Transcript of Episode 2: A Conversation with Joel Castanet (English Translation)

(music)

Joël: [00:00:02] You have to make a choice and then you have to take the plunge. You have to go for it because, if you don't choose in life, life will choose for you.

(music)

Andrea: [00:00:17] Welcome to the second episode of Broadcastability, a podcast for, by and about people with disabilities in the workplace. This podcast is part of the PROUD Project at the University of Toronto. For more information, please visit our website, theproudproject.ca.
(music)

Isabelle [00:00:45]**:** This podcast was recorded on the traditional and ancestral territories of the Huron-Wendat, the Seneca, and Mississaugas of the Credit. We would also like to acknowledge the other Aboriginal lands on Turtle Island where we are conducting our research and recording this podcast. Miigwech.

(music)

Chloë: [00:01:19]
Hello, my name is Chloë Atkins. I have a disability and I am a professor of political science and principal investigator of the PROUD Project. I am an Anglophone but I think it is very important that our podcast be in both of Canada's official languages. I think that communication between the English and French communities can improve our understanding of the experiences of people with disabilities in Canada. For this interview, I am accompanied by Isabelle Avakumovic-Pointon, research and production assistant for the PROUD Project, Isabelle, would you like to introduce yourself?

Isabelle: [00:02:12] Hello! My name is Isabelle and I am a Master's student at the University of Toronto. I am studying Russian and European affairs and I am bilingual: I did two years of studies in France. I also have a disability and it is my personal experiences that led me to an interest in this project.

(music)

Isabelle: [00:02:34] Our guest today is Mr. Joël Castanet. He is French but has been living in Quebec for many years. Mr. Castanet is a kinesitherapist; he practices and teaches kinesitherapy.

(music)

Isabelle: [00:02:51] What I found most interesting in our conversation with Joël was his philosophical outlook, that he saw his disability, his career and his life from a very philosophical perspective,

Chloë: [00:03:12] Yes, he has reflected a lot on his life and his role.

Isabelle: [00:03:17] Yes, and he also thought a lot about the relationship between the body and the mind.

Chloë: [00:03:24] He is a man who lives with a philosophy.

(music)

Chloë: [00:03:33] Hello, Joël, and welcome.

Joël: [00:03:35] Well, welcome to both of you too. I'm happy to participate a second time for this sequel. So I'm listening to you.

Isabelle: [00:03:42] So, to begin with, could you tell us how you chose your career as a kinesitherapist?

Joël: [00:03:50] Well, that is to say that my work experience stems from my experience as a patient. Because until the age of four, until I was 20, I had 17 operations. I also had a kinesitherapist who came to see me at my home five times a week, from Monday to Friday. And there were times when I was in hospital for over a year. So when I was four or five years old, it wasn't like Michelangelo. It's a pity. Otherwise I would have made beautiful drawings afterwards. But at that age, I told everyone that I wanted to be a kinesitherapist, which is not a very common word for a young person, a child of four, five or six. At that age, in general, most children say they want to become a police officer, a firefighter or things like that. So at that time, I can't say that there was a particular morning when I woke up and said to myself "Well, I'm going to be a kinesitherapist, that's for me." It's like I can't say that I had a revelation one day to say to myself that this is it, I have found what I am going to do. I never considered anything else. I didn't consider, for example, becoming a doctor. So, maybe because I didn't have the abilities, because you need skills that I didn't have, but I liked the idea of becoming a kinesitherapist, and when I look back, maybe I would have preferred to be an emergency doctor. But I don't have the physique for that. And maybe I don't have the intellectual capacity either but, physically, it would have been impossible for me to be in an emergency room. So, something like kinesitherapy provides an opportunity, compared to doctors, to see progress day after day. Because doctors send you to a physiotherapist, for example, for three months after a sprained ankle and it's settled. A doctor observes that and says, ''Bravo! Perfect!" But the doctor hasn't seen progress as it happened. He doesn't have as much contact with the patient. So maybe, finally, that's probably one of the reasons why kinesitherapy suited me so well. When I arrived in Quebec, I was told that physiotherapy is a different practice done with machines. That, for me, is not possible. My wife, who went to the same university as me in France, did physiotherapy and that didn't bother me. It meant doing a little more with machines, a little less with physical contact. For her, it didn't bother her. I understand that it's not disturbing but for me, personally, it's not really possible. That's the way it is. To have it done in a way other than what I think is the best way is not possible for me. So that's why I was lucky enough, if you like, to never have any doubts about what I was going to do for a living.

Isabelle: [00:06:35] You spoke briefly about the medical team that looked after you when you were in the hospital. So, in your experience, how important is teamwork in a professional, medical setting?

Joël: [00:06:48] Well, teamwork, for me, is the most important thing, because of what I saw. The surgeon was the director of the kinesitherapists, as I said, and he selected the best kinesitherapists because he knew them all and, moreover, they were highly motivated because they had been selected by the boss. So the nurses and everyone else gave 200% effort. And I could see that, yes, obviously, the nurse cannot replace the surgeon. But if the surgeon doesn't have nurses or kinesitherapists, it won't work either. So I see that the only solution is teamwork and I was very aware of this, which is why for me hierarchy is very easy to accept. I have always considered that there is a hierarchy. That doesn't mean that the person at the bottom of the hierarchy doesn't do anything. It doesn't mean that the kinesitherapist is worthless and that it's only the surgeon who is worth something. But it does mean that there is a hierarchy. There is a leader and in a team there is a leader and sometimes you may not quite agree with the leader. But unless it really shocks my convictions and I am uncomfortable, I'm going to fall in line. So I don't have any problems working with doctors whereas there are a lot of other therapists who have many problems with doctors because they say that doctors have big egos and so on and so forth. This is not always incorrect either. But for me, there does exist a hierarchy. So as long as the direction suits me, I won't make a fuss. However, it has happened that I've told doctors that I wouldn’t use a given rehabilitation technique because it wouldn't work. “Doctor, if you want to use such and such a technique, I would rather you call on some other colleague to carry it out, but not me.” This way the patient was never left without a therapist. But I’d say: “I'd rather try to do such and such based on my own experience. I think I would have a problem using a technique that is not as good as another one that I know. So if you don't want to, all right. But I don't worry that you're going to transfer a patient who is not my patient.” The patient is not my property but my ethics do count for me. I won't do something that I don't believe in, especially when I work in nursing homes where restraints are placed on old people who have their legs bent. They were put in restraints that caused them pain. But I used to say that these people will never get out of bed again, they won't be able to walk, and so on. What's the point of having their legs stretched out in bed? I understand that it makes it easier for nurses to wash the patients. I understand that there are some advantages. But for the poor person, I thought that it was inflicting pain and that the gains obtained were not worth the suffering inflicted. So I said: “I wouldn't put splints there. I won't do it. If you like, you could refer the patient to one of my colleagues and then if my colleague does it, I will have no objection but I won't do it myself.” But otherwise, that's a quite rare case. I don't have a problem with hierarchy or with the fact that it's the doctor who will get most of the glory for what has been achieved. That doesn't bother me although that does bother some people. When a doctor says, for example, in my presence, “Well, you've been well looked after and the treatment is effective. Your problem is solved”. Well, I don't need the doctor to say that it was the kinesitherapist who carried out the patient’s sessions. The problem is solved. The patient thanks the doctor. Most of the time, the patient might thank me or maybe not. Sometimes yes and other times no. Because it's the doctor who speaks with the patient, the patient is not likely to thank us. Besides, I'm not likely to say “Oh, but there, the patient should have spoken up and thanked the others, thanked the team.” Oh well, that's that, then. Who takes the credit? The doctor does. I don't mind but I have colleagues who do mind a lot. And that requires some work on the ego.

Chloë: [00:10:55] Have you found that your disability has helped your career in any way? How did your patients react when they realized that you too had a disability?

Joël: [00:11:09] Well, it's an asset but there is also a disadvantage, as always. The advantage is what we call in philosophy, once again, relegation. To be able to say to the person "You see, you’re not the only one.” We don't necessarily have the same disorder but it gives us a similar experience of suffering. So, that’s not everything. And that is the first thing that people need. Because when people have cancer, they say “Why me?” and so on. Try to say, “It's not just you, so it's unfortunate. It's a small percentage but it's not just you.” The advantage is that, well, there is what Ricœur called “the path of recognition”, so they recognize themselves in my path. I say that I too, I've spent sleepless nights, so they feel less alone, so that's the relegation we were talking about.

Joël: [00:11:58] So, the drawback is that sometimes they will be reluctant, if they think I'm more disabled than they are, they won't dare tell me what they have. Because someone who tells me: “Yes, I had a sciatica attack, then I was operated on and that didn’t go so well. And now, when I walk, my leg drags. Before, I used to be able to walk for 3 to 4 hours. Now I only walk for an hour, tops”, and then if they know that I can walk for 5 minutes at a time, they may feel embarrassed and not dare to complain anymore if, for example, they can no longer run as fast as they could. They may say: “I can walk, but I can't run like I used to.” They feel some embarrassment because of that. But as I tell them, just because I'm worse off than you are doesn't mean you're not in pain. I'm worse off than you but if I'm hurting 9 out of 10 and you're hurting 7 out of 10, you're still hurting. So forget about my 9 out of 10 and let's see what we can do about your 7 out of 10 and don't shy away from talking about your 7 or your 4 out of 10 on the grounds that I’m much worse off. On the other hand, there are those who, after finding themselves more or less paralyzed after an accident, say to me: “Oh, after all, I don't know whether it would have been easier if I had always been disabled. Because I would have got used to it, the way you have.” They may even say that for me a sprained knee would be trivial, they suppose. But it's not nothing. It's not the worst I've had in my life but it's not nothing either. And when I don't have any sprain, I don't go looking look for it either. But for them, it's like they think: “Yes, my knee hurts because I've sprained it but I'm embarrassed to talk to you about it because I see the problems that you have.”

Joël: [00:13:57] So, sometimes, that's what it is too. We have to put them at ease but it's up to us to put them at ease. To tell them that I am me and you are you, and you have your own problem. That's why we're here. My experience can help you get through this because I can tell you what's going to happen too. I have to make them feel comfortable so that they can speak of their problems. They must not be reluctant to say something or have nothing to say. They must not go back to the doctor to say: “But you know, my ankle still hurts.” although they had told me that it didn’t hurt any more because they didn’t dare say that it hurts. Then the doctor tells me: “You know, he's still in pain. You shouldn’t have stopped the sessions. You need to do one or two more sessions.” But I said: "I didn't see any signs. He told me that it didn't hurt anymore so I simply stopped.” At that moment, when it happens, I won't say to myself that the client, the patient, has betrayed me. I'll say instead that I wasn't clear enough in my message, that the patient wasn't comfortable enough to tell me that he was still in pain because he felt embarrassed. You can always blame it on someone else or say to yourself, next time I'll try to be clearer with others to really tell us: “”Oh no, you know, I barely feel any more pain". But explain to me this pain you barely feel because it means we have to do one or two more sessions.” Although, for sure, this is almost nothing compared to the pain suffered at the outset or compared to the pain the patient assumes I feel and he is still hesitant to return. If he comes to see me, he tells me that his little finger hurts a bit. Well, you're going to have a hard time doing such and such and yet the little finger is painful. So sometimes it helps but sometimes it doesn't help. My progress depends on trying to see those times when it didn't help. Can I be any clearer or not? Or is it the patient who doesn't want to understand either? Not all patients want to be healed. They all want to be cured but they don't necessarily all want to heal. So, at that point, if they don't want to heal, if they don't want to heal too much, well, that's their problem. I can't do more than what they want.

Joël: [00:16:20] And we are surprised to see that there are many patients who find it suits them well to remain a bit ailing like that. It allows them to misuse their weakness. “You understand, I'm disabled, so if you can help me.” At some point, you eventually say, yes, he's exaggerating, but you don't dare tell him that he’s exaggerating because it would not be well received. So it's a reverse misuse of weakness. Here, it's not an able-bodied person who takes advantage of a disabled person; it's a disabled person who misuses his problem to treat others like servants. So they will tell you: “You see, now that I am disabled, all my friends are abandoning me". It's not your friends who are abandoning you because you are disabled; your friends have abandoned you because you are unbearable. It's not the same thing. And if you had been unbearable without being disabled, you would still have been abandoned.

Chloë: [00:17:17] In your career, you chose to be an entrepreneur instead of an employee. Why did you make that decision?

Joël: [00:17:27] What happened, I was going to say, between inverted commas, should not have happened. Because, obviously, the surgeon who operated on me seventeen times was also the director of the kinesitherapy school, which came under the faculty of medicine. He was the director. So when I went to university to study kinesitherapy, well, all my teachers knew me already, in most cases. They had been involved in some of my childhood rehabilitation whereas others knew me because I was a sort of a mascot there. Others had seen me previously. Then, as they knew that it was the surgeon, their chief, who had been taking care of me, well, even the ones who didn't want to be too zealous, still felt a bit obliged and to be careful. And so, when I finally got my kinesitherapy diploma, it was tacitly, that is to say passively, understood because it hadn’t been openly discussed. It was the unsaid, as Heidegger would put it. It was obvious that, having obtained my diploma, I would be going to work in the hospital because I knew all the kinesitherapists, the surgeon and so on. Given that I was a person with a disability, I would be given priority. So I already knew all the management and everyone else and, on top of that, I was disabled. So that means that I could hardly have had more precedence than that.

Joël: [00:19:00] So the matter was hardly even discussed because it was so obvious to everyone. Like the fact that I was going to become a kinesitherapist. It was a given. The fact that I was going to work in the hospital because it was an environment that I loved was obvious and no one would have questioned it. No one would have thought to say: “Oh, are you breathing?” Because of course I was breathing. Obviously. It was kind of like that. And then, to sum up, as luck would have it, at the precise time of this job, in July, the government decided to make cuts. And there would be no more hiring of nurses, kinesitherapists, and so on for a while because they were restructuring, etc. This meant that there were two of us, myself and another person who was also a priority, two of us who were priority hires. Given that there were at least twenty or thirty positions to fill each year, it was apparent that we would be hired. So for the two of us, it was obvious that it was the two of us who would fill the positions. So we then spoke to the surgeon but it was out of his hands as it was the government’s decision. He couldn’t very well say that he would hire anyway. His hands were tied. So, initially, we thought that these were government measures. Maybe in two or three months' time, when the school year starts in September, things will change. In short, they didn't change. So I started to do replacements in the private sector. Always with the idea in mind, well, that I would do replacements for three to six months. Well, that was fun. Besides, I replaced a manager who, by coincidence, was blind. So, I said to myself: “Well, to each his own disability.” Anyway, nothing happened after that. That is to say, for several years, Public Welfare was no longer hiring. And then, a year later, my wife finished her degree since she was in the class that followed mine. That's when we went to live and work in Mauritius for a year. When we later returned to France, there was a kinesitherapist who had been following me for years there. This person said to me: “Why don’t you come and work with us in my clinic, with doctors, etc.?” So I went over there. And then later on, there were positions to be filled at the hospital but the time for that had passed. But if you had asked me when I was starting my studies where I intended to go to work afterwards, I would have answered: “In the hospital.” because it was a given.

Joël: [00:21:45] In my mind, I saw myself in the idea that I was going to work in the hospital. I would work in the hospital and I would take training to become a teacher for kinesitherapy students. It was a natural response on my part to want to give back for what I had received from others. So, by going to work in the hospital, I would give back to people and then I wanted to teach. So for me, that was my way of thinking. At the time, I didn't have a holistic view, so to speak. You don't see why things could turn out differently. And that's what life is all about, things turning out differently. And that's not so bad. Sometimes I say to myself: "Ah, maybe I would have become the director of the faculty by now." since in the past, it was always a physician who was chief but nowadays it's a kinesitherapist. But then I think: "I dunno". Yes, if I could live three lives in parallel, I could have lived that one too. But anyway, that's why adapting, for a disabled person, is essential. I say "doctor", it's a key word, a kind of art of living. At the outset, it's like an imposition and then, afterwards, it becomes a way of life. So why don't we go to Mauritius? Or, later, why don't we migrate to Quebec? So I had an open mind. It's not that I was open to that in particular, but I knew that I would follow. As I say, you have to expect nothing to never miss anything. Because if you expect something and that something never happens, you will be trapped. If you expect anything, you will be taken by surprise because, when you expect anything, something will turn up. It always happens that what you count on may not be there. So when I say I expect nothing, it's not to be seen as a negative. I expect nothing, I don't expect anything more from life. It means that I remain open to possibilities. This is the concept of the unhoped-for.

Chloë: [00:23:39] Speaking of hope and expectations, how did you prepare for your move to Canada? Did you have a plan before your arrival in Quebec?

Joël: [00:23:52] There again, in particular, in the sense that I came a year before with my wife to scout a bit and see what we could do. We were aware that there was this matter of the equivalence of diplomas. My wife looked after that but then I didn't. I had approached a massage therapy school that taught basic kinesitherapy. The person there seemed to be interested. Then, on my return, he was no longer interested, and so on. And then we knew that it was going to be difficult for me to find patients because I didn't have the proper diploma. So that made life a bit more difficult for us. But at the same time as I was looking for a place to work, I was also looking for a place to teach although I had not taught previously. I didn't have any teacher training because my intent was to do that with the university in France. So, I didn't have a plan. I had the desire but I didn't have a plan. I had no training as a teacher. However, for kinesitherapy, there was only one school in Montreal that taught rudiments of kinesitherapy. I thought, I'll go to that school because it will be easy. But that school turned me away. So, I went to a competing school that didn't offer kinestherapy training. They said: “Why not offer training in kinesitherapy?” Since the school was unfamiliar with kinesitherapy, they gave me carte blanche, but I had never taught. I also had to sort out “What can I teach in Quebec?” Because there are physiotherapists and that I can't teach that. There are many things I can't teach. They won't do hospital internships and so on. So it's like I was the only one who could draw up a program and establish its outlines. I found it fascinating but let’s just say I received little help. It reminded me of the time when I arrived in Mauritius where we were only two kinesitherapists on the island. It was impossible to call on a cohort of senior kinesitherapists to inquire how things were done on the island and what could be done but we coped, we adapted.

Joël: [00:26:08] But that's the vital momentum. If I wanted to do it and I didn't see why it wouldn't work. Sometimes even ignorance is a gift. Not knowing of obstacles, sometimes it's like a gift. Because had I known it was impossible, I wouldn't have done it. But since I didn't know it was impossible, I wondered how I could achieve it. But I did it. Give it some thought and it may get done. Where do you think of that? It was done. That's why there are a lot of achievements. I try to talk to people who have disabilities, especially to tell them that at some point you have to do as Kierkegaard suggests in his three stages. He says you have to make a choice and accept risks. Then you have to take the plunge. You have to go for it because, if you don't choose in life, life will choose for you. If you wait to choose a solution where there is no risk, you will never choose and once you have decided to take a calculated risk anyway, you take the plunge and you plunge into the unknown. If you're not a university professor, then maybe you'll be a professor in Quebec or maybe not, or you’ll do something else. That's it. And so when I came to Quebec, to answer your question, I didn't have a job lined up and I didn't come with an employment contract in hand. I came with three young children, the youngest was six months old. Ages six months, two and a half and four and a half. With no work and no recognized equivalence. So there were some people who thought I was crazy, but that's how it was. If someone had told me it was impossible, I don’t know, maybe I wouldn't have done it, but I said to myself, well, let’s do it. And then, if it doesn't work out, we'll go back to France. I don't know. It's also a matter of perception that people see in failure what is actually an experience.

Chloë: [00:27:58] You had courage and fortitude.

Joël: [00:28:01] That's it, yes, that's right. Either madness or courage.

Isabelle [00:28:04]: They are often the same thing.

Joël: [00:28:04] Surely a bit of both. Yes, that’s likely true, yes. Because that’s what it is. If I hesitated whenever any difficulty emerged, I wouldn't have done all that. Then, when finally they started rehiring masseurs for the hospital in Marseille, I could have rushed to the hospital like that, my career would be assured even if I'm disabled, I'd still have a retirement pension, and so on. On the other hand, self-employment is not as good.

Isabelle: [00:28:34] You have now lived in Canada for many years. We would like to know if you have noticed any differences between work cultures in France and in Canada.

Joël: [00:28:47] So you’re asking about cultural differences. What is complicated here, as in any other country, is when foreign diplomas are not recognized. For example, my kinesitherapy diploma is not recognized as a physiotherapy diploma. So this leaves two possibilities: either to do an equivalence to become a physiotherapist, but you have to know that when you do an equivalence to practice a profession, you will have to practice it as it is practiced in the country where you have arrived and so you will not be able to practice it in the way you used to. So if I had become a physiotherapist, there are many kinesitherapy techniques that I would not have been able to use any longer because the College oversees its members. The College must ensure that members have a proper understanding of techniques. As for me, given my personal background, I wasn't interested in doing physiotherapy because I prefer to work with my hands and, as you know, in my youth I had a lot of connections with hospitals. This made my life difficult because doctors of course prefer to work with physiotherapists who are recognized professionals rather than with a kinesitherapist who is not recognized. So it was a major obstacle for me when looking for doctors who would be open to working with me.

Joël: [00:29:57] So what are the differences? It's true that in France, people are, in general, much more straightforward. Now I'll talk mainly about my Quebec experience which is not especially Canadian, because I'm in Quebec. So here in Quebec people don't like conflicts. And someone like me who comes from Marseille, well, it's not that we like conflicts but, if you have to be a bit assertive, it's not a problem over there. So there was some of that aspect which means that, in France, as you probably know, before COVID and all the rest of it, there was and there still is a high rate of unemployment. So it's always a bit difficult to make your mark. And when you go for an interview, for example, it's important to showcase 200% of your abilities, whereas when you do the same thing in Quebec, you come across as a pretentious Frenchman who wants to teach others everything and explain everything to others. So it took me a while to understand that you don't have to demonstrate so emphatically the skills needed for employment.

Joël: [00:31:04] But that's an adjustment that happens when arriving in any new country. For example, when I was in Mauritius, it's true that, like in many other island countries, life in Mauritius was rather nonchalant. So there too an adjustment was necessary. I remember that 30 years ago, when I lived in Mauritius for a year, a month or two after our arrival, there was a big conference with the Prime Minister on the integration of people with disabilities. So now I think, well, this is a way of coming full circle thirty years later. I took part in the symposium to share my French experience. They were quite interested in learning about what was better and what was not so good. So I say to myself, today, it's like closing the loop or, rather, we hope that we will do more than close the loop. It's like riding a rollercoaster but describing it does take me back a bit. So each country also has its material constraints, etc. There were many factors to consider but I'll tell you a story to conclude in an open way. Speaking of Michelangelo, there is a well-known anecdote about his mother, when he was very small, who sent him to attend the passage of the pope who was in Florence. Michelangelo was four or five years old at the time and his mother later asked him: “Did you see the pope?” and, obviously, the five year old didn't see anything. Michelangelo later answered: “Oh yes, the man with the colours”. Because, obviously, the pope was wearing his coloured habit. So, this is what we call Michelangelo's colours, meaning that everyone sees in reality the happiness or misfortune they are willing to see.

Isabelle: [00:32:48] Given all these differences, do you think life is easier for people with disabilities in Canada or in France?

Joël: [00:32:56] Well, as is always the case, it depends on your point of view. If you take a point of view that is strictly medical, I would say that it is easy to verify. It's much better. It's much easier to be a disabled person in France than in Quebec because in France access to care is clearly superior to what we experience in Quebec. In Quebec, there are many thousands of patients who do not have a family doctor. When you want to see a specialist, you need a referral from a family doctor. So that's very complicated here. Of course, I suppose that many disabled people in Quebec end up having their own family doctor and referrals, but it's already more complicated.

Joël: [00:33:41] The second point is funding. For example, look at my specialty which is kinesitherapy, which is similar to physiotherapy. In France, when you receive kinesitherapy, if the doctor makes a prescription of kinesitherapy equivalent to physiotherapy, this prescription will be covered 100% by the system. This means that the patient does not have to pay. Well, patients pay indirectly through their taxes but they don't have to disburse as such whereas, here, my consultations cost $100 per hour. The people who come to see me are often individuals who have private insurance but private insurance might cover a maximum of four or five hundred dollars per year. However, you might need really sustained care and that's the case for people with disabilities. Of course, there is a whole system, there is a whole network. You could receive physiotherapy as well but let's just say it's complicated. Places are limited. I have a friend who has a child with a disability and she has to fight all the time to get essential services for her child. So, I would say that from a financial point of view and in terms of access to care and therefore in financial terms, it is much easier in France but maybe they have higher taxes as well.

Joël: [00:34:59] On the other hand, if I look at being disabled in terms of daily living, it's definitely much better to live in Canada or in Quebec, in particular, compared to France. Why do I say that? Because there are two major factors to consider. The first factor is space. Here, I mean in Montreal, it's very big. Whereas when you are in Paris, or even more so in Marseille or in small towns in the south of France, the streets are narrow, and so on. The sidewalks are in disrepair. I'm sure you have all seen that. That means that getting around in a wheelchair, for example, would be much trickier. In addition, obviously, in those large, densely populated cities, there is insecurity due to all the thefts, assaults, and so forth. Obviously, when you're more vulnerable, it means that for thieves, for those who have criminal intent, it's much easier to commit misdeeds in a country with confined spaces. Whereas here, I was surprised when I arrived in Montreal to see so many people getting around on electric mobility scooters. These people travel on sidewalks and often have severe disabilities. You can see that they have their backpacks, for example, hanging on the back of their small vehicles. In France, I would feel unsafe with that. I understand that they are not going to put all their identity papers in their backpack but I would feel very unsafe if I had to move around with that kind of little wheelchair in France. It's difficult, because, as I said, there's the geography, the sidewalks, the surroundings as well as a lot of insecurity.

Joël: [00:36:49] So from that point of view, when I go downtown, for example, I know that, by paying, I will always have an underground parking space and that I will be able to be close to my destination. On the other hand, in Marseille where I worked, there was underground parking but some days, if I arrived later than nine in the morning, there were no parking spaces left. On the streets, there was no space either. So that meant that even on days when I started at ten o'clock, I had to arrive by eight in the morning because for me it was very important to find a parking space whereas here, in Montreal, if I start work at 10:00, I can arrive by 9:30 and I know that if a certain parking space is no longer available, I will find another place to park, and so on. Given all of this, daily pressure is much less intense in Quebec, and I think this is true in Canada as a whole, when compared to France. I would say that in the very big cities in old Europe, as they say, in Italy, Spain and the rest, in all of those places where space is limited, there are a lot of people congregating because the streets are so narrow and there are so many people. However, in Montreal, for example, the streets are wide and there are relatively few people. I tell this to people and it's a little bit like that. Being in Marseille is a bit like being in Montreal but on stormy days. Yes, there are sidewalks here but the path may be obstructed and you may be forced to leave the sidewalk, and so on. In France, there is a lot of illegal parking. People park wherever they can, even on sidewalks. Well, you've seen pictures of that. So, if you are in a wheelchair, it is already difficult and then you arrive on a sidewalk and you find that a car is blocking your way. Even women or parents who have children in a cradle or in a pram have problems. With a stroller, you can't pass; you have to step off the curb and onto the street.

Well, it's similar to that. That’s what it’s like in stormy weather but fortunately they don't have minus twenty degrees.

Chloë: [00:38:41] I just want to know whether there is a difference in attitudes between the two countries, not just in places and transportation, but is there a difference in cultures and attitudes?

Joël: [00:38:54] Well, often, as it is in countries like France where everything goes very fast, it is certain that disabled persons are, in a sense, more troublesome. People want to help them but it's a bit embarrassing. It's like someone who, in a crowd, walks slowly and then slows everyone else down. In Paris, it’s a given that crowds rush in all directions. It's certainly more a practical question than a philosophical or ethical one to say that people with disabilities are less well regarded.

Chloë: [00:39:28] So, you mentioned COVID. I would like to know if you think that COVID will have lasting effects on our work systems, especially for people with disabilities.

Joël: [00:39:42] Yes, I can come back to that. So, as I was saying in our conversation back in January, the pandemic has paradoxically offered a great opportunity for people with disabilities. There are two reasons for this. Firstly, and this is very simple, COVID has shown that remote work is feasible. Previously, when someone expressed a desire to work from home, there were some who suspected that it showed a lack of willingness to work. Staying at home was for people who shirked their responsibilities. However, studies have now shown that remote work functions at least as well as working in person. This is a major advantage for disabled people who will be able to say if the nature of their work permits it (and that is not always the case) but if it is office work, for example, experience has shown that they can do that work at home and be just as productive. Disability is no longer an issue. So, at that point, employers will not need to adapt working premises to allow for persons with disabilities to work on-site. This may encourage hiring by obviating the need for complicated accommodations such as ramps and so on. There is an additional factor. In addition, here in Quebec, we have a somewhat artificial labour shortage, but a labour shortage all the same. So this is like a twofold opportunity. I'm disabled and I'm able to work remotely. And you’re having trouble finding staff? It's like a twofold reason for the employer to say: “Well, maybe this could work out to my benefit.” Don't forget that, as a general rule, when a person with a disability is given an employment opportunity, that person will generally work as well or better than others who are able-bodied. Because that person will want to prove that: “Yes, I have a disability but I can complete my assignments on time.” And that person may even be more diligent than an able-bodied 25-year-old who wants to challenge the boss’s authority.

Joël: [00:41:50] So I think that COVID is having a positive outcome for us. I would say to people who have been looking unsuccessfully for a job, I would say: “Look, even if you are discouraged, this may be the right time for you to resubmit your job applications because you have the wind in your sails. I also think it's a good time to highlight your skills because people are now more open-minded.” It used to be that employers thought that those who worked from home were slacking off. Now that obstacle has been removed. Now there is a second obstacle. There are employers who say: “If employees with a disability come to the office once every one or two months, we’ll just meet them on the ground floor. There is no need to provide them with an office and work space adapted for people with disabilities.” So, at this point, there is a great opportunity for people with disabilities. If I were to share with them and talk to them, I would say: “Regardless of your past more or less negative experiences in job hunting, start over again and go back and send your CVs again to places you liked and where you felt that it was the question of remote work that could have been an obstacle. If there are places where your abilities were acknowledged but it didn't work out in the end, it was maybe due to physical barriers.” I would tell them not to be discouraged and, as the Bible says, to not give in to the sin of apathy, in other words spiritual sloth. Redo and reformulate because conditions have changed. Do it here and now because, in a year or two, the system will revert more or less to what it used to be. So it's really a question of acting here and now. I would say that by the end of the year we must have taken the initiative. I don’t know what specific measures have to be taken but maybe those groups that speak on behalf of workers with disabilities should raise public awareness. We could call it “going on the offensive”.

Chloë: [00:43:56] I have a related question. Yes, like you, I have a disability with my neuromuscular disease experience. I used to think I could drive my body to any goal but now I have a different relationship with my body. I still drive it but I constantly adapt to my limitations. How would you describe the relationship between body and will for people with disabilities?

Joël: [00:44:28] The body is like a receptacle. It is a place of experimentation. That is why if we were just at the level of the soul, we would not need to become incarnate. If the soul becomes incarnate, it is because it wants to experience things concretely. To describe the soul, I will use a simple image. We could say that the soul is: I am here at home, it is twenty degrees indoors. Then I look outside where it's minus thirty. I can clearly see the snow outside and so on. But I don't feel the reality. I only see it. But I don't seem to because it seems to me that I would like to walk outdoors in the snow. But as soon as I step outside, it's minus thirty and I don't so much feel like walking in the snow. So the soul is a bit like that. It can grasp situations but if it becomes incarnate, it is to have the possibility of feeling. And so, at that moment, if my soul becomes incarnate in a body which is limited or which will become limited by ageing or by disease which appears eventually, I can feel once again that I am somehow a victim. Or saying to myself, message or no message, that I'd better deal with this.

Joël: [00:45:51] What I tell people is that we have the means that we have. I like to talk a lot about salutary realism. Okay, well, you can do what you want. You want to do two hours of sport, but tomorrow you'll be in bed for three days. Sometimes, I also want to do some crafts or I feel like doing something else. And I know that for two or three days afterwards I'll be footing the bill, even if what I've done isn't extraordinary. So there's a difference between doing it once in a while because, like everybody else, you like to go beyond your limits, especially if it is to do very ordinary things. Besides, this means doing it occasionally. Like someone who says, well, every now and then I'll have another drink to make me feel better. That doesn't mean that that person will become an alcoholic, but it's the same thing. From time to time I've done things that are not reasonable given my abilities but it feels good. Even if I feel sore for three days, psychologically it feels good to say to myself: "This time, instead of calling on someone else, I did it myself and it feels good." Well, but I have to set my limits. I have chosen my constraints. This means that for the next two or three days, I can't spend them complaining because you will tell me: "But you weren't being reasonable." So this becomes a vicious cycle because: "You see, I told you not to do it but you went and did it anyway, and so on and so forth." So it's up to me to come to terms with what I knew but it felt good to do it. However, if that's the way I live every day, it means that I haven't accepted my disability.

Isabelle: [00:47:30] You are obviously a very philosophical man. Could you tell us how philosophy has influenced your path in life?

Joël: [00:47:39] Someone who is faced with a disability will try to adopt techniques, ways of managing and ways of thinking to find solutions. I'm not a philosopher, at least I'm not a philosopher by training. I like philosophy but I mean I'm not a philosopher and then a person with a disability, let's say. I am disabled and faced with certain types of questions and I look for answers and, as I like philosophy, I look for answers in philosophy. That's why I approach philosophers who answer my questions or my queries in a general way. So I was rather quickly receptive to Heidegger who goes further than Husserl who, in fact, speaks at length about phenomenology and people with disabilities. There is Ricœur as well who takes this up with narrativity. Paul Ricœur therefore says that patients tell their story and we try to see in their story the main themes, what the problem is. How does the problem somewhat emerge? We could also refer to Jung and then to Freud in all that psychology. From what I can understand, the difference with Heidegger is that he states that what is also important is the unmanifested.

Joël: [00:49:10] That's why we'll talk a bit later, I think, about the notion of silence, meaning the unmanifested because people often explain to me how they deal with their disability, with their problems, emphasizing the positive aspect, I would say. In other words, what tips they have found, what they have discovered, and so on. They don't talk about their negative aspect where things aren't going so well because we live in a society where we are told we have to be positive. But at some point, in order to be positive, you have to talk a little about the negative. This means that people will often speak of their experiences and describe a few tips and tricks they have found but they won't talk much about what doesn't work. So Heidegger's idea was also the unmanifested and the unspoken. It was to say: see what the patients tell me and what they don't. It's the leap in the logic chain. So, similarly to modesty, I can talk about my experience and then maybe you'll notice that on a particular topic of my experience, all of a sudden, there, I'm blocking or withdrawing. Obviously, it is understood that progress lies more in the fact that I'm going to close myself up than in the fact of giving 50,000 lectures explaining how I manage my problems. In order for me to be making progress, I would have to talk more about the problems that I have difficulty managing. And so Heidegger is the one who introduced the notion of *Dasein*, the fact of being there. But that was half a century ago or more. In my opinion, it would be necessary to go beyond that. It would be necessary to not just be there, one like Levinas which is to say other than simply being. One should not just be there. One should be the “la”, that is to say the one who gives impetus. I am “la” in the sense of the tone of the scale in music. I give the “la”, I give the meaning because if I am being there, I am somewhat like an entomologist with his little butterflies that he pinned on the wall. Am I there like that, fixed on the wall, frozen in the system, caught in the decor? Or am I the “la”? That is, am I trying to give an impetus, what Bergson would call the *élan vital* (vital momentum)?

Chloë: [00:51:33] Are you talking about passion here?

Joël: [00:51:36] Yes. Well, I prefer to talk about the reason for living, the vital momentum rather than passion because in the philosophical term for passion, there is suffering. Passion always has a connotation of suffering and imposed suffering. If we look at Christianity, it is said that Easter marks the passion suffered by Jesus.

Chloë: [00:52:02] Okay, yes, you're right.

Joël: [00:52:04] Okay, that's passion. There is always passion because it is a transcendence of the normal. But passion in love is something that makes you suffer, if only by being to the detriment of everything else. When I am possessed by my love passion, I lose sight of everything else. This may not be extraordinary suffering. However, passion is an excess since we know that it's difficult, especially in love, to stay forty years in a state of absolute passion. Afterwards, when we fall out of that passion, it's often difficult as people don’t readily accept a life of routine, to some extent. So passion is not a term that I particularly like because of its undertones of suffering. But are we going to suffer in order to have something that attracts us? That then becomes a choice that is free so that suffering is no longer an effort. In philosophy, it is said that effort is a sign of error because effort means doing something that I do not want to do. In this time of COVID, I have talked to a lot of people who lost their uninteresting jobs in the fast food sector and so on where they were exploited. And now, I mean, they only dream of getting back to the job they hated. That's because they haven’t thought through their situation. Yes, it was a job that was not very compelling but it did allow me to survive. So, in the meantime, the idea was to keep working, keep surviving on this small salary and try to find a solution to make life better. But instead of cursing this job that made them survive, I would say to them: “You should bless that job because that at least makes it possible for you to have a home or at least live with a room-mate. You have the means to take responsibility for yourself. So yes, you are exploited; yes, the work is uninteresting, and so on.” So they notice afterwards with COVID that finally they would be willing to give up everything to be able to go back and work as many hours as before doing monotonous work. It's because we misjudged the goal. I have an obligation to do this uninteresting work. I have an obligation towards disability because if we go back to the question of disability, it resembles an obligation. I can live this obligation as a curse and then it's going to be a long and tedious sentence or I can say: “Well, now.” From that point on, I put my thoughts in order and I see how I can adapt to the situation. So I'll take outside help too but I'll be interested in seeing: “What I can do for myself?” Can I resend my CV now that remote work is accepted? In my opinion, we are at a point where we need to renew the motivation of people with disabilities by telling them: “Don't wait. Yes, the government will act, but don't delay because the process seems so complicated. Dust off your résumé.” If I had only one message to leave with you today, this would be it. “Whatever your experience has been, if you feel that it was difficult because you were disabled or because working from home was not trendy, well, the trend has changed. So start again from scratch as you enter a new frontier. ”

Chloë: [00:55:30] Thank you very much, Joël. I sincerely appreciate the ideas and stories you have shared with us today. It's wonderful. Thank you.

Joël: [00:55:43] I hope this is going to make a difference.

Isabelle: [00:55:46] Thank you very much. Have a nice day.

Joël: [00:55:48] Thank you very much. Thank you. Thank you.

Isabelle: [00:55:55] Thanks for listening. We hope you have enjoyed this episode of Broadcastability. You can find us online at theproudproject.ca. You can also join us on Facebook, Instagram, LinkedIn and YouTube.

Isabelle: [00:56:20] This Broadcastablity podcast is produced by PROUD Project at Scarborough College, University of Toronto and Easter Seals Canada. The music was composed by Justin Laurie and the podcast cover art was created by Isabelle Avakumovic-Pointon. This second episode of Broadcastability was also edited by Isabelle Avakumovic-Pointon.

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