Title	Understanding disabled people
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Source	*Teaching and Learning, 7(2)9-17*
Published by	Institute of Education (Singapore)

UNDERSTANDING DISABLED PEOPLE

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Clarification of Terminology

The use of the term 'disabled' in the title of this paper is appropriate. This point is made early because there is a need for professional people, especially teachers to recognise and address the problems of the definition and classification of the disabled. However clarity of definition and classification is difficult. This is partly because of the large range of disabilities involved; partly because of the number of professional vocabularies; as well as the range of social factors which further complicate matters. Disabilities are numerous: they range from brain damage, hyper-activity, retardation in various forms, social and emotional problems, perceptual problems, language disorders, motor clumsiness and so on. Research, diagnosis and treatment of these disabilities involves a range of disciplines and their associated professional groups, such as medicine, psychology, and social and educational administration. Further, in recent years there has been a growing awareness of cultural and social dimensions of disability. Consequently a major problem has undoubtedly been the coordination of these various bodies of knowledge and practices to produce a unified view and treatment of the disabled person's individual problems and needs. It is the view of the author that schools have a large part to play in such awareness campaigns.

It is possible to identify two broad responses to this problem of classification and definition. On the one hand there has been an attempt to produce a unified classificatory system of disabilities. On the other hand attention has been shifted away from the fruitless task of searching for a synthesis and other ways of dealing with this problem have been explored.

Educational Classifications

In educational circles, in the west in particular, there are attempts to place individual young people, of school age, and

their educational needs at the centre of discussion rather than simply the disability suffered. This intention is embodied in the key term 'learning difficulties'. Such trends and influences have increased the recognition of the rights of the disabled. This has led to an integration into education and society enabling easier access to education and employment. Thus, educationally these changes are desirable to the extent that they help address the unintended consequences of classification, especially forms of stigma. Fish (1985) illustrates this stigmatising effect when he discusses the extent to which disabilities are handicapping. He makes three points, firstly: handicapping effects vary with the nature and degree of disability; secondly, these are not static but have different effects over time; thirdly, they are not situationally specific. In Britain legislation has been enacted as a result of the Warnock Report 1978, (quoted in Fish 1985). Here it is decreed that there is only one population of children and those with 'learning difficulties' should be assessed in order to determine the kind of special educational provision required. The view is that the needs of children are paramount hence it is important to plan for educational needs, rather than disability suffered. However the greatest difficulty in identifying learning needs or strengths is the lack of agreement about the nature and cause of the disabilities and their relationship to social, emotional and intellectual development. For example physically disabled people are not necessarily intellectually disabled, nor are they intellectually disabled or mentally sick. A major reason for this difficulty in identifying strengths and weaknesses is that much research, opinion and comment has not been concerned with intellectual, social, and emotional problems but with the medical condition. This leads us to the first of the two responses mentioned earlier.

Medical Classifications

Though simple medical classifications and definitions are unhelpful in understanding, diagnosing and specifying the total needs of the disabled, there are emerging promising developments. Alberman (1984) has suggested a classificatory scheme which incorporates medical knowledge and practice. She distinguishes between 'aetiological', 'pathological', 'clinical', and 'concomitant' dimensions. These deal respectively with causation, the site of

the defect, prognosis and management, and the planning of services. There is some overlap between this and the classification by the World Health Organisation. Thomas (1982) discusses this, he claims that there is some measure of agreement in the categorisation of disability. 'Impairment', he refers to as 'a neutral or objective description of a site, nature and severity of loss of functional capacity'. 'Disability', he refers to as 'the impact of impairment upon the performance of activities commonly accepted as the basic elements of everyday living'. 'Handicap', he refers to as 'an evaluatory concept in which the interaction of impairment and disability with an individual's psychological make-up, the resources available, and the social attitudes, affects adversely the performance of ordinary roles'.

On such criteria many people could have more than one impairment resulting in many disabilities which could handicap them in many ways. Agerholm's (1973) classification of handicaps quoted in Thomas (1982), attempts to make some sense of when its appropriate to use the term handicap. She talks of:

Locomotion handicap	(mobility, posture, manipulation)
Visceral handicap	(ingestion, excretion)
Visual handicap	(loss of sight, partial loss, perceptual disorders)
Communicative handicap	(receptive, expressive)
Intellectual handicap	(retardation, memory impairment)
Invisible handicap	(metabolic disorder, epilepsy etc)
Emotional handicap	(psychoses, behavioural disorder, drug addiction)
Visible handicap	(skin disorder, scars)

Hence if we are certain that a person has a problem with daily living activities we are on safe ground using the term 'disabled' when we can readily observe the disabling condition. It is more difficult to invoke the term 'handicap' unless we have firm evidence of **how** the disability affects everyday living.

The Effects of Labels

Turning now to the daily living problems disabled people face, there are two issues to be considered. Firstly the stigmatising effect of labels and secondly and relatedly the attitudes of the general public to the disabled.

Labels, we are all were aware, once created can stick. They assume a disorder to be permanent and define agreed characteristics of the disorder rather than the unique personality of the individual. Caution in the use of labels is further expressed by Rutter (1975), although he points to the need for certain labels, in order to be prescriptive. He argues that whichever kind of label is used it must be based on facts and defined in operational terms; labels must convey relevant information and be of predictive value; they must classify disorders rather than people. Thus is is clear that if we are certain of our terms, our labels, and our descriptions this will go some way to dispelling certain unfortunate attitudes we have to disabled people.

Attitudes to The Disabled

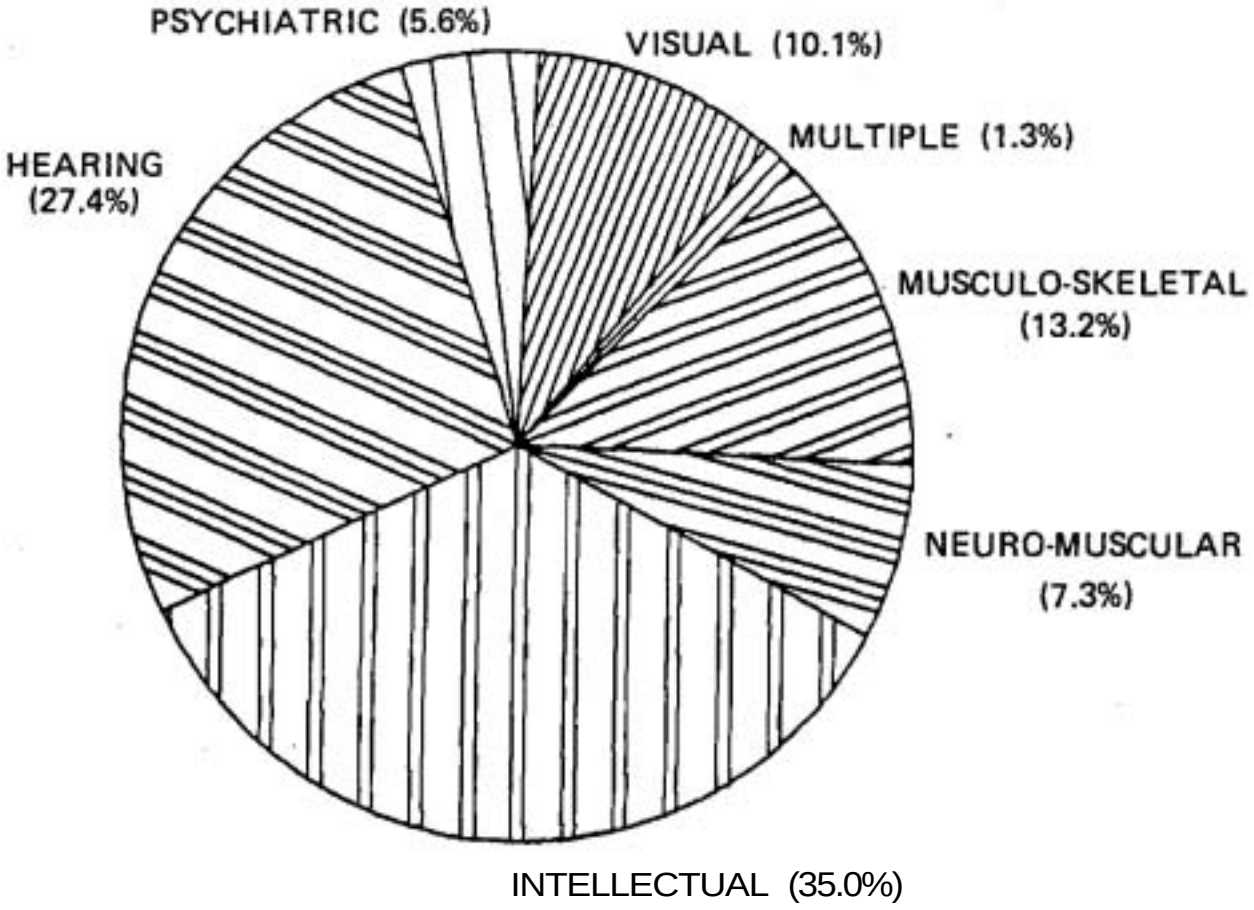
Inappropriate attitudes often arise through ignorance, misinformation and unfounded assumptions. This state of affairs is improving. Over the last few years public education has been concerned with unravelling prejudices about disabled people. The International Year of the Disabled (1981) provided opportunities for projects and campaigns to raise awareness. But attitudes and social mores do not change overnight, they develop and change overtime. Public awareness campaigns will succeed slowly and surely if these are brought to the whole population with appropriate media coverage. Overtime attitudes have changed and ranged from fear, ridicule and degradation to understanding a need for independence, patience and similar expectations to able bodied people. Disabled people themselves, accepting and being independent and confident in change, strive endlessly to demonstrate their active roles not passive roles in society. Recent media and television coverage has illustrated this.

The Disabled in Singapore

In order to really **understand** the disabled **it** will be timely in this paper to consider the management of disability. This is not a simple task since medical labels are often inappropriate as we have noted as they exclude some conditions which do not readily fit into the categories, because of associated disabilities. It will be more realistic to assemble a fuller picture based on information provided by the Disabled People's section, Ministry of Community Development. Figure 1 shows the categories.

DISTRIBUTION OF DISABLED PEOPLE 31.3.86
DISABLED PEOPLE SECTION MCD 0–79 YRS

N = 10745



By far the largest group are intellectually disabled, the result of inherited characteristics or brain damage. The most common groups are Down's Syndrome and Cerebral Palsy whilst the former group are intellectually disabled in varying degrees, the Cerebral Palsy group are not necessarily disabled intellectually but have physical and language and communication problems. Assessment of brain damaged individuals is a universal problem and centres on testing instruments used to establish the degree of disability. Rather than refer directly to this lengthy debate here, a brief summary would focus on the high reliance on motor skills, language, and culture specific items. Furthermore such tests are standardised on a normal population. All this often leads to some people being defined as intellectually disabled simply because they have no verbal language, or can't grasp and manipulate materials. In Singapore this group together with children with visual and hearing problems are educated and accommodated by a number of associations. Table 1 shows this provision.

In the schools an adapted Curriculum is provided both in the form of group work and individualised programmes. Each association has its own programmes and schemes for monitoring progress. The workshops have structured programmes as well as opportunities for work experience and recreation. Public awareness is highlighted by the increasing opportunities which are provided to visit, join and become involved in their activities.

The Newly Disabled

So far this paper has referred mainly to those who have congenital disabilities but a large number of people acquire disabilities through accidents, and infections later in life. Disabilities caused by brain damage, spinal chord disease, amputation and degenerative diseases of the body functions, all have a serious effect on the lives of people who were once able – bodied. These people retain their normal life expectations but often become ostracized socially and assumed to be public property. Thomas (1982) quotes many examples of people who become institutionalised and treated as patients, who are not able to make decisions for themselves; people who suddenly have to cope with stares and gazes and who are not spoken to directly but spoken

TABLE 1

Associations And Their Educational Establishments

Association	School	Workshop	Residential
Movement for the intelectually disabled of Singapore MINDS	Lee Kong Chian Towner Gardens Jurong Gardens Yio Chu Kang	Geylang Jurong Gardens Yio Chu Kang (proposed)	Tampines
Association for the educationally subnormal AESN	Chao Yang Katong	Chao Yang	
Singapore Association for the deaf SAD	School for the Deaf	At the School for the Deaf	
Singapore Association for the blind SAB	School for the Blind	At the School for the Blind	
Spastic Children's Association of Singapore SCAS	Spastic Children's School	At the School	
Canossian Convent School for the deaf	At the School		
Dover Court Preparatory School	At the School		
St Andrews Hospital	School at the Hospital		
Singapore Cheshire Home			Yes

about, . . . does he take sugar?). Such examples appear to suddenly change the status of the newly disabled person and assumptions about their dependence on other people are inferred. Such values placed on the importance of independence can create problems of status, moral worth and identity for the disabled person. There must be sensitivity to the legitimate 'care' needs, the 'do-gooder' is only **good** to the extent that he recognises the need for dignity and independence by all disabled people. Independence is cherished by all of us and should be encouraged by all for all people.

Family Involvement

Finally, it is important to refer to the families of disabled people too. A disabled child creates a disabled family. Few families are able to cope without the understanding and sensitivity of others with whom they all come into contact. Professional help is vital too, in the form of advice on management, personal counselling, educational and medical services, community and recreational provision. Access to such services is often only gained through skill and tenacity. Mittler (1979) argues that we should regard all parents as valued resources with unmatched knowledge of how to cope with disablement and it is up to all professionals to encourage the sharing of knowledge both between themselves and the professionals involved.

Conclusion

This paper has attempted to outline a number of issues concerned with understanding the disabled. It has tried to show that disabled people are **people** and do not require to be regarded as **special** people but people who strive to maintain independence and normality like all of us except they have to work harder at it. Using the correct term to describe the problems of the disabled person is equally vital and this depends on the purpose of the description. We all need to be confident in knowing the problems of daily living, which the disabled have, and only then will there be better understanding.

References

Alberman E. (1984) Describing the Cerebral Palsies: Methods of Classifying and Counting in Stanley F. and Alberman E. (Eds.). ***The Epidemiology of the Cerebral Palsies.*** Spastics International Medical Publications, Blackwell Scientific Pub. Ltd.

Fish J. (1985) Special Education: The Way Ahead. OUP.

Anderson E.M., Clarke L. ***(1982)Disability in Adolescence.*** Methuen.

Mittler P. (1979) ***People not Patients.*** Methuen.

Rutter M. (1975) ***Helping Troubled Children.*** Penguin.

Thomas D. (1982) ***The Experience of Handicap.*** Methuen.

Singapore Council of Social Service. (1985) ***Directory of Social Services.***