The central question of this book is: How were people with visual disabilities treated differently in Dutch society during the period 1920-1990 - which factors were determinative and how can we explain the historical developments?

In the introduction the approach to the subject and the contribution to the historiography are presented. Let us start with methodology: this book is situated in the research tradition of disability history, a tradition that is almost unknown in the Netherlands. The approach of this book is inspired in particular by the so-called new disability historians, who advocate a conceptual approach to disability that draws attention to the way society defines disability. Four factors that were determinative in the construction of visual disability in the period 1920-1990 are investigated, using the actual case of an institute for the blind called Sonneheerdt: religion in chapter 1, the state in chapter 2, the logic of care in chapter 3, and the logic of normalcy in chapter 4. The investigation of religion and state makes clear that the way in which society was ordered contributed to the way blind people were dealt with in Dutch society. Within this order civil society organizations played an important role. The analysis of the logics of care and normalcy shows in a more precise way how blind people were dealt with by civil society organizations. The logic of care is a way of thinking and acting that approaches disabled people as dependent and recipients of care, whereas the logic of normalcy is a way of thinking and acting that approaches disabled people as (potentially) independent and normal.

In this book it is argued, in the context of the existing historiography, that people with a (visual) disability in the Netherlands were predominantly dealt with as recipients of care during the twentieth century. Until recently, attempts to replace the logic of care towards people with (visual) disabilities with a logic of normalcy were not successful. The dominance of the logic of care is remarkable from an international perspective. Because of the high numbers of soldiers with disabilities after the world wars the logic of normalcy became more common in other countries. Moreover, disability movements abroad were regularly more successful in promoting the logic of normalcy in public policy. But even if we look at the Dutch cultural revolution in the 1960s with its emphasis on independent individual self-development the long dominance of the caring approach to people with disabilities is striking. Therefore, the peculiarity of Dutch disability policy requires an explanation. In each chapter in this book part of the explanation is provided.

In the first chapter the role of religion in dealing with the blind is investigated. In this regard there is frequent reference in the literature to the Dutch ‘pillarization’, a segmentation of Dutch society on the basis of religion. It has been thought that religious civil society has played an important role in the way people with disabilities have been treated and that the logic of care has often been inspired by religion. However, if we look more closely at the role of religion in the initiatives for the blind, we have to conclude that religion was not as important as previously thought. It goes without saying that religion played a role in collective rituals and moral rules in religious institutes until the 1960s, but many civil society organizations were not religious as understood within the context of pillarization and the logic of care was not only practised by religious organizations. The main role of religion was the support of religious organizations for a social order that maintained an important role for civil society organizations that approached the blind primarily as care recipients.

For this social order the Dutch state was a very relevant factor, as explained in chapter 2. In the literature, there is frequent reference to the late development of the Dutch welfare state. However, the state was already important before the welfare state was established. After the First World War the government appointed two committees which investigated the position of the blind in society and they both emphasized the logic of care. Moreover, in social policy a relatively sharp distinction was made between social security and healthcare, with the blind often being placed within the domain of healthcare. By contrast, outside the Netherlands (visual) disability was more often seen as an employment, rehabilitation and/ or social security issue.
After the Second World War the state was given a more explicit role under new laws, but social policy was still being implemented by civil society organizations. Care facilities could continue and be extended and because of the increasing prosperity there seemed to be no need for new rehabilitation services. So, the development of the Dutch welfare state did not really change the way people with disabilities were dealt with, but instead led to closer ties between the state and civil society organizations. When economic growth stagnated in the 1980s, the state tried to change the existing arrangements by stimulating elements within the logic of normalcy such as rehabilitation, client-centred services and inclusivity.

By analysing religion and state, a social order can be detected in which there is a significant role for state supported civil society organizations. This order allows for the dominance of the logic of care, but then the question arises as to why the Dutch managers of civil society organizations have often chosen the logic of care instead of the logic of normalcy. Again, the 1960s were illustrative here. After that decade attention was regularly paid to the exclusion of people with disabilities from society, but only since the 1980s did inclusion become a leading ideal in disability policy. This delay is striking, because Dutch managers often had a more pro-active policy. The second part of the book will therefore focus on the policy practice of social organizations and their administrators.

In the third chapter the logic of care is investigated by an analysis of the living environment at the Sonneheerdt institute. The policy of Sonneheerdt of, for example, segregated living was part of a way of thinking and acting which in the first half of the twentieth century was common in many organizations for people with disabilities. Since the 1960s, segregated living was subject to criticism, but policy only changed after the 1980s. This has to be explained by processes of (proto-)professionalization of care from the 1950s onwards. Thanks to professionalization the personal development of blind people became a central aim in care, but they were still dealt with as care recipients. Because this change in the logic of care was regularly evaluated as positive by care recipients, the criticism of segregated living and care was not as extensive as is sometimes suggested.

In the fourth and final chapter the logic of normalcy is investigated by an analysis of the working facilities of Sonneheerdt. Employment was often seen as a way of achieving a normal life for people with disabilities. Nevertheless, aspects of dealing with blind people according to the logic of normalcy in the Netherlands were incorporated into the logic of care. In this regard, civil society organizations like Sonneheerdt played an important role because they combine working facilities with caring services. Because working facilities were an intrinsic part of the logic of normalcy, people with visual disabilities saw the possibility to have a say in the policy of social organizations. Sometimes they succeeded, but at least until the 1980s it was difficult to break through the dominance of civil society organizations and their logic of care.

To sum up, in the Netherlands in the period 1920-1990 the approach towards people with visual disabilities was distinguished by treating them as recipients of long-term care and as dependent persons. People with visual disabilities were dealt with according to the logic of care, whilst the logic of normalcy had only a limited impact. Caring for people with visual disabilities often took place in segregated areas, and workplaces were often set up in a segregated context of care. So, the emphasis was on difference, but because of segregation the difference was invisible in society. The logic of care was dominant for such a long time because of the interplay between two actors, namely the state and civil society organizations. When in the 1980s a process of restructuring of the welfare state was initiated, the logic of normalcy became dominant and the emphasis was placed on removing difference. So, in conclusion, this book shows not only how people with visual disabilities were treated differently, but it also provides an insight into the functioning of Dutch society.