from *disability*. Impairment refers to the medical facts of a health condition or physical difference, which may impose intrinsic limitations; while disability (or rather disablement, as it is an active process) refers to the imposition of physical and systemic barriers, negative attitudes, discrimination and exclusion that prevent people with impairments from fully participating in society (Oliver, 1990). Efforts to improve inclusion often confront deep-seated disability stigma, including the hierarchy of impairments, and as I argue here, this also applies to the case of Het Dorp.

Literature review

Disabled people had long been mostly a family or village concern in Europe, but in the 19th century rapid industrialisation placed new demands on families and communities, and removed supports that traditional lifeways sometimes offered. Societies grappled with the issue of the appropriate place for persons with disabilities. *Place* is about more than physical location: it encompasses the accepted social roles that people play as well. Decisions made about place can gradually or suddenly impact societal views of persons with disabilities: for example, whether disability is seen as natural human variation, as an occasion for pity and care, or as something to be feared and hidden.

As argued by disability historians such as Henri Stiker, the shift towards institutional care in the 19th century was largely driven by socioeconomic change, as industrialisation and urbanisation impacted working practices, family structures and expectations of worker mobility (Stiker, 2000: 121-191).

Michel Foucault linked this process to the rise of *biopower*: specific practices and forms of governance applied to groups defined as outside social norms, based on their biological characteristics (Foucault, 2007: 16). These normalising strategies were intended to cure, improve, discipline, control or channel the behaviour of “deviant” groups (Tremain, 2005: 12-19).

Institutionalisation was one of the most restrictive applications of biopower.

As Stiker wrote, “in the nineteenth century the family was transformed... the family became restricted and nuclear, based on the married couple and on emotions of love” (*op cit.*, Stiker: 109). This contributed to the rise of institutional care, because it was difficult for a nuclear family that lived by wage labour outside the home to provide care for young children, elderly parents or disabled family members. Employers and politicians also linked poverty, worklessness and disability. Disabled people presented a financial risk, even if no public support was offered, because caring duties made family members less available for work (*op cit.*, Stiker: 109-120).

In the mid-20th century, new forms of biopower arose: new treatments that could restore bodily function, and policies that reduced costs without completely loosening controls. “Rehabilitation” treatments and therapies could be delivered through clinics, and policies such as provision of health insurance allowed care to be arranged on a more individual basis, outside of institutional settings. These strategies permitted disabled people to live “in the community” but within limits imposed via medical and moral discourses. For example, disabled people might still be shunted towards segregated schools, clinics, workplaces and housing forms. Moving beyond institutional care presented new tensions, however. As Disability Studies researcher Martin Sullivan argued, rehabilitation was “directed at producing a certain type of body—a governable and, hence, productive body—and a certain type of subject” (Sullivan, in Tremain, 2005: 27). This is a subject who has been, to use a term popularised during the formative era of Het Dorp, *normalised*.

In the disability field, the term *normalisation* is most closely associated with Wolf Wolfensberger (1972), a Canadian rehabilitation expert who worked primarily with intellectually disabled persons. However, the normalisation principle had its roots in Scandinavia (*op cit.*, Wolfensberger: 27-28). Wolfensberger and his Northern European counterparts argued that disabled people “should engage in work that is as culturally normative as possible” (*op cit.*, Wolfensberger: 9) and “should be enabled to emit behaviours and an appearance appropriate (normative) within that culture for a person of similar characteristics, such as age and sex” (*op cit.*, Wolfensberger: 28). The point of normalisation for rehabilitation specialists was that it enhanced the ability of disabled persons to live safely in the community rather than in dangerous, impersonal institutions.

However, the hierarchy of impairments is central to the normalisation paradigm. As the term implies, it automatically places anyone with a mental or physical difference in a subordinate position to those automatically seen as “normal.” Within this subordinate category, it also creates a hierarchy based on assumed distance from able-bodiedness. As bioethicist Barbara Gibson wrote:

[I]n everyday clinical rehabilitation practices, assessments of good or poor outcomes rely on

standardized measures, such as the ubiquitous functional independence measure (FIM™), which classifies individuals according to their abilities to carry out activities independently versus the need for technological or human assistance. Greater independence (higher scores) is equated with better rehabilitation outcomes.

(Gibson, 2014: 1328).

Gibson's work, echoing that of theorists such as Donna Haraway, problematises the assumption that "normal" humans have "independent" bodies, instead acknowledging interdependence between people, and between individuals and technologies (Reeve, 2012). However, in the world of rehabilitation, independence was (and typically remains) the goal, especially when the person can be made to look able-bodied as well as achieving the same functionality. In other words, even if walking with calipers or artificial limbs is less efficient or more painful than using a wheelchair, it will be valorised; even if mobility with a wheelchair is less efficient or more painful than crawling, it will be promoted (*op cit.*, Gibson: 1330-1332).

A much-discussed example of this amongst physically disabled people is the set of rehabilitation practices known as *Conductive Education*, which valorises bipedal locomotion over functionality or comfort (Read, 2020). As disability studies pioneer Vic Finkelstein wrote after a visit to the Peto Institute, where Conductive Education was developed, "the assumption... is that society is fixed, it is for able-bodied people, and the task... is to fit disabled [people] into the world" (Finkelstein, 1990: 6). Finkelstein linked societal willingness to cover the costs of rehabilitation with its unwillingness to change disabling social and physical environments (*ibid.*). These concepts are also encoded into physical environments and the hierarchical relationships between professional carers and disabled people in most rehabilitation settings.

Even if one accepts its normalising goals, however, rehabilitation has limits. Theorist Fiona Campbell describes *ableism*, "a network of beliefs, processes and practices that produces a particular kind of self and body (the corporeal standard) that is projected as the perfect, species-typical and therefore essential and fully human," as the force that ultimately shapes the hierarchy of impairments (Campbell, 2001: 44). When an *ideal* body/mind is established as the norm, other bodies and minds are then measured against that (ideal) norm (*ibid.*). With ableism reflected in the built environment, education system, employment and societal expectations, the promise of rehabilitation is often not fully realisable. As a result, post-rehabilitation, physically disabled people still encounter physical barriers, negative attitudes, discrimination and ongoing needs for personal care.

The links between disability, poverty, rehabilitation and societal inclusion were taken up by Dutch politicians in the post-war era, eventually resulting in a variety of social pension schemes, and

programmes to cover medical and care costs. While the target politicians often thought of when instituting these schemes was the disabled veteran or injured worker, persons with disabilities from birth or acquired in childhood quickly became the key beneficiaries (Nijhuis, 2018: 110-111, 129-132, 147-152). These programmes laid the groundwork for publicly funded rehabilitation and provision of medical and social care required for disabled people to live outside of institutions. The path was winding, but in 1962 it led to Het Dorp.

One key factor in this development was that beneficiaries of the nascent Dutch welfare state were not immune from the optimism that characterised this era. Like their non-disabled family members, they also dreamed of finding their place in the high-tech, comfortable utopias promised by Philips advertisements and futuristic films (Bergman, 1980: 24-32). A disabled person watching television in a mid-20th-century Dutch institution must have felt they were living in a time warp, separated from society, expected to wear an impersonal uniform, and ordered to eat and sleep on schedule, when the TV set showed society outside the institutional walls enjoying increased mobility, personal choice and economic progress (see *Figure 1* and *Figure 2*, below.)



Figure 1: Disabled boys at Johanna Stichting weave baskets, Arnhem, 1950s (Source: Het Johanna KinderFonds, 2010: 60)

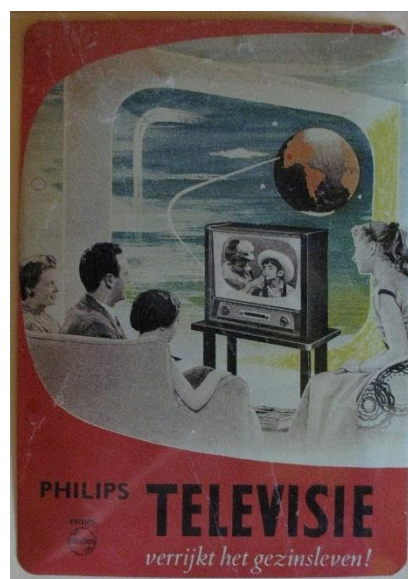


Figure 2: A Dutch family watches television together in a Philips advertisement, 1956 (Source: Kunst in de Philips-reclame, 2015: 356)

Hans Koekoek, impaired due to polio in the 1950s, described how he experienced this disconnect as a teenager:

I saw the world around me change. Everything was getting faster. Bicycles became mopeds. There were more and more cars. The whole pace of life went up at an alarming rate. I could see that I couldn't keep up. My tempo was slow, became a little less slow, but it still stayed the same lousy speed.

(Koekoek, 1969: 31)^{1,2}

Many institutional staff members, not to mention families, recognised the same contradiction. One such person was Dr. Arie Klapwijk, director of the Johanna Stichting in Arnhem, a Dutch city that was then booming as an industrial centre. At the beginning of the 1960s, these societal factors combined with new ideas about design and technology as means to achieve social change, making the concept of an urban neighbourhood made accessible for physically disabled residents feasible.

¹ *"Ik zag de wereld om me heen veranderde. Alles werd sneller. Fietsen werden bromfietsen. Er kwamen meer auto's. Het hele levenstempo ging schrikbarend snel omhoog. Ik merkte dat ik daar geen gelijke tred mee kan houden. Mijn tempo was langzaam, werd iets minder langzaam, maar bleef toch een tempo van lik me vessie."*

² *Here and elsewhere, translations from Dutch to English are the author's own. The original Dutch text of longer quotes is included in the footnotes.*

Historiography / status quaestionis

Aim and relevance

This disability history research will examine the impact of a persistent factor in the exclusion, integration and lived experiences of disabled people—the *hierarchy of impairments*—on the design, implementation, management and lived experience of Het Dorp.

Het Dorp has been investigated previously by a few historians and other scholars. Although it has been recognised internationally as a pioneering and even utopian accessible community (Goldsmith, 1971; van den Heuvel, 2014), Het Dorp can simultaneously be seen as embodying problematic and exclusionary concepts of disability (Metz, 1970; Liebermann, 2018). Therefore, it provides a useful stage on which to observe the hierarchy of impairments in action, during a period of rapid societal change. The hierarchy of impairments is only one of several factors that shaped the community, but the history of Het Dorp has not yet been examined through this lens.

Important drivers for the Het Dorp project included new possibilities for survival of people with inborn or acquired physical disabilities due to advances in medical science (Metz, 1970: 53-54; Dietz, 1997). Other authors have discussed the influence of a complex Dutch relationship with eugenics in the post-war period, with architecture historian Wanda Liebermann calling the telethon that raised initial funds “a collective redemptive act at a time of heated debate about Dutch complicity in Nazi atrocities in the Netherlands” (Liebermann, 2020: 116). Others have focused on the promise of technology as a way to “normalise” disabled bodies (Davis, 1995) in relation to Het Dorp (Williamson, 2012; Liebermann, in Sexton, 2018).

I will show that residents of Het Dorp felt pressure to achieve normalisation, especially in the area of employment, but were restricted in their ability to do through societal barriers. While residents were promoted as an integrated “model minority” within the larger group of disabled people in the Netherlands, the reality was that most remained in segregated work and housing, the provision and nature of which was controlled by non-disabled people. However, the promise of independent living remained, and was pursued through a variety of means. These included policy initiatives like the introduction of personal budgets (*persoongebonden budget, PGB*) for government-funded care, with recipients deciding what care they wanted and who would provide it—which was pioneered in Het Dorp—as well as pressing for improved forms of accessible housing and work, and disability activism.

To achieve the goal of normalisation, “the micro-technologies of normalisation in rehabilitation, charity, education, psychology, social work and the social services industries” have been deployed (Mitchell and Snyder, 2020: 46). Disabled people who are best positioned to approach normalisation are those with hidden impairments who are capable (often with exhausting effort) of “passing” as non-disabled, followed by those who in all other aspects of their being reflect societal norms. This is analogous to what queer theorist Jasbir Puar has written, referencing Lisa Duggan’s construction of *homonormativity* (Duggan, in Castronovo and Nelson, 2002: 175-194). Puar and Duggan’s concepts hold that for queer people, especially those from racialised minorities, displays of “homonormality” through aligning appearance, behaviour and lifestyles with societal norms permit marginalised minorities to exert their claim to equal rights. My research will demonstrate that resident selection processes for Het Dorp were designed to ensure a potentially normative population, which was then subject to multiple micro-technologies of normalisation.

These processes were observed in Het Dorp at an extremely early stage by Willem Metz, a medical doctor attached to the project as a postdoctoral researcher. Following six months of research within the new community, Metz published an account of Het Dorp (Metz, 1970) that foreshadowed the social model of disability. As noted in the *Introduction*, the social model places disablement as an exclusionary process based on societal decisions about the physical environment, attitudes and supports (Oliver, 1983: 23-27). I will argue that as Vic Finkelstein, who first articulated the social model in English (Union of the Physically Impaired Against Segregation, 1976: 14), has written, separating out rights-based discourses (for example, accessible design mandates) from the social model itself permits the development of liberal and then neoliberal approaches to disability. These approaches maintain disabled people as a separate group subject to control by others (Finkelstein, 2007: 3-5). My research draws attention to how this process can be illustrated in the Het Dorp project through examination of design choices, resident selection, public-facing discourse and image management, and mechanisms of internal control during the first 20 years of the community. In contrast with accounts positioning Het Dorp as liberatory, I will reveal that the promises of new technologies, independent living and self-governance were stymied by societal barriers baked into the design, management and governance of the community. I will argue that these mechanisms constrained development of disabled identities, but were also subject to resistance and subversion by staff and residents.

Het Dorp also arose in the context of the burgeoning Dutch welfare state (Liebermann, 2016: 160-161; Liebermann, 2018; Liebermann, 2020: 117). I will show that justification of these costs to the public was built through careful selection of early residents, as well as the construction of disabled

people as worthy of citizenship via creation of governance structures that gave the appearance of a separate, self-governing community of disabled people. In this context, the hierarchy of impairments provided a way to put borders on the welfare state's generosity—yes to this potentially normalisable group, *no* to the others—that parallels “model minority” discourse and Puar and Duggan’s homonormativity. As my research will demonstrate, justification of the societal costs to donors and taxpayers rested on displays of normalcy via employment, social participation and self-governance: images that at times differed significantly from the reality of life in Het Dorp.

Problem definition

The following research question and sub-questions were set:

Research question:

- In what ways did the hierarchy of impairments shape Het Dorp, especially in the foundational and formative periods?

Sub-questions:

- How was the hierarchy of impairments deployed during design and planning of Het Dorp?
- How was the hierarchy of impairments deployed during selection of residents for Het Dorp?
- How did residents of Het Dorp experience the hierarchy of impairments, and did this change over time?
- What conflicts and counter-discourses can be located within the Het Dorp project/community, and did the impact of these change over time?
- What changes can be seen, if any, to the hierarchy of impairments concept itself over time within the Het Dorp project/community?

Research design and methods

This research is underpinned by analysis of contemporary and more recent writing about Het Dorp, archival research, and interviews with former residents and volunteers.

Key archival sources include design documents from van der Broek en Bakema Architecten, designers of Het Dorp; issues of *De Dorpskoerier*, a newspaper commissioned by *Stichting Vrienden*

van Het Dorp (Friends of Het Dorp Foundation, which managed donor relations) for distribution to (potential) donors from 1963 to 1975; issues of *De Kontaktsleutel* (originally called *Dorpsbulletin: Blad Zonder Name*), a newsletter produced by and for staff and residents of Het Dorp from 1969 to 1996; and the weekly meeting notes of the management board (*Dagelijks Bestuur*) of *Stichting Het Dorp* (Het Dorp Foundation), which made day-to-day business and design decisions through the late 1960s.

In addition, I relied on contemporary accounts of people who visited or lived in Het Dorp during the first 20 years of the community, especially two autobiographical books by Hans Bergman (1970, 1980); contemporary Dutch and international articles about Het Dorp; and prior scholarship.

Archival sources examined were:

- Archives of van der Broek en Bakema Architecten, held by Het Nieuwe Instituut (HNI) Research Centre, Rotterdam. This archive includes concept drawings, elevations, floor and site plans, and design/construction notes for the Het Dorp project.
- Archives of Gemeente Arnhem and the province of Gelderland, held by Gelder Archief, Erfgoedcentrum Rozet, Arnhem. This archive includes some photos and a partial collection of *De Dorpskoerier*.
- Het Dorp archive, held by Siza (Arnhem), which manages Het Dorp today as a supported housing development. This archive was formerly held by the Johanna Stichting (now JKF Kinderfonds), which employed Het Dorp founder Dr. Arie Klapwijk. It includes daily management board meeting notes of *Stichting Het Dorp* for 1962-1976, partial collections of *De Dorpskoerier* and *De Kontaktsleutel*, and several boxes of ephemera related to events at Het Dorp.
- IWO book depot, University of Amsterdam. This archive holds a partial collection of *De Dorpskoerier*.
- Issues of *Flap-Uit*, a Christian newsletter for disabled people self-published by a Het Dorp resident, and a related self-published booklet, from the personal collection of former volunteer Conny Bloemendaal.

Delpher.nl was used to locate relevant contemporary Dutch news coverage; a literature search for journals and professional literature was also completed using academic search engines.

Interview opportunities were limited due to the passage of time, and the fact that many Het Dorp residents had/have life-limiting conditions. Interviews were completed with a former resident from

the 1980s, a former resident from the 1990s, two volunteers from the early 1970s who were associated with *Flap-Uit*, and a long-term disability activist from Arnhem. These interviews were instrumental in understanding how experiences and perspectives of Het Dorp evolved during and since the foundational and formative phases of Het Dorp. Informed consent was obtained in writing from all interview participants. The transcripts of these interviews will be archived via Vrije Universiteit Amsterdam, and made available to future researchers on motivated request.

To assist with delineating the borders of my research, I have periodicised the history of Het Dorp as follows:

- Foundational phase: 1962 to approximately 1968
- Formative phase: 1968 to approximately 1982
- Neoliberal phase: 1982 to present day, reflecting a series of reforms of the Dutch welfare state

My research is primarily concerned with the first two periods, both to ensure the project had a manageable scope and because the Dutch welfare system changed rapidly after 1982. This had a major impact on Het Dorp that should be investigated separately.

Organisation of chapters

To answer the research question and sub-questions, the following chapter structure was developed:

Introduction. Contextual background, historiography, sources and methods, and chapter overview

Discussion chapters.

1. **Designing and building the hierarchy of impairments into Het Dorp.** The hierarchy of impairments in design and planning of Het Dorp, covering the foundational phase, 1962 to approximately 1968.
2. **Choosing and managing the “pioneers.”** The hierarchy of impairments and early resident selection for Het Dorp, covering plans and actions during the foundational phase from 1962, but primarily about the first half of the formative phase, 1968 to approximately 1972.
3. **Experiencing the hierarchy of impairments.** Deployment of normative texts and images of disabled people in Het Dorp, and conflicts with and contestations of these depictions, covering the formative phase, 1968 to approximately 1982, but with links to the post-1982 neoliberal phase.

4. Welfare-state dreams and lived realities. Discussion of the ways in which life in Het Dorp reflected wider cultural change, from new paradigms for independent living to neo-liberal welfare “reform” and austerity, with particular attention to how this intersected with the hierarchy of disability. This covers the later years of the formative phase, and the early neoliberal phase.

Conclusion: Looking back at Het Dorp through the “hierarchy of impairments” lens. This chapter begins by summarising the long-term impact of Het Dorp on Dutch disabled identities, particularly in relation to the hierarchy of impairments in the Netherlands. It then presents a summary of key findings, synthesizing the most significant conclusions of the previous chapters.

Discussion

Chapter 1: Designing and building the hierarchy of impairments into Het Dorp

The 20th century brought huge advances in medicine, and one unanticipated impact was increased survival rates for persons born with significant physical disabilities. In the past, conditions like cerebral palsy or spina bifida typically resulted in early death, but by the mid-20th century this was not necessarily the case in Western Europe. A concurrent phenomenon was the increasing number of people moderately to severely disabled due to road or industrial accidents, or by modern warfare (Turner and Blackie, 2018: 163-174; Stagni, et al., 2015: 331-332).

In the 1950s and 1960s, the majority of severely disabled adults in the Netherlands lived with a relative or spouse who provided their care on an unpaid basis, or in an institution. As families cared for disabled children and adults at home, they also took advantage of the new medical and therapeutic options now available. This was costly for families, and often isolating and limiting for disabled people, but did achieve benefits (Bergman, 1970: 13-35). Other children and adults with disabilities lived in institutions, which stifled their ambitions and were expensive. When public funds started to flow to these, they became a growing tax burden. Pillarisation, with Catholic, Protestant and secular organisations running competing and exclusive institutions, also played a role in keeping disabled people in institutional settings (Brants, van Trigt and Schippers, 2017: 153).

In response to these trends, interest in rehabilitation grew. Often referred to as the “third phase” of medicine after preventative and acute care, rehabilitation services were at first restricted mainly to injured soldiers. After World War I and especially World War II, however, orthopaedic surgery, orthotics, physiotherapy and occupational therapy techniques developed rapidly. Rehabilitation services were increasingly extended to victims of industrial and road accidents, and then to persons born with physical disabilities. As historian Richard Verville has shown, this development went hand-in-hand with the roll-out of social insurance, as otherwise there was no payment mechanism for the average citizen (Verville, 2009: 6-7, 43-58).

In the Netherlands, this process began in 1940 and 1946, when the first rehabilitation centres (*revalidatiecentra*) for disabled people were founded, in Oisterwijk and Aardenhout. Both were established for rehabilitation of injured soldiers; Huize Kareol in Aardenhout also served civilian

resistance fighters (Vossen en de Wijer, 2020: 9).

Rehabilitation, as the word implies, suggests a return to “normal” functioning, as expressed in one of the first Dutch definitions of *revalidatie*, from Secretary of State for Social Welfare Dr. Piet Muntendam: “[r]ehabilitation is comprised of all measures aimed at anatomical and functional recovery, the recovery of the ability to work, and reintegration into employment”³ (Muntendam, 1950, in Vossen and de Wijer, 2020: 9).

Rehabilitation fits within the paradigm of normalisation, which Stiker argued was the key principle in 20th-century discourse around disability (1997: 121-189). Disability Studies scholars David Mitchell and Sharon Snyder sum up this approach as “a form of integration that relies on the repair/rehabilitation of disabled bodies, while also not making disability *integral* to the category of Human” (Mitchell and Snyder, 2020: 45, emphasis in original).

Assuming that functioning identically to non-disabled persons to the greatest extent possible, and valorising (return to) employment as the end point of rehabilitation, already places physically disabled persons in a social hierarchy below those who are not disabled and who are gainfully employed.

Military veterans inhabit a special place in the hierarchy of impairments, as citizens are often reminded that care for them is commensurate with their service. However, even within this valorised group, hierarchies based on combat/non-combat status, race and class can also be observed (see, for example, Kravetz, Katz and Albez, 1994; Aciksoz, 2019). It is therefore not a surprise that disabled people born with cerebral palsy, victims of the Dutch polio epidemic of the 1950s, or those crippled in auto or industrial accidents were secondary targets for rehabilitation services, after the priority group of veterans.

In keeping with a hierarchy that placed physical disability above intellectual disability, rehabilitation for persons with an intellectual disability emerged as a separate system in the Netherlands. This system was predicated on the principle of normalisation (Wolfensberger, 1972) and took shape at a somewhat later date (Jonker, Ooms and Stevens, 2005: 13). As Vossen and de Wijer note, it was also another 10 years before the mental health needs of physically disabled persons began to be addressed by rehabilitation centres, again suggesting that those who appeared to have purely physical disabilities were seen as closer to the norm and therefore higher in the hierarchy (2020: 9-

³ “Revalidatie omvat alle maatregelen die gericht zijn op anatomisch en functioneel herstel, op het herstel van de arbeidsgeschiktheid en op herplaatsing in het arbeidsproces.”

10).

Making rehabilitation available to a much larger set of disabled people required increased state funding, and increased funding required public consent. Securing this consent came up against centuries of negative beliefs about disabled people, the rise of eugenics in the 19th and 20th century, the entrenched interests of the pillarised institutional care sector, and concerns about the high costs of lifelong care. In 1946 a few Dutch civilian patients gained the right to care in a special section of one military revalidation centre, but this was limited—it was not until 1949 that civilians with spinal-cord injuries could access rehabilitation centres, and funding was typically via charity or family (Vossen and de Wijer, 2020: 8-10).

The moment for wider change in the Netherlands came when three crucial societal developments coincided: post-war guilt about collusion with eugenic practices during the Nazi occupation (Snelders, 2009), the birth of the post-war welfare state (Nijhuis, 2018), and a rising belief in technological solutions to societal problems, which historian David Baneke has termed “synthetic technocracy” (Baneke, 2010: 89). Baneke adds that technological solutions held a special place in Dutch post-war pillarised politics, “as technocratic advice was used to depoliticize sensitive issues, so as to prevent clashes between the ideologies” (*op cit.*, Baneke: 112). The polio epidemic that started in 1956 was another driver of change (Vossen and de Wijer, 2020: 9).

By 1959, the successful inclusion of some physically disabled children in education plus marked achievements in military and civilian rehabilitation made it clear that non-institutional futures could be possible for disabled people. The next problem to solve was finding a place for disabled adults beyond institutional walls or the family home.

Dr. Arie Klapwijk (see *Figure 3*) took the reins at the Johanna Stichting in Arnhem in 1959. Up until this point, this had been a fairly traditional, charity-run special school with additional orthopaedic services for physically disabled children (see *Figure 4*). Dr. Klapwijk, one of the first medical rehabilitation experts (*artsen voor revalidatie*) in the Netherlands, instituted drastic changes (Het Johanna KinderFonds, 2010).

One of Klapwijk’s first changes was seeking and gaining official government recognition for the Johanna Stichting as a rehabilitation centre, which meant that services could be covered by insurance (from 1941, a form of health insurance was mandatory in the Netherlands for all under a certain income limit). With a vastly increased income, the facility then hired specialists in areas including physical therapy to help physically disabled children develop to the extent of their abilities

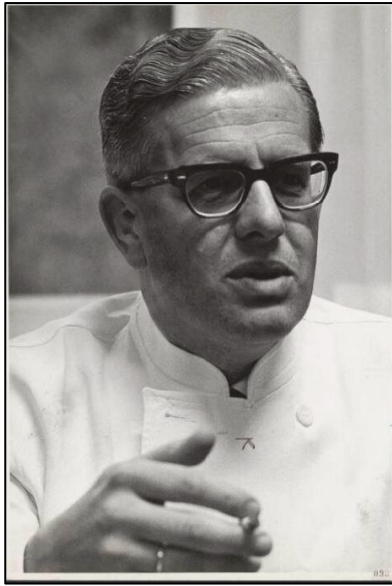


Figure 3: Dr Arie Klapwijk: Director, the Johanna Stichting 1959-1982; founder of Het Dorp (Jacques Meijer, Spaarfoto, date unknown; National Archief, 2.24.05.02, 093-0695).



Figure 4: Learning activities for disabled children at the Johanna Stichting, Arnhem (Jacques Meijer, Spaarfoto, date unknown; National Archief, 2.24.05.02, 046-1160).

(*ibid.*). Within just two years, Klapwijk recognised that although children at the Johanna Stichting were making great strides due to its rehabilitation programme, an appropriate “next step” was lacking: “they, and therefore we, fell short in realising a dignified existence” as adults (Klapwijk, 1969a: 5).

Klapwijk identified several barriers to including severely disabled adults in the mainstream community, including physical barriers, the need for ongoing personal care and support for activities such as bathing and dressing, negative or patronising attitudes about disabled people, and passivity due to institutionalisation (*ibid.*). Others have defined the passivity he described as “learned helplessness,” and explain it resulting from repeated traumatic events over which one has no power (Seligman, 1975). In 1961, Klapwijk formed the idea of creating a community that would address all these issues, and involved the Red Cross and the National Federation of Women’s Voluntary Help Provision (*Landelijke Federatie van Vrouwelijke Vrijwillige Hulpverlening*) in his plans (Dietz, 1997: 124). However, he came up against another large barrier: money.

This problem was surmounted via the Netherlands’ first-ever 24-hour telethon, *Open Het Dorp*, broadcast live on both TV and radio from the RAI in Amsterdam (see *Figure 5*). Preceded by articles in the newsletters of women’s organisations and speeches at their meetings to introduce Klapwijk’s concept (*ibid.*), this memorable television event on 26-27 November 1962 raised 25,000,000 guilders (about €77,919,083 in today’s euros). It urged Dutch citizens to bring donations to the RAI or to local shopkeepers. A parade of “Dutch types” (from fishermen and milkmaids to children bearing

piggybanks) was organised to march across the stage with cash or “in kind” donations as part of the performance, aiming to show national unity in the service of building a special community for 400 physically disabled adults. Dr. Klapwijk was present on-screen for much of the broadcast, which was compèred by a popular young television-show host, Mies Bouwman (Wijfjes, 2005).



Figure 5: Scene from the *Open Het Dorp* telethon (Source: Ed van der Elsken, 1962; Nederlands Fotomuseum, Div. Rep. 135, D, EVE-5076-4, 66fb3985-45f6-b969-cbd4-51eb2502b5d7).

Not only the general public but also architects responded to *Open Het Dorp*. The Netherlands already had an established tradition of socially conscious and innovative architectural design, from Hendrik Berlage and the impressionist brickwork of the Amsterdam School to the abstract modernism of De Stijl (de Wit, 1983; Liebermann, 2016: 158). One interested architect was Jaap Bakema of Rotterdam-based firm van Broek and Bakema Architecten. Bakema knew Mies Bouwman and her husband Leen Timp, also a TV personality, having recently designed a luxurious modern home for the couple (van den Heuvel, 2014: 5).

Bakema was associated with Team 10, a group of architects who were dissatisfied with the precepts of modern architecture disseminated by CIAM (*Congrès Internationaux d'Architecture Moderne*), an architecture forum closely associated with French-Swiss modernist Le Corbusier. In the 1930s, Bakema and other young colleagues had chafed at CIAM's bureaucracy and sought their own direction (Risselada, van den Heuvel and Architectuurinstituut Nederland, 2006). The post-war

period, when many European cities were being rebuilt, provided ample opportunities for urban innovation. Architecture historians Dirk van den Heuvel and Max Risselada summed up Team 10's goals as follows: "Team 10 sought, within and parallel to these processes of modernization, concepts and strategies which would make room for individual and collective identities, which would make places capable of being appropriated by residents and users" (2006: n.p.). These authors identified Team 10 as progenitors of the postmodern movement in architecture, via its recognition of individuality and adaptability as key design principles, as opposed to the standardised, minimalist modernist aesthetic promulgated by CIAM.

In April 1963, van Broek and Bakema Architecten came on board as the chosen architectural firm (*op cit.*, Dietz: 127); most of the actual design was done by junior partner Ab van der Vet (Goldsmith, 1971: 228). The design process was tricky due to the site obtained for Het Dorp in Arnhem: a hilly, oddly shaped parcel of land that includes a natural gorge, situated between a major railway line and a motorway. Although much writing about Het Dorp has described the site as "donated" (e.g., Liebermann, 2017: 196), a trawl through the Executive Board notes soon reveals the long and tortuous process of obtaining ownership of the full site, a problem that consumed much of its time for over two years. The development effort was stymied by one landowner who refused to sell, and others who dragged their feet or demanded more money (*Notulen Dagelijks Bestuur Stichting Het Dorp*, 1, 1962-1964, 1: 19 April 1963; 26 April 1963; 7 June 1963; 21 June 1963; 2: 11 June 1965, and more).

In the meantime, Bakema, van der Vet and their team worked on paper to fit as many housing units for disabled residents and live-in support staff onto the site as possible, while ensuring that it was fully wheelchair-accessible. The new neighbourhood was also to include all the services deemed necessary, including an ecumenical church/social centre, a sheltered workshop, and a shopping street intended to bind the new neighbourhood with the rest of Arnhem. The result included some clever design for accessibility at both site and unit levels, such as the possibility to adjust units somewhat to match the resident's size and capabilities, and collaboration with technology developers to install remote controls, which were then in their infancy. Architectural historian Wanda Liebermann noted Bakema's dedication to achieving neighbourhood scale with his design for Het Dorp (2016: 161-162). Connected groups of units were arranged along sloping streets to ensure that all had direct wheelchair access (HNI, BROX3145, HN.s1234.54).

Despite Bakema's rhetoric about the design, the final Het Dorp plan displayed little evidence of individuality or adaptability, other than the ability to furnish one's home to personal taste. The units were essentially identical, and extremely small—just 24 square meters, comprising a sleeping/living

room and bathroom. This was a step up from the 16-square-meter limit that the government had pushed for: apparently Bakema's team convinced bureaucrats by marking off a 16-square-meter rectangle with tape and asking ministers to navigate the space in a wheelchair (van den Boomen, 2002: n.p.). Assuming that disabled people would not be able to cook their own meals, the architect designed small groups of units connected with a *trefpunt* (meeting space), a sort of mini-canteen served from a central kitchen.

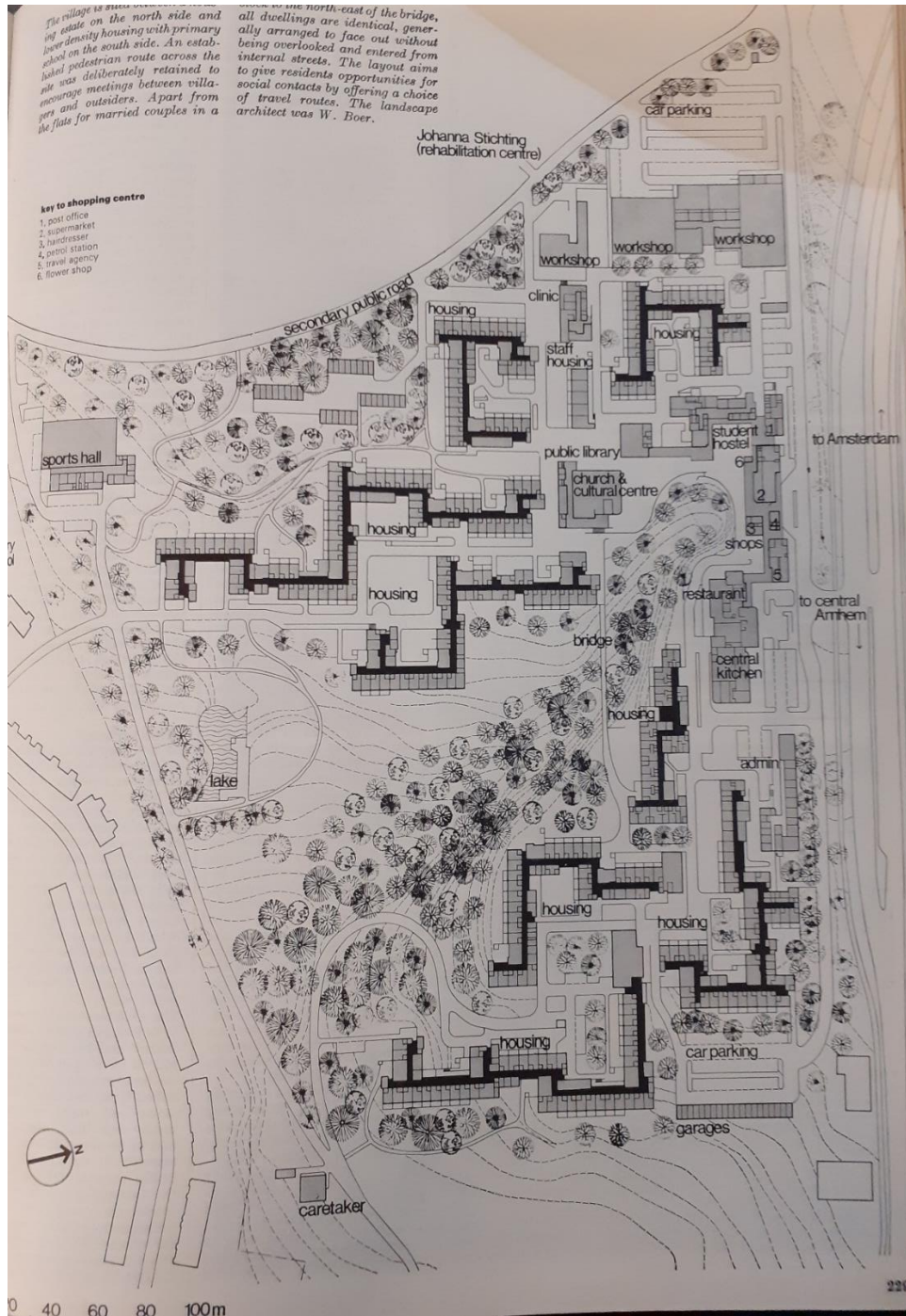


Figure 6: This site drawing illustrates how sets of units were arranged around semi-closed plazas and joined by "interior streets." Also visible are the ecumenical church/cultural centre, library and staff buildings. Only the shopping parade (right, numbers 1-5) faces outward. (Source: Goldsmith, 1971: 229).

The building plans used standard system-building elements plus carpentry, brickwork and plumbing done on-site. Minor customisation options retained included custom hinges and locks (including automated locking systems, which were then very new) that could be changed to match residents' abilities (HNI, BROX3145, HN.s1234.54: Fase 2 booklet, 26 January 1966: 18).

These otherwise one-size-fits-all units contrasted with other post-war Bakema housing project designs, such as his proposal for rebuilding the Pendrecht area of Rotterdam, where five different housing formats were recommended to accommodate families of different sizes as well as elderly residents (Stanek, in: van den Heuvel, *Volume/van Oosterman and Cormier*, 2014: 14). This can also be seen in a large site visualisation for Het Dorp (see *cover photo*: HNI, BROX2758, 1355.2.2), where plans are superimposed on an aerial site photo that also takes in neighbouring housing developments. The unit sizes for Het Dorp are much smaller than those in the single-family-homes development or high-rise social housing development that border the site, and the Het Dorp design is visually much more "closed," with inner courtyards and the gorge as foci rather than communal streets. The effect on-site was ultimately one of "many corners and dark hallways" (van den Boomen, 2002).

Much thought was given to accessibility of features such as doorways, toilets, sinks and controls in the living units. However, it is interesting that while accessibility specifications are found in all documents related to disability residents' housing and also on plans for public-facing high-street buildings such as the supermarket, these are absent from plans for many other structures, such as the staff building and post office. The underlying assumption seems to be that disabled people in Het Dorp would be residents and consumers, but never employees, except in the sheltered workshop—the office area of which was also not accessible (HNI, BROX bs1355, HN.s123454: Fase D booklet, 6 February 1967).

The sheltered workplace design (HNI, BROX3145, HN.s1234.54, bs1355: Bouwfase C booklet, 8 September 1965) is also interesting, as it was not specified for any particular form of work but was instead a sort of "standard" rectangular building with management offices. Presumably different sorts of companies could be moved in with the necessary equipment. There must be work, and apparently it must be manual work as the open space was set up to accommodate assembly lines and long work-tables, but what sort had not been planned for in advance.

There were proposals early on to include more housing for couples and families. Concept sketches in the Bakema archive show designs for couples with one disabled partner but without children, and

for a “mixed” couple with or without one child (HNI, BROX2758, 1355t2.1). However, these possibilities were ultimately downsized, simplified, and pushed to the very end of the eight-phase Het Dorp project (HNI, BROX2758, 1355t1; Ouwendijk, 1968: 2). That left the only flexibility the ability to knock together two adjoining units to accommodate couples, which left no room for the possibility of having children as well. Unlike similar-sized Dutch social housing developments, no school or playground was included. This was clearly perceived as a community of adults, almost all of them single, served by other single adults. Unsurprisingly, it was not until 1971 that a child was born in Het Dorp (Dietz, 1997: 45).

A combined church and cultural facility offered space for religious services, concerts and meetings, but did not front onto a public street. Only the small high street with its shops faced towards the rest of Arnhem. As Metz wrote, “at this time, the opening has only recently taken place, and these buildings have served more as a boundary line than a line of contact” (Metz, 1970: 24). While cultural activities like concerts were meant to attract neighbours onto the site, this generally did not happen (Goldsmith, 1971: 233). The site’s location and geography played a major role, but Arnhem residents may also have either felt that Het Dorp’s cultural scene was intended for disabled people only, or preferred not to socialise with disabled people.

While it is easy to criticise the size and uniformity of these mini-studios, it is helpful to remember what alternatives new residents would have been comparing them with. Institutional life often meant sharing a room with several other people, and most disabled adults living in family homes had also never experienced a private bathroom or had their own locking door. Their desire for an accessible “place” was bound up with trying to attain a sense of self-efficacy and self-determination. Future resident Hans Bergman describes the dilemma he faced at the age of 21:

My parents were still cool enough, but they were getting older, and where would I go if they couldn’t take care of me anymore? ... I didn’t want to end up with one of my brothers; I would always feel like I was holding them back. In an institution, then? I shivered just thinking about it! My whole life bound to fixed rules! Please, no!⁴

(Bergman, 1970: 55)

Accessible design pioneer Selwyn Goldsmith, who visited Het Dorp twice in the 1960s, called it “an eminently responsible solution, and one which is far more tolerable than comparable provisions

⁴ *“Mijn ouders waren nog vief genoeg, maar ze werden ook een dagje ouder en waar moest ik naar toe als zij mij niet meer konden verzorgen? ... Bij een van mijn broers inwonen wilde ik beslist niet; ik zou me altijd een blok aan hun been voelen. In een inrichting dan? Ik kreeg al een rilling, als ik aan het woord dacht! Mijn hele verdere leven aan vaste regels gebonden zijn! Alsjeblieft niet!”*

available in Britain.” Goldsmith mentioned the Leonard Cheshire institutions as a comparable but inferior British model “administered in a benevolent but frequently paternalistic style” (1971: 227). While he advocated for increased integration and greater independence, Goldsmith saw Het Dorp as an (imperfect) step forward. For example, he said, “at Het Dorp each resident brings his own furniture and decorates his room as he wishes; this again contrasts with the British pattern which still, for the sake of conformity and control, likes inmates to have what they are given” (*op cit.*, Goldsmith: 231).⁵

In the drawings and notes from the Het Dorp project stored in the Bakema archive, it is easy to see that the design process was perceived as a technical challenge rather than a social one, and solved using mostly technological means. As van den Heuvel stated, the design incorporates multiple features that were also central to other large housing-project designs by the architect, specifically “cluster, network, doorstep-philosophy, and streets-in-the-air with raised pedestrian walkways to negotiate the landscape” (van den Heuvel in: van den Heuvel, *Volume/van Oosterman and Cormier*, 2014: 5). This means that instead of solid housing blocks, there were clusters of units within networks, joined by wheelchair-negotiable pathways. Within clusters, the doorstep was seen as a zone where private dwelling and neighbourhood met, encouraging sociality (Stanek, in van den Heuvel, *Volume/van Oosterman and Cormier*, 2014: 17).

One box of Bakema drawings that includes designs for both Het Dorp and another residential project confronts the viewer with an immediate contrast. In the drawings of a three-bedroom house from a different development, human figures are seen: a woman lounging in a luxurious bedroom, men chatting in the spacious living area, and children playing (HNI, BROX6189: 1307tg.5). In the architectural drawings for Het Dorp, however, the only sign of humans is the use of a wheelchair stamp developed by Bakema’s team to ensure that there was an adequate turning ratio (HNI, BROX6189: 1355t2.3). A similar contrast of visions can be seen in *Figure 7* and *Figure 8* on the following page.

⁵ Goldsmith, a British architect affected by polio, authored the first set of guidelines for accessible urban and housing design, *Designing for the Disabled* (1963, updated in 2012). He also designed the dropped kerb, and developed the initial concept of Universal Design.

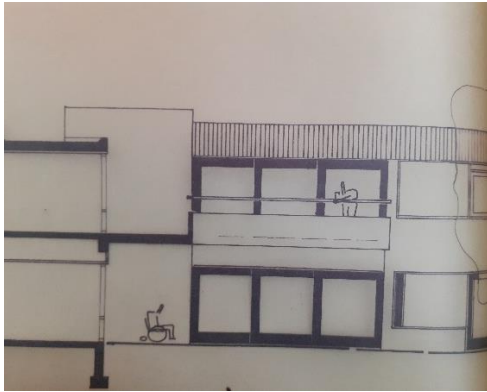


Figure 7: Architectural drawing for Het Dorp: figures are placed mainly for scale (Source: HNI, BROX2758, 1355t2.1, 2).

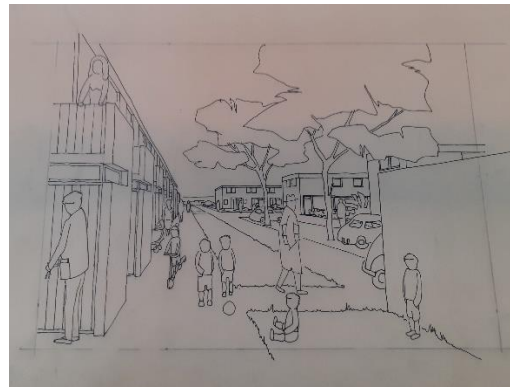


Figure 8: Architectural drawing showing active street life in another Bakema residential project in Arnhem from the same year (Source: HNI, BROX6189, 1307tg.5, 2).

According to architectural historian Dirk van den Heuvel, “as an architect Bakema was to become the ultimate representative of the Dutch welfare state” (van den Heuvel in: van den Heuvel, *Volume/van Oosterman and Cormier*, 2014: 5). This statement refers to Bakema’s involvement in several large-scale social housing schemes as well as Het Dorp. Perhaps this was unintentionally nowhere more pertinent than in Het Dorp, however, as it could only exist *because* of the welfare state.

Operationalising the normalisation paradigm as a new form of biopower required the re-creation of disabled people as independent entities to whom the technologies of normalisation could be applied (Snyder and Mitchell, 2020: 45). This was not truly possible as long as they were legally charity wards or relegated to family care. In the Netherlands, one of the first steps in this direction was decoupling the receipt of social benefits from the “right of recovery,” a policy that until the mid-1950s allowed municipalities and charity care providers to seek restitution of costs from family members (Nijhuis, 2018: 130). This policy had created two trends: for families with disabled children, encouragement to give up parental rights entirely through permanent placement in an institution; for disabled adults, discouragement to seek financial support or social care, for fear that doing so would rebound on their family members.

Nijhuis notes that the growth of the Dutch welfare state was marked by sectarian battles between Protestant, Catholic and secular forces. Protestant politicians in particular were fixated on rhetorics of personal and family responsibility, but some church-run charities were also prominent opponents of various social insurance bills (*op cit.*, Nijhuis: 132-139).

The list of eventual new welfare measures that benefited (future) Het Dorp residents was long—the community could not have existed without state-provided mechanisms to pay for personal care,

sickness care, rent costs, daily living expenses, and provision of employment in sheltered workshops. Throughout the formative period, the Executive Board of *Stichting Het Dorp* was engaged with both understanding and attempting to influence these developments (Klompé, 1964: 2,7; *Notulen Dagelijks Bestuur Stichting Het Dorp, 1963-1968*).

Unfortunately for residents, income from benefits was deliberately keyed to the minimum wage (Nijhuis, 2018: 168-171). This guaranteed poverty unless the disabled person had a way to generate additional income *and* stay within limits imposed through means-testing for benefits eligibility. This could be problematic: residents were also limited in the amount of savings they could have, for example (van Ruler and van Workum, 1971: 70). The newness of social benefits for disabled people created many tricky situations that had to be negotiated as they arose.

For the architects as well, there was little information at hand to work with, as nothing quite like Het Dorp had ever been built before. In a 1971 article based around an interview with lead architect van der Vet, he noted that there was no knowledge about even the number of disabled people in the Netherlands, much less their preferences (van Ruler and van Workom, 1971: 58). He added that, in contrast with typical social housing projects at the time, this led to some contact between architects and future residents during the design process.

However, concerns about whether Het Dorp could achieve its design and service-provision goals of integrating disabled people into the fabric of everyday life in Arnhem emerged quite early.

Dordrecht lawyer W.P. Bijleveld, appointed director of *Stichting Het Dorp* in 1963, mused just two years after the project opened that it remained to be seen “if Het Dorp actually functioned as a neighbourhood of Arnhem, or whether it still had a ghetto-like status”⁶ (*op cit.*, van Ruler and van Workom: 58). Unfortunately, the answer was already present in a circular argument also presented by architect van der Vet: disabled people needed specialist facilities in their neighbourhood, so would always congregate near these, and if mixed neighbourhoods were built, non-disabled people would want to leave the “*kneusjes-wijk*” (literally “bruised neighbourhood”), like a variant on white flight (*op cit.*, van Ruler and van Workom: 65). However, van Ruler and Workom also quoted a critical sociologist, T. Fris, who suggested that isolating disabled people made it unlikely that non-disabled people would ever change their negative attitudes (*ibid.*).

⁶ “*fungeert Het Dorp interdaad goed als wijk van Arnhem of is het toch nog een getto-achtige toestand*”

Chapter 2: Choosing and managing the “pioneers”

In a newsreel showing highlights from the *Open Het Dorp* telethon, not one disabled person is to be seen (Ordeman, 1962). But for those who caught the programme on television, there was a good chance that they caught sight of one or more wheelchair users who joined host Mies Bouwman on stage. Unfortunately, most of the telethon footage has been lost, but a few preserved segments show well-dressed wheelchair users applauding from the sidelines, or interviewed by able-bodied persons—as in the photo below.



Figure 9: Mies Bouwman interviews a disabled man for *Open Het Dorp* telethon. (Source: Berrich and Wessels, 2016: <https://www.displace.nl/page/537/zelfstandig-en-afgelegen-wonen-in-arnhem>; Nationaal Archief)

They may not have been at the centre of advance publicity for *Het Dorp*, but as soon as *Open Het Dorp* went off the air, disabled people and their families began writing to Dr. Klapwijk, seeking a chance to snag a unit in the development (Dietz, 1997: 46; Kortekaas, 2012). In response, Klapwijk created a set of criteria for future residents, and a process for choosing them.

Weeding out applicants with psychological or intellectual disabilities was the primary criterion.

Magda Hoffman-Snoek, a social worker hired to supervise the resident-selection process, stated:

In principle, we will not take anyone with a psychiatric or intellectual disability in *Het Dorp*, because contact between residents is so important. On the other hand, there are patients who only give the impression of having such a disability, for example because of speech problems. Therefore thorough research is required in every case.

(Hoffman-Snoek, *De Dorpskoerier*, 1963: 4)

This quote suggests that Hoffman-Snoek and her superior, Klapwijk, believed that for residents to relate to each other, they should be “normal” in all aspects other than their physical disability.

On 4 February 1965, Klapwijk was pressed by Executive Board member Dr. Theodoor Heimans about including blind or Deaf people in the target group for Het Dorp. At this point, Klapwijk responded that the Dutch people “expect it will be only for the physically disabled” (*Dagelijks Bestuur Notulen*, 2, 4 February 1965: 9). As late as 1967, when another Board member posed a question about including “blind or deaf and dumb” residents, Klapwijk held firm—this time saying that they did not fit in *his* vision of the correct Het Dorp resident (*Dagelijks Bestuur Notulen*, 4, 11 January 1967: 188).

The chosen criteria were a clear expression of the hierarchy of impairments, but also reflected other societal pressures. Klapwijk said he took pains to ensure that the first group of residents—later often called “the pioneers”—represented the Netherlands. This meant achieving a 50/50 balance between the sexes, a range of age groups between the approximate ages of 20 and 50, a range of (severe) physical disability types based on cause/condition, a balance between Catholic and Protestant residents, and an intake that covered all provinces of the Netherlands (*De Dorpskoerier*, 1963: 4).

If an attempt was made at this time to reflect the socioeconomic makeup of Dutch society, that is less evident. In fact, the small first group was mainly made up of people from a higher social strata. The middle-aged adults were generally educated exceptions to the usual rule for disabled adults, while the young adults typically came from well-off families. For example, of the first six residents, one, Truus Grosheide (editor of *Flap-Uit*), was from a wealthy and well-connected Amsterdam family (personal communication, Conny Bloemendaal, 16 June 2022; Grosheide, 1981: 2). Hans Bergman, another of the first group, came from a family that ran a successful international flower-bulb business, and himself had a pre-Het Dorp career as an English translator (Bergman, 1970: 14-15, 49-51, 61-63).

The resident-selection process was set between 1962 and early 1963 (*Notulen Dagelijks Bestuur Stichting Het Dorp*, 1, 1962-1964—2 July 1962: 13-14; 8 December 1962: 2-3). I was unable to locate original records of requests—probably because the Johanna Stichting destroys records related to individuals after 15 years (personal communication, Carina den Uijl, 24 March 2022) and Het Dorp’s early records were mixed in with theirs—but it is clear that enquiries came from a mix of sources, including direct appeals from potential residents or their family members, from social services at municipal level, and eventually from regional social care offices. All requests were routed directly to Klapwijk (Klapwijk, 1963: 2). At this point some pre-selection was made before names were passed

on to Hoffman-Snoek (*ibid.*). By 1964, over 400 requests had arrived for consideration (Klapwijk, 1964: 3).

Hoffman-Snoek then sent a questionnaire described as having “270 questions” to each applicant (*De Dorpskoerier*, 1963: 2). Based on cataloguing their responses (“inventorisation”), the process either ended or went to the next step: a home visit from Hoffman-Snoek (*Notulen Dagelijks Bestuur Stichting Het Dorp*, 1, 1962-1964, 15 February 1963: 1). An article describing this process noted that parents and others were often present at this first meeting, so sometimes a second, private meeting was also organised (*op cit.*, *De Dorpskoerier*: 2). Truus Grosheide, one of the first residents, wrote that at age 45 she applied without telling her parents: “When Mrs. Hoffman, the social worker, came to meet me, I was terrified, because she wanted to speak with me alone. My brother only came in to say something about the financing” (Grosheide, 1981: 9).⁷

After meeting the applicant, Hoffman-Snoek wrote a report for the Selection Commission. The applicant’s physician was also given a form to fill out. Klapwijk described the selection system as being like a series of locks (*sluiswerking*) that would channel only the right applicants to Het Dorp (*Notulen Dagelijks Bestuur Stichting Het Dorp*, 1, 1962-1964, 19 September: 12).

The Selection Commission is described as having 25-30 members, although the identity of most is not found in the records. Mrs. N.H. Schokking of the Red Cross is mentioned as one member (*op cit.*, *De Dorpskoerier*: 4.) Schokking was a member of the Red Cross Board and head of the organisation’s Social Care department in the Netherlands (van Woelderen, 1964: 796). Other known members include Hoffman-Snoek and Mr. de Bie, a member of the Executive Board (*Notulen Dagelijks Bestuur Stichting Het Dorp*, 1, 1962-1964, 4 September 1963: 67). There were 21 members of the Executive Board of Het Dorp and seven members of the Executive Committee, and it is possible there was more overlap between these groups and the Selection Commission, but my research could not confirm this. The members were chosen by Klapwijk (*Notulen Dagelijks Bestuur Stichting Het Dorp*, 1, 1962-1964, 4 September, 1963: 67). A disabled woman (the Essen mayor’s daughter: see p. 35) was proposed as Commission secretary, but never took up her post (*Notulen Dagelijks Bestuur Stichting Het Dorp*, 1, 1962-1964, 4 September 1963: 67; 24 March 1964, 21 April 1964). She was the only disabled person considered for a post connected with the Commission, and was not actually a Het Dorp resident at the time.

⁷ “Toen mevrouw Hofman, de maatschappelijk werkster, kwam om met mij kennis te maken, vond ik dat wel eng, want ze wilde me alleen spreken. Mijn broer kwam alleen iets over de financiën zeggen.”

As head of the Selection Commission, Klapwijk apparently had greater power than the other members, as he decided which applicants were contacted, and also saw Hoffman-Snoek's file and made a judgement before it went to the whole Selection Commission (*op cit.*, *De Dorpskoerier*: 2). This means that Klapwijk had at least two chances to deny or put forward an applicant, making his personal views on who would be appropriate very powerful in the decision-making process. At times the Selection Commission requested additional information about the applicant before deciding.

Finally, the Selection Commission's decision was communicated to the applicant. If the decision was positive, steps were taken to decide which phase of the eight-phase development would be the future resident's intake point, and which group of units they would be assigned to. There was attention here to ensuring a balance of tasks for the care assistants, known as *dogelas* (*Dorps-Gemeenschap-Leidster-Arnhem*) assigned to the various sectors. If the decision was negative, the applicant was referred to local services, a rehabilitation centre or an institution (*Notulen Dagelijks Bestuur Stichting Het Dorp*, 1, 1962-1964, 15 February 1963: 1).

By 1964, a "representative" first group of 35 potential residents had been chosen (Klapwijk, 1964: 3) comprised of 22 women, 10 men and one couple. It is not known why more women than men applied initially. Their lower earning capacity was a likely reason: until the mid-1960s, only 20-25 percent of Dutch women were in any form of paid work (and just 7 percent of married Dutch women) (van Berkel, 1997: 24). Only one in ten women continued education after age 16 in 1960, so the work opportunities open for women were also considerably more limited than those for men: the majority of working women were employed in factories, in shops or as household servants (Tijdens, 2006: 13). These roles would have been especially difficult for women with significant physical disabilities. Also, in the early 1960s the average age at marriage was between the ages of 23 and 25, lower than the average age for men, so an unmarried woman over the age of 25 was somewhat less likely to marry later than a man of the same age—with implications for the availability of income and unpaid care from a spouse (Statista Research Department, 2022).

This group of individuals were invited for a week-long residential planning event, which took place from 11 to 16 December in the Henri-Dunanthuis in Zeist, a Red Cross-run holiday facility for disabled people. It was chaired by Schokking, and included an opportunity to ask "practical, theoretical and financial questions" of Hoffman-Snoek, nursing matron A.E. Schmidt, both Bakema and van der Vet, and others involved with the project (*Nieuwe Leidse Courant*, 1966: 2). This step was not repeated for subsequent groups, suggesting the importance of the first residents' group as an information source during the development phase—and as I will later explain, they were also deployed as public ambassadors for the project.

Potential residents' views were sought on Bakema and van der Vet's concept drawings and model, on potential technologies for use in the units, employment options, and provision of social and health care. Future resident Hans Bergman was one of this group, and described the impact of this opportunity to contribute as follows:

If you weren't already enthusiastic about the plans for Het Dorp, you would be afterwards, if you heard the lecture from Dr. A. Klapwijk on Wednesday and the explanation from prof. J.B. Bakema—one of the architects—on Thursday morning. It was fantastic to see in an enormous model, what these two men were doing to make so many disabled people happy and fulfilled.

Their enthusiasm was so contagious that at mid-day on Thursday heavy discussions burned in different groups. We talked about all kinds of topics, like: if we got our own place—because no one knew if he would or would not be in Het Dorp—than we must really have our own shower and toilet. How must the personal care work? No, the carers shouldn't have to wear a uniform, because Het Dorp was not an institution, but an open neighbourhood of Arnhem, where everyone was free to go or hang out if he wants to. Would we allow couples in Het Dorp? The afternoon passed until Miss Roëll, who was in charge of the Henry Dunant-huis, rang the dinner-bell at six o'clock, and like a bunch of kids we begged to stay outside tonight for an extra hour to we could go on with the discussion. Our enthusiasm was boundless!

(Bergman, 1970: 60).⁸

This group discussion resulted in a set of conclusions: Het Dorp should be an open, not gated, community; residents should have a private bedroom and bathroom, with sufficient sound insulation; couples should be housed in larger units; clusters of units should not be divided by sex; there should be recreation facilities in the community but also access to facilities in Arnhem; costs of care should be based on income; and care staff should live on-site in their own units (Bergman, 1970: 60).

The size and form of residential units had actually already been decided between the architects, government bureaucrats and Klapwijk, but it is very likely that some of the other feedback had an

⁸ *“Als je nog niet enthousiaste was voor de Dorpsplannen, dan werd je dat daar wel, als je woensdagsmiddags de lezing van dr. A Klapwijk en donderdagsochtends de uiteenzetting van prof. Ir. J.B. Bakema—een van de architecten—hoorde. Het was fantastische om op een enorme maquette te zien, hoe deze twee mensen het levensgeluk van vele gehandicapten in vervulling vinden doen gaan!*

Hun enthousiasme werkte bij ons zo aanstekelijk, dat we donderdagsmiddags in verschillende groepen in heftige discussies ontbranden. We spraken over allerlei onderwerpen zoals: als we een eigen woning kregen—beslist niemand wist of hij wel of niet in Het Dorp kwam—dan moesten we eigenlijk ook een eigen douchecel en toilet hebben. Hoe moest het met de verzorging? Nee, de bezorgsters mochten beslist geen uniform dragen, want Het Dorp werd geen inrichting, maar een open woonwijk van Arnhem, waar iedereen vrij was te gaan of te staan, waar hij maar wil. Mochten we ook echtparen in Het Dorp? Zo verstreek de middag en toen jonkvrouw Roëll die deze week de leiding had in het Henry Dunant-huis, om zes uur de etensbel luidde, bedelden we als een stel kinderen of we 's avonds nog een uurtje door mochten gaan met discussiëren. Ons enthousiasme kende geen grenzen!”

impact on design decisions. However, the extent of this involvement has been inflated by many sources. For example:

If your question about whether the ‘experiment’ was a success is based on the reaction of the residents, on their wellbeing, you will generally come to a positive conclusion. On the one hand, that’s obvious, because a group of disabled people has been involved with the project from the start, so their wishes and hopes were included. But on the other hand, it’s still too early to know; many reactions must be seen against the background of the residents’ past sad experiences” (van Ruler and van Workum, 1971: 57).⁹

In fact, during the planning and building stage, formal input from disabled people was limited to the single residential event in Zeist. Perhaps Klapwijk informally asked Johanna Stichting patients questions, but there is nothing in the Het Dorp records about this. However, much was made publicly of the concept that the community would be “self-governing”—for example, donors were told in the third issue of *De Dorpskoerier* that participants in the Zeist consultation exercise “chose their own leaders” (*De Dorpskoerier*, 1964a: 3). Nevertheless, within the *Stichting Het Dorp* Executive Board, which actually made the day-to-day decisions during the foundational phase and most of the formative phase, this was internally seen as a challenging and unlikely prospect. Told that someone from the *Invalidenbond*, a somewhat critical Dutch organisation for disabled people founded just after World War II, would attend a study conference about Het Dorp, Board member Dr. Heiman asked, seemingly worried: “when we talk about self-governance, how far can it go?” (*Notulen Dagelijks Bestuur Stichting Het Dorp*, 2, 1964-1965, 6 November 1965: 85).

Linking selection criteria for “normal” intelligence with the ability to be part of a self-governing community, Klapwijk stated in 1969 that “with respect to this criterium, first consideration is not the intelligence quotient of the candidate but rather his degree of social competence, whether he can provide a positive contribution to the community and profit himself from the association” (Klapwijk, 1969a: 7). Nevertheless, after the community was inhabited, it is clear from the record of *Dorpsparlement* and *Dorpsraad* meetings published in *De Kontaktsleutel* between 1969 and 1972 that these governance bodies had very little consultative function, and exercised no control over important decisions about facilities, site changes, or service improvements. They were able to make recommendations to the Executive Board, allocate a small budget for recreational activities, or register approval or disapproval of Board decisions, but I found no record of either body overruling

⁹ “Als je vraag naar het al of niet geslaagd zijn van het ‘experiment’ afmeet aan de reactie van de bewoners, aan het zich wel-bevinden, kun je over het algemeen tot een positieve conclusie komen. Enerzijds ligt dat wel een beetje voor de hand, omdat een groep gehandicapten van het begin af heeft meegedacht over de opzet van het project, hun eigen wensen en verlangens waren dus verwerkt. Maar anderzijds is ‘t eigenlijk te vroeg om de rekening op te maken; veel reacties moeten gezien worden tegen de achtergrond van wat de bewoners in her verleden aan bedroevende ervaringen hebben opgedaan.”

any decision of the Board, which was made up of non-disabled persons. Sociologist Irving Zola, who spent a week as a participant-observer at Het Dorp in 1972, described the situation as follows:

It never became clear to me what was an “administrative” matter and what was a “resident” one, how the key words [regarding self-governance] “important decisions” were operationalized, or how seriously the advice of residents was taken.

(Zola, 1982: 32)

Indeed, many “important decisions” seem to have been carefully hidden from view, not only from the general public but from these ostensible governing bodies of Het Dorp. Examples gleaned from the Executive Board minutes include special monetary gifts given to Klapwijk and others, and intermingling of staff and funds between the Johanna Stichting and Het Dorp, which were presented to the public as entirely separate organisations (for example, *Notulen Dagelijks Bestuur Stichting Het Dorp*, 2, 1964-1965: 24 July 1964, 10 October 1964). The problem with this was made clear when an internal scandal emerged involving the Johanna Stichting’s accountant—who, as it turned out, was also managing funds for Stichting Het Dorp when he committed financial fraud (*Notulen Dagelijks Bestuur Stichting Het Dorp*, 2, 1964-1965, 16 October 1965: 9). Not a word about this issue appears in the public records of the *Dorpsparlement* or *Dorpsraad*. It appears that the disabled residents’ governance bodies were also unaware of the ongoing property issues, and the spiralling architects’ bills and construction costs that bedevilled the project as the building phases moved forward (for example, compare *Notulen Dagelijks Bestuur Stichting Het Dorp*, 30 June 1967 and *De Dorpskoerier*, 1, 2 and 3 [1967]).

The selection criteria were eventually clarified to support even-handed decision-making. They specified that new residents must have a permanent physical disability but be able to make “positive social contacts”; from their point of view, no one with a psychiatric or intellectual disability could qualify under this criterion. The person must have reached the end of rehabilitation, and be 18 or over. If married, they could only be admitted if management felt they could “fit in.” Couples where only one partner was disabled were seen differently than those where both were disabled (Dietz, 1997: 47), as if a couple with one non-disabled partner split up, the non-disabled person would need to leave Het Dorp. In addition, there was an assumption that a non-disabled partner would provide unpaid care, making Het Dorp’s care offer unnecessary. Eventually it was decided that if the person’s main disability was physical, having an additional sensory disability would not be a barrier (Klapwijk, 1969a: 7).

Despite the fact that a selection procedure was in place from relatively early on, Klapwijk, the Selection Commission and the Board also had to contend with the efforts of prominent Dutch

families to gain preferential treatment for their disabled offspring. For example, in 1963, the daughter of Essen mayor W.H. Gaarlant contacted the Executive Board requesting a place, and Klapwijk was given permission to contact her family (*Notulen Dagelijks Bestuur Stichting Het Dorp*, 1, 1962-1964, 13 July 1963: 56). In 1965 an Executive Board member came to the weekly meeting with a request from a well-connected engineer whose disabled daughter was working in a Den Haag library. Could she have a place in Het Dorp and run the proposed new library? "We'll be in touch," promised Klapwijk (*Notulen Dagelijks Bestuur Stichting Het Dorp*, 2, 1964-1965, 6 November 1965: 86).

Attracting "the right sort of disabled people" was important during the foundational and early formative phase of the project, because the first group of prospective residents also served a key promotional function. Their images were used in *De Dorpskoerier*, a promotional "newspaper" created by a PR firm (Public Relations Adviesbureau G.J. van Hulzen) under the direction of *Vrienden van Het Dorp*, a fundraising arm of the Het Dorp project. *De Dorpskoerier* was mailed to donors and also distributed on-site, mainly for visitors. Press releases profiling potential residents were also sent out to mainstream newspapers.

One of the earliest examples of this practice was a profile of two potential future residents published in the third issue of *De Dorpskoerier*, G.F. Evelien. Evelien, who had a muscle condition, was portrayed as employed as a bookkeeper, active, and wanting to contribute to the community. He also noted that living in Het Dorp would relieve his aging parents of the burden of caring for him (*De Dorpskoerier*, 1964b: 4). M. Crema, on the other hand, was profiled as a married, middle-aged woman with a rheumatic condition. She said she was finding the wait for Het Dorp too long (*De Dorpskoerier*, 1964a, 2, 1: 5).

Both profiles fit a pattern repeated in subsequent issues of *De Dorpskoerier* and in press releases for national newspapers: (future) residents should take care to express gratitude for the opportunity provided by the generous Dutch public. Typical examples include articles such as "First Het Dorp residents express enthusiasm" ("*Eerste Dorpsbewoners reageren enthousiast*") (Hooyman, 1966). Published in the issue that also includes coverage of the opening of Phase 1 of Het Dorp to residents, complete with a photo of "pioneer" J.H. van Zoelen raising the Het Dorp flag, the article briefly profiled three more members of the first group. Mr. A.C.P. Abma was 23, male, from Veenendaal and working at the Johanna Stichting. Miss W. Dieleman, age 20 and from Wissekerke, was described as having a job in a library in Alteveer. Mr. G. Remers (age 37) from Nijmegen was training to be a Braille typist in the sheltered workshop of Het Dorp, according to the article. Also in this issue

of *De Dorpskoerier* was a photo of the first wedding in Het Dorp (*De Dorpskoerier*, 1966: 11), between two residents from the “pioneers” group, one of whom was Mr. Evelien.



Figure 10: Marriage in Het Dorp (the groom is actually Mr. G.F. Evelien). (Source: *De Dorpskoerier*, 1966: 11).



Figure 11: (Future) Het Dorp residents enjoy a special disability-friendly shopping night in Arnhem (Source: *Burgers*, 1966a: 3).

The next issue of *De Dorpskoerier* profiled another young resident with polio, Joop, who expressed his gratefulness for a place in Het Dorp, explaining how after a long rehabilitation trajectory he had ended up in a nursing home:

“I had to go to bed at 7 o’clock. During the day I had nothing to do. I thought: They’ve been tinkering with me for years, and now they’re putting me someplace where it seems like life is over.”¹⁰

(*De Dorpskoerier*, 1967: 5)

De Dorpskoerier also delighted in showing its mainly non-disabled readers normalised images of Het Dorp residents and other disabled people at work and at play, from an article about the first “beat group” made up of disabled people (Berkenbosch, 1967: 2) to many features on disability sport.

¹⁰ “Ik moest ‘s avonds om zeven uur naar bed. Overdag had ik niets te doen. Ik dacht: Nu hebben ze jaren aan me zitten te prutsen en nu stoppen ze me ergens waar het leven lijkt op te houden.”

Stories on new technologies for disabled people, such as mobility innovations, were another constant.

Articles and photos like these carefully established the normative nature of Het Dorp residents: although they are physically disabled, they are working; although the groom is in a hospital bed for the occasion, they are getting married. But on closer examination, all is not what it seems: the librarian has left her post to live in Het Dorp (Alteveer is in Groningen province), while the other two are both employed in sheltered workshops, where much work was of the “make-work” variety and on minimal pay.

Image-making was also an important part of attracting the large staff of *dogelas* required to make Het Dorp work. The *dogela* can be seen as a prototype of the personal assistant (PA) or activities of daily living (ADL) assistant—the closest equivalent at the time in the Netherlands was a private nurse who might be hired by a wealthy family to work with one patient. *Dogelas* assisted residents with activities of daily living, such as getting up, bathing, dressing and eating, but also with some in-home medical tasks.

At first only single women under the age of 40 were considered for the post of *dogela*, with basic healthcare training required (Burgers, 1966b: 2). Early coverage of the role in *De Dorpskoerier* usually included photos and language accentuating the youth and attractiveness of the *dogelas* (for example, *ibid.*). *Dogelas* lived on-site in a purpose-built dorm known as *De Heuvel* (The Hill), covering overnight shifts on a rota from rooms attached to each group of 10 residents. In 1970 some married women were brought on in part-time posts, as it was difficult to attract and retain young staff on low wages (*De Kontaktsleutel*, 1970, October: 3, 4-5).

The number of disabled people applying to live in Het Dorp soon challenged the selection system set up at the beginning. By 1967, 772 requests had been received, of which 600 had been processed (*Notulen Dagelijks Bestuur Stichting Het Dorp*, 11 January 1967: 188). Requests continued to arrive at the rate of three to four per week. This was too many to process in a timely way via Klapwijk, a single social worker and the Selection Commission. At the same time, regional services for disability-related social care were standardising. The solution was to make direct contact with these experts in *verbrekkingenzorg* (defect care), who could identify and evaluate potential candidates. However, this required showing them what was actually available in Het Dorp. That meant tours, and the rights of residents to privacy had to be guarded. In an example of the kinds of tasks the *Dorpsparlement* was given, it was asked to make an acceptable plan for such tours (*ibid.*).

Chapter 3: Experiencing the hierarchy of impairments

Between October 1968 and July 1969, Dr. Willem Metz conducted research in Het Dorp, making observations and interviewing residents. His goal was to understand the implications of providing “maximum medical care” for people with severe physical disabilities. Metz explicitly placed disabled people in three hierarchical categories: those who could be fully “cured” through rehabilitation processes, those who could be partially cured but would continue to live with disabilities after rehabilitation, and those who would die prematurely despite intervention (Metz, 1970: 13). Here the hierarchy of impairments is clearly expressed, with achieving “normal” physical function placed above living with any degree of disability. His research took place alongside a second project on rehabilitation for people with intellectual disabilities—unfortunately, the author(s) of this other project are not named in Metz’s final report, and so it cannot be located. But a comparison of the two groups was to be made later based on the results, with a determination to then be made about the value of investment in medical care (and therefore public finances) for each group, suggesting that a hierarchy of worth was expected (*op cit.*, Metz: 13-14).

Despite this somewhat eugenic basis, Metz produced a unique study into the experience of being physically disabled. What he found would, when later formulated in 1976 as the social model of disability by the Union of the Physically Impaired Against Segregation (UPIAS), an early UK disability rights group, be considered a revolutionary development. As noted in the *Introduction*, the social model of disability separates *impairment*—the physical facts and limitations imposed by a medical condition or bodily difference—from *disability*, the barriers imposed on people with impairments by the built environment, societal attitudes, stigma, discrimination and exclusion.

Metz was surprised at how his interviewees described their lives, but to his credit, he did not discount what they had to say (*op cit.*, Metz: 15-16). His report is divided into three parts: one that describes Het Dorp in terms of the built environment, care services, policies and practices; one that describes the experiences of its residents; and a final section that analyses these results. Written at the crucial moment of community formation, it forms an invaluable resource for the historian.

Metz conducted 15 interviews in the pilot stage of his project, followed by interviews with 25 randomly selected residents. The first 15 were from the initial “pioneers” group involved in the Zeist meeting. He stated that his main and clearest finding was that residents saw themselves as *disabled*,

not “sick,” including those whose physical disabilities resulted from muscle-wasting illnesses (*op cit.*, Metz: 21).

At the start of his research, Metz had been given six research questions by Dr Klapwijk (*op cit.*, Metz: 18):

1. Accommodation and care in a pleasant atmosphere;
2. Work;
3. Activities;
4. Recreation, relaxation and culture;
5. Having a democratic say over their own lifestyle and that of the community;
6. Possibility to pursue their religious beliefs.

On each of these points, Metz found, residents’ answers were not what he or Klapwijk expected. I summarise and contextualise his key findings below.

Regarding accommodation and care, for every resident interviewed Het Dorp offered their first opportunity to live independently. They expressed having adjustment problems at the start as an effect of never having had the opportunity to make choices for themselves and of having previously had limited social contact, not as a result of their impairments (*op cit.*, Metz: 19-22.)

Metz observed that actual democracy was lacking in Het Dorp, although he reported being told that eventually residents would serve on the Board of *Stichting Exploitatie Het Dorp* (Foundation for Development of Het Dorp) and other decision-making bodies, and that the role of the *Dorpsparlement* would expand, including representation on the Selection Commission (*op cit.*, Metz: 25-26). As Harry Dietz states:

The right to have a say and an equal role in governance had always been an integral part of Dr Klapwijk’s plans. The theory was often different from the practice... Many employees and members of the Board were not used to disabled people thinking along with them and participating in decision-making.¹¹

(Dietz, 1997: 75).

In reality, this transfer of power never occurred in any meaningful sense. The appointed *Dorpsparlement* became an elected *Dorpsraad* in 1968, but gained little influence on decision-making. When the *Dorpsraad* was formed, it gained two seats on the Executive Board of *Stichting Het Dorp*. However, most members of this governing body were not pleased. They were concerned

¹¹ “Het recht op inspraak en medebestuur had immers altijd een integraal onderdeel van de plannen van dokter Klapwijk. The theorie was vaak anders dan de praktijk... Veel medewerkers en bestuursleden waren niet gewende aan meedenken en meebeslissende gehandicapten.”

that Het Dorp residents would find out about certain matters that came before the Board, such as decisions about hiring or budgets, and raised objections (*op cit.*, Dietz.: 75-76). Interestingly, it is around this time that decision-making seems to shift away from *Stichting Het Dorp*. The next step formalised, but also limited, involvement of residents with daily decision-making: The Chair of the *Dorpsraad* became the residents' representative on the Executive Committee. Nevertheless, not only residents, but also the Het Dorp workforce continued to feel that they had little to no say in important decisions. A 1971 evaluation resulted in recommendations that more access be provided for workers from the various service departments, but "the time was not thought to be ripe to consider more democratising for residents" (*op cit.*, Dietz: 76).

This led to a smouldering atmosphere in Het Dorp as residents and staff examined what remained a relatively closed, paternal system of governance, and elections were hotly contested. Dietz explains that the main clash was between a group of vocal residents (including Hans Bergman, who was by then editor of *De Dorpskoerier*) who wanted more say over Het Dorp policies, and a second group (primarily but not only staff) who felt the main threats to Het Dorp were an inefficient care system that needed to be professionalised. With agreement of both groups following the 1975 election, outside experts—psychologists Maria de Leeuw and J. Th. Bout—were brought in, and major changes were made to the governance structures, based on a consultation process and their recommendations. A residents' organisation was installed (*Bewonersraad*), which contended for influence with a new employees' organisation (*Medewerkersraad*) and the reformulated Boards of three different foundations that now ran activities in Het Dorp: *Stichting Exploitatie Het Dorp*, *Stichting Bedrijven Het Dorp* and *Stichting Vrienden van Het Dorp*. These three foundations were in charge of daily operations, on-site businesses and fundraising, respectively. Together, the *Bewonersraad* and *Medewerkersraad* gained some advisory influence over annual plans and resident selection. In 1977, these parties came together to write a Constitution for Het Dorp (*op cit.*, Dietz: 77-78).

Metz also found that social contact and activities were limited for many residents, some of whom struggled to fit in. Romantic and sexual relationships were a particular issue, because often residents had lived in single-sex institutional settings, discouraged from developing as sexual beings. Metz's results revealed that residents were very quick to "pair up"—and not just with each other. Metz provides the first public report of a marriage between a male resident and a *dogela*. Both resident-resident and resident-carer relationships were described as "problematic" and in need of "urgent" solutions (Metz, *op cit.*: 26-28). "Here problems arise on sexological, health-related, genetic and—beware—educational areas," said Metz (*op cit.*: 27). Despite such references to eugenic concerns,

Metz also put the issue of sex and relationships in a human-rights context, with reference to the Universal Declaration of Human Rights, Article 12, which established a right to family life (United Nations, 1948).

When investigating the role of religious belief, Metz found that among his second group of interviewees, 16 followed a religion, four said they had little interest, and five were not religious at all. For most residents, however, making personal decisions about practicing a faith was only part of the process that led to creating a sense of independent identity (*op cit.*, Metz: 26).

Before Het Dorp, most had been treated as if they were children and/or patients. Metz's respondents told him that to gain a sense of self, it was crucial to get as far from these dependent roles as possible, despite their need for care. For example, the fact that *dogelas* at that time did not wear uniforms was appreciated. However, the way *trefpunts* functioned as de facto common rooms and the way the community was cut off from the rest of Arnhem recalled institutional life (*op cit.* Metz: 23-25). At the time of Metz's research, the recreation facilities and hobby clubs that formed a key focus for many residents in later years did not yet exist, leading to feelings of "uselessness and meaninglessness" (*op cit.*, Metz: 31).

Work, found Metz, was the biggest trigger point for residents. As noted previously, work was seen as the official endpoint of a successful rehabilitation trajectory, and residents took this idea to heart as well. Paid work had been part of their expectations upon moving to Het Dorp, and for the majority, this promise was not honoured. In 1969, Het Dorp management was still telling residents and the general public that around half would be employed on-site with most others employed in the wider community (Klapwijk, 1969b: 3-6). But for many residents, "work" ended up being unpaid "busy work" in Het Dorp's "Creative Centre." The difference between this and paid work in the sheltered workshop next door was seen as impacting not just individual identity, but community cohesion. In general, those with paid work had more pocket money and got more respect (*op cit.*, Metz: 29-31).

However, some residents also critiqued the value of working in the sheltered workshop, where possibilities included assembling wooden toys and sewing, as well as making Braille and recorded books for the blind. For example, Het Dorp resident Andries Jongsma reported on a discussion group he initiated about the sheltered workshop:

"Money is also being spent to make it possible for intelligent disabled people to do this stupid work. That's the 'adapted work.' The discussion partners found it would be better to spend this money on real adjustments based on the disabled person's own possibilities: so

that for him it's possible to do USEFUL work. Then the 'social workplace' would be worthy of its name."¹²

(Jongsma, 1974: 10)

Work provided at Het Dorp was subsidised through the Social Employment Act (*Wet Sociale Werkvoorziening*, WSW), which supported provision of jobs through municipality-run sheltered workshops. The WSW instituted one of the most obvious expressions of the hierarchy of disability, because it created a two-tier system. If a disabled worker could achieve at least one-third of an able-bodied worker's output, they could receive minimum wage, while those seen as unable to achieve this goal were paid 75% of the minimum (Nijhuis, 2018: 136). This presented problems all along the spectrum of productivity. At the top end, with adaptations to equipment some disabled people were capable of meeting or exceeding 100% of expectations—and yet were paid only the minimum wage. At the other end, most supported employment was manual work, leaving many disabled people unable to achieve the 30 percent threshold, even with adaptations.

For employers and "entrepreneurial" municipalities, sheltered workshops could present a motivated, captive and low-paid workforce, and a powerful local job-creation scheme both disabled people and non-disabled support and administrative staff, respectively. The result was exponential growth of sheltered workshop provision during the formative era of Het Dorp: in the mid-1950s, about 9000 persons were employed in Dutch sheltered workshops, increasing to 30,000 in 1963, 40,000 in 1970, and 75,000 in 1980 (*op cit.*, Nijhuis: 135-136). These numbers do not include the large able-bodied workforce required to manage and supervise a sheltered workshop, who in contrast to the low-paid and mostly female *dogelas* providing care at Het Dorp, were generally well-paid male professionals.

Welfare benefit policies also created two other classes of disabled workers: those who were disabled before reaching working age, and those who became disabled after beginning their working lives. From 1962's *Bijstandswet* forward, the latter were eligible for specific (but temporary) disability benefits based on their contribution record and linked to previous wages, while the former were restricted to below-poverty-level benefits.

Another hierarchy involving workers in Het Dorp was revealed in Metz's research: not just between those paid and unpaid on-site, but regarding a third group whose situation was also complicated. Those who found employment off-site lost a huge amount of their income because of government

¹² "Er wordt zelfs geld verspild om intelligente gehandicapte mensen dit domme werk te kunnen laten doen. Dat heet dan 'aangepaste werk.' De gesprekspartners vonden het dan toch beter om dit geld te besteden aan een werkelijke aanpassing die uitgaat van de mogelijkheden van de gehandicapte zelf: zodat het ook voor hem mogelijk werd om ZINFOL werk te doen. De sociale werkplaats mag haar naam helemaal waar gaan maken."

rules on earnings for care recipients. For these residents, he noted, Het Dorp was “an expensive solution” to their need for adapted housing and care (*op cit.*, Metz: 30).

Metz also explored the image of Het Dorp: how carefully the project was portrayed by the project’s founders and management, and how this was experienced by residents. This very revealing section of his report includes the emergence of Het Dorp as a sort of tourist attraction, which Metz suggested actually scared off potential residents. The practice of sight-seeing groups of non-disabled people arriving at Het Dorp became a flashpoint in subsequent years, with residents deriding it as “*aapjes-kijken*” (literally, looking at the monkeys), meaning it made their home feel like an open-air zoo. Metz tied this phenomenon to the way that Het Dorp was planned and funded. Because it began with a very visible act of national charity and was funded by the burgeoning Dutch welfare state, donors and citizens felt entitled to see how their money had been spent (*op cit.*, Metz: 32-33). Promotional materials responded to this perceived need as well: for example, with headlines like “WHAT ARE THEY DOING WITH OUR MILLIONS?” (*De Dorpskoerier*, 1964c: 2).

Metz’s research essentially laid bare the gulf between technical solutionism and what would later emerge as the social model of disability. Het Dorp as a model community of grateful, normalised physically disabled people was, he concluded, “an illusion.” However, he added, “Het Dorp is on its way, attempting to shift the reality of everyday life, which is difficult to manage and control, in the direction of its vision” (*ibid.*: 33). The work of disabled people realising the promise of independent living, and confronting barriers that went far beyond inaccessible physical environments, marked the next phase of Het Dorp.

Chapter 4: Welfare-state dreams and lived realities

Het Dorp had developed in tandem with the Dutch welfare system, and this system took a significant turn in the 1970s. This period was characterised by the so-called “inactivity crisis,” when especially manual workers in the Netherlands found themselves shunted onto disability benefits as deindustrialisation gained speed. Disability benefits were used to, as Dennie Oude Nijhuis put it, “‘buy’ worker consent for redundancy” (Nijhuis, 2018: 39).

The resulting huge expansion of welfare rolls challenged budgets in an era of economic uncertainty, leading to much discussion of who “deserved” disability benefits, who did not, and what should be given to and required from recipients. This debate began a trajectory that spans from a period when Het Dorp residents often enthusiastically adopted normalised identities based around work roles, despite frequent disappointment with the paltry opportunities for paid work on offer within Het Dorp, to today, when unpaid work is required of all but the most severely disabled benefit claimants under the Participation Act (*Participatiewet*), introduced in 2015.

Het Dorp’s sheltered workshop was never able to attract sufficient customers to meet resident demand for paid employment. On-site work also suffered a blow when the sheltered workshop building went up in flames in 1977 (Bergman, 1980: 86-87).

In 1979, the national government ordered Het Dorp to cut its budget and shed staff—at that time, it had a staff of 500 to serve 400 residents (*Het Vrije Volk*, 1979: 5). This shift towards austerity gathered pace through the 1980s, as right-wing politicians called for reduction of the number of disability benefit claimants. This culminated in the Reduction of the Disability Volume Act (*Wet Terugdringing Arbeidsongeschiktheidsvolume*, TAV) in 1992 and the Act on the Reduction of Disability Arrangement Claims (*Wet Terugdringing Beroep op de Arbeidsongeschiktheidsregeling*, TBA) in 1993 (Nijhuis, 2018: 242-245). These acts were effective, taking almost 2% of the working-age population off of disability benefits (*op cit.*, p. 247), but did not actually translate into moving disabled people into jobs.

Austerity brought cuts to workplace support schemes as well in the 1980s and 1990s. At Het Dorp, said former resident Sander Hilberink, “there was a sheltered workplace ... very... [makes a face].” When asked about the images shown in Het Dorp publicity about disabled workers (for example, see *Figure 12*), he laughed: “Piet! Piet the postman – he had a hat, and he was very proud to be the postman, but I don’t think he got paid. I can’t imagine in that time that he was paid. The post office

was gone by then, and there was just Piet who did the post” (personal communication, Sander Hilberink, 11 October 2022).



Figure 12: Disabled postman in Het Dorp (Source: Rein Heij, 1969, in: Metz, 1970: 32).



Figure 13: VVD 2014 campaign poster. The text reads: “Handicapped people must learn to stand on their own two feet again. ESPECIALLY NOW.” (Photo: Mitzi Waltz, 2014).

While politicians doubtless had in mind “undeserving” young malingerers, this austerity drive had broad impacts on all disability benefit claimants by re-constructing them as drains on the public purse. For severely disabled persons, the target group for residence in Het Dorp, that meant increasing pressure on access to health and social care, income reduction, and increased social approbation. By the 2000s, the way was open for political parties like the VVD to campaign on an explicitly anti-disability-benefit platform (see *Figure 13*). Campaigns like this suggested that economic problems experienced by the Dutch middle class were due to welfare state excesses.

The first impact of economic austerity was already felt in Het Dorp by the mid-1970s, both in terms of direct threats to welfare benefits, cuts that hit services, and negative impacts on Arnhem as industries shut down. By this time, *De Kontaktsleutel* was running stories and cartoons warning of thieves working the neighbourhood (for example, “Sammy,” 1975: 3) and complaining of new welfare restrictions. Brief success was achieved with a petition to exempt Het Dorp from some of the most severe changes to the AWBZ, specifically a personal contribution (*eigen bijdrage*) requirement that would have emptied the pockets of most working residents (Bergman, 1982: 1), but it was a short-lived victory.

In the ensuing decades, Het Dorp residents had even fewer opportunities for paid employment—especially within the sheltered workshop system—and were able to retain less of what they earned.

On the other hand, from the 1980s forward, more young disabled people in the Netherlands were attending mainstream school with support or achieving mainstream qualifications in special schools, with a small but increasing number continuing to further education or university. The expectations of this group were higher than those of disabled teenagers and young adults during the formative era of Het Dorp, and although these expectations often were not met, many exceptions proved that change was possible. For example, the two former Het Dorp residents interviewed for this research are employed (Hilberink as a senior lecturer at a technical university, Cochius with a consumer-protection organisation), and live independently with care services that they choose using a PGB.

During the 1980s and thereafter, there were also significant changes in the relationship between residents and the staff who were closest to them, the *dogelas*. There was a push for professionalisation, echoing developments in other nursing sectors, including introduction of uniforms at one point. The power struggle between *dogelas* at the bottom of the pay-scale and Het Dorp administrators was controversially depicted in an anonymous critical cartoon and poem in *De Kontaktsleutel* that called the *dogelas* slaves (*slaven*) of privileged management (see Figure 14), sparking a flurry of angry articles in *De Kontaktsleutel*. The *dogelas* were no longer all young women either, and another controversy erupted over whether “practicing” homosexuals could work in Het Dorp, referred to in a wry cartoon from a 1982 issue of *De Kontaktsleutel* (see Figure 15)

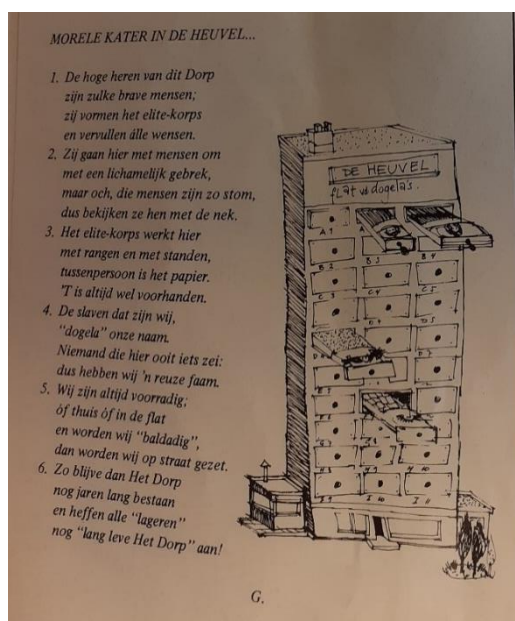


Figure 14: “Moral hangover in De Heuvel”: De Heuvel was the dogela dormitory (Source: “K.,” 1975: 2).



Figure 15: “Het Dorp Glossary” (Source: “Lus,” 1982: 2).

In 1970 Het Dorp residents had been cautioned that elections for its governing body should not be “political” (*De Kontaktsleutel*, 1970: 20), but over the next few years the *Dorpsraad* was regularly called out as an unrepresentative and ineffectual governing body. A discussion session attracted one-fourth of Het Dorp’s residents in February 1975 (*De Kontaktsleutel*, 1975: 4), after which *De Kontaktsleutel* ramped up its criticism of Het Dorp governance, whilst also spearheading the anti-*eigen bijdrage* campaign. This resulted in a so-called “hot summer” in Het Dorp, characterised by negative publicity, a brief “takeover” of *De Kontaktsleutel* by management and a contentious election (Werkgroep Leefbaarheid, 1975). These issues were never fully resolved, and unrest continued to bubble in Het Dorp through the 1970s.

In the late 1970s, Het Dorp’s problems became national news. A spate of news stories painted it as a ghetto-like area with restless inhabitants (for example, Paumen, 1978: 3; *Algemeen Dagblad*, 1978: 1; *Leidsch Courant*, 1978: 1). The departure of Executive Board chair W.P. Bijleveld with a large “golden handshake” at a time of budget cuts was a particular point of criticism (*op cit.*, Paumen: 3). This was eventually declared unlawful by the national government, because the Board tried to pay for it out of money received for care costs (*Leeuwarder Courant*, 1978: 9). Disability organisation the *Invalidenbond* claimed that 60 percent of residents would move out if they could, and the VVD political party called the unrest in Het Dorp “appalling” in the national parliament (*Leidsch Courant*, 1978: 1). Residents said they feared that Bijleveld’s successor, a former minister, was being brought in to action cuts and stricter policies (*ibid.*). The following year, an independent investigative commission was proposed by the national Secretary for Public Health, but Het Dorp residents and staff told the press that they did not trust its “independence” (*Algemeen Nederlands Persbureau*, 1979: 2).

However, Het Dorp soon experienced a relatively rapid change in resident population, which also had a dramatic impact on the community. Starting in the early 1980s and gathering speed as the 1990s arrived, Het Dorp housed an increasing proportion of people with both physical and psychiatric or intellectual disabilities, and eventually people with only psychiatric or intellectual disabilities. As former resident Sander Hilberink says, “in my days and years there were a lot of residents who had psychiatric disorders, symptoms. The *dogelas* were not trained to deal with it, so it escalated often.”

By the 1980s, the selection process was no longer so strict as it had been during the formative periods. Starting in May 1975, some decision-making had already devolved to a Relocation Commission (*Verhuiscommissie*) based in the care staff. When a unit came open, Mr. H. Meyboom from the care-staffing administration created a profile of the desired type of person based on age,

sex, care needs and type of disability, which was sent to the social work team. It then chose a fitting person from the existing waiting list (De Verhuiscommissie, 1975: 2). Within a few years, however, Het Dorp had to fit its procedures more closely into the regional and national system of social care referrals—and from 1983, there was no waiting list left to choose from (Dietz, 1997: 135). By the 1990s, selection was made by the national IZO (*Indicatie Zorg- en Onderwijstoewijzing voor kinderen, volwassenen met een lichamelijke of meervoudige handicap*) commission in consultation with Het Dorp (Bergman and Bergman, 1996: 6-7).

Former resident Dick Cochius, who entered Het Dorp directly from the Johanna Stichting in 1984 after rehabilitation for Spinal Muscular Atrophy, stated that he could not recall an extensive pre-entry questionnaire or a psychological evaluation. “It was easy to go there, and there was not much else at the time,” he said. When he first moved in, Cochius was a young man busy with school and playing wheelchair hockey, both of which he could do nearby. “I could live my own life because I went out to the city, came back at whatever time and went to bed, and that helped me, it was no problem,” he said.

“I had my best years at the beginning,” he added. “At 23, 24, they started to experiment with another kind of caregiving. They started to try to have a sort of post-service system.” This eventually became the PGB system, where disabled people become direct employers of caregivers and personal assistants. “That started around 1994, 1995... [We] started to want our own lives, it was a kind of movement in Het Dorp of I think 20 residents who became a group, who worked with that as well. I remember several meetings with them and with the Board as well, [and] the old director.”

International travel due to disability advocacy opened his eyes to other possibilities, Cochius added. “I was interested in how to have as much independence as possible. In the ‘90s, I was really involved with international organizations,” he said. “I was abroad very often, so I saw a lot of interesting things in other countries. For example, personal assistance in Denmark.”

During this time, Cochius also perceived changes in who was being placed at Het Dorp. “I saw the years going on, and it was more and more an institution than it was a place for people with disabilities that live independently with help. I think the problem is that the residents changed, the type of residents,” he noted. “It was more, different kinds of disabilities, or people that were older or had psychological problems. So they had to arrange more policy and how to organize the care, because there was a change of residents.” Because of his activities off-site, especially with friends involved in disability sport, Cochius says he saw little of any conflicts that may have emerged between groups (personal communication, Dick Cochius, 1 July 2022).

Former resident Sander Hilberink has cerebral palsy, and also followed a residential rehabilitation programme at the Johanna Stichting followed by time at a school in Den Haag. At 19, he was on the Fokus waiting list (*see below*) but had to leave his current placement in 1993. “Het Dorp was the only logical place to live,” he said. At first, the fact that most residents were much older was problematic, he says: “it wasn’t a very happy environment to live. Many of the older people were a bit annoyed.” On the other hand, it presented much more freedom after several years in institutional settings:

I was the only student at school who had his own room, so that was nice. I felt completely free to do anything I wanted. The houses were really small, I think 24 square metres, including the shower and toilet. But on the other hand, for a guy 19 years old, it was bigger than the regular student rooms. So that was my perspective. And your own garden. We had no rules, you lived your own life. And I was a young man, so I stayed up very late, drinking, smoking...

For me it was a normal environment, because I got up, I went to school, I later went to university. So I had a life outside Het Dorp, and that’s a big difference from most other residents.

(personal communication, Sander Hilberink, 11 October 2022)

As these former residents both noted, physically disabled adults were no longer limited to Het Dorp when they considered their accessible housing options—and other aspects of their lives. “By the ‘80s or ‘90s, there were more possibilities,” said Cochius. This was especially the case when Het Dorp residents started relationships and thought about having families, he added (personal communication, Dick Cochius, 1 July 2022). As early residents aged, the resident mix changed, and budgets were cut, most of the amenities that had been attractive to potential residents began to disappear. Not only was there less work available, but shops and services closed, and hobby clubs and recreation opportunities declined.

A prominent alternative destination was presented by Fokus housing. Imported from Sweden, the Fokus concept involved small clusters of units in mainstream neighbourhoods, with ADL (activities of daily living) assistance arranged as part of the package. In contrast to Het Dorp, in the Netherlands the Fokus project was set up by disabled people themselves in 1974, with the first cluster opening in 1979 (Fokus, *sectie Communicatie*, 2009: 9). Fokus deliberately presented a marked contrast to Het Dorp: “‘Het Dorp’ in Arnhem had just been launched as ‘the’ way to offer disabled people independence. In Fokus circles [Het Dorp] was instead mostly seen as an institution, which disabled people needed to be ‘liberated’ from.”¹³ (*ibid.*).

¹³ “‘Het Dorp’ in Arnhem was net opgericht als dé manier om mensen met een handicap zelfstandigheid te bieden. In Fokusringen werd dat echter vooral gezien als instituut, waaruit mensen met een handicap nu juist ‘bevrijd’ moesten worden.”

In 2002, the response to these changes in population, costs and expectations was a redesign project that presaged wholesale changes in Het Dorp as a neighbourhood. According to urban researcher Tijs van den Boomen, it was obvious by the late 1990s that change was needed, because Het Dorp had been hard-hit by austerity in the social welfare system, resulting in vacant units and a hollowed-out community. He sketched a depressing picture of its state:

The map at the entrance to Het Dorp is old, because it still shows the Aral petrol station that was shut down in 1993. Other amenities are still shown on the map, but in reality are long gone: the big shed of the sheltered workshop, the ANWB office, the post office, the staff housing. The loss of these amenities is a heavy blow for Het Dorp, the Netherlands' best known live-work project for the physically disabled. Hardly anyone comes in from outside anymore, and so Het Dorp is more like a ghetto instead of the full-fledged Arnhem neighbourhood it was meant to be. The supermarket and hairdresser are still there, but they mainly attract residents only, and are only being held together with spit and glue.¹⁴

(van Boomen, 2002: n.p.)

The loss of these everyday services increased Het Dorp's isolation (Kortekaas, 2012). In the meantime, the self-governance structures initiated in the 1975/1976 push for reform were wound up in 1992, and Arnhem-based care provider Siza (*Samenwerkingen Instellingen Zorg Arnhem*) began taking over the care provision system two years later (Dietz, 1997: 139).

Availability of care on demand from the *dogelas* also nosedived as budget cuts bit—and of course, by the 1980s and 1990s young women with healthcare training had better-paid employment options that did not require living on-site, so recruitment became more difficult than in the early years. This change was felt directly by residents: “I can remember when I waited for 90 minutes, two hours” for help to arrive, Hilberink said.

One response was a pilot personal budget (*Persoonsgebondenbudget*, PGB) scheme, in which Hilberink participated. “That was before the PBG was introduced in the Netherlands. I was one of the ten or 15 people who could choose their own caregivers and work times. That was very innovative.”

At the same time, the concentration of more active severely disabled people in one place had some positive impacts that took time to become more visible. The on-site wheelchair and assistive technology workshop developed a number of clever devices that were soon in wide use, including in

¹⁴ “De plattegrond bij de ingang van Het Dorp is oud want hij vermeldt nog het Aral-tankstation dat in 1993 is afgebroken. Ook andere voorzieningen staan nog wel op de kaart, maar zijn in werkelijkheid al lang verdwenen: de grote loods van de sociale werkvoorziening, het ANWB-kantoor, het postkantoor, de personeelsflat. Het wegvallen van die voorzieningen is een gevoelige slag voor Het Dorp, Nederlands bekendste woonvoorziening voor lichamelijke gehandicapten. Er komen nauwelijks meer mensen van buiten en zo wordt Het Dorp steeds meer een getto in plaats van de beoogde volwaardige wijk van Arnhem. De supermarkt en de kapsalon bestaan nog wel, maar zij trekken bijna alleen bewoners en moeten met kunst- en vliegwerk overeind worden gehouden.”

wheelchair sport, and improved many residents' lives directly. "It was great, very easy to access," recalled Sander Hilberink. If you wanted to change something you went to the mechanics and they fixed it right away. And I had one friend who was a mechanic, Michel, and he souped up my wheelchair so it could go fast!" However, Hilberink noted, "It changed, and became more strict. [Residents] were not allowed anymore to enter the workplace" (personal communication, Sander Hilberink, 11 October 2022).

The isolation of Het Dorp described by Metz and others had never really lifted, Hilberink added. "It was an isolated neighbourhood, so there was really no contact with other people in the area except for the volunteers. But the [other] residents were OK with it. They were busy with their own daily hassles, and were not [wanting] to go engage." However, on-site activities had also dwindled, making life in Het Dorp become less attractive (personal communication, Sander Hilberink, 11 October 2022).

As the population changed, and expectations for independence grew amongst young disabled people, there was an increasingly large group who lived in Het Dorp but whose "real lives" were elsewhere, like Cochijs and Hilberink. Hilberink said: "I was at university and I met my first love, and she lived on the other side of Arnhem so I was most of the time with her. I even arranged home care at her place so when she had to stop working there were the home care to help me with clothing, breakfast and all." Incidentally, his new girlfriend was a *dogela*, suggesting that the concerns about resident-*dogela* relationships mentioned by Metz, discussed by the Executive Board, and emerging in the pages of *De Kontaktsleutel* continued to be challenged by youthful residents and *dogelas*.

It has taken a long time for Siza to begin to realise its redevelopment plans, and these reflect the ongoing ramifications of the societal and financial changes covered in this chapter. New designs attempt to adjust for less help from human carers with advanced technologies. These range from familiar items like robot vacuum cleaners, to disability-specific designs like a rotating kitchen island with stovetop, sink, and preparation space that can be set at different heights (Pelgrum, 2014). There is no longer the assumption that Het Dorp residents will live, work and have social relationships within a closed community. As the history of Het Dorp presented here shows, however, design alone can't undo all forms of disablement. Societal attitudes, issues with education and care provision, and the enduring problems of achieving a valued social role, including gainful employment, continue to be difficulties in today's very different Het Dorp.

Conclusion: Looking back at Het Dorp through the “hierarchy of impairments” lens

This chapter will explore the legacy of Het Dorp today, and summarise key conclusions of each chapter.

As disability activist and theorist Vic Finkelstein has noted, neoliberalism and its drive for privatisation of public services have changed the fundamental nature of society, creating less favourable conditions for independent living for disabled people (Finkelstein, 2007: 2-3). In the Netherlands, the financial cost of independent living for disabled people was uncertain when Het Dorp was founded, but came under increasing scrutiny from the 1980s forward. Increasingly, the vision of a community in which design for accessibility and provision of high-quality health and social care could elevate severely disabled people to normative status seemed like a quaint notion.

Echoing trends in the US and UK, access to independent living has become mired in discourses of market-based solutions and individual rights. But to extend Finkelstein’s UK analysis, perhaps the limitations were inherent from the beginning. He wrote: “‘disability’ should be understood and addressed as a social (i.e. comprehensive) and not as a personal (i.e. individual) phenomenon” (*op cit.*, Finkelstein: 6). In Finkelstein’s view, since disability is something imposed on people with impairments by society, services and supports should be decided on and controlled by disabled people as a “community” within society. When they are not, as was the case in Het Dorp, they will invariably fall short in their emancipatory potential, because they will be based on medical and normalisation paradigms.

In the history of Het Dorp presented in this paper, this failure can be observed. A small group of disabled people were consulted at the start of the project, but their aspirations and ideas had minimal influence on its shape. Site and housing design, plans for daily life, services and supports were designed by able-bodied persons, with little input from those who should have been at the centre of the process. Given the lack of other viable options, disabled residents made the best of what was offered by their well-meaning benefactors. However, residents’ scope of influence was curtailed by the extremely limited range of community governance represented by the *Dorpsparlement* and *Dorpsraad*, the individualised nature of welfare benefits, and prevalent societal attitudes.

Arnhem disability activist Jan Troost has been a longstanding critic of Het Dorp: it was a place he never wanted to live, but was afraid he would be sent to. While Troost agrees that the project was a public expression of the hierarchy of disability, he also pointed out that this hierarchy is deeply embedded—not only in society at large, but amongst disabled people themselves, just as Deal (2010) suggested. Troost described how this worked in the Netherlands during the formative era of Het Dorp:

People with a physical disability had nothing to do with people with an intellectual disability. It had to do with the system everywhere: if you were in the residential school for people with a physical disability, that had to do with intelligence... the blind had their own residential schools, the Deaf had their own, the intellectually disabled had different places, it was just deeply rooted.... And that also had to do with the way people thought that if you had a physical disability, you had a mental illness or an intellectual disability too. We distanced ourselves from that idea...

It was the same in our boarding schools. Joking, the difficult encounters with the typical people—they stood above us on the ladder. Then you saw the people with paraplegia—that's where I'm at—and underneath are the people with acquired brain damage and such. It was a sort of 'natural selection' that I think is still there. Only now, no one dares to say anything about it.¹⁵

(Personal communication, Jan Troost, 7 July 2022).

This was echoed in an exchange between sociologist Irving Zola and a Het Dorp resident in 1972. The resident expressed dismay at how more residents now had physical disabilities caused by progressive illness. “To be handicapped is to be stabilized, to be diseased is *not*,” she replied when Zola said he didn't see the problem (1982: 53, emphasis in original). Hans Koekoek also expressed distaste for being lumped in at the *revalidatiecentrum* with physically disabled youth who he saw as “mainly psychologically disabled” (Koekoek, 1969: 51).

Understanding this hierarchy of impairments provides context for the way Het Dorp constructed physically disabled people as a normalisable “model minority.” In their influential essay linking neoliberal discourses of disability to model minority discourse, David Mitchell and Sharon Snyder critique what they call *ablenationalism*, which they describe as “the degree to which treating people

¹⁵ “Mensen met een lichamelijke handicap had helemaal niets met mensen met een verstandelijk beperking. Het had overal met het systeem te maken, je zat zelf standen in de Internaat voor lichamelijke gehandicapten, en het zetten de intelligentie aan, zo te zeggen ... De blinden had eigen internaat, de doven had eigen internaat, en de verstandelijk gehandicapten had wisselende bestonden—het stond echter heel lang diep in het weefsel. En dat had ook aan mee te maken, erm, als u een lichamelijke handicap gehad, was het ook gedacht ze ook dat je gek was, dat u een verstandelijke beperking had. We zetten onszelf af tegen dat idee...”

Het was zelfs binnen ons Internaat. Lollende, de confronteren met net gewoon levenden mensen, zij standen boven aan een ladder. Daar je kijken de dwarslaesies—nou dar komt ik—en eronder stond de mensen met niet-aangeboren hersenbeschadiging en zoiets. Dat was een soort natuurlijk selectie, de volgens mij op steeds is. Alleen nu durft niemand iets te zeggen.”

with disabilities as exceptions valorises able-bodied norms of inclusion as the naturalised qualification of citizenship” (Mitchell and Snyder, 2020: 50). In a process that these authors compare to the normalisation of homosexuality—as long as homosexuals present as employed, middle-class, white gay men who plan to get married and raise families—citizenship is also extended to disabled people, as long as they can simulate able-bodied values. The function of constructing one group of disabled people as a “model minority” can therefore be to deny other disabled people inclusion, by placing them at a lower rung on the hierarchy of impairments.

The realities of living with impairments, however, undermined the model minority discourse attached to Het Dorp. Early residents became older, creating a greater need for intensive care and minimising participation. Residents were not always content to simply accept what they were given. Later residents were drawn from a much larger pool—no longer could “the right sort of people” be personally selected by a powerful, paternalistic director and his hand-picked Selection Commission. In the later years of the community, even less power was delegated to formal community governance structures. Lack of work, poverty and social isolation troubled the normalised images of Het Dorp that had originally been presented to the general public.

And yet positive outcomes can also be observed. Despite his many criticisms of the project, Troost noted that advances in areas like understanding disabled people’s sexuality began in Het Dorp, and stated that “Het Dorp was the start of the emancipation movement. Afterwards you got the small-scale dwellings, you got Fokus” (personal communication, Jan Troost, 7 July 2022).¹⁶

Het Dorp represented a stepping-stone towards independence, both for many residents themselves and for physically disabled people in the Netherlands as a group, agreed Sander Hilberink: “It was the first way out of the institutions and having to depend on your parents for your whole life, and I think that set an example of the possibilities.” That promise faltered because of inherent tensions between independent living and a residual patriarchal care model, and of course budget restrictions, he added: “The way it worked out was bad, I think – the lack of integration, lack of development. In the ‘90s, always, there was no activity... I think Het Dorp was in some ways unethical, to say we are offering a ‘normal way of life’ although they didn’t offer the support that was needed” (personal communication, Sander Hilberink, 11 October 2022.)

At the time of this writing, only a few vestiges of the original Het Dorp remain, and for those who have long ago left Het Dorp, life has moved on considerably: to other specialist housing, then to adapted mainstream housing; to inclusion in further and higher education, and often to working in

¹⁶ “Het was wel de start van de emancipatiebeweging geweest. Daarna krijgt u kleine woonvormen, u krijgt Fokus.”

mainstream settings with adaptations. “People from Fokus, for example, want to go out and live on their own with the personal assistance system,” explained Dick Cochius. For him, this has meant moving into a home that was specially adapted about seven years ago, with support from a team of personal assistants who he employs. He remains active in work and in supporting disabled hockey (personal communication, Dick Cochius, 1 July 2022).

Cochius mentioned another local legacy of Het Dorp: “If I go out in Arnhem, nobody watches me... I think people with disabilities in Arnhem is a part of life. So that’s what is the legacy, I think: because certain people are in Arnhem, yeah, is that’s... not different anymore.” Disability visibility—local, national and international, because the project was covered in the international press—was therefore a crucial impact of Het Dorp.

Other legacies can be located in innovations in care provision, in assistive technology and in accessible design. While the fight for adequate funding and social rights continues, these remain significant achievements.

Summary

The research presented in this thesis has documented the ways in which Het Dorp residents were constructed as a “model minority,” through the promulgation of texts and images on television, in *De Dorpskoerier*, and in the Dutch press, ostensibly as a way to further a progressive vision of independent living and disability inclusion. This process immediately ran up against barriers, because it required a level of personal care services, welfare benefits, and societal change regarding education and employment that could not progress at the same speed as image-making.

The hierarchy of impairments played a key role in this process. Because people with physical disabilities occupied a higher place in that hierarchy in the Netherlands, they were the best choice to use as an example of the “deserving disabled.” Potentially capable of achieving the ability to live independently and work, with the right technological and design solutions, they were employed as an example of what publicly funded healthcare and rehabilitation services, and enhanced welfare benefits, could make possible.

The hierarchy of impairments can be observed in the fact that Het Dorp, a community for physically disabled people only, was designed and built at all. The time and financial resources poured into this one community were considerable, and far out of proportion to efforts made at the same time for

persons with psychiatric, intellectual or sensory disabilities in the Netherlands, who also desired chances to live independently. These groups were seen as less capable of approaching the able-bodied norm.

The selection of residents also illustrates the hierarchy of impairments. Klapwijk's insistence that residents should be only physically disabled resulted in the exclusion of people with dual disabilities for many years. Efforts were made to ensure early residents were "the right sort of disabled people" to support positive image formation and defect criticism. In addition, when people with dual, psychiatric or intellectual disabilities did join the population in appreciable numbers, their inclusion was seen as "downgrading" Het Dorp as a community. Less thought was given to their specific needs, and fewer special accommodations were made to support their prospects for independent living. In the end, the arrival of non-disabled people as residents of Het Dorp has been portrayed as a further step towards normalisation, with new homes planned in the €400,000 range (van der Ploeg, 2020).

Residents of Het Dorp experienced the hierarchy of impairments as part of their own identity formation process, through comparing themselves with both "normal" adults and with other disabled people, as public exemplars of a constructed "model minority," but also through failed hopes for gainful employment and isolation from mainstream Arnhem. As disability benefits became a political football, they also experienced negative impacts through austerity budgets and care-system "reform."

Conflicts and counter-discourses were visible from the start. Despite attempts of Het Dorp's founders to carefully stage-manage the community through resident selection and image-making, residents themselves recognised the limits of technological solutionism to address problems rooted in long-standing attitudes, laws, societal practices and benefits policies. These conflicts were experienced on a personal level, as disappointment, discouragement and chafing against externally imposed barriers, but also as a community. Communal responses, such as contesting the *Dorpsraad* election with an alternative candidate slate, the 1981 AWBZ petition campaign, participation in the PGB pilot, and discussion groups on topics like feminism, sexuality and relationships, brought together the personal and political.

Staff and administrators also encountered counter-discourses, as shown by *dogela* protests about hierarchical management and the eventual adoption of "social model of disability" rhetoric by current Het Dorp manager, Siza.

Because large-scale survey research into a specifically Dutch hierarchy of impairment has not been carried out over time, it is not possible to measure the impact of Het Dorp on any change there. But it seems likely, given the high visibility of the Het Dorp project in Dutch media from the 1960s forward, that physically disabled people moved up a few rungs in public perception, based on the concept that they were potentially normalisable.

Within Het Dorp itself, population change brought different groups of disabled people together in the more recent decades of the neighbourhood. It became more diffuse, and residents' lives were more closely connected to services and supports outside of Het Dorp itself. While neoliberalism has individualised support and service choices, and the Dutch tradition of separated service centres for different impairments has not disappeared, people from different groups are today more likely to come in contact, potentially breaking down long-standing hierarchies.

In sum, the hierarchy of impairments shaped Het Dorp through its foundational and formative periods, and beyond, but Het Dorp also embodied emancipatory possibilities that challenged such constructions.

Primary sources

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Dick Cochijs (1 July 2022)

Chair, *Arnhems Platform Chronisch Zieken en Gehandicapten* (APCG; Arnhem Forum for People with Chronic Illness and Disabilities); former resident, Het Dorp.

Dr Sander Hilberink (11 October 2022)

Lector Ondersteuningsbehoeften (Lecturer in Support Needs), Hogeschool van Rotterdam; former resident, Het Dorp.

Jan Troost (7 July 2022)

Disability activist; former head of the *Chronisch Zieken en Gehandicapten Raad* (Council of People with Chronic Illness/Disability).

Carina den Uijl (19 May 2022)

Project advisor, JKFKinderfonds; former volunteer, Het Dorp.

Conny Bloemendaal (3 August 2022)

Former secretary (volunteer) to Het Dorp resident Truus Grosheide (editor of *Flap-Uit*).

Documents:*De Dorpskoerier*

Locations: Rozet Archief, Arnhem (PPN: 045215553; multiple bound volumes covering 1963-1974 [incomplete]); IWO archive, Universiteit van Amsterdam (UBM: V.V. 2633; multiple bound volumes covering 1963-1974 [incomplete])

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Flap-Uit

Location: Personal collection of Conny Bloemendaal, Arnhem

Plans and documents related to Het Dorp from the van der Broek en Bakema Architecten (BROX) archive

Location: Het Nieuwe Instituut, Rotterdam (HNI archive numbers: BROXbs1355, BROX2758, BROX3145, BROX3146, BROX3147, BROX3148, BROX3149, BROX3153, BROX3160; and BROX6189, including BROX 1307tg.5, which is about a different Arnhem project)

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