Ableism: Disability Does Not Mean Inability

"All governments treat disabled people badly. They all see us as a burden. All governments, whether capitalist or socialist, have separated us from the rest of society... Until we are businessmen, politicians, community leaders, people at all levels of society, we will be marginalized and segregated."

Joshua Malinga (Contemporary)

In 1993, members of the United Nations declared people with disabilities an oppressed minority group. Writers of the UN Human Rights and Disabled Persons Report documented that around the world, people with disabilities were being treated as outcasts and that the situation was getting worse as their numbers increased. The 1995 representatives at the World Summit on Social Development in Copenhagen described disabled people as "one of the world's largest minority groups facing poverty and unemployment as well as social and cultural isolation" (Ervelles, 2001, p. 93). Despite the statements of these global organizations, the concept of ableism (sometimes erroneously called handicapism) has yet to be accepted by many people in the United States and around the world.

Ableism has been defined by Linton (1998) as the negative determination of an individual's abilities based on his or her disabilities. Ableism promotes the belief that people with disabilities are inferior to able-bodied persons to justify discrimination against them. Linton's definition asserts that the dominant group oppresses people with disabilities, as do other minority groups. Many people, including some people with disabilities, reject that assumption. Hahn (1988) observed,

Unlike other minorities...disabled men and women have not yet been able to refute the implicit and direct accusations of biological inferiority that have often been invoked to rationalize the oppression of groups whose appearance differs from the standards of the dominant majority. (p. 26)

Why should people with disabilities be considered a minority group?

In 1973, the passage of the Rehabilitation Act was perhaps the first public acknowledgment that people with disabilities could be considered a minority group in need of civil rights protections. Section 504 of that act prohibited discrimination against people with a disability who had appropriate qualifications for jobs in federally funded programs (Longmore, 2003). In 1990, Congress acknowledged discrimination against disabled people by passing the Americans with Disabilities Act (ADA) to provide a legal recourse against discrimination. (See Figure 12.1.) Hahn (1994) argued that in a democratic society, policies and practices reflected people's attitudes, and that American social attitudes were a major
source of problems for people with disabilities. Nevertheless, some people still question the appropriateness of viewing persons with disabilities as a minority group.

The Fall 2001 issue of the Journal of Disability Policy Studies addressed the question of whether people with disabilities could be regarded as an oppressed minority. Although the contributors agreed that disabled people were oppressed, guest editor Andrew Batavia strongly disagreed. Although acknowledging past problems, Batavia argued that people with disabilities in the United States live in conditions "dramatically better" than in other countries. Reacting to the high rate of unemployment for disabled people in the United States, Batavia said employers had the right to hire the most qualified person for a job regardless of disability, implying that disabled applicants were often not the most qualified.

Because of the efforts of disability rights advocates and with the passage of the Americans with Disabilities Act (ADA) in 1990, Batavia argued that people with disabilities no longer experience the regrettable discrimination that occurred in the past and therefore do not qualify as an "oppressed minority." Apparently Batavia had not reviewed recent statistics: A survey of people with disabilities reported that the percentage of unemployed adults had increased since the ADA became law, as had the percentage of people living in poverty (Wilson & Lewicki-Wilson, 2001). Batavia’s denial rationalization that discrimination no longer affects people with disabilities today is unusual because such arguments are more likely to be expressed by a nondisabled person than someone like Batavia who has a disability.

Another argument denies that people with disabilities are oppressed because having a disability makes one part of the majority. According to the rationale of this argument, having a disability places a person on a continuum where mild physical disabilities, such as poor eyesight, can be corrected by wearing glasses, whereas a more severe physical disability may require someone to use a wheelchair. The logic continues that whether minimal or severe, almost all of us are disabled in one way or another and must learn to live with the condition. In response, Gill (1994) argues that to be a person with a disability means the disability has a significant impact on daily life; For example, the disability influences an individual’s sense of identity, or others’ perceptions of the disability have a significant influence on their reactions to the person, including the likelihood of negative attitudes of rejection or even discrimination. Our reactions reflect a similar rejection of or discrimination toward people from other minority groups.

Putnam (2005) argues that identifying people with a disability as a minority group is consistent with other acceptable models for disability because it defines the problems associated with disabilities as stemming from an inappropriate "fit" between the
environment and the persons with disabilities and not emanating from the disabled individual. Having a disability would not present a problem “if a particular environment offered all of the resources a particular individual required to perform a task or activity” (p. 189). Putnam also cites research concluding that persons with disabilities share certain characteristics with other minority groups: “stigma, social distance, nonacceptance, negative stereotypes, prejudice, and discrimination” (p. 189).

Disability rights advocates argue that the concept of people with disabilities being an oppressed group would be more readily accepted if disability studies were included in secondary and higher education courses that examine women’s issues, racial and ethnic problems, and negative social, cultural, and institutional experiences of other minority groups. Understanding experiences of people with disabilities requires recognition of dominant group privileges and power not shared. Linton (1998) suggests that such recognition could parallel that afforded other minority groups in viewing the dominant non-disabled group as “not the neutral, universal position from which disabled people deviate, rather, it is a category of people whose power and cultural capital keep them at the center” (p. 32).

What are the historical perceptions of people with disabilities?

Understanding how societies have regarded people with various kinds of disabilities can explain not only negative individual attitudes, but also why different societies institutionalized people with disabilities. Wolfensberger (1970) explained some of the major historical perceptions of people with disabilities in the following categories.

A Subhuman Organism Although other groups (such as African Americans, Native Americans, and Jews) historically have been regarded as subhuman, the perception is still associated with people with disabilities, especially those labeled “mentally retarded” who have been occasionally referred to as “vegetables,” alluding to medical terminology for performance of vital functions (heart rate, blood pressure) as vegetative functions. Logical thinking and other higher brain activity were assumed impossible for retarded persons. As late as the nineteenth century, “mental defectives” were housed in rooms not heated in winter nor cooled in summer because it was assumed that they were not sensitive to heat or cold like “normal” people. Even in the last half of the twentieth century, caregivers for institutionalized people with mental disabilities have been known to use cattle prods for control. Once we dehumanize a group to subhuman status, there are few limitations to what can be done. Another example of the subhuman perception was articu-
lated in a 1960s Atlantic Monthly article suggesting that organs should be harvested from severely and profoundly retarded people, referred to by the author as “human vegetables,” and donated to those on organ waiting lists to “increase the intellectual betterment of mankind” (Wolfensberger, 1970, p. 17).

Menace to Society  This perception regards people with disabilities as evil. It is fostered in children’s literature with villains such as Captain Hook, Long John Silver, and in fairy tales by an array of wicked goblins, giants, and other weird, frightening characters who are ultimately subjugated or eliminated (Ficdler, 1978). Winzer (1997) described how adult literature continues the pattern, portraying disabled people as criminal, homicidal, or maladjusted monsters who are often sexual deviants as well. Charles Dickens created a dwarf called Quilt to be the evil villain in pursuit of the innocent Nell in The Old Curiosity Shop (see Figure 12.2). Popular literature is often made into popular films, and there are several versions of The Hunchback of Notre Dame and The Phantom of the Opera to remind us that a person with a disability is a “monster” whose fearful features suggest “a disfigurement of personality and deformity of soul” (Longmore, 2003).

Object of Dread  The origin of this perception is the medieval myth of the changeling where people believed that upon the birth of a normal child, evil spirits came in the night and stole the child, replacing it with a defective child such as one who was mentally retarded or with cerebral palsy. In Grimm’s fairy tale “The Elves,” a changeling with “fixed staring eyes” is substituted for the original baby. The belief that evil spirits were the source of changelings may have influenced Martin Luther’s perception of defective children as spawn of Satan, denouncing them as a “mass of flesh” without a soul (Winzer, 1997). Today, some Christians regard deformity or disability as a sign of “moral failure” or as a visible stigma of sinfulness (Pelka, 1994). Some parents of children with disabilities regard the child as punishment from God; some mothers experience enough depression to seek therapy following the birth of such a child.

Object of Pity  This perception may not seem negative because it appears to include compassion for disabled people, but it is a compassion seldom accompanied by respect. Fundraising campaigns by well-meaning organizations work to arouse pity with poster children or by having telethons that pa-
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rade children with disabilities to stimulate viewers to make contributions. According to Charlton (1998), surveys conducted in the United States have concluded that more people form their attitudes about people with disabilities from telethons than from any other source. Because telethons tend to reinforce images of people with disabilities as helpless or dependent, the disability community in America has voiced objections to them, with some organizations responding by agreeing not to participate in telethons for fundraising purposes.

Diseased Organism This perception views a person's physical or mental disability as a temporary condition that can be cured by chemical or psychological treatments. Ancient Egyptians often regarded disability as a condition for which medical "cures" were prescribed. Egyptian doctors hoped to restore eyesight to blind people by applying a solution to their eyes made of copper, myrrh, Cyprus seeds, and other ingredients. Although many Greeks believed that supernatural forces caused disabilities, physicians including Hippocrates rejected superstition and attempted to identify physiological causes of disabilities (Winzer, 1997). In the United States today, national fund drives solicit money for research to find cures for disabilities, presenting people with that disability not only as an object of pity, but also as a diseased organism: The disability is perceived as "unhealthy" and the person is portrayed as needing to be cured. This medical view of people with disabilities is pessimistic because until a cure can be found, people with disabilities are regarded as having "incurable diseases." Because of such perceptions, people with disabilities have been placed in institutions, which penalize them for the crime of being disabled.

Holy Innocent/Eternal Child This perception is normally identified with one group: people labeled "mentally retarded." Viewed as incapable of sin, the Holy Innocent image can be found in most countries, religions, and cultures, and is often regarded as a benign view. The perception suggests that people with mental retardation need to be protected and sheltered, isolated from the outside world to perpetuate their innocent, childlike qualities. But encouraging people with mental retardation to maintain childish behaviors rather than learn adult behaviors is a barrier to their ability to live independently. Linton (1998) observed that when people with disabilities are viewed as "living in the body, not in the mind, [they] are configured as childlike, even infantile like, acting on primary drives rather than engaging in purposeful behavior" (pp. 95–96). This perception can become a self-fulfilling prophecy, illustrated in reports of people with mental retardation who have been constantly treated as children even during adolescence who persist in childlike behaviors as adults, requiring constant care (Wehmeyer, 2000).

Object of Ridicule In literature, folk stories, and jokes, people with disabilities are subject to humiliation for the sake of humor. People with mental retardation have been portrayed as village idiots and ridiculed in moron jokes. According to Fiedler (1978), pagan practices of displaying freaks for public entertainment were revived in the Middle Ages by the Catholic Church, which displayed disabled or deformed "monsters" on feast days. In the nineteenth century, carnival side shows with magicians and sword swallowers also featured freaks: giants, dwarves, human skeletons, and other physically malformed or disabled people. Legendary showman P.T. Barnum popularized the freak show in the United States, exhibiting Chang and Eng (the original Siamese twins) and General Tom Thumb (a midget), along with anonymous pinheads and armless or legless wonders, now immortalized in wax at the Circus World Museum in Baraboo, Wisconsin. Living or dead, people with deformities or disabilities are still perceived as odd, ridiculous, or bizarre—anything but human.

According to Russell (1998), 20% of Americans have some form of disability, so it is surprising that these historical perceptions continue to influence
individual concepts of people with physical or mental disabilities. In America, families were expected to keep disabled family members at home, hidden from the community, until the nineteenth century, when institutions were established for “defectives” (Pelka, 1994). Once they were institutionalized, people with disabilities could be completely isolated from their communities. Before examining these institutions, we need to examine and understand the individual attitudes that made such institutions possible.

**INDIVIDUAL ABLEISM**

Negative attitudes are reflected in the language we employ to identify disabled people. The word *disabled* implies inability; the prefix *dis* is generally regarded as signifying *not* or *no*. Derived from Latin, the prefix actually means *apart* or *asunder*, which is consistent with the historic practice of keeping disabled people apart from society.

People with disabilities are described as being “afflicted with” or a “victim of” a disability. Affliction is associated with disease, as is being a victim, so this language relates to the cultural image of the person with a disability as a diseased organism. Using words or phrases like *crippled*, *handicapped*, *impaired*, or *confined to a wheelchair* fosters the belief that people with disabilities are incompetent or damaged, not capable of being independent. The term *confined to a wheelchair* is especially absurd. People in wheelchairs are not confined, but liberated by them. The wheelchair provides mobility to people who might be “confined” to their apartment or home if they did not have a wheelchair. Physical barriers can be identified easily, but it is much more difficult in America today to identify and overcome barriers created by *individual ableism*—prejudiced attitudes and actions toward people with a disability based on our assumptions about them.

**What assumptions are made about people with disabilities?**

Fine and Asch (2000) discussed five erroneous assumptions that nondisabled people commonly make about persons with disabilities:

1. *Disability is a biological problem of a particular individual.* This assumption is related to the medical model of disability, which views the disability as a problem and the solution is to find a cure for it. The assumption overlooks the influence of prejudices, stereotypes, and discrimination about disabilities. Individuals with disabilities react to their environmental circumstances. Putnam (2005) commented that the absence of disability accommodations by architects, urban planners, and public officials suggests to people with disabilities that they are not being recognized nor included as part of a community. That is not a problem created by their disability but by the thoughts and decisions of others.

2. *Any problems for a person with a disability must stem from the disability.* People with disabilities may have health problems like anyone else, but they are not “unhealthy,” nor is a disability a cause of disease. If a man with a disability is upset because he feels he has been discriminated against, it is discrimination and not the disability that is the cause of his anger. Being in a wheelchair is not necessarily frustrating, but a woman in a wheelchair may be frustrated when confronted with no curb cuts, no ramps for her to enter a building, or inaccessible rest rooms within the building.

3. *A person with a disability is a “victim.”* This assumption may suggest a humane and even compassionate attitude, but it is steeped in pity and lacks respect for the person with a disability. Studies of people with disabilities often report that their subjects do not feel that they are victims but are more concerned about how to function effectively in their environment. In one study cited by Fine and Asch (2000), when questioned about their disability, a consistent response from people with disabilities was “it
could be worse" (p. 323). Human beings want to live full, productive lives, and people with a disability are no different.

4. Being disabled is central to self-concept and social comparisons for a person with a disability. Although having a disability is usually a factor in shaping a person's sense of identity, self-concept refers to how a person feels about himself or herself. A person with a disability will develop his or her self-concept in ways similar to nondisabled people who tend to rely on factors such as academic achievement, honors and awards, aesthetic interests, good relationships with family and friends, demonstrating competence at work, and so on. As for social comparisons, people with a disability who have a job are not likely to compare their job performance only with other disabled workers but with all of their co-workers. Fine and Asch (2000) explain that a paraplegic woman "may be as likely to compare herself with other women her age, others of her occupation, others of her family, class, race or a host of other people and groups who function as (her) reference group" (p. 334).

5. Having a disability means a person will need assistance. This assumption comes from the history of "handicapped people" as helpless and dependent on others. In the 1930s, people with a disability were classified as "unemployable," preventing them from being considered for jobs in federal and local work relief programs (Longmore, 2003). Based on this assumption, disabled people are not viewed as responsible for their disability, nor are they seen as capable of resolving difficulties created by their disability. Yet people with disabilities are only as dependent as the environment makes them. The blind person on the elevator may ask someone to push the button for the right floor unless the elevator panel also has floor numbers in Braille. A wheelchair user will have to bring friends or ask strangers for help getting past a flight of steps if there is no ramp allowing wheelchair access. People with severe cerebral palsy may have trouble communicating with others if they are not given access to a computer and trained to use it. Because of assumptions like these, advocates for people with disabilities have had to defend them aggressively and demand that they be given opportunities to achieve their goals.

For example, a young woman who was born without arms chose to attend a large Midwestern university and enrolled in the nursing program. Although she had an excellent academic record, the nursing faculty was opposed to accepting her based on concerns that the young woman would not be able to perform physical tasks required of nurses. When a campus disability advocate became involved, a compromise was reached. The young woman was admitted to the nursing program but would not be allowed to take licensure exams. This resolution was acceptable to the young woman; she had hoped to earn a nursing degree because of her interest in the subject matter. After graduation, the young woman wrote articles based on her research and observations for nursing journals, eventually becoming an editor. Nursing faculty had not focused on what the young woman could do, nor had they anticipated this outcome; their focus had been on tasks the disability would prevent the young woman from doing.

One more example: Sharisa Kochmelster was born with severe cerebral palsy. As a child she was also diagnosed as severely mentally retarded before she learned to use a computer. Initially someone held her hand while she hunted for letters on the keyboard; eventually, she could operate a computer independently. When she turned fifteen, her IQ was retested and her score was measured at 142. In a similar case, a teenager who had been diagnosed as mentally retarded was asked what it felt like before she learned to communicate with a computer. She replied, "(As if) I was a clown in a world that was not a circus" (Kliwer & Bikin, 1996, p. 90). These examples of change do not reflect a transformation in the ability of the people being labeled; they do reflect a change in opportunities for those who were labeled as well as a change in the assumptions of those responsible for the labeling.

What labels represent legitimate ways of identifying people?

Most Americans appear to believe that the "mentally retarded" label is a well-defined, scientifically determined, unambiguous way to categorize human beings. It is not. In the early 1900s, people with Down syndrome were considered profoundly
How can negative attitudes be changed?

Creating labels that promote a more positive image. The use of people with disabilities began to be widely accepted in the 1970s, but a disability is not a handicap and the handicap is not disabled. These terms are often used instead of "people with disabilities". Labeling individuals with disabilities can expose them to discrimination. (p. 12)

Although there is no agreement on the acceptability of alternative terms, there is agreement on the importance of alternative terms being not just "disabled" but usable, and that meaning behind the terms is not always the same. (p. 12)

Institutional ableism is a consequence of disabling laws, customs, and practices that systematically and uniformly discriminate against people with disabilities. A unique consequence for this minority group has been their placement in institutions in the United States, comparable only in nineteenth-century institutions for people with mental or physical disabilities. (p. 41)

Why were people with disabilities placed in institutions?

The first institutions charged with caring for people with disabilities were hospitals built within monastics, not residential care facilities.
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terries. An early reported example comes in the fourth century: a hospice for the blind at a monastery in Caesarea, now Turkey. According to the legend of St. Nicholas, as bishop of Myra in southwestern Turkey, he provided care for "idiots and imbeciles." For his efforts he was named the patron saint of the mentally retarded, although that part of his history was lost in his transformation into the American Santa Claus (Winzer, 1997). As monasteries were built in Europe, many included hospices to care for poor, homeless, or disabled people. Using hospices to satisfy Christian mandates to care for "the least of these" continued into the sixteenth century, when turmoil over church reforms created a schism termed the Reformation, resulting in Protestant churches as alternatives to the Catholic Church.

Even before the Reformation, the Catholic Church contributed to an increasingly negative attitude toward people with disabilities. St. Augustine sowed seeds for religious rejection when he refused to allow deaf people to become church members because of his literal interpretation of St. Paul (Romans 10:17): "Faith comes by hearing." During the Middle Ages, as Europe was devastated by plague and pestilence, especially the Black Death, fear fostered a growing hostility toward people exhibiting strange appearances or odd behavior (Barzun, 2000).

With the Reformation, monasteries were abandoned or forcibly closed and inhabitants evacuated. Communities were confronted with the problem of disabled people and beggars wandering the streets. Not surprisingly, attitudes toward the newly released people became increasingly negative. Laws were passed that vagrants be whipped (Ribton-Turner, 1972). By the fifteenth century, the Catholic Church declared a virtual war on witches, which resulted in arrests, torture, and deaths of a great many people who in some way were considered unusual or deviant. Evidence suggests that people who were mentally ill and people with disabilities were among the unfortunates serving as scapegoats.

The association with witchcraft often stemmed from people with mental retardation making odd comments or from mutterings of the mentally ill. Some citizens believed the strange talk was dialogue with the devil; others regarded the conversations as divinely inspired. Whether they talked with God or the devil, deviants were not tolerated on the streets. Some communities placed mentally retarded vagrants in the old city wall guard towers, which came to be called a "Fool's Tower" or "Idiot's Cage" (Winzer, 1997). In other communities, homeless people were charged with vagrancy, tortured, and expelled, or if they could work, they were forced into slavery (Ribton-Turner, 1972).

Reformation leaders John Calvin and Martin Luther did not question the prejudices behind this behavior; in fact, they contributed to them. According to Calvin, Satan possessed mentally retarded people; Luther believed Satan was responsible for fathering all mentally retarded children, and urged the parents of one mentally retarded child to drown it in a nearby river (Winzer, 1997).

When the centuries-old scourge of leprosy ended as the seventeenth century began, buildings used to quarantine lepers (leprosaria) became vacant. Communities found a solution to their dilemma of what to do with deviants: Europe initiated the great confinement to these newly christened "lunatic hospitals" (Foucault, 1965). Although the hospitals were initially used to house mentally ill people, they accepted "mental defectives," including people with various physical and mental disabilities, and eventually amassed a wide assortment of "defectives." Before long, only about 10% of inmates were considered insane in the average lunatic hospital. In addition to people with disabilities, other inmates included prostitutes, beggars, alcoholics, social dissidents, and people with syphilis (Winzer, 1997). Whereas hospices had protected disabled people from the wickedness of the world, lunatic hospitals protected the world from the wickedness of such morally, mentally, and physically deviant human beings.

It was apparent early on that hospitals could not provide treatment to rehabilitate inmates. The purpose of institutions was to remove defective people from society. Not surprisingly, the quality of "care" in such places was not good; rumors often circulated of inhumane treatment. In England, the Hospital of St. Mary of Bethlehem was referred to as "Bethlehem," which reduced to "Bedlam," coining a word to describe chaotic conditions there. By the nineteenth century, reformers visiting lunatic hospitals were appalled by the horrible conditions: some inmates wandering around naked and shivering, others chained to beds, some sitting in their own excrement, many bitten by rats or other ver-
min roamin the grounds. Reformers advocated for "moral treatment" of people in the institutions: eliminating chains, giving patients work, and treating patients with respect to develop self-esteem (Foucault, 1965).

Moral treatment involved not defining patients as deviant so much as regarding their defects as conditions requiring accommodations for them to function more effectively. Foucault (1965) tells the story of a mentally ill man who refused to eat because he thought he was dead and he was certain that dead people did not eat. One night, institutional staff came to the patient's bed looking pale, ashen, and dressed in clothing to simulate the look of a corpse. They brought in a table and some food, then sat down and began eating. When the patient asked why they were eating when they appeared to be dead, they replied that dead people had to eat like anyone else. They finished their meal and left. The next day the patient resumed eating. This approach was taken with patients who had mental or physical disabilities as well.

Instead of being defined as insurmountable deviance, disability gradually came to be regarded as a human condition; institutional staff began to provide accommodations to help individuals take better care of themselves and to function effectively with others. Although reforms were not universally applied, they constituted a practical alternative to the punitive treatment that had characterized previous institutional practices.

How were institutions for people with disabilities established in the United States?

When the United States entered the global community as a new nation, people with disabilities simply lived in communities, primarily cared for by their families, although some religious facilities also provided care. Their situations varied widely—from being employed to being the town fool or even a parish whom the family hid from the community. In nineteenth-century America, attitudes toward people with disabilities were challenged. Americans were not to view people's disabilities as an act of God but instead in a biological context: rehabilitation was emphasized as the appropriate response.

Following the Civil War, a transformation of public attitudes seemed to be demonstrated by the construction of numerous institutions and residential schools that were often dedicated to a particular kind of disability. Institutionalizing people with disabilities was especially popular in urban areas, indicating a shift in responsibility for care from families and communities to the state as the nation moved into the twentieth century. Based on a biological view of human disability, the institutions were usually administered by people with medical training who claimed to use rehabilitative strategies. In reality, the function of institutions was usually custodial care—monitoring and restraining patients—reflecting ongoing negative American attitudes toward disabled people.

What evidence exists that negative attitudes prevailed in institutions and in society?

The negative attitude toward institutionalized patients is documented legal history. A 1913 Wisconsin law mandated the institutionalization of disabled people who constituted a "menace to society." A similar law passed the following year in Texas stated that people with disabilities mingling freely in the community was "a most baneful evil," describing people with disabilities as "defect[s] . . . [that] wound our citizenry a thousand times more than any plague . . . [they are] a blight on mankind" (Garrett History Brief, 2001, p. 72). Encouraged by the eugenics movement following World War I, every state in the United States passed laws singling out people with mental or physical disabilities for institutionalization. Some states went so far as to authorize the removal of children with disabilities from their homes, even against the wishes of parents.

With most disabled people confined to institutions, continuing prejudice was demonstrated in
the 1930s when over thirty states enacted laws permitting involuntary sterilization of people in state funded institutions. Among the targets of this law were those identified as feeble minded, idiots, morons, and mental defectives. States justified their actions by claiming the need to eradicate the possibility of procreation for people who were such burdens on society (Garrett History Brief, 2001; Russell, 1998).

In Europe, German Nazis implemented a program of involuntary sterilization that was continued until the end of World War II. Subsequently, allies identified forced sterilization of people with disabilities for inclusion on the list of Nazi war crimes. Russell (1998) explained why it was deleted: “Allied authorities were unable to classify the sterilizations as war crimes, because similar laws had recently been upheld in the United States” (p. 22).

People with disabilities who were institutionalized in the United States were largely ignored until 1972, when Geraldo Rivera exposed the appalling conditions at New York’s Willowbrook State School where “one hundred percent of all residents contracted hepatitis within six months of entering the institution. . . . Many lay on dayroom floors (naked) in their own feces” (Linton, 1998, p. 46). The description parallels conditions denounced by “moral treatment” reformers a century earlier, yet ten years after the Willowbrook scandal, problems persisted in American institutions (see Figure 12.3). Linton (1998) cites a 1984 New York Times article about a community facility for physically and mentally disabled people in California that described staff serving spoiled food, not repairing malfunctioning toilets, and physically and sexually abusing patients.

**Are institutions for people with disabilities providing good care today?**

Although reduced in number, institutions for physically and mentally disabled people still exist despite the fact that national and state political leaders know they are harmful to the people in them. In 1996, a federal General Accounting Office (GAO) investigation of public institutions for mentally retarded people warned Congress of serious deficiencies in quality of care: “insufficient staffing, lack of active treatment and deficient medical and psychiatric care” (Garrett History Brief, 2001, p. 72). The GAO report described harm to residents including injuries, unnecessary illnesses, and physical degeneration—in a few instances the institutional “care” contributed to a resident’s death.

Some states attempted to eliminate institutions by passing “deinstitutionalization” laws, but this has not solved the problem. When institutions have closed,
residents are often relocated not to communities but to another form of institutional care—nursing homes. Care provided in nursing homes reportedly is no better, and is sometimes worse, than the care residents experienced in institutions (Russell, 1998).

What is the alternative to placing people with disabilities in institutions?

Instead of being placed in institutions, people with disabilities prefer to live in family homes or group homes in their communities. A 1996 federal court ruling found that some city zoning ordinances had limited or prevented the establishment of group homes in neighborhoods by including “density laws” restricting the number of “unrelated persons” in a house or the number of group homes within a certain area. Some cities have even passed so-called ugly laws that forbid people with an unsightly appearance from appearing in public (Garrett History Brief, 2001, p. 72). The irony of such ordinances is that placing disabled people in communities to receive care not only increases their quality of life, it is also more cost effective for taxpayers than providing care in nursing homes or institutions.

What is the cost of care for people with disabilities?

Taxpayers fund over 60% of the expenses for people with disabilities in nursing homes and institutions. Although people with disabilities overwhelmingly prefer to be cared for at home and require only minimal assistance, almost 2 million Americans with disabilities live in nursing homes at a cost of over $40,000 per person per year. According to Russell (1998), costs could total less than $10,000 per year to provide an individual with personal assistance services at home. State institutions are even more expensive: More than 75,000 people with developmental disabilities still live in state institutions at an average annual cost of more than $80,000 per person. Charlton (1998) estimated that the most expensive support system that could be created to provide adequate care for someone living in their own home within their community would cost no more than $30,000 per year.

Charlton (1998) reviewed numerous studies that consistently reported benefits for people with disabilities living in communities: “living at home, in a house or an apartment, is better psychologically, more fulfilling, and cheaper than living in nursing homes” (p. 47). By contrast, critics point out that nursing homes and institutions make substantial profits for private corporations while providing primarily low-wage jobs. As quoted in Business First, one private corporation providing “health care” said their three primary objectives were: “1. increase net profit, 2. increase net profit, and 3. increase net profit” (Russell, 1998, p. 103).

Advocates for normalization oppose confining disabled people in institutions. The concept refers to implementation of policies and practices to help create life conditions and opportunities for disabled people that are at least as good as those of average citizens. Normalization promotes strategies for disabled people to live and work in communities, and it challenges non-disabled people to eliminate barriers that prevent disabled people from being involved in community life. Based on the concept of normalization, disability advocates help people with disabilities move out of institutions and into communities, and they have lobbied for legislation to protect the civil rights of disabled people living in communities.

How do other countries respond to the needs of people with disabilities?

In 1995, the House of Representatives Ways and Means Committee reported that the United States spent less on long-term disability benefits than several European countries (Russell, 1998). Germany and Austria both provide cash benefits to disabled people regardless of their financial resources. Those receiving benefits can spend the money however
they wish, including hiring family members to provide care. In Germany, cash benefits are half what can be obtained in service benefits, but it is at the discretion of the recipient to determine which kind of benefits to accept. Human services personnel pay random visits to recipients to assess the adequacy of their care. In 2000, Austria provided benefits for 310,000 people funded by general tax revenues, and Germany provided benefits for 1,280,000 people funded by a 1.7% tax on salaries and pensions, a cost shared by employers, employees, and retired workers (Batavia, 2002).

Austrian legislation has promoted hiring disabled workers, stipulating that for every twenty-five workers employed, one worker must be a person with a disability. If the company fails to meet this standard, it is assessed a fine of approximately $155 a month that it must continue to pay until it hires the required number of disabled workers. Money collected from fines is retained in an account from which employers can receive funds to make physical modifications necessary to employ workers with disabilities (Koppelman, 2001).

In France, benefits to people with disabilities are not as generous as in Austria and Germany, but they exceed those of the United States. Benefits are based on financial resources of recipients, with a maximum national benefit. Local French governments responsible for providing benefits are funded from general tax revenues that supported approximately 86,000 people in 2000. Local agency representatives make annual home visits to recipients to assure that adequate services are being provided (Batavia, 2002).

How does the U.S. government provide support for people with disabilities?

European countries began providing social insurance and welfare assistance in the eighteenth and nineteenth centuries. In the United States, the federal social security program was established in 1935, although it did not include disabled people until the 1950s (Stone, 1984). Whereas European countries seem to have accepted their responsibility to provide care for disabled people, the United States has continually questioned its obligation. In 1996, Congress voted to add $320 million to the Social Security Administration, doubling the budget, but not to assist more disabled people. The budget increase was designated to fund reviews of recipients to determine if they could be removed from the list of those eligible for disability benefits. Ironically, that same year, Congress provided approximately $32 million for programs to protect disabled people from being discriminated against in hiring decisions (Russell, 1998).

The 1990 Americans with Disabilities Act (ADA) was enacted to prevent discrimination against people with disabilities. In the first four years after the law was passed, 3,600 complaints were filed charging employer hiring practices with discrimination against workers with disabilities: The Equal Employment Opportunities Commission (EEOC) approved 28 to be pursued in court. By 1995, the EEOC reported a backlog of over 20,000 complaints filed by people with disabilities concerning allegations of discrimination (Russell, 1998).

How does the United States support people with disabilities who want to live independently?

In 1973, the Supplemental Security Income (SSI) program was created to assist people with disabilities. The means-tested program offers a range of $400 to $700 per month, but recipients must remain without other means of support to receive SSI funds. If recipients make extra money to be more financially secure, they are likely to lose the benefit.

In one case that exemplifies SSI policy, Lynn Thompson, a quadriplegic, was attempting to live on SSI payments of about $600 a month when she began earning extra income at home stuffing envelopes. After she reported her earnings, social security officials declared her income in excess of allowable limits and ordered her to return $10,000 of the benefits received or, if she couldn't pay the money, her benefits would be terminated until that amount was withheld. Termination of her benefits meant Thompson could no longer afford to hire a personal care attendant and she would need to leave her home and enter a nursing home. Thompson fought to overturn this decision, but the legal battle dragged on. Ms. Thompson committed suicide rather than be forced into a nursing home (Russell, 1998).
Is there discrimination against people with disabilities living in communities?

People with disabilities who are fortunate enough not to be institutionalized also encounter discrimination in the community. Hahn (1988) described the problems:

Disabled persons have not only exhibited one of the highest rates of unemployment, welfare dependency, and poverty in the United States; they also have experienced a more pervasive form of segregation in education, housing, transportation, and public accommodations than the most rigid policies of apartheid enacted by racist governments. (p. 26)

In addition to housing, already discussed, disabled people experience discrimination in four critical areas: jobs, mobility/accessibility, health care, and education.

Jobs Because of the shortage of men, women were hired for traditional male jobs during World War II; employment of people with disabilities also increased during the war. As was true for women workers, unemployment rates for disabled people increased after the war, as jobs were assigned to returning soldiers. The work performance of people with disabilities during the war proved that they not only wanted jobs, but they could perform their tasks competently. This lesson has apparently been lost on employers: Ongoing documentation reveals that people with disabilities continue to be discriminated against in hiring decisions.

According to the U.S. Census Bureau (2006), there are 51.2 million people with disabilities in the United States representing 18% of the total population. About 44% of disabled people were employed full time, yet a survey by the National Organization on Disability reported that 66% of working-age disabled adults want to work rather than rely on SSI benefits. Of disabled people who work, 80% are employed in sheltered workshops that hire only disabled workers for as little as 20% to 30% of the minimum wage, often earning as little as $11 a week. Although the unemployment rate was less than 4% in the late 1990s, unemployment for working-age disabled adults maintained the same range—from 65% to 71%—reaching a high of 80% in 2000 according to Harris poll data analyzed by Sowers, McLean, and Owens (2002).

In a case illustrating the difficulties of finding work, a disabled man in Maine with a PhD in chemistry asked the state agency for assistance in finding a job. The agency sent him to the Goodwill store to be trained to sort socks. Another case occurred in Rhode Island where the vocational rehabilitation agency refused to provide further education to a quadriplegic man, arguing that he was adequately taken care of by SSI benefits (Garrett History Brief, 2001). Longmore (2003) cited a study in which 40% of people with a disability who were unemployed or working only part time identified "employer bias" as a major factor in their difficulty finding full-time employment. Even when they are employed full time, people with disabilities may still encounter discrimination by being paid less than their co-workers who have similar responsibilities or by being hired for a position with few responsibilities and little chance for promotion. Given this kind of discrimination, it should come as no surprise that in the United States, almost a third of working-age adults with disabilities are living in poverty.

Mobility/Accessibility The ability of people in wheelchairs to function effectively in the community is affected by the existence of ramps, elevators, curb cuts, and wheelchair lifts on public buses. According to a Harris survey, 60% of people with disabilities report that their social, recreational, and employment opportunities are substantially limited due to lack of accessible public transportation. Accessibility problems have been cited as the reason why 40% of disabled people say they cannot participate in community activities such as attending church. Even buildings with ramps are not necessarily accessible. Many ramps are too narrow, too steep, or lack handrails. Theaters, sports facilities and other public settings may provide wheelchair
accessible spaces that are segregated from the other seats, not allowing wheelchair users to sit with friends or colleagues (Longmore, 2003). Accessibility problems can also impede a disabled citizen’s right to vote. A 1996 study reported that almost 60% of New Hampshire’s polling places were not accessible to disabled people, and a national study found that almost half of people with disabilities in their survey had experienced problems of accessibility at their polling places (Garrett History Brief, 2001).

Although the passage of the Americans with Disabilities Act (ADA) required public buildings to be accessible, most are still not accessible, and the ADA did not require accessibility for nonpublic buildings. A concept promoting accessibility to all buildings is termed “visitability”; advocates encourage the construction of homes, businesses, and other nonpublic buildings to accommodate people with disabilities. The primary accommodations required are level entryways, wide doorways, and an accessible bathroom. This concept not only benefits people with disabilities but their family, friends, and neighbors who want to interact with them (Kaminski et al., 2006). This idea is not new. In 1985, Mace proposed the universal design concept that advocates creating products capable of being used by all people and constructing environments that are accessible to everyone. A ramp instead of steps leading to the entrance of a building provides access for people with disabilities but also makes access easier for mothers with baby strollers or workers carrying heavy items. The concept of universal design is a means of improving a community for everyone.

Health Care Many disabled people encounter difficulty obtaining health insurance. The insurance industry openly uses personal health and genetic data in its review of potential clients: Health insurance organizations carry data on millions of Americans. Russell (1998) cited one study reporting that 47% of applicants identified to be screened for “defects” were ultimately denied health insurance—even though no defects were found. In addition, disabled people are twice as likely as nondisabled people to report that they did not receive needed medical services in the previous year (Taylor, 1998). People with disabilities receiving medical benefits from the U.S. government can jeopardize their health care just by taking a job. Once they are covered by an employer’s health care plan, they can lose their federally funded medical benefits. Often, it takes up to two years to reclaim and receive federally funded health care if individuals with disabilities lose their jobs. As Longmore (2003) noted, many disabled people are reluctant to seek a job for fear of the government “penalizing them with the loss of . . . health insurance if they go to work” (p. 28).

Figure 12.4
In the 1980s, Berke Breatheds ‘Bloom County’ was one of the first comic strips to feature a character using a wheelchair.

Education With the advent of mainstreaming and inclusion, schools have been challenged to integrate disabled students into regular classrooms with nondisabled students. The term mainstreaming means that students with disabilities are taught in the “least restrictive” and most acceptable available environment. Integrating disabled and nondisabled students is supported by studies reporting that exceptional children with physical or mental disabilities learned more when they were integrated into regular classes than when they were taught in separate classes (Hines, 2001; Kochhar, West, & TAYMANS, 2000). Despite the research, administrators and teachers often object to mainstreaming. At a U.S. congressional hearing, legislators were informed of a girl in a wheelchair being denied admission to a public school because the principal decided she was a “fire hazard” (Garrett History Brief, 2001).

Because of such resistance, mainstreaming efforts vary widely in U.S. schools, causing disability advocates to favor inclusion, a more aggressive approach requiring total integration of students with disabilities into regular education classrooms. Opponents argue that disabled students take too much of teachers’ time, that it is unfair to nondisabled students. Advocates for inclusion argue that teachers can utilize aids, peers, and classroom strategies to ensure that all students receive an appropriate educational experience. Linton (1998) insisted that inclusion “is not an educational plan to benefit disabled children. It is a model for educating all children equitably” (p. 61).

Inclusion advocates argue that the presence of disabled students can benefit nondisabled students by providing opportunities to develop attitudes and skills that enable them to work with people who may be different from themselves (Sapon-Shevin, 1999). Despite the efforts of inclusion advocates, school districts still may designate schools where all students with disabilities are assigned. One study found that 10% to 55% of students with severe disabilities were not allowed to attend their neighborhood schools (Garrett History Brief, 2001).

Disability advocates contend that most problems for people with disabilities stem from the attitudes of the nondisabled. Although many individuals and organizations advocate for people with disabilities and the Americans with Disabilities (ADA) provides legal recourse against discrimination, actions cannot be effective if nondisabled people perpetuate negative attitudes. Children are curious and interested in human differences; they do not demonstrate a fear of differences unless taught to do so (Coleman, 1997). Inclusion may be the most important long-term strategy to improve attitudes and increase opportunities for people with disabilities since it provides opportunities for interaction with nondisabled students and for teachers to model positive attitudes.

How difficult is it to change people's attitudes?

As Fiedler (2000) wrote, “Perhaps the greatest obstacle to school change efforts is the attitudes of the individuals who must implement the change” (p. 119). The effectiveness of school change efforts has varied according to the attitudes of the teachers and administrators involved; this is true for community change efforts as well. Posner (1979) described an incident from Israel illustrating the difficulties involved in changing attitudes. Two villages did not have enough orange pickers at harvest time, so they arranged for young men at a nearby institution for the mentally retarded to help with the harvest. Before the young men arrived, researchers came to the villages and conducted an attitude survey. The researchers reported that 66% of villagers said there should be no contact between retarded people and children; 68% thought retarded people should be permitted to work only in sheltered workshops; 95% said institutions were the best place for retarded people; 58% believed that retarded people should be forbidden to marry.

When the retarded workers came, they picked oranges with great care and an enthusiasm not often displayed by other workers. Workers were told that if fallen oranges had not been bruised they could be used; only the retarded men inspected oranges that had fallen or been dropped. The retarded men climbed to the tops of ladders to pick oranges from high branches; no other workers were willing to climb so high. As the days passed, townspeople invited the workers to join them for lunch and the retarded men played with the children from the village. When the harvest was over, the young men returned to their institution.

The researchers returned to conduct a second attitude survey to see if changes had occurred in the attitudes of village residents. They found that the same 66% still believed there should be no contact
between retarded people and children; the same 68% still thought retarded people should not work alongside others; the same 95% said retarded people should be in institutions, and the same 58% believed they should not marry. But please, all the villagers asked, will you make sure they send those nice young men back again next year?

**AFTERWORD**

Our attitudes are resistant to change: Change occurs only when we first examine our attitudes for myths, misperceptions, or stereotypes. It is especially important for aspiring teachers to reflect on their attitudes because every teacher will teach children or youth with disabilities. But assessing personal attitudes is not only appropriate for teachers but for others as well: It is equally important for employers who have the choice of hiring a person with a disability and for employees who may work with that disabled person. According to Williams (2003), one out of five Americans—about 52 million people—has a disability. We can make a difference in the lives of people with disabilities who live in our communities. It is a choice each of us must make. If made wisely and compassionately, that choice will be a force for change.

**TERMS AND DEFINITIONS**

**Ableism** The determination of an individual’s abilities based on his or her disabilities; any policy or practice promoting the belief that disabled people are inferior to able-bodied persons to justify discrimination against people with disabilities

**Cultural ableism** The societal promotion of negative beliefs and images concerning people with disabilities that tend to portray the less able as deviant or incompetent; an assumption of superiority by people or groups based upon physical, mental, and emotional attributes

**Deviant/Deviancy** Someone whose appearance or behavior differs from the norm, from acceptable standards, in society

**Disability** A restriction of functional ability and activity caused by an impairment (such as hearing loss or reduced mobility)

**Eugenics** The study of agencies under social control that may improve or repair the racial qualities of future generations, either physically or mentally

**Handicap** An environmental or attitudinal barrier that limits the opportunity for a person to participate fully in a role that is normal (depending on age, sex, and social and cultural factors) for that individual

**Inclusion** Integration of all students with a disability into regular education classrooms

**Individual ableism** Prejudiced attitudes and behavior against others based on the assumption that one’s level of ability is deviant from the norm, demonstrated whenever someone responds by saying or doing something degrading or harmful about persons whose ability is looked on as unacceptable

**Institutional ableism** Established laws, customs, and practices in a society that allow systematic discrimination against people with disabilities

**Mainstreaming** The responsibility of schools to educate all students, regardless of disability, in the least restrictive and most normally acceptable environment

**Normalization** Policies and practices that help create life conditions and opportunities for disabled people that are at least as good as those of average citizens

**People with disabilities** People with behavioral or anatomical characteristics marked as deviant, which identify them as targets for discrimination
Universal design. Designing and creating products and constructing environments that are accessible to everyone.

REFERENCES


Describes concerns, criticisms, and responses to labeling people in special education.


Discusses significant historical events as well as the intellectual contributions of those individuals who have had a lasting impact on the culture of the Western world.


Critiques the other articles in this issue that provide evidence or analysis supporting the idea that people with a disability represent an oppressed minority group.


Describes home care as an alternative to institutional care in the United States and other nations.


Reviews various definitions of disability and examines problems related to definitions and research methods in labor market research.


Describes the status of people with disabilities in various cultures and compares it with the treatment that people with disabilities in the United States receive.


Discusses the origin of the concept of stigma and analyzes the reasons why some differences in human beings are valued and others are stigmatized.


Explains how social differences such as disability, gender, race, and social class have been produced by and still operate within the context of global economic exploitation.


Discusses the need for teachers and parents to be advocates for people with disabilities and provides strategies, examples, and resources for being an effective advocate.


Addresses the question of whether or not disabled people constitute a minority group.


Provides a history of people with disabilities and deformities, describing how they were viewed in the past and how these perceptions have shaped contemporary attitudes.


Examines reasons why people with disabilities are stigmatized, including explanations for widely held and erroneous assumptions about disabled people.


Describes perceptions of madness, the institutionalization of mentally ill people, and their treatment in such institutions from the Middle Ages to the eighteenth century.


Presents historical and contemporary evidence of discrimination against disabled people.

Gill, C.J. (1994). Questioning continuum. In B. Shaw (Ed.), The ragged edge: The disability experience from the
Chapter 12  Ableism: Disability Does Not Mean Inability

pages of the first fifteen years of "The Disability Rag" (pp. 42–49). Louisville, KY: The Advocate Press.

Argues that placing all people at some point along a continuum of disability reflects a discomfort with differences and is an attempt to minimize them.


Examines cross-cultural perceptions of people with a disability and provides historic examples of disabled people being valued for their differences.


Examines how public policy shaped the experiences and perceptions of people with disabilities.


Discusses research on inclusion and benefits for nondisabled and disabled students.


Presents a case study of a voluntary visitability program in Irvine, California.


Describes changes in labeling people mentally retarded in the past and currently, and the changing perspectives on independent living for those individuals who have been labeled.


Describes the history and philosophy of inclusion and successful classroom practices; the benefits of inclusion are described in Chapter 9, pp. 37–40.


Uses a personal example to discuss the inadequate social services available in the United States, and compares U.S. social services with social services in Austria.


Discusses the need for disability studies to understand the experience of disabled people as a minority group; defines ableism and other relevant terms in Chapter 2, pp. 8–33.


Discusses historical discrimination against people with disabilities in the media and in society and describes the evolution of the disability rights movement.


Examines current evidence that attitudes in the United States reflect a "health chauvinist society" that is prejudiced against disabled people and blames them for having a disability.


Describes negative attitudes in the United States toward people who are mentally retarded and uses an incident from Israel to illustrate the difficulty of changing such attitudes.


Presents a conceptual framework for understanding disability identity and uses this framework to analyze research on disabilities.


Describes the history of societal responses to vagrancy primarily in England, but with chapters on Russia, Turkey, and countries in Western Europe (first published in 1887).


Examines historical examples of the oppression of disabled people and contemporary issues concerning poverty, institutionalization, and denial of civil rights.


Provides strategies and activities that reflect principles of multicultural education although primarily intended for creating cohesive classrooms in elementary schools.

Describes a customer-directed employment service system and provides an example of how such an approach can more effectively find employment for people with disabilities.


Discusses the complex issues affecting the medical basis for determining who is disabled and eligible for disability benefits and who is not.


Presents results of the Harris Poll on issues for people with disabilities.


Provides most recent data on Americans with disabilities.


Describes three waves of the disability movement with professionalism superseded by the parent movement that is now being challenged by those promoting self-advocacy.


Explains why diversity is being promoted in the corporate world, the benefits of diversity, and principles for being an effective manager of diverse employees.


Examines the relationship between language and behavior and describes how rhetorical analysis can be an aid for people with disabilities as they define themselves.


Describes the experiences of disabled people from ancient times including how they were portrayed in literature and the evolution of institutions to care for them.


Analyzes the role of ideology and concepts of deviancy in shaping attitudes toward disabled people; describes how the principle of normalization could change human services.
Summary Exercises

See page 24 for exercises to help you summarize the main points and define key terms in this chapter.

Personal Clarification Exercises

Clarification Exercise #1 Tolerance vs. Control: Group Home Discussion Activity

Directions: Imagine that you are a supervisor for people with various disabilities living in a group home.

<table>
<thead>
<tr>
<th>Category/Action</th>
<th>Should</th>
<th>Should Not</th>
<th>Comment</th>
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<tbody>
<tr>
<td>I. Interpersonal Relationships</td>
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<tr>
<td>1. Date</td>
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<td>2. Engage in sexual activities</td>
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<td>3. Use birth control devices</td>
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<td>4. Marry</td>
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<td>5. Have and raise children</td>
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<td>II. Lifestyle Concerns</td>
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<tr>
<td>1. Choose their own clothing</td>
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<td>2. Dress and look the way they want</td>
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<td>3. Participate actively in the church of their choice</td>
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<td>4. Plan their own leisure time</td>
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<td>5. Engage in recreational activities of their choice</td>
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<td>III. Economic Issues</td>
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<td>1. Choose the job they want</td>
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<td>2. Support themselves</td>
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<td>3. Be financially independent</td>
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<td>4. Enter into contracts</td>
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<td>5. Live where they choose</td>
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<td>IV. Rights and Responsibilities</td>
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<tr>
<td>1. Vote in political elections</td>
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<td>2. Drive a car</td>
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<td>3. Drink beer and/or liquor</td>
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<td>4. Have medical insurance</td>
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<td>5. Be educated to their fullest potential</td>
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<td>6. Be held responsible for their actions</td>
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Based on your own understanding, which of the activities listed below should a mentally retarded (MR), cerebral palsey (CP), epileptic (E), or physically disabled (PD) person be permitted to do? Under the "should" or "should not" column if you feel that all people having the disabilities just listed should or should not be allowed to do the particular activity write "all." Otherwise write the abbreviation for the particular disability.
Intergroup Exercises

Intergroup Exercise #1 Disability Awareness Activity

Directions: What is a disability? How much do we know about disabilities? How prevalent are our disabilities? For this activity, take turns listing disabilities in your group or create team lists to share.

Part One: List all the disabilities that you can think of; you will be reminded of additional disabilities as you listen to the suggestions of others. Rotate the turn taking for at least five rounds; if you have no disability to suggest, indicate that you “Pass” to allow others opportunity to contribute. Attempt to identify at least 150 different disabilities. “Paraplegic” may be combined with “quadriplegic” for example, in order that there be room for a wide representation of true human disabilities. Take time for discussion and clarification as needed to be certain that all members of the group understand each disability.

Part Two: As a group, sort your disabilities list into three principal groups: physical, emotional, or physiological. (For example, multiple sclerosis is a physical degeneration of one’s muscular system; schizophrenia is commonly identified as a brain chemistry imbalance.) If you are uncertain of the category of a disability, discuss it with others and investigate to be sure. Recall from the chapter that disabilities may be permanent or temporary, evident and observable, or invisible.

Personal Insight Builder: Make three generalizations regarding how humans are different according to disability. Do you suggest any policy modification that would more readily accommodate persons with disabilities? Can you venture estimates of instances of unjustifiable discrimination against persons with disabilities? What attitudinal adjustments might be made within the general U.S. population regarding our attitudes toward persons with disabilities?

Intergroup Exercise #2 Difficult Dialogues Experience

Directions: How difficult is it to manage with a disability? Develop a dialogue based on the scenario below. Use the situation as the basis for your five-minute role play of the situation. Remain in character at the conclusion of your skit and respond to class questions about the motivation, purpose, or intent behind your comments during the scene. Teams of three complete a five-minute role play, regardless of similarity to others performed.

Characters:
- Wheelchair user who is a graduate teaching assistant
- Undergraduate third-year business management major
- University classroom building custodian [See below]

As a custodian is working in a hallway between classes, a teaching assistant asks her for help to circumvent an open door very near the top of a staircase in order to safely reach the elevator that is behind the door. The business major makes a rather unkind remark about the limited nature of students with disabilities on the campus and makes her way down the steps.

Community Involvement

Action Research

What assistance is available to people with disabilities in your area? Locate a local, state, or federal agency that provides protection, advocacy, and care or employment to children, youth, or adults with disabilities. Learn extensively about that organization, and then arrange with the agency administrator for a field visit by your class; the outcome should be that each visitor better understands how American societal infrastructure supports identified needs.

Service Learning

How are people with disabilities able to contribute to the local economy, yet be protected and supported? Volunteer to contribute your time to help with summer camps for children with disabilities or visit a local, area, or regional workshop for adults with disabilities (formerly sheltered workshops). Volunteer your time as mentor or advocate, or in
other ways. Before departing each time, write at least a one-page journal entry about what you did, saw, and felt, and describe what you think you could do to encourage others to better support people with disabilities.

**Companion Website**

To access chapter objectives, practice tests, weblinks, and flashcards, visit the Companion Website at www.ablongman.com/koppelman2e.

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**Video—“Inclusion of Students with Hearing Impairments”**

In the video, a language arts teacher discusses how she works with a team of teachers to meet the needs of her students with special needs.

Log into www.mylabschool.com, select Special Education under the Course tab, access the video category “Inclusion and the Least Restrictive Environment” and select the video entitled “Inclusion of Students with Hearing Impairments.” You may also go directly to this video by entering Assignment ID **SPV2** into the Assignment Finder on the MyLabSchool home page.

1. **Students who rely on sign language for communication are often isolated from their peers because of difficulties with communication. Some feel that these students should be placed in a separate program with other deaf students who use the same form of communication. What do you think? How does this fit with the concept of least restrictive environment?**

2. **Having a full-time sign language interpreter in the classroom for one student is an expensive proposition for a school district. What other kinds of accommodations could be made in the classroom for a hearing impaired student?**