

## **Perspectives to Disability**

It has been through ages that disability has far reaching consequences for the personality of an individual, a belief that has led to the development of false notions and prejudices in the community. Our notions about disability and disabled people are generally negative.

We were not born with these notions. Our ideas about disability come from what we see and hear, and the fact remains that we have rarely seen disabled people in everyday roles like others.

Our perceptions also reflect society's non-acceptance of a person with disability as a person.

This calls for an urgent analysis of existing attitudes and feelings towards disability, in order to determine an informed and realistic approach to the matter. This is precisely what we seek to present here.

### **Perspectives to Disability:**

The Disability movement has come through different models. They are:

1. Traditional or Religious Model
2. Medical & Charity Model
3. Social Model
4. Human Rights Model.

### **Traditional Model:**

In this model, the attitude of the society towards disabled people was atrocious. Disabled people were under the spell of witchcraft—they were treated as sinners. Disability was viewed as a 'punishment from God' for the sins committed by disabled people themselves or their relatives during their supposed previous births or 'Janmas'. Sometimes it was assumed that people who displeased their forefathers would have to pay for it, via their disability. This kind of thinking still exists in many villages, today.

This was a painful period for disabled people, both physically and mentally. They had to go through the nuisance of applying some unknown oil, which could well have been some edible oil without any medicinal effect. The oil would be applied so vigorously that it has would sometimes cause physical damage. Religious poojas and ceremonies to get rid of the witch or the harmful spirit inside the disabled person used to happen very frequently. These kinds of rituals were traumatic and terrifying for adults as well as children

Disabled people were completely isolated from society and from their own families, as well. They would be excluded on social occasions, family gatherings, etc as their presence was not considered worthy enough. Labelled 'unlucky', disabled people were forced to stay indoors.

Such ideas were emotionally damaging to them. It would result in feelings of hopelessness because it was supposedly 'their fate' and nothing could be done about it. They were led to believe that even feeling frustrated would only make things tougher for them and consequently they would suffer in silence and in isolation.

### **Medical & Charity Model:**

Historically, our idea of disability experienced a lot of changes after World War II. Soldiers returned from the war, injured and disabled—including the soldiers from developed countries such as America and Japan. Although their governments started paying more attention to their welfare, again, they were completely isolated from the rest of the world that they were familiar with.

In the Medical or Charity model, the focus was the disability alone, and how to get it cured—not on the *abilities* of the person. Medical interventions and rehabilitation were stressed upon, throughout the life of the disabled person. It was at this point that many "special" schools, "special" vans etc, came up. During this period disabled people were treated as passive beneficiaries of charity. It was also believed that they could not be educated, and required medical attention and therapy. The idea of a disabled person working and contributing towards society was almost unthinkable.



Society's main attitude towards the disabled was pity. Even the families of disabled people would assume they were entirely dependent on them. Expectations of disabled people were low or non-existent.

The focus was on the 'can'ts'— 'can't' walk, 'can't' see, 'can't' hear instead of on the 'cans' and not on the 'cans' like 'can' study, 'can' work, 'can' participate.

The disabled were expected to be grateful, and could not complain about being portrayed as tragic victims, even if it made them feel devalued, frustrated and helpless. Disability was regarded as something that required fixing, without which the person with the disability could not feel satisfied with himself/herself.

### **Social Model:**

At some point disabled people became exasperated with the medical interventions of the medical model and wanted to contribute towards the society, themselves. They no longer wanted to be passive beneficiaries of charity. Thus emerged the social model.

This was a period when people started to focus on the *person*, and not on his or her disability. Disabled people themselves, started wanting to be seen as contributing members of the society. They wanted to run businesses, socialise, play sports, benefit from entertainment, and so on.



Society, at this point used to regard disabled people either as super heroes or as super-crippled. There existed the concept of hyper compensation and other related myths, and disabled people were never viewed as normal human beings. That visually impaired people, in particular, are especially gifted with musical abilities; that they have a sixth sense; that when one faculty is denied, there is an automatic compensatory effect; that if eyesight is lost, inner eyes or ‘spiritual eyes’ open up; that blind and other persons with disabilities have powerful memories - these and many such beliefs prevailed.

Research and experience have proved conclusively that it is not ‘extra compensation’ or ‘the sixth sense’ which help the blind, but consistent and rigorous training and application of the remaining senses.

What people failed to realise was the *actual* potential of disabled people—as separate individuals.

Fortunately, though, as a result of adopting the Social Model, the disabled person may feel like a partner in mutual endeavour. He or she may feel more valued, and less isolated, frustrated and passive.

This model advocated the idea: “Teach me skills. Don’t treat my ills”.

### **Human Rights Model:**

It is in this model that disabled people started to fight for their rights

In the social model they accepted the challenge provided by the environment and adjusted to it. But in the human rights model, it is recognised as a basic right that the environment must be adapted according to their needs and that they should not have to challenge the physical or attitudinal barriers of the society— which was a common feature in the social model. They have the right to be included in schools, job

establishments etc, the right to access to public buildings, public transports and information.

### **Attitude of the Rehabilitation Professionals**

Often, even rehabilitation professionals tend to have certain stereotyped ideas about people with disabilities. Some attitudes and stereotypes held by them are as follows:

1. ***Perfectionism.***

For example, the physiotherapist may want the person with disability to be as normal and as independent as possible, which is not possible in reality. This attitude does not the disabled person to feel comfortable being themselves because the professional thinks that he or she is the best to judge. They care little about how the person with the disability feels.

2. ***Dependence***

Frequently, they assume that a disabled person cannot find his or her own way of doing things.

3. ***Disability***

The disability of the individual is generally given more importance than the person himself.

