

Global attitudes to disability



The purpose of this academic piece is to explore global views of disability within a historical and contemporary context. The assignment will consider the impact of economic, religious and cultural influence and consider how models of disability also perceive disability. The rationale for the selection of subject choice is that the author works within the Spinal Cord Injuries (SCI) arena and so disability and views of disability are relevant to person centered care. The majority of clinical research has traditionally focused on the functional limitations of people with impairments.

However, a global perspective can provide a powerful insight into views of disability. Mutual respect and understanding can contribute to an inclusive society and the identification of knowledge, beliefs and attitudes to the disabled can be beneficial in providing educational needs and public information. Literature states that globally, a billion people have some form of disability; which equates to 15% of the population (World Health Organization (WHO), 2011, p7).

This amount exceeded predicted figures by the World Health Survey which estimated 785 million (WHO, 2004, p8); and the Global Burden of Disease report which anticipated 975 million. Of the quoted billion people, 190 million individuals will have a severe disability such as tetraplegia or blindness (WHO, 2008, p15). It is suggested that this number is set to rise significantly over the next 25 years; both within Eastern and Western societies. This can be attributed to an ageing population whereby older persons are at an increased risk of developing a disability.

Additionally there is a global increase in chronic health conditions such as diabetes, mental illness, cardiovascular disease and cancer which can lead

to decreased independent functioning (Priestley, 2001, p3). It is suggested that almost every person will experience some form of impairment at some point throughout their lifetime, on either a temporary or permanent basis (WHO, 2011, p7). Disability is a natural part of the human experience whether it is due to illness, injury or aging.

The concept of disability is described as contentious and a complex web of social, cultural, medical, historical and experiential perspectives. Definitions of disability are vast and are said to differ depending on who is defining disability and for what purpose (Smart, 2001, p225). Cultural analysis identifies that the term disability refers most precisely to an inability to perform tasks that are illogically bounded from daily life (Johnson, 2004, p59).

The definition of disability provided by the Equality Act (Department of Health (DOH), 2010) states that a person has a disability if they have a physical or mental impairment which has a long term effect on their ability to perform day-to-day activities. Definitions are vital, not only because they are influential in the recognition of people with a disability/impairment but also because they affect self identity and affirm a common language (Johnson, 2004, p60). Groce (1999, p5) states that disability as a united concept is not universal and many languages lack an actual word for disability.

Instead these societies group people with similar impairments. Because so much of the experience of disability comes from outside the condition itself, people in the global disability rights movement emphasise that disability is culturally defined (Chiu and Chan, 2007, p159). Coleman (2006, p17) agrees with this statement and proposes that attempts to provide a universal

definition are flawed because they suggest that cultural practices, environment and standards are similar. When in fact, these will differ significantly depending on where the person is living.

Patterns of disability in specific countries are attributed to environmental and health trends and other factors such as road traffic incidents, substance abuse, diet, natural disasters and conflict. Uneven economic and political development coinciding with varying views and attitudes to disability means that children, older people and adults with impairment are affected differently in different parts of the world (WHO, 2011, p5). Worldwide studies have identified that disabled people have poorer health outcomes, lower educational achievements and higher rates of poverty.

Negative attitudes/views of disability can have a detrimental effect on the disabled person and there is growing literature to suggest that diverse views, policies and practices contribute to decreased life chances and life expectancy (Priestley, 2001, p12). The health issues facing the disabled in a rich technological country with social support differ from those in a poorer environment. In a global context poor people are more likely to be affected by disability and impairment, and are more likely to live in poverty. Kisanji (1995, p90) states that this is not solely to do with disabling attitudes or discrimination.

The causes are said to be deep rooted in structural inequalities and conflicts arising from economic and political upheaval and development. However, MacLachlan and Swartz (2009, p210) argue that although disability correlates with disadvantage not all people with disabilities are equally disadvantaged. The world we inhabit is described as unequal and the

Capitalist mode of production is now said to shape social rehabilitation across the entire planet. Recent years have witnessed massive increases in poverty and economic polarisation.

As the rich get richer the poor get poorer and this is happening both within and between nations; thus resulting in the people of the majority world and disabled people worldwide, feeling the effects (Castells, 2001, p471). Those disabled people who are part of the majority world are thus the poorest most isolated group in the poorest most isolated places (Charlton, 1998, p43). Many authors argue that the roots of poverty that are found in the majority world are located in the global capitalist system and its inequitable distribution of wealth (Hoogvelt, 1997, p88).

Groce (1999, p5) asserts that much of the discussion of disability in current society is embedded in sweeping stereotypes. The Western world is thought to have a specific culture of ideals with desirable attributes such as wealth, appearance and strength. In a cultural context disability also intersects with other practices and beliefs and a combination of factors will determine what are considered desirable attributes. People with a disability therefore deviant from the norm to which we are encouraged to aspire. Murray (2009, p578) states that as human beings we provide meanings to the objects in our world.

Therefore, if disability is viewed as a tragedy, people with impairments collectively become victims. Attitudes to disability are often a combination of persecution, acceptance and tolerance, with McDermott and Varenne (1995, p325) stating that the tolerance shown is typically of a paternalistic kind. A global thought process is that those who are disabled need to be looked

after, and are therefore viewed as objects of pity and charity. Miles (1995, p49) is in agreement and states that this paternalistic nature is evident in the work of voluntary organisations.

Paternalistic attitudes can lead to dependency and helplessness in the disabled and lead to low self - esteem (Tromoeda and Bayles, 2002, p3). Modern practice encourages individuals to recognise and respect the disabled individual as a person first and as disabled second. Stereotyping affects how the disabled are viewed and stereotypical views of disability appear to emphasise the use of wheelchairs alongside other ' classic' groups such as the deaf or blind. When discussing the notion of stereotyping it is recognised that people with a disability are seen to represent a minority group within our culture.

Tsang et al (2003, p383) suggest that within our society people with a disability are seen to be inferior and viewed as undesirable, dependent, different, tragic, asexual and lower in intelligence. Therefore, they will potentially be subjected to prejudice, segregation and discrimination that other oppressed groups experience. Tromoeda and Bayles, 2002, p4) suggest that within some cultures people within the workplace avoid working with a person who has a disability; thus contributing to the social negative attitude towards the disabled person; which can have a detrimental effect on the disabled person.

Beliefs and prejudices can constitute barriers to education, employment and social acceptance (Schmillmeir, 2008, p611). McDermott and Varenne (1995, p323) affirm that every being in every culture is subject to being both labeled not just disabled individuals. It is evident that negative attitudes and

stereotypes have been reinforced by society and religion over many centuries. Through examining historical literature on disability it is clear that many ideals of the disabled were developed from past myths, religion and folklore.

In early Greece and Rome those with perfect physique were regarded with admiration and acceptance and the deformed and impaired were rejected. It is said that the philosopher, Aristotle, advocated the practice of infanticide for impaired children. There is still evidence of this attitude in society today with non-treatment of newborns with severe disabilities and prenatal testing procedures to detect defectives (Wininger, 2011, p198). In medieval Europe it is reported that disabled people were accepted as part of the family or group and participated in jobs such as working the land (Wininger, 2011, p199). However, Miles (1999, p50) challenges this and argues that even in ancient times the survival of people with disabilities rested with the able bodied. A dependent caste was born amongst the belief that those who were disabled were incapable of contributing anything worthwhile to society. In times of social upheaval and illness such as the plague, the disabled were viewed as evil or sinners that had brought disasters upon society.

A reaction to this was the flagellants, a European group who believed that penitence would prevent a person becoming ill or disabled. These individuals beat themselves with the aim of becoming more holy (Ingstaad, 1999, p756). The attitude at this time of being disfigured was very powerful as it marked a person as different which is a prejudice that still stands today. The middle ages brought about the notion that congenitally impaired children were ' changelings' and believed to be an indication of evil, with the parents of

these disabled children were encouraged to drown them at birth (Barnes and Mercer, 2005, p12).

These negative views have continued across time and the 19th century saw greater segregation of the disabled, with the workforce rejecting the impaired. The disabled were seen as lazy and sent to the Workhouse resulting in the disabled becoming more dependent on the medical profession for healthcare and benefits (Miles, 1999, p51). The United Kingdom's (UK) Mental Deficiency Act of 1913 categorised the disabled as idiots, imbeciles, feeble minded and morally defective (Ingstaad, 1999, p758).

Further historical evidence illustrates that from the 1890's the introduction of separate special schools was brought about and with it the medical model of disability prevailed. The 20th century produced eugenicists who interpreted Darwin's theories of evolution and natural selection to their own ends. They argued that they could improve the quality of the human race by selective breeding because they thought that people with disabilities would weaken the gene pool.

Following this development disabled people were increasingly shut away in institutions for life (Barnes and Mercer, 2005, p14). In many American states women who were born deaf and anyone with a low IQ were sterilized; and these laws remained in place until the 1980's (Wininger, 2011, p202) Perceptions of disability vary worldwide, from culture to culture; and within actual cultures and nations. Within countries it is possible to find differences in perception based on socioeconomic influence, religion, urban or rural setting, region and the actual type of disability.

Each culture has views of the disabled and their role in society. When considering the term culture from an anthropologist perspective it can be viewed as containers of coherence that identify the various people who live in their own specific ways and so have their own unique views on specific subjects. Each group is distinguishable from others by a common sense of coherence and a particular way of making sense and meaning, with members who possess individualistic and have varying degrees of knowledge (McDermott and Varenne, 1995, p323).

Global views take into account strategies for enabling the disabled full or partial participation within a given culture. The United Nations (UN) states that 80% of disabled individuals live in so called developing countries, the ‘majority’ world (Stone, 1999, p11) However, much of the published research studies on attitudes to disability take place in the minority world; therefore resulting in disability being portrayed in a medical and social model from a minority viewpoint.

Consequently it is imperative to examine views and attitudes to disability from a global perspective to gain a clearer picture (Priestley, 2001, p3). Kisanji (1995, p4) proposes that each culture has its own unique characteristics which may be better understood by indigenous people. Misinterpretations may be made by researchers and so caution should be made when reviewing articles on non-western attitudes. It is suggested by Gilson and Dymond (2011) that there is a lack of research into attitudes towards disability within Asian academic literature.

Miles (1995, p68) states that there have been few studies on attitudes to disability within an eastern religious context and so more studies are needed

in this area to understand their beliefs and to achieve a thorough global perspective on disability. Studies of attitudes to disability in non-western areas are few due to the lengthy time ethnographic research takes to complete. However, Kisanji (1995, p5) suggests that cultural studies can be useful in revealing general views of disability and disabled people.

Any indigenous beliefs and attitudes, when described and interpreted by western researchers; often illuminates more about western prejudices and belief systems than they do about the society of which they claim to be gaining an understanding (Ingstaad, 1999, p75). Over the past 30 years disability has progressed from the margins to the mainstream of the international human rights agenda. In the growing field of disability studies, a variety of models of disability have been identified and utilised.

The models that are used frame how disabled people are treated and perceived in regards to education, employment and socially representation (Evans et al, 2005, p67). Models of disability also provide a framework for understanding how people with a disability experience being labeled as disabled. The two main models which influence modern thinking are the medical model and social model. Within the medical model disabled people are viewed as the problem. The disabled individual is required to change and adapt to circumstances as ability allows.

This model underpins the WHO definition of disability and contains no suggestion that society needs to take responsibility/action to change. Fein and Asch (1998, p4) state that the medical model of disability characterises disability as a state of abnormality that is attributable to the individual. Alternatively, the social model has been developed by people with a

disability, in response to the medical model. The social model of disability has fundamentally changed the way in which disability is regarded and has had a major impact on anti-discriminatory legislation.

The social model consists of the opinion that disability is caused by the barriers that exist within society which they allege discriminate against people with impairments and therefore excludes them from involvement and participation. The social model's definition of disability has now become more main stream (Priestley, 2001, p6); focusing on how the disabled person is perceived, accepted and accorded citizen rights and responsibilities. Conceptual models and frameworks of disability affect the way in which an individual with a disability sees themselves and the world around them.

They influence the manner in which people in their world interact with them; additionally they underpin many social policies that directly affect their lives (Groce, 1999, p6). European cultures tend to view those with a disability as dependent. Other cultures may have differing models and not view that person as disabled or impaired at all (Wininger, 2011, p262). The WHO's two models of health and disability demonstrate how global views about health and disability have changed with a ten year period. A key change that is noted is the terminology, with a shift from terms such as impairment and disability to more neutral idioms.

Additionally the term disability is now an umbrella term to represent the dynamic interaction between a person and the environment (Young and Quibell, 2000, p748). There is considerable variation between cultures in the way in which disabilities are defined. Acceptance is at varying levels and there is no consistency in which conditions are actually seen as a disability.

In everyday society variations exist; what might be seen as a serious disability may be readily accepted within a particular culture.

Kisanji (1990, p5) suggests that cultural attitudes to disability can be found via artwork, carvings and folk law. A vast continent such as Africa can produce a pattern of attitudes expressed via proverbs, which are common in all cultures; but specifically in those that use the written word. Proverbs collected in a research study in Tanzania show a positive attitude to disability with respect and support noted for individual differences, an obvious demand for parents to take responsibility for the disabled child and ultimately disability viewed as a fact of life (Kisanji, 1995, p14).

The global diversity of social and cultural views of disability directly influences the degree of stigma or respect experienced by community members with impairment (Coleman, 2006, p211). Tsang et al (2003, p383) identify that the stigma of disability is particularly strong within Chinese society. In fact the traditional Chinese term for disability is canferi which means handicap and useless. In many areas of China a disability is still considered to be a punishment for one's past life sins.

Often the Chinese will visit a temple or a Taoist priest to pray or perform rituals to find out the cause and a solution to their disability. Another belief is that an unbalanced diet and the mother demonstrating a temper or grief during pregnancy can contribute to the birth of a baby with a disability. In China it is seen as a shame to have a disability or a disabled relative and there is a lot of stigma attached (Johnson, 2004, p275). Within Asian society it is also considered shameful to have a disability.

Michalko (2002, p23) and Stone (1999, p14) are in agreement that in some cultures disability is seen as a failure of that person's body and it is therefore seen as the job of the medical, rehabilitation and educational services to restore as much independent function to the disabled individual since the impairment is seen as something to be avoided and/or cured. Nalam (2011) states that in Mumbai, India it is difficult getting admission to a mainstream school and generally disabled people are directed to 'special' schools which are specifically for individuals with a severe learning disability; rather than the physically challenged.

Nalam (2011) goes on to state that access to buildings and public areas is poor and many people demonstrate unnecessary sympathy and pity. Most disabled people are seen as useless and treated as outcasts; a primitive attitude. Alternatively, the Native American perception of disability is one of a positive view. Unlike many other cultures the Native Americans honour and respect disabled people. The belief is that a person who is weak in body is especially strong in mind and spirit (Johnson, 2004, p263).

It is reported that South American countries also generally accept those with a disability into their society. Unlike Central America who seem to have emotional difficulty in accepting and embracing the disabled population (Johnson, 2004, p113). Social analysis indicates that individuals who are labeled as disabled are often subjected to a public response/attitude that multiplies any difficulties that the seemingly unable are already subjected to (McDermott and Varenne, 1995, p3240).

A view towards disability that was expressed within the United Kingdom (UK) was that a person with a physical disability must also have a mental disorder

or learning disability (Trooeda and Bayles, 2002, p5). Along with the general concept of disability, literature suggests that there is stigma associated with different impairments and perceptions of where responsibility for the disability lies (Murray, 2009, p573). Those disabilities that have arisen as a result of incidents/ related to drink or drug substances are widely viewed as self-induced and receive little empathy from society.

However, when a disability happens to an individual by causes outside their control then more sympathy is expressed. Kirby (2004, p229) agrees that in many cultures a disability that is attributed to fate, bad luck or genetics is also regarded with empathy. There is a wide expression of acceptance globally of disabilities that are acquired due to an external cause. However, many cultures are of the shared opinion that any impairment is a clear indication of bad behavior in the past either by the individual or by a member of their family.

Johnson (2004, p253) advocates that Nigeria, Japan, India, Greece and Turkey feel that a disability is a divine sign of bad karma. Within these places there is a strong negative stigma attached to the individual and their family. Fein (1988, p21) and Tsang et al (2003, p384) imply that the degree of stigma was enhanced further if an individual had a disability from birth which is seen as a curse from God. Within Greece, India and Japan this would affect the family prestige within society.

Stigmatization of different disabilities is found in all societies, worldwide and culturally informed prejudices. Erving Goffman (1963, p85) applied the term negative stigma to any condition or trait which is viewed as culturally unacceptable or inferior with consequent feelings of shame, guilt and

disgrace. He identified three types of stigma with a common element of a spoiled identity. A further study by Kleinman and Han (2003) discussed the narratives of a patient group who were suffering from what was labeled as various kinds of stigmatising disease or disfigurement and the fear of contagion.

The WHO (2011, p19) advocate that Government and voluntary organisations should utilise social marketing campaigns in order to change attitudes and stigma associated to disability. The use of media can be successful in ensuring the dissemination of positive stories about disabled persons to increase awareness and understanding and change negative views and attitudes. By identifying global views on disability it has enabled an understanding of how these perceptions can influence and affect the lives and outcomes of the disabled person.

The literature has been conclusive in identifying that negative views can ultimately cause barriers to learning, health, employment and social acceptance.. Strategies are used varyingly across the globe which aims to address the barriers that the disabled face. Specific agendas have been identified by the WHO (2011, p12) such as making all existing healthcare systems more inclusive and making healthcare programme accessible to people with disabilities in order to reduce health disparities.

It is suggested that understanding the beliefs and attitudes about disability is fundamental for those who wish to foster effective change in the majority world. However, this arguably does little more than encourage a judgment focus on indigenous belief system practices. (Miles, 1999, p50). To conclude, the exploration of global views of disability has provided an insight into the

vast beliefs of many cultures across the world. Through examining historical literature it has been possible to understand the origins of many belief systems and how such ideals affect perceptions today.