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ABSTRACT

This training module is intended to increase awareness of workshop participants concerning their individual values and to develop positive attitudes and behaviors toward people with disabilities. The module includes workshop content (with side notes to the trainer in italics), overheads, and many handouts. Preliminary information includes module purpose and overall learning objectives, a module outline, materials needed for the workshop, and adaptations for individuals with disabilities. A section on attitudes/values looks first at the influence of Public Law 94-142 (the Education for All Handicapped Children Act), media influences, and societal norms and values. The second section examines the importance of language and labels, noting the power of language and preferred language when referring to people with disabilities. The third section offers guidelines for leading a discussion on myths about people with disabilities. The fourth section briefly describes a video used in the training. The final section considers basic etiquette in interacting with people with disabilities. A form for evaluating the training program is included. (DB)

CREATING EMPLOYMENT OPPORTUNITIES

DISABILITY AWARENESS

Missouri linc

Martha Wille Gregory, Editor

EC 303 544

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AWARENESS

Directions For Use

Attitudes, values, and feelings are tricky. They are vague and abstract concepts. They are formed from a life time of experience, observation, and both cultural and family influences. They are a core part of who we are and of how we view and interact with the world around us. Attitudes and values are essential parts of our personality, and as such, human nature dictates that we become defensive when our feelings, values, and attitudes are challenged. It is much easier, and certainly less threatening, to insist that our individual attitudes are "just fine, thank you" than it is to be open to the possibility that our attitudes and our behaviors may benefit from some fine tuning.

The training objectives for this module are to:

1. Become aware of your individual values and attitudes.
2. Identify the correct usage of language and labels related to people with disabilities.
3. Identify the myths/facts regarding people with disabilities.

Below is an outline of the module:

- I. Introduction
  - A. Purpose
  - B. Agenda
  - C. Objectives
- II. Attitudes/Values
  - A. History
    - 1. Before Public Law 94-142
    - 2. Relationships
  - B. Media Sources
    - 1. Literature
    - 2. Activity — Discussion of Media
  - C. Societal Norms/Values
    - 1. Values
    - 2. Activity — Values/Perceptions
- III. Language/Labels
  - A. Power of Language
  - B. Preferred Language
    - 1. Activity — "What Do I Call You?"
    - 2. Labels/Language
- IV. Myths
  - A. Activity — Myth Buster
- V. Video — "Nobody is Burning Wheelchairs"
- VI. Etiquette

VII. Conclusion

This module contains handouts and overheads which can be used to illustrate important points. Cues to the trainer are provided on the right side of the margin explaining when to use and refer to them. Notes to the trainer are in *italicized* script. This text is not to be read aloud to the audience, but used as a tool for the trainer.

MATERIALS NEEDED FOR THE WORKSHOP:
- Sign-up list.
- Folder packets for handouts.
- Pencil/pens.
- Name tags (optional).
- Overhead projection/projector screen.
- Video equipment (if recording the training session).
- Video "Nobody is Burning Wheelchairs".
- Podium.
- Food/drink (optional).
- VCR and monitor.

WHEN CONDUCTING THE TRAINING:
- Have fun, be relaxed. Allow for interaction.
- Begin and end on time.

WHEN USING THE EQUIPMENT:
- When using the overhead, use a sheet to cover information until it is disclosed.
- Use a pointer or pen to point to information.

ADAPTATIONS FOR INDIVIDUALS WITH DISABILITIES:
- Make sure all participants are included in the activities.
- Make available if necessary, large print, braille, or taped copies of presentation.
- Ask the individual what type of accommodation is needed.
- Repeat questions from the audience.
- Speak in a normal voice to the audience.
- If not using the overhead, turn it off. It can be distracting.

I. Introduction

To Trainer: If this is the first module in the series, briefly explain the training which will occur and other areas that will be covered.

A. Purpose

Attitudes, values, and feelings are tricky. They are vague and abstract concepts. They are formed from a lifetime of experience, observation, and both cultural and family influences. They are a core part of who we are and of how we view and interact with the world around us. They are essential parts of our personality, and as such, human nature dictates that we become defensive when our feelings, values, and attitudes are challenged. It is much easier, and certainly less threatening, to insist that our individual attitudes are "just fine, thank you" than it is to be open to the possibility that our attitudes and subsequent behaviors may benefit from some fine-tuning. The task before us during the next hour or so is to tread the waters of "attitudinal enlightenment" specifically in regard to our attitudes toward persons with disabilities. This is a tough assignment for all of us. When you reflect upon the facts about attitudes that I just mentioned, it is easy to see that training and education, at least in the traditional sense, may not be the best way to approach this area.

I cannot "teach" you feelings and attitudes—they must be re-learned based on personal reflection and real experiences. Because of that, I have chosen to limit the time I will "lecture" and focus on activities, handouts, and a video, all of which should generate active discussion within this group. I want to keep the training lively and informal, yet engage each of you in a thought process that you can take back into your environments. Feel free to ask questions, share personal stories and situations, and make comments—we can all learn from one another.

It is my goal to provide both information and experiences which will broaden perspectives and awareness of disability issues. We will discuss values and attitudes which influence our view of persons with disabilities and myths that exist in our society about people with disabilities. I will also share some concrete information which may answer some of the tough questions you may have regarding the proper etiquette and sensitivity needed when interacting with a person who has a disability.

Given the number of persons in our society who have a disability, it is very likely that some of you have personal experiences to draw from. You may know someone, a family member, friend, co-worker, who has a disability, or perhaps you experience a disability firsthand. Because everyone is unique and reacts differently to situations, it is important to point out that there is no "right" or "correct" attitude or behavior when it comes to disabilities. Although the information I will present may be typical of persons with disabilities, please remember that it is also generalized. There will always be exceptions to what you hear today—my rule of thumb: when interacting with a person who has a disability, behave no differently than you would otherwise! If you feel the person may need assistance, ask first, determine their preferences, and follow their requests. If they contradict some of the suggestions I have for you today, so be it.

Overhead #1 Agenda
Overhead #2 Objectives
Handout #1
Agenda/Objectives

B. OUR AGENDA FOR THE WORKSHOP IS:

I. Introduction
  A. Purpose
  B. Agenda
  C. Objectives
II. Attitudes/Values
  A. History
    1. Before Public Law 94-142
    2. Relationships
  B. Media Sources
    1. Literature
    2. Activity — Discussion of Media
  C. Societal Norms/Values
    1. Values
    2. Activity — Values/Perceptions
III. Language/Labels
  A. Power of Language
  B. Preferred Language
    1. Activity — "What Do I Call You?"
    2. Labels/Language
IV. Myths
  A. Activity — Myth Buster
V. Video — *Nobody is Burning Wheelchairs*
VI. Etiquette
VII. Conclusion

C. OUR OBJECTIVES ARE TO:

1. Become aware of your individual values and attitudes.
2. Learn correct usage of language and labels that are used concerning people with disabilities.
3. Learn what are myths/facts about people with disabilities.

II. Attitudes/Values

A. HISTORY

Citizens who experience a disability have traditionally represented a hidden, although not small, minority group in American society. Literally through institutionalization, and subtly through negative attitudes and treatment, persons with disabilities have been isolated from the social mainstream and denied the opportunities available to people without disabilities. This exclusion results, in part, from limitations imposed by the disabling condition, but even greater barriers have been created by society. These barriers are, in many ways, more difficult to overcome because they are rooted in attitudes and values.

Before Public Law 94-142

Many of us were raised in a world before PL 94-142 (Education of All Handicapped Children Act), the Rehabilitation Act of 1973 and certainly before the ADA (Americans with Disabilities Act). During those formative years, it is unlikely that we had contact with children who had a disability in any "normalized" environment such as school or play. We did not have kids in our classrooms who used wheelchairs, who could not see, or who had identified learning disabilities. We probably did not see kids with disabilities in our churches or on public playgrounds; most of these children lived in institutions and were segregated.

Relationships

Because we did not have the opportunity to meet, interact with, and develop relationships with children with disabilities, our perceptions of who these people are, how they must act, and where they belong are based on myth. The origins of social attitudes about persons with disabilities can be traced to a variety of sources (Nagler, 1990; Percy, 1989; Shapiro, 1993). Let's examine some of these. Feel free to comment or add any ideas you may have as we go along.

B. MEDIA SOURCES

Overhead #3
Negative Media

One of the most influential sources has been literary and media depictions of persons with disabilities. Recall the images of Captain Hook, Captain Ahab, or the Hunchback of Notre Dame—each portrayed as freakish and vengeful, even evil. William Shakespeare gave Richard III a hunchback, even though the real king had no such disability, to make him more ominous. It is not uncommon for the villains in horror films to have disabilities—think of "Freddy Krueger" from the *Nightmare on Elm Street* series, a person who was burned and then turned into a hateful, sadistic killer. Teen horror films, including *Halloween* and the *Friday the 13th* series had the killers escaping from mental institutions. A recent box office smash, *The Fugitive* portrays the murderer with a physical disability—the one-armed man. Even the criminals in Dick Tracy cartoons often have characteristics of physical disfigurement and derive their names from them.

Activity — Discussion of Media
You may want to have the group try to think of other media/literary images which are negative. Examples, to get the discussion moving, may include . . . Lenny from Of Mice and Men (who killed because he didn't know his own strength); Batman "bad guys" such as Joker and Penguin who had physical impairments; the Jerry Lewis comedy in which he caricatured mental retardation; images from the Bible where having a disability was associated with sin; the queen from Snow White who must turn into a haggard witch before she can perform evil. . . .

C. SOCIETAL NORMS/VALUES

Overhead #4
Values

Values

Socially and culturally valued norms are another strong source of the development of attitudes towards persons with disabilities. Our society places high regard on physical integrity. Personal appearance, health, athletic achievement, and beauty are all highly prized in the American culture. Think of the salaries that our athletes, models, and performing artists can command. We are bombarded with images of what is considered attractive and beautiful and it is a rare image that portrays a person with any type of difference or physical impairment. Other factors which may influence perceptions include an emphasis on personal achievement and productivity as measures of a person's ability to succeed in school and become gainfully employed. Finally, the fear and anxiety of people without disabilities about their own vulnerability to disability may impact how they view persons with disabilities. Disability is one minority group that anyone might join and avoidance of this reality may cause people to distance themselves from people with disabilities.

It is encouraging to note that images in the media and advertisements have been changing recently. Television has developed positive characters, including Chris Burke's Corky on *Life Goes On*, and Marlee Matlin's portrayal of an attorney with a hearing impairment on *Reasonable Doubts*. Both of the performers have disabilities. The actor Larry Drake, who does not have a disability himself, plays the character Benny on *LA Law;* he is another positive image of a person with a disability. TV ads have shown a man using a wheelchair to compete in a marathon (he also happens to have a beautiful girlfriend cheering him on). I'm sure you have all seen print ads for Target, K-Mart, and Wal-Mart which have begun to include persons with disabilities.

Overhead #5 Grid

Activity — Values/Perceptions

To Trainer: Place the grid on an overhead or flip chart as outlined on the exercise description. Label the grid and introduce the participants to the fact that each abbreviation represents a specific disability (MR= mental retardation; LD=learning disability; SCI=spinal cord injury; B=blind). Ask the participants to choose the disability he or she would least like to have. Conversely, they pick the disability they would choose to have. This process can be done by a show of hands, or for a more anonymous and comfortable atmosphere, by writing it down on a piece of paper to be turned in to the facilitator. The responses are tallied and entered onto the grid.

MR	LD	SCI	B

What happens next is somewhat up to the trainer and the dynamics of the groups. . . . What will hopefully occur is a discussion regarding why participants made their choices. Most will have been based on perceptions of various disabling conditions, of what it means to have a disability, and of what each of us values individually (i.e., the ability to see vs. the ability to walk vs. the ability to be academically successful). Also look for any trends within the group regarding their choices and comment on this (any social norms being played out in the group?). Is any particular disability being chosen more or less often in either the like/dislike category? It may take some encouragement from the trainer to get the group to loosen up and increase the comfort level, to be open and willing to disclose some of their beliefs about disabilities. This is a good exercise to engage the group in a discussion as to how their beliefs about disabilities were developed *and to comment on the information presented in the "lecture." Jim Brady is an example of a public figure who is permanently disabled. What are our images of him now?*

An important point to bring up is the range of severity within each singular disability — for example the varying degrees of mental retardation or the range of spinal cord injuries. We often assume the worst — this is also what employers tend to do when meeting an applicant who has a disability. The trainer may use any four disabilities on this exercise. It may be important to choose disability groups that the participants will have future contact with, such as a cerebral palsy, HIV+, hearing impaired, and mental illness, to name a few.

I have chosen four disabilities including: Learning Disability, Mental Retardation, Spinal Cord Injury, and Blindness. I want you to think about these different disabilities and then choose the one you would least like to have and write it down on a piece of paper. Then I want you to pick the one you would choose to have if you were going to have a disability.

To Trainer: Ask for volunteers to open the discussion. The goal is to get the group talking about what it means to have a disability, what they personally value, and perceptions of different disabilities (i.e., is it worse to have a spinal cord injury than to have a cognitive disability or vice versa. . .). Encourage people to speak up and assure them that there are no "right" or "wrong" answers here. Also, try to ease anyone's discomfort by stating, "We all may have very personal reasons for choosing one disability over another. . . that's okay. . . the point is to get you thinking about how you perceive various disabilities." Let's talk a minute about why these choices were made . . . .

Possible Discussion Questions:

- Why did you choose Learning Disability over Mental Retardation?
- Why do you think more people chose Spinal Cord Injury than Mental Retardation?
- How do you think your choices were influenced by your own attitudes and values?
- What mental pictures do you have about these particular disabilities?
- Do you think your images are accurate?

An important point I want to make about this exercise is that each of these disabilities has a wide range and scope of severity. For example, there are varying degrees of functional limitations with a spinal cord injury and likewise a wide range of abilities present in persons who are mentally retarded. We often assume the "worst case scenario." This is also what employers may do when they know an applicant has a disability — assume the worst limitations and rely on the images in their mind. We should try to focus on a person's abilities rather than his or her disabilities.

Handout articles #2-4

To Trainer: Refer the group to the first three articles dealing with attitudes/values. Take a break at this point. The remaining sections are much shorter and have less lecture material.

III. Language/Labels

A. POWER OF LANGUAGE

By nature, we are social creatures. People love to talk . . . to chat . . . to gossip . . . basically, to communicate. Language is perhaps our most important tool and the power of a word can sometimes be underestimated. The old saying, "sticks and stones may break my bones but words will never hurt me" is, as most of us know, false. Words can be hurtful, whether intended or not. I'm sure most of us can recall a situation when we were hurt, angered, or humiliated by the words of another. Or maybe we recall when we felt we were unfairly represented by another person's choice of words. Language can also serve as a reinforcer to stereotypes and, conversely, can act as a powerful liberator as well. It is especially important for us to reflect upon the use of language when speaking of, writing about, or referring to a person with a disability. "Disabled" has become the term of choice, replacing "handicapped" in recent years. There seems to be a consensus from within the disability community about the label. More acceptable still is "person with a disability," since it puts the focus on the person first and the condition second (Shapiro, 1993).

B. PREFERRED LANGUAGE

Let me show you some examples of how to use language in its preferred way.

To Trainer: You can have the group add more to your list as a means of practicing appropriate terminology.

Overhead #6
Acceptable Language
Handout #5
Preferred Terminology

Avoid blanket terms such as "the deaf" or "the retarded." Try to emphasize the person, the individual, first. Also try to avoid terms which designate suffering such as "victim" or "wheelchair bound." Most people with disabilities do not consider themselves victims. Think about our own experiences. We do not want to be pitied because of hardships or other "disadvantages." Can you think of some other examples to add to the list on the overhead?

Activity — "What Do I Call You?"

Handout #6 "What Do I Call You?"

To Trainer: The exercise can be handed out to the participants as is. The directions are all self-explanatory, but you may wish to read through it as a group, especially the first page.

Let's read through the exercise "What Do I Call You?" together.

To Trainer: Start reading the first page. When you get to the first set of "questions" (Do you see that bald man . . .) ask for some input from the group. "How would you describe this man to your friend?" Remind them that you are in the company of a good friend, a comfortable situation for most of us, when describing the man. Continue reading through the first page . . . .

What Do I Call You?

The Stigma of Labels

Have you ever wondered how you have been described by others? Do they emphasize your positive attributes or do they sneak in some unpleasant aspect about your physical appearance or personality?

Consider this scenario: In a crowd, you see a man who is bald and has a beard. Our society believes that baldness is a devalued physical attribute, whereas a neatly trimmed beard is either neutral or a slightly attractive attribute. If you were to point out the man to a friend near you, which of the following questions are you likely to ask?

-Do you see that bald man over there?
-Do you see that bearded man over there?
-Do you see that man over there?
-Do you see that man who is bald over there?
-Do you see that man who has a beard over there?

A second example is a woman who is overweight and wearing an attractive suit. If you were to point out that individual to a peer, which of the following are you likely to use?

-Do you see that overweight woman over there?
-Do you see that attractive looking woman over there?
-Do you see that woman with the nice suit?
-Do you see that woman who is overweight?

There is a tendency to bring out the "negative" in others, rather than emphasizing the positive, particularly if they are strangers to us. This is usually done on a subconscious level, but it is done nonetheless. The words that we use to describe an individual to another person immediately forms a first, and sometimes lasting, impression of that person.

To Trainer: Either read description or allow participants to read themselves.

I am going to read the following description of Robert. After reading the information, we will do an exercise.

ROBERT IS A 28 YEAR-OLD MAN WHO IS COMPLETING HIS FINAL YEAR IN COLLEGE. HE IS MAJORING IN ACCOUNTING AND HOPES TO SECURE EMPLOYMENT WITH A LARGE COMPANY IN AN URBAN AREA UPON GRADUATION. ROBERT USES A WHEELCHAIR. HE DOES NOT DRIVE AND HAS AN ATTENDANT WHO ACCOMPANIES HIM TO CAMPUS TO PROVIDE SUPPORT. ROBERT HAS A GPA OF 3.5; HE HAS BEEN IN SCHOOL FOR FIVE YEARS. ROBERT ENJOYS GOING OUT FOR AN OCCASIONAL AFTERNOON "HAPPY HOUR" WITH FRIENDS, ESPECIALLY AFTER COMPLETING A CHALLENGING TEST. HE HAS A GOOD SENSE OF HUMOR. ROBERT LIVES IN AN OFF-CAMPUS APARTMENT AND LIKES TO GO TO MOVIES WHEN HE IS NOT STUDYING. DUE TO HIS SPASTICITY, ROBERT'S HANDWRITING IS HARD TO READ. ROBERT, LIKE MANY COLLEGE STUDENTS, IS ON A TIGHT BUDGET AND THUS, HIS WARDROBE TENDS TO FAVOR SWEATS AND FLANNEL SHIRTS. HE REALIZES THE NEED TO IMPROVE HIS "IMAGE" IF HE IS TO SUCCESSFULLY OBTAIN EMPLOYMENT IN HIS FIELD. ROBERT OFTEN FINDS THAT HIS PROFESSORS DO NOT CALL ON HIM IN CLASS AND HE BELIEVES IT IS DUE TO HIS SPEECH PATTERN WHICH CAN BE DIFFICULT TO UNDERSTAND.

Now, I want each of you to write down your description of Robert. Turn the page. I'll give you about five minutes or so to complete it.

Overhead #7 Robert

To Trainer: Place overhead on projector and ask people to offer some of their descriptions. As people give their descriptions, write these on the overhead and discuss the results. Is there a tendency to describe Robert in physical terms? Did everyone remember his sense of humor? His great GPA? Try to facilitate some discussion about the exercise. You may ask how this would have differed if the person described was someone they were all very familiar with...for example, ask the group to describe Corky from Life Goes On.

Let's try this same exercise using Corky from *Life Goes On*. What are some things we recall about him?

Overhead #8 Corky

To Trainer: It is likely they will recall facts about him which include school, family, his girlfriend, his personality. Write these down on overhead as group discusses him. Notice, and comment on the language being used to describe him.

Handouts #7-9 articles

Labels/Language

When referring to individuals with disabilities, it is respectful to emphasize what we all share in common, rather than to immediately point out our differences. One way we convey that respect is in the choice of words used to describe an individual. The preference is not to mention the disability at all when describing one person to another. If it is necessary to convey a person's disability, remember they are a person first. Choose words accordingly.

IV. Myths

Activity — Myth Busting

Handout #10 Myth-Busting

To Trainer: This section is short and has virtually no lecture. The brochure will cover important information about myths and facts about disabilities. Hand out the "Myth-Busting" exercise (#3) to the participants. Myths generated from the group can be utilized in a number of ways.

Handout #11 Disability Awareness Quotient

A suggestion is to have the group read at least one (all three if size of group permits) and discuss the factual counterpoint. For example, take the myth "all persons who are hearing impaired can read lips." The fact is that lip reading is a skill that varies from person to person. Some persons who are hearing impaired do not lip read at all, while others rely upon it to augment their communication. By discussing fact vs. myth, you are encouraging the group to shift paradigms, to think about disability in a non-stereotypical manner. This method of fact-sharing will likely be more productive than lecturing, as it is interactive and challenges the participants to discover facts for themselves. You may also want to attempt, with the group, to identify how the myths developed. This will be a "guessing game" at best (unless you are an expert on the origins of disability myth) but could be useful and interesting.

Overhead #9 Myth-Busting

Another suggestion is to have the group try to reach a consensus on what they feel the most damaging myth has been for persons with disabilities. This can be introduced by using the wrecking ball overhead. It may be difficult for the group to come to a decision but allow for some debate (which, also, should be based on our values and attitudes).

The objective of this exercise is to get the group thinking about myths and to gain an awareness of any stereotypical images they may hold. Again, this is done in a non-threatening way. You may come up with other ideas on how to use this exercise.

Before we begin discussing myths, I want us to try to think of two or three perceptions or myths which are commonly held about persons with disabilities. An example of a myth may be "People with disabilities must be brave to live with their disabilities." In reality, adjusting to a disability does not require bravery or courage. Let's spend a few minutes thinking about some myths.

Possible Discussion Questions:

Handout #12 Easter Seal Brochure

- What do you think has been the most damaging myth about persons with disabilities?
- If you could erase one myth, what would that be?

V. Video — *Nobody is Burning Wheelchairs*

This video, titled, *Nobody Is Burning Wheelchairs*, will touch on some of the points we have already covered, such as attitudes and myths. It will also introduce us to some problems, including attitudinal barriers we have discussed, as well as transportation, architectural, and communication barriers faced by people with disabilities.

To Trainer: Video is approximately 15 minutes long. Afterwards, discuss reactions to the video.

VI. Etiquette

Handout #13-15 Articles

To Trainer: This final section relies primarily on the handout which covers very basic information about interacting with people with disabilities. As a facilitator, you can review it with the group by reading through it or just hand it out for reference. This will depend upon the amount of time remaining and the energy level of the group.

Many of us are uncomfortable and don't know what to do when talking to or interacting with persons with particular disabilities. The handout will give you some basic guidelines to follow. Some key points to remember:

- Always ask if assistance is needed. Never assume anything. Some individuals may not want help even if you believe you could make a task easier for them.
- Not all people with the same disability will want or need the same things. People are unique. Rely on their direction and guidance. Do not be afraid to ask questions but be prepared to follow the person's request.

- Don't be embarrassed if you use expressions such as "See you later" to a person who is blind. These are common phrases that we all use.
- Relax! People with disabilities are really no different than those who are not disabled.

VII. Conclusion

Overhead #10 Like a Person

When dealing with a person with a disability there are correct ways to treat the person. They are: like a person, like a person, like a person. . . .

To Trainer: The overhead illustrates this example. If this is the only module being presented today, hand out evaluation forms.

Handout #16 Evaluation (optional)

If there are any questions concerning this workshop, or if further information is requested, please contact us. Thank you for you participation.

References

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Overheads

1. Agenda
2. Objectives
3. Negative Media Sources
4. Values
5. Activity - Grid
6. Acceptable vs. Unacceptable Language
7. Activity - "Robert"
8. Activity - "Corky"
9. Activity - Myth Buster
10. Like a Person

Overhead #1

Agenda:

Introduction

Attitudes/Values
  A. History
  B. Media Sources
  C. Societal Norms/Values

Language/Labels
  A. Power of Language
  B. Preferred Language

Myths

Video - "Nobody is Burning Wheelchairs"

Etiquette

Conclusion

Overhead #2

Objectives:

1. Become aware of your individual values and attitudes.

2. Identify correct usage of language and labels that are used concerning people with disabilities.

3. Identify some myths/facts about people with disabilities.

Overhead #3

Negative Media Sources

☒Captain Hook

☒Hunchback of Notre Dame

☒Freddy Krueger

Overhead #4

VALUES

☞ BEAUTY

☞ HEALTH

☞ ATHLETIC ACHIEVEMENT

☞ SCHOLASTIC ACHIEVEMENT

☞ CAREER

Overhead #5

MR	LD	SCI	B

Overhead #6

ACCEPTABLE
VS.
UNACCEPTABLE LANGUAGE

STUDENT WITH A LEARNING DISABILITY
VS.
THE LEARNING DISABLED

PERSON WHO USES A WHEELCHAIR
VS.
WHEELCHAIRBOUND/CONFINED TO A WHEEL CHAIR

PERSON WHO IS DEAF
VS.
DEAF PERSON/THE DEAF/"DEAF AND DUMB"

PERSON WITH _____
VS.
VICTIM OF _____/SUFFERER OF _____
or AFFLICTED WITH _____

REMEMBER NOT TO MAKE GENERAL STATEMENTS SUCH AS "HE'S AN ALCOHOLIC" OR "SHE'S LD" WHEN REFERRING TO PERSONS WITH DISABILITIES.

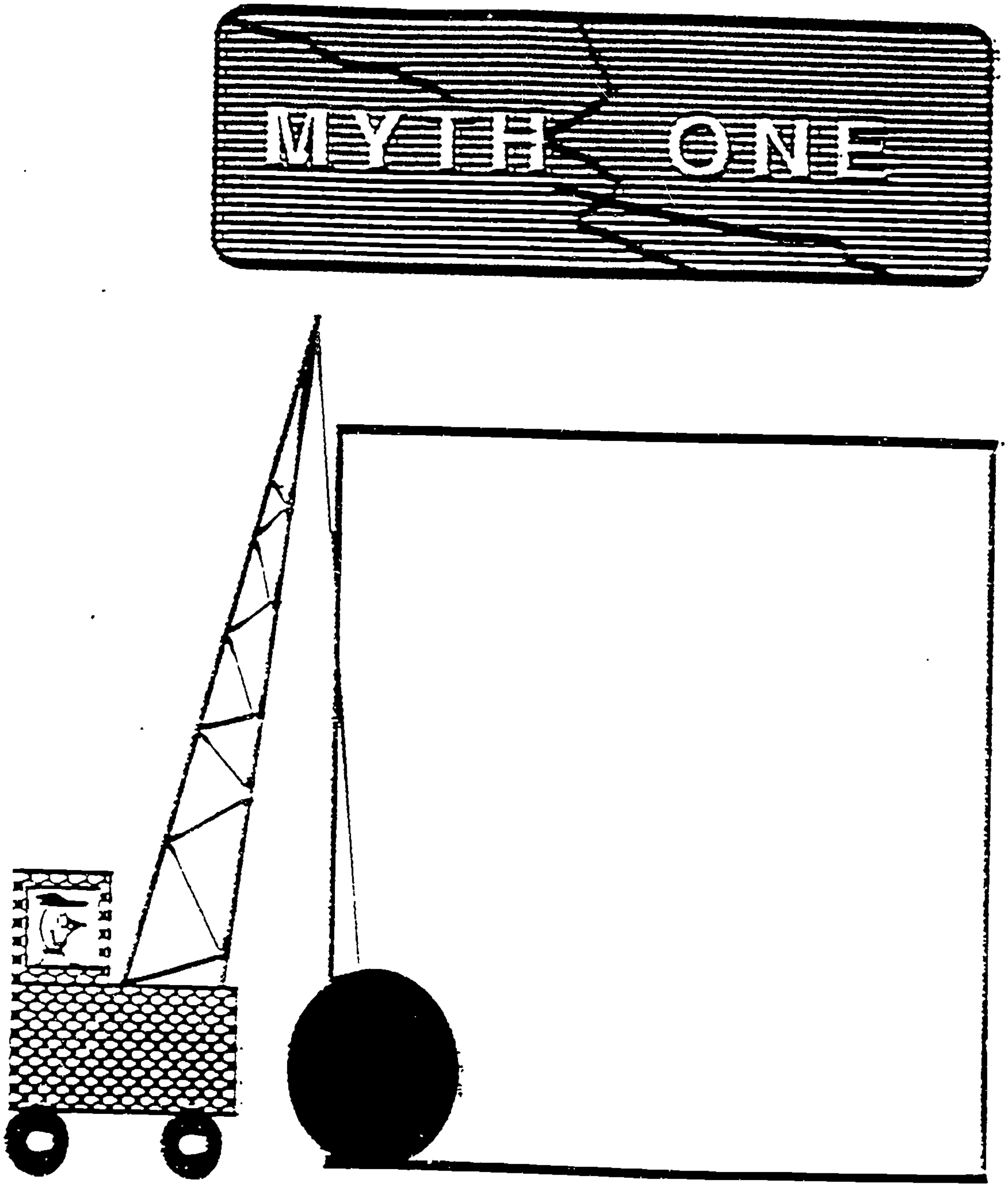
Overhead #7

ROBERT

Overhead #8

CORKY

Overhead #9



What Myth Would You Put On The Wall?

Overhead #10

TEN WAYS TO TREAT SOMEONE WITH A DISABILITY:

LIKE A PERSON

LIKE A PERSON

LIKE A PERSON

LIKE A PERSON

LIKE A PERSON

LIKE A PERSON

LIKE A PERSON

LIKE A PERSON

LIKE A PERSON

LIKE A PERSON

Handouts

1. Objectives/Agenda
2. Article, *Are these 'our films'*?
3. Article, *The Black Velveteens*
4. Article, *Audience favorite*
5. Preferred Terminology in the Disability Community
6. Exercise: What Do I Call You?
7. Article, *The problem with challenge (again)*
8. Article, *Metaphors we could do without*
9. Article, *Crips can call themselves anything they want to*
10. Exercise: Myth-Busting
11. Disability Awareness Quotient
12. Brochure: Tips for Disability Awareness - Easter Seals
13. Article, *A Study in Prejudice*
14. Article, *In Search of the Politically Correct Disability*
15. Suggested Tips When Interacting with Individuals with Disabilities
16. Evaluation (optional)

Handout #1

Objectives:

1. Become aware of your individual values and attitudes.
2. Learn correct usage of language and labels that are used concerning people with disabilities.
3. Learn what are myths/facts about people with disabilities.

Agenda:

I. Introduction

II. Attitudes/Values

III. Language/Labels

IV. Myths

V. Video - "Nobody is Burning Wheelchairs"

VI. Etiquette

VII. Conclusion

Phys Diz Showbiz

Are these 'our' films?

Is there anything at all significant in the fact that this past spring saw the release of two critically-acclaimed movies with disabled characters? Or in the fact both received Acadamy Awards — one for Best Director, the other for Best Actor and best Supporting Actress?

It would be nice to say yes. But the answer isn't that simple. The making of My Left Foot and Born on the Fourth of July may indeed say something — maybe say a lot — about Hollywood's growing acceptance of the idea of disability as a routine part of a story line, rather than suitable only for tearjerkers or cure sagas. We've moved beyond The Light That Failed, certainly. But has Hollywood gotten around to making a movie about the disability condition?

The story of Christy Brown is predicated on disability. Brown's entire life is bound up by the frustrations he encounters because of being an artist with a body nobody expects intelligence — much less art — out of. My Left Foot , his own version of how he moved through his own life, though, is not a story about disability. It is a story about "in spite of" disability. It is a very good story; it rises well above many "cripple sagas," but at heart it is still the story of an individual pitted in personal struggle to triumph in a very personal endeavor.

Readers can already be heard howling: "It is a beautiful story. It is Brown's story. It is accurate. It is art. Leave it alone!" But as much as Brown has a right to tell his story as he sees it, others have a right to wonder about the larger social context that Brown fails to discuss.

Few if any disabled storytellers yet see that "larger social context" as being of much relevance to the stories they want to tell about their lives. It is true that struggling with things as daunting as getting up and down steps, trying to paint with only one limb available for the effort, struggling to make oneself understood in a world where people with speech problems are routinely considered "mental defectives" is enough to overwhelm anybody, and efforts to accomplish anything in the face of such conditions seems the stuff of heroism. And it is.

But there is more to the story here — more to any disabled person's story. And that "more" has yet to be told.

My Left Foot , the book, is Christy Brown's story. Disability's story is there, too, bu it isn't being told. That wasn't Brown's first interest. And that's perfectly fine. But it would be wrong for us to expect from Brown that which he was not interested in delivering.

Born on the Fourth of July is not disability's story, either. It's the Vietnam War's story. And Ron Kovic, whose story Born on the Fourth of July is, is not

Neither Ron Kovic nor Christy Brown are played by disabled actors.

Article reprinted with permission from "The Disability Rag", December 22, 1993.

interested much in telling the story of disability, either. He's interested in telling the story of how becoming disabled made him wake up to how this country was screwing young men through the Vietnam War. That is a very powerful story, and one that needed to be told, and perhaps needs to be told over and over again. It is that story — not the disability story — that caught the attention of director Oliver Stone. It is the Vietnam story that has propelled this movie to the status of "an important film" in critics' eyes. The disability story is not the story of Born on the Fourth of July.

The disability story is, in some ways, even peripheral to Born on the Fourth of July. That's not to say that disability doesn't form the surface and texture of the movie, and in a very convincing way. But disability in Born on the Fourth of July functions very much like the landscape in a Western: you couldn't properly have a western without the sagebrush hills, the corrals, the horses, the cattle, the cowboy gear. But western's aren't "about" these things. They're about a fight, or a long journey, or about somebody wronged brought to justice, or the love of a woman. In Born on the Fourth of July, disability is all-pervasive — but it's the scenery.

Disability consciousness has never been higher in this country.

Still, disability consciousness has never been higher in this country. And those in the disability movement who have worked to bring the film industry to an appreciation of disabled actors can see their work pay off in both these movies, sometimes in unexpected ways.

It's true that neither Ron Kovic nor Christy Brown are played by disabled actors — and one can only speculate as to the kind of hue and cry that would have been raised had a movie about a black been played by a white. But though disability consciousness has never been higher we have still not come that far. Are we to fume that leading roles went to nondisabled actors? Or to rejoice that both actors did excellent jobs — that they apparently learned, for example, how to realistically manuever wheelchairs; that they took lessons from the right folks? Daniel Day-Lewis, in fact, stayed in his chair even when he wasn't filming, keeping in character and experiencing the demeaning treatment Brown himself was so familiar with. This, Day-Lewis has said in interviews, is deep and pervasive; Day-Lewis's own education in what one experiences at the hands of society from one's wheelchair may prove at least as valuable, in the long run, as any training he's had. We can rejoice, also, that Day-Lewis's Brown does speak with a cerebral palsy accent which is frequently enough not translated (although in the really serious parts of the film where Brown has a leading speaking part once can listen closely and notice that his speaking is far clearer than many of us with cp; and we can also notice that Brown's speech therapist, whom he falls in love with, certainly got incredible speech results in a very short time.)

Still, the mere fact that a movie in which the lead character speaks in a cerebral palsy accent which is left untranslated made it to the Academy Awards signals that something, indeed, is changing in our willingness to at least look at disability head on. I'm not sure if we realize what we're seeing yet — but we're not turning away.

What are we looking at, in fact? In My Left Foot, at a man unable even to have a wheelchair until adulthood; a man who even then has to rely on others to push him about. In Born on the Fourth of July, we're looking at rehabilitation from hell, yet, unless I'm mistaken, we're seeing it not as the tragedy this country pushes on too many disabled people (though the rats and the filth are extreme; the blocked catheters and cavalier attention from aides is all too real in rehab centers across the country, VA or not) but rather as a statement against a fiercely militaristic government who could not afford to treat its ruined soldiers decently because all its dollars went to pushing its still-fighting ones onto the poor Vietnamese. This is indeed the message of Born on the Fourth of July, and it's certainly a valid one. But we might do well to be asking who's ever going to film the same scenes for a movie

Continued on next page

about how this country treats disabled folks — not because we're fighting a war but simply because our way is to ignore people we think aren't useful to our own society anymore?

Because our disability consciousness has never been higher, and because directors have been taught a little by the unsung disability activists in Hollywood, we find a very-visible ramp to the front door greeting Kovic on his return home. His dad even spouts lines about how he widened the bathroom door, and installed grab bars. That line wouldn't have been there 10 years ago: count on it.

Though Born on the Fourth of July was made because it's time to do Vietnam War movies — and Oliver Stone of Platoon the one to do them — can we at least let ourselves believe that it's because disability consciousness is beginning to creep over this country that Born on the Fourth of July was the film to be made next? I think it pretty safe to say that Daniel Day-Lewis's interest in My Left Foot — and its notice by the critics — can be attributed to nothing so much as the film industry's willingness to believe that a true story about disability — rather than the older sugar coated ones, or the ones that are merely vehicles for "nondisabled catalysts" — might bring 'em rushing to the box office as well.

Finally the ramp is coming down to us. Both movies are serious movies with disability treated realistically. It's time, then, to expect from Hollywood yet another movie: This one about not one individual's trimph as a disabled artist, nor our country's fixation with war — but its treatment of disabled people. It's time for a movie about the stories that make up the disability rights movement.

Suppose they gave a party but nobody could come?

The New York Times noted that Miramax Films, distributor of My Left Foot, has promoted the film to people with disabilities — including screenings on Capitol Hill.

Miramax would do better by making sure theaters showing it are accessible.

In Seattle, My Left Foot played at The Seven Gables movie theater — which is inaccessible. Dale Nash, film booker for Seven Gables told the Seattle-area disability tabloid Different TIMES that Seven Gables was 50 years old, and that putting in an elevator to make it accessible would entail "no small expense." Seven Gables opened in 1978, two years after the state building code required access — but the building was old when the theater took it over.

Turns out Born on the Fourth of July showed in Seattle in an inaccessible movie house, too — the Cinerama. People in wheelchairs can get into Cinerama, Different TIMES reports, but they have to come in the back door exit and sit in the very front.

The story in Seattle's no different than anywhere else. All over the country, disabled people are being kept from seeing "their" movies due to inaccessibility.

Even Kenneth Osbourne, a paraplegic who has a bit role in Born on the Fourth of July wasn't able to get into the Cineplex Odeon Ziegfeld Theater on West 54th Street in Manhattan — one of five theaters across the nation where the film opened. It's clear that film's distributer wasn't thinking about accessibility, either.

Oh, there was the typical side door, which a theater employee kindly unlocked for him. And there was a ramp — at the top of which were four steps. And 25 more steps — or an escalator. The escalator was too narrow for Osbourne's wheelchair.

Because the movie focused on a disabled person, Osbourne assumed "there would be no problem," wrote New York Times reporter Douglas Martin.

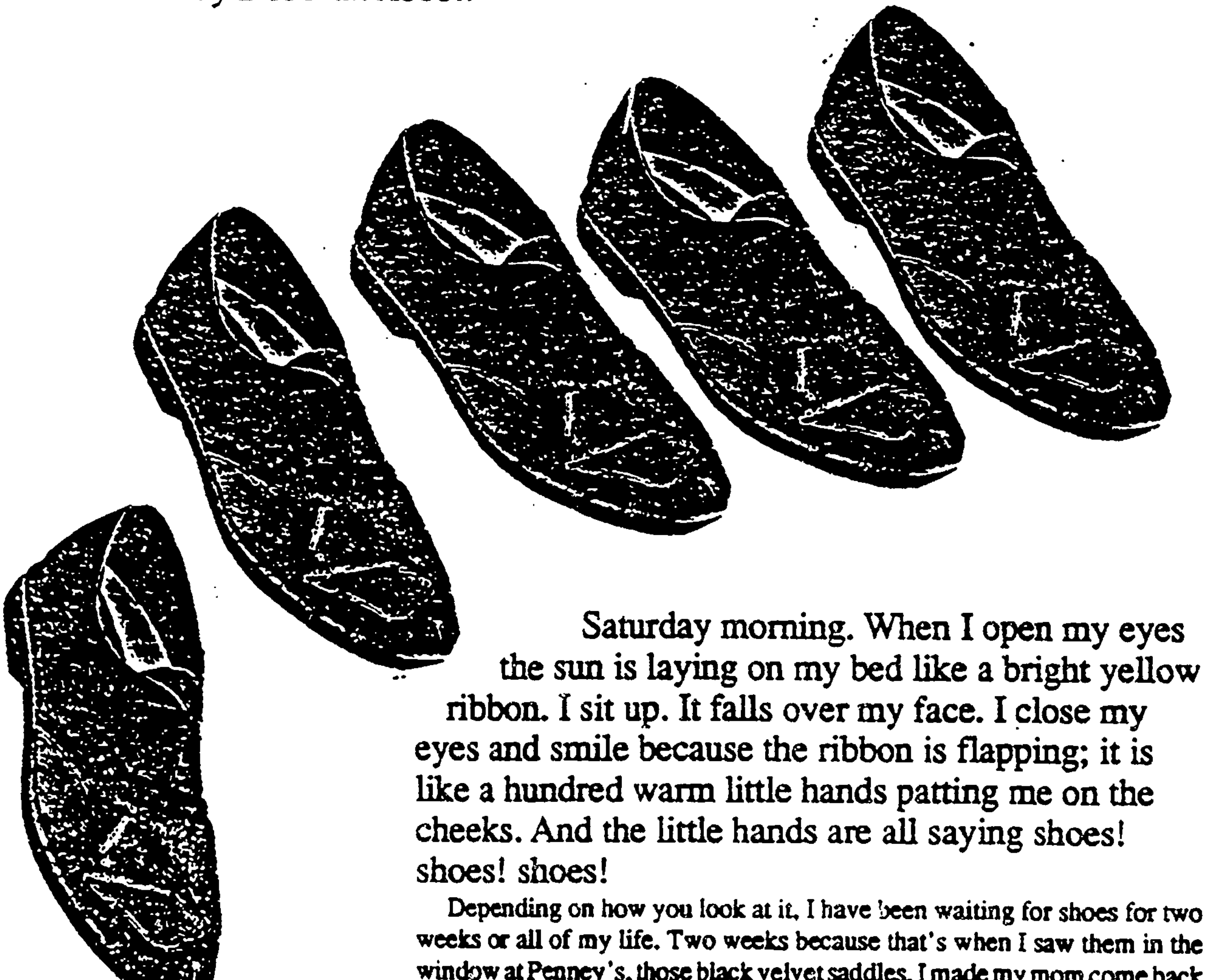
Osbourne said he figured the movie would be shown in inaccessible theaters, of course — but not the five it opened in!

It just shows how little the movie industry really cares about access.

Meanwhile, Miramax says it may distribute a "special" print of My Left Foot with narrated descriptions and captions.

The Black Velveteens

by Deborah Abbott



Saturday morning. When I open my eyes the sun is laying on my bed like a bright yellow ribbon. I sit up. It falls over my face. I close my eyes and smile because the ribbon is flapping; it is like a hundred warm little hands patting me on the cheeks. And the little hands are all saying shoes! shoes! shoes!

Depending on how you look at it, I have been waiting for shoes for two weeks or all of my life. Two weeks because that's when I saw them in the window at Penney's, those black velvet saddles. I made my mom come back and look at them. She said, "Well, Deborah, you DO need shoes, there's no doubt about that. But we'll just have to wait till your father gets paid."

If you look at it another way, I've really been waiting FOREVER for some black velveteens. Sometimes I don't think about shoes at all. For

Continued

Originally published in In Celebration of the Muse: Writings by Santa Cruz Women. *M Press, 1987.*

Article reprinted with permission from "The Disability Rag", December 22, 1993.

months I never even look down at my feet. Other times I look at my brown hightops with their hundred coats of polish and practically die. They have got to be the ugliest shoes in the world.

I move the covers back as quietly as I can. The last thing I want to do is wake up my little sister Sadie. If I'm careful she'll keep on sleeping till after my mom and I leave for Penney's. Sadie isn't getting any shoes. We're going to bring her back the balloon and that's all. If she came along she'd have a fit right in the middle of the store. It'll be bad enough having people stare at me taking off my brace, but having my sister throw a tantrum in the shoe department — that would be too much. I'd rather forget the whole thing.

I put one leg over the edge of the bed and lift the weak one down. Then I sort of slide to the floor. I find my socks, the new ones my mom put out last night — you have to have new socks to try on shoes — and the powder just beside them. I sprinkle a little powder on my feet and put my socks on, then I reach and drag my brace and shoe from under the bed. I have to put my brace on slowly because when the metal moves it makes the kind of sound that would wake practically anyone, even my dad. My friend Bets says it sounds like someone just pulled the trigger of a gun.

I dump more powder in my right shoe. If there isn't a lot of powder in it, my toes will curl under and get stuck. This gets me so mad I'm liable to throw my brace across the room and swear at it. When this happens my mom gets mad, and then we start yelling at each other. During the week it makes me late to school and I'm in trouble. I always laugh when I think of walking up to my teacher, Miss Gilmore, and having her say, "Why, may I ask, young lady, are you late today?" And me saying, my eyes wide, "Wouldn't you know, Miss Gilmore, my toes just got stuck in my shoes." If it's the last thing Miss Gilmore has, it's a sense of humor.

My right foot, the little one, goes into the shoe with no problem. I'm glad. A little puff of powder spurts onto my sock. I tie my shoe tight, then buckle up the ankle strap and the knee straps and the big ones at the top. The other shoe goes on easily because those toes have muscles. Now I go to the closet and pull out a dress. I've got to wear a dress instead of pants so I can take off my brace to try on the shoes. In a couple of minutes I have on the dress and am creeping out of the bedroom and down the hall.

My mother is up but she's still in her bathrobe. She's reading the paper and eating a piece of apple pie. When I say, "Hi, Mom!" she jumps. She tries to hide the pie behind the paper. Then she looks grumpy and says, "What on earth are you doing up so early, Deborah? It's not even seven o'clock."

Remember, Mom," I say, almost whispering the next word, "Shoes."

"Oh, that's right," she says, forgetting that she's supposed to be hiding the pie. She takes a big bite and starts talking with her mouth full. My mom's apple pie is so good, it even looks good in her mouth.

"Now, honey," she says, "I don't want you to get your hopes up. You know how hard it is for us to find shoes that will go on your brace. I don't want to drag you out of the store screaming like last time."

Last time was at least a year ago. I was only seven. And in between I learned how to stop crying. Even if they don't have both sizes of shoes, even if they don't have a steel shank, even if the heels aren't the kind that can be fixed when I wear them out, even if the brace can't be hooked on, and even if I go out of the store with no black velveteens at all, I won't cry.

"I promise, Mom. I really do. I won't scream this time. No matter what. And anyway, I just know they're going to work."

"Don't be so sure," she says, stabbing the last bite of apple, dark with cinnamon. She gets up from the table, shaking her head, dropping her fork and plate into the sink with a loud clank.

My mother has to get dressed and I have to eat breakfast, but finally I open the front door. The sun bounces off the chrome bumper of our '56 Chevy right into my eyes. I squint until I get inside the car. I yank on my knee locks so my brace will bend at the knee; I yank on that old heavy door. My mother thumps the pedal, revs the engine and backs us out of the driveway.

My mother tries to find a place up close, but the Penney's parking lot is full. The store hasn't even opened yet. There are a lot of people waiting at the big glass doors.

"Oh, hell," my mother says, "I forgot about the White Sale. The place is going to be a madhouse." The fact that Penney's is having a White Sale gets me worried right away. Practically everything my mother buys is on sale. Since she needs to buy me two pairs of shoes — my feet are different sizes — she will want to buy me the white saddles which will be on sale. I have had so many pairs of white saddles I couldn't even count them. White saddles are only slightly less ugly than brown hightops. No other girl would be caught dead in them.

"Mom," I say, looking straight at the side of her face, "the ONLY kind I want is BLACK velveteens. I won't even get out of the car if you're going to buy me white ones."

"What?" my mother asks, and then starts to laugh. She stops looking for a place to park and with the car still running just keeps on laughing. I have to look out the window to keep back that feeling that comes right before I cry. I promised.

"Honey," she says, stopping at

last. "It's only sheets. Sheets and towels that are on sale."

"Oh," I say, relieved a little, but mad at her for laughing. How was I supposed to know a thing like that?

Finally we see an old man getting in his car. It takes him forever to start the engine and pull out. For some reason my mother doesn't seem to be bothered, but I want to get out, bang my fists on his car and shout, "Don't you understand, you dummy? How bad I want those shoes? I've been waiting all of my life!" Finally the man drives away and my mother parks our car. I get out, push my knee locks down, push the Chevy's lock button down and slam the door hard.

My mother tries to take my hand but I shake my fingers out and walk ahead. I want to be the first one in the door and the first one in the shoe department. What if someone else got ahead and bought the last pair of black velveteens? Or worse, bought the last pair of size three's, the size I take on my left foot. So that all that I could get would be black velvets for my right.

I hear my mother behind me, her high heels clicking on the pavement, saying, "Slow down, Deborah Susan! Watch out for cars!" This makes me go even faster. I always like walking faster than my mother and it's easy when she's got on heels.

There's a huge crowd of women and kids swarming around the doors. I can hardly believe they're all here for sheets and towels. But if they are it means they aren't here for black velveteens. When I realize that, I don't worry quite so much about racing to the shoe department.

As usual, about half of the kids are staring at me by the time I get to the door. The other half haven't noticed me yet. What that means is that they're staring at my leg. It's as if the rest of me didn't exist, as if the only thing that mattered was my one little leg.

There are lots of different things I can do. I can ignore them the same way I learned not to cry. This usually works best. In fact though, my favorite thing is to stare back at them and point. Point right at THEIR leg as if there was a huge hairy tarantula crawling up it. When they stop gaping at me and look down at their own leg, I laugh really loud. Or sometimes I give people a show. I cross my eyes or start slobbering or picking my nose or making weird baby noises. The hard part is to do this without cracking up. Their mouths open up wide, like they were at the dentist's saying "Ahhhh."

My mother catches up with me. A man on the inside of Penney's opens the doors. People rush in. A boy beside me puts his face in the air and goes "moo." He looks at me and we laugh. His mother glares at him and yanks him by the ear.

I am so excited I can't stand it. I can just see dozens of fuzzy black velvets in all different sizes lined up on the shelves and I can see myself stroking them like I was at the fair petting little black bunnies. Right before I take off for the shoe department, my mother grabs me by my hand.

"Just a minute, honey," she says. "I want to take a quick look and see if they've got any pillowcases in percale."

"No, Mom!" I say in a loud voice, desperate. "You can get them later. We have to get my shoes right now!"

"Darling," she tells me, "with this mob, they'll be sold out in ten minutes. It'll just take a second. We'll have plenty of time for your shoes."

My mother is dragging me in the direction of the crowd. I feel like I'm at the back of a herd of buffalo, choking on the dust. My throat hurts so bad I can't swallow.

And then I see the shoes. They are right next to the area where huge piles of towels and sheets are stacked up. My mother drops my hand. She is swallowed up by the buffaloes.

Continued

As usual, about half of the kids
are staring at me by the time
I get to the door. The other half
haven't noticed me yet.

There is no one in the shoe department except a bald man who is straightening a rack of sandals. I can't wear sandals. His back is to me. I walk quietly to the kid's section, holding my breath, like my birthday cake was in front of me and I was ready to make a wish. At first I only see tennis shoes and then only ugly brown boys' shoes. I keep holding my breath, and it's like I'm underwater, almost drowned. They CAN'T be sold out, they just can't. All the girls are wearing them so they just have to have them.

And then I see them. They are on a table of their own. In the middle of the table is a cardboard girl, so tall that my eyes are even with her knees. She has two chubby legs with anklets on and black velvets on below that. She is holding up the edges of her dress with the tips of her fingers, bending her knees a little. She is looking down at her black velvets and smiling. There is a cloud around her mouth. It says, "Oh, Mommy, I just love my velveteens!"

I am looking at that girl so hard I don't hear the man until he is right beside me asking in a funny voice, "May I help you, missy?"

"I'm waiting for my mom," I start to answer. But then I know I can't wait even another minute, so I say, "I want to try on some velveteens."

"In what size?" the man asks, looking down at me with this funny smile, like he doesn't really want to be smiling.

"I don't know," I say. "I think my feet grew since the last time. And I wear a bigger size on this side." I point to my big foot. The man looks down and then moves his eyes away quick.

"Oh," he says. "You'd better wait for your mother, dear. She'll know just the size to buy."

He walks away, over to a teenage boy with pimples all over. The boy is holding a tennis shoe, a red one, the same color as his face. The man takes the shoe and disappears into the back room.

I pick up one of the velveteens and slip my hand inside. I bring the shoe right up to my cheek. It does feel like velvet, it's that soft, and it smells like velvet, too. It is blacker than my cat, Midnight. Inside it is tan. It smells like leather and glue. It is so smooth my fingers slide all the way to the end. I think of my toes gliding in, even without powder, just slipping along the satiny leather. I pick up two more of the shoes and walk to the row of chairs and foot stools.

This is the part I hate. The part where I wish I could be at home sitting on my floor with my can of powder. By now there is a mother and her two little kids and the teenage boy sitting in the chairs all around me. The bald man is trying patent leathers on the girl.

It's hard taking off my brace when I'm sitting in a chair. When I lean over to untie my shoe, the top part of my brace pushes into my privates. Undoing all the buckles on the straps makes the little clanking noises that wake people up. If they're already awake it makes them stop whatever they're doing and try to figure out what's making the noise. To undo the top buckle, I've got to lift my dress really high.

What I do first is take the shoe off my big foot. I have three black velvets to try on. All three are different sizes. They keep the other part of each pair in the back so people can't steal the shoes. The first shoe is way too small. I can tell without even trying it on. The second shoe is too big, but I try it on anyway and lace it tight. I stand up, holding onto the chair back. My small leg is shorter, so I'm standing on one leg, my other foot not touching the ground. I stare at my foot with the black velveteen on it. I can't believe it's there on me, on my foot. I wiggle my toes inside it to be sure. The third shoe would probably be the perfect size, but it's the right shoe, not the left.

Just then my mother walks up with a big package in her arms. "I should have known where to find you," she says, dropping into one of the plastic seats. "God, this place is a zoo."

"Look, Mom!" I say. "Black velveteens."

"Hmmm," she says. "This one certainly doesn't fit. Who's working in this department, anyway?"

"That guy over there," I say, pointing to the man who is lacing up boots on a little kid. When the man leans over his face turns all red and so does his bald head.

My mother gets up and walks over to the rack of kids' shoes. I know I've got to sidetrack her fast before she finds something on sale. "These would be much more practical, Deborah," she says, holding up a pair of brown and tan saddles. "What with you up in the trees and out in the woods all day. What are you going to do when that velvet gets dirty?"

"You can buy a brush, Mom. You can use a toothbrush. And you can't even see the dirt since they're black."

"Excuse me, sir," my mother says to the bald man who was turning toward a customer who had just walked up. "I do believe it is our turn to be helped."

"Oh, yes, ma'am," he answers, hurrying over, that weird little smile stuck on his face. "And what can I do for you today?"

"My daughter needs her feet measured. Then she would like to be fit for some of these furry black shoes."

"Velveteens, Mom," I whisper, embarrassed.

"Yes, ma'am," he answers. "Can she stand up or should I measure her sitting down?"

"Why don't you just ask her?" my mother answers. Her eyes get narrow and she gets up out of the chair.

"I can stand up!" I say. "See." I

Continued on page 33.

stand up and take a step onto the metal platform with all the lines painted in white.

The man fiddles with the thing, measuring my big foot first, then my little one. My little one slips off.

The bald man raises his beet-red face up to my mother and says, "The poor thing. Polio, was it?"

"Yes," my mother says, "Polio." Her voice is as cold and strong as the metal on my brace.

"Well, it seems to be a four on the ... um ... left and a two ... yes, a two ... on her right. So now, which is it you want me to bring? ... "

"A pair of both. Obviously," my mother answers.

When the man disappears into the back room my mother looks at me. All she says is, "That asshole."

I giggle, but my mother's face stays still as a rock.

We wait for a long time. My mother doesn't say anything but I can tell by the way her mouth starts to get tight that she's getting madder and madder. The man finally comes out with two boxes of shoes. He hands them to my mother and says, "Excuse me. That lady — " He points to an old woman who is looking at slippers, the kind that look like cotton candy. "— must see if she needs ... "

I am glad that my mother is helping me with the shoes, but my mother isn't glad, not one bit. She is furious. I know because whenever she's sad or really mad she puts on her dark glasses, even if she's inside. I can also tell by the way she yanks on the laces before tying the bows.

After a couple of minutes we figure out that the size four fits my left foot fine but the size two is too big. No matter how tightly she ties it, my foot still slips around inside. The man is at the other end of the long rack, stacking little round tins of shoe polish. My mother picks up the size two's and walks over to him. "Uh-oh," I think to myself. This man doesn't know my mother when she's mad.

My mother puts her hand on her hip. Her big red purse is hanging off it. In a loud voice my mother says, "I am so VERY sorry to interrupt this VERY important job you're doing. Could I possibly bother you to bring my daughter a pair of size one-and-a-half's?"

The man's face turns as red as when he leans over. "Oh, certainly. Oh, certainly," he says, and disappears into the back room like a rabbit into a hole.

This time he comes right back, empty-handed. A pain comes out of my chest somewhere, runs down my arm, and stabs me in the hand.

"Yes?" my mother demands, glaring behind her dark glasses.

"I'm very sorry, ma'am. We are out of one-and-a-half's. Sold the last pair yesterday."

The trick I use to stop crying isn't working. The only thing I can do is hold my breath. The pain in my hand slowly goes away. I can't feel anything in my hand or anywhere else. "You promised," I keep telling myself. "You promised."

The man starts to walk away. My mother grabs his arm like she does mine when I'm trying to escape. "And when, may I ask, will you be getting more in?" Her voice is cold, maybe colder than my hand.

"Oh, I couldn't say, ma'am. I couldn't say."

My mother doesn't let him go. He looks nervous, like all of the blood has drained out of his body. "Oh, well perhaps, yes, most probably, by Friday. Yes, most surely by Friday, at the very latest." Then he gives my mother one of those weird little smiles and says, "They're a very popular shoe, you know, so we do like to keep them in stock."

"Yes, I see that you do," my mother answers, releasing the man's arm.

My mother comes over and puts on my brace. Even though she hasn't done this in years, she could do it in her sleep. My fingers feel the way they do when I lean on them wrong, before the pins and needles start. I can't make them work.

"Mom," I say, real slowly, carefully, as she starts to take the black velveteen off my left foot. "Can't we get ... this one ... now?"

"Don't be silly, Deborah," she says, right away. Then she looks up at my face and says, "Now don't you start ... "

And then she laughs. She laughs so hard and loud that little tears come out below her dark glasses. I start laughing too. She shakes her head from side to side and then she says, "Oh, what the hell. Why not? Why the hell not?"

We walk out of J. C. Penney's with Sadie's balloon tied to my wrist and the one big right shoe rattling around in the box. That shoe is useless; it's the one that will stay in the box in the closet with all the other too-big right shoes because my mother can't stand to throw a perfectly good shoe away, even if no one will ever wear it. The other black velvet is on my foot. I know it looks crazy, that one new shoe on my left, the beat-up old brown hightop on my right. If anyone says anything about them, I think. I'm going to claw out their eyes. I laugh some more, just thinking about those stupid, ignorant people, staring at me with their bloody eyes. I know it looks crazy, but I like the way my foot feels, gliding on the cool, smooth leather. I don't look down. I just keep right on gliding, holding onto my mother's hand real tight. ■

by Lawrence Carter

Audience favorite

Flipping through the May 18 issue of Newsweek, I found Jack Kroll's review of The Waterdance, Neal Jimenez's semi-autobiographical account of one man's initiation into the world of paraplegia, beaming up at me from page 66. Kroll touted the film for skillfully avoiding the traps of "mawkishness" he says it could have easily fallen into. I smile. Maybe, I think, we have a reviewer here with some understanding of disability. My joy was short-lived. Kroll fell into those same traps before ending his next sentence: "The film," he writes, "is filled with all the poignancy, irony, humor and desperation of its painful paradox — vital young men marooned in their own bodies." Ugh. I wondered if Jimenez, the screenwriter and co-director, himself a paraplegic, would agree with Kroll's assessment?

Anyone with an interest in disability culture should see this film.

The Waterdance is the story of Joel Garcia (in a fine performance by Eric Stoltz), a character born of Jimenez's five-month rehab after the hiking accident which caused his paralysis, and the people who inhabit his world. After seeing the film, I realize Kroll's statement told me more about the reviewer than the film.

While the story unfolds in predictable fashion, affecting portrayals of Jimenez's characters makes the first half of the film a joy to watch, though plausibility is strained at times: viewers with any insight into rehab facilities may find it hard to believe the absolute freedom to come and go that Joel and the others have; one important scene, when the patients swipe the keys to the accessible hospital van and "borrow" it for a telling and humorous excursion to a strip joint, is particularly hard to buy.

The characterizations by Stoltz and supporting cast are the film's key strengths. William Forsythe plays Bloss, a bigoted ex-biker who fantasizes about a $2.5 million revenge against the driver who hit him; Wesley Snipes is Raymond Hill, the fast-talking hustler caught between the need for his family and the wrongs he's done them in the past; Helen Hunt is Joel's married, nondisabled girlfriend. Their believability far surpasses flaws in the storyline.

While the plot may sometimes falter, subjects within the film's storyline are limned with unflinching candor. Sex, rarely explored in films about disability and barely hinted at in My Left Foot, is handled with refreshing honesty. We feel the anger and outrage of Raymond's newfound insecurity about sex during a group discussion on sexual possibilities open to paraplegics; later, when Joel and Anna steal away to a motel to make love for the first time since the accident, we share the blunt but gentle truth behind their frustration.

Jimenez offers a candid peek into crip humor to a largely non-disabled audience. Though people prone to whisper "shhh . . . that's not funny!" might be horrified at the thought that it wasn't just the characters who laughed when a macho wheelie showdown between Bloss and Raymond left them both drunk and laughing on the hospital grounds when their chairs tipped over, when Joel almost wrecked the borrowed van during the unsanctioned jaunt, the audience I was in laughed aloud when one character exclaimed, "It's a good thing we're already paralyzed." Such jokes aren't easy to pull off, but their success here propels the story along in a way which opens doors that somber seriousness cannot.

The Waterdance is a powerful, funny film that doesn't rely on super-crips or timeworn stereotypes to convey its message; the very human, mundane details of its characters and their lives is the film's strength. The film was voted Audience Favorite at the Sundance Film Festival earlier this year. Anyone with an interest in disability culture owes it to themselves to pay the price of admission to see why. ■

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HANDOUT #5

Preferred Terminology in the Disability Community

1. Disability vs. Handicap

Like other minorities, the disability community has been trying for years to come to terms with its terminology. Since around 1980, leaders in the community have made a conscious effort to use "disability" and "disabled" as their terms of choice over "handicap" or "handicapped."

There are several reasons for this. Many people believe that one origin of the word "handicap" is the stereotypical beggar standing at the street corner with his "cap in hand." (However, dictionaries do not support this theory.) Others say that "handicapped" was foisted on the community as the preferred term in the 1970's by social service professionals.

One public relations professional with a disability has written: "'Disability' refers to physical, mental, sensory and emotional impairments that interfere with major tasks of daily living. 'Handicap' denotes an interaction between a disability and an environment that erects obstacles or barriers to people with disabilities."

Someone who has a disability, he argues, does not necessarily have a handicap. The disability is in the person; the handicap is in the barrier.

In short, the preferred term to use in association with people is disability, not handicap.

2. People with Disabilities, Disabled People, the Disabled

Avoid terms such as "the disabled" (or "the deaf," "the blind," "the retarded" etc.). First of all, it ain't good English to use an adjective as a noun. More importantly, such terms send the message that the disability is the person.

"Disabled people" is acceptable to most in the disability community. However, the preferred term is "people with disabilities." It is a neutral term--it acknowledges the presence of the disability. But it puts the person first.

3. Try to Use Neutral Terms; Avoid Demeaning Language

Yes: He uses a wheelchair.

No: He is wheelchair bound. He is confined to a wheelchair.

Yes: She is deaf and cannot speak.

No: She is deaf and dumb. She is a deaf-mute.

Exercise

What Do I Call You?
The Stigma of Labels

Have you ever wondered how you have been described by others? Do they emphasize your positive attributes or do they sneak in some unpleasant aspect about your physical appearance or personality?

Consider this scenario: In a crowd, you see a man who is bald and has a beard. It is believed in our society that baldness is a devalued physical attribute whereas a neatly trimmed beard is either neutral or a slightly attractive attribute. If you were to point out the man to a friend next to you, which of the following questions are you likely to ask?

-Do you see that bald man over there?
-Do you see that bearded man over there?
-Do you see that man over there?
-Do you see that man who is bald over there?
-Do you see that man who has a beard over there?

A second example is a woman who is overweight and wearing an attractive suit. If you were to point out that individual to a peer, which of the following are you likely to use?

-Do you see that overweight woman over there?
-Do you see that attractive looking woman over there?
-Do you see that woman with the nice suit?
-Do you see that woman who is overweight?

There is a tendency to bring out the "negative" in others, particularly if they are strangers to us, rather than emphasizing the positive. This is primarily done on a subconscious level but done nonetheless.

The words that we use to describe an individual to another immediately forms a first, and sometimes lasting, impression of that person.

Read the following description of Robert. After reading the information, turn the page and respond to the exercise.

Robert is a 28 year-old man who is completing his final year in college. He is majoring in Accounting and hopes to secure employment with a large company in an urban area upon graduation. Robert uses a wheelchair. He does not drive and has an attendant who accompanies him to campus to provide support. Robert has a GPA of 3.5; he has been in school for five years. Robert enjoys going out for an occasional afternoon "happy hour" with friends especially after completing a challenging test. He has a good sense of humor. Robert lives in an off-campus apartment and likes to go to movies, when he is not studying. Due to his spasticity, Robert's handwriting is hard to read. Robert, like many college students, is on a tight budget and thus, his wardrobe tends to favor sweats and flannel shirts. He realizes the need to improve his "image" if he is to successfully obtain employment in his field. Robert often finds that his professors do not call on him in class and he believes it is due to his speech pattern which can be difficult to understand.

What Do You Remember?

This is not a test !! But, please do not look back on the written description of Robert. Pretend that you are describing him to a friend of yours. Write down what you would say to that friend.

Look back at the description and compare your comments to your friend. How much of Robert's positive attributes did you mention compared to the obvious physical attributes relating to his disability?

The problem with challenge (again)

Why does the phrase "physically challenged" continue to gain popularity? Who's promoting this insidious concept?

A headline for the lead story in the Living section of a daily newspaper of one of our nation's largest cities last fall reported that "more mentally and physically challenged people are showing up on the small screen." A year ago, a story in the Washington Post reported one disabled person saying that "my challenge is getting up steps." "Challenges," the story went on to note, "can be as basic as bending down to reach electrical outlets." The most recent Harris poll on public attitudes toward us used "challenge" this way, too: "The public recognizes that . . . disabled people face many more challenges than the rest of the population."

Is disability really just a self-actualization test?

Newspapers are starting to use the term routinely. We suspect overzealous people with "physical challenges" of contacting the papers and urging its usage. We challenge them to stop it.

Most of the activist segments of our movement disdain the term. Brochures put out by many groups pan it. The widely-distributed "Guidelines for Reporting and Writing about People with Disabilities" calls it "condescending." It "reinforces the idea that disabilities cannot be dealt with upfront." Yet other groups think it's fine, like the group which named itself the New York State Parks Games for the Physically Challenged.

We didn't like "physically challenged" when it first surfaced back in the mid-eighties. "Until you've tried to make it your own responsibility to get a job, only to find you can't get in the company's front door because of their steps and your quadriplegia, you may not understand why 'challenge' is no good as a description of what we face," we wrote.

We don't like "challenged" any more today. We suspect it has caught on precisely because it is more "positive" — by "positive," we mean it gives society a way to forget about the bad stuff of disability. And by that we mean discrimination.

"Physically challenged" attempts to conceal a crucial fact: that the reason we can't do lots of things is not because we're lazy, or because we won't accept a "challenge" (isn't it implied when you won't accept a challenge that you're chicken?) but because many things are simply beyond our control — like barriers. Like discrimination. People who favor "physically challenged" are making a statement: Barriers, discrimination, are not *problems* for us, but *challenges*. We want those barriers, we almost seem to be saying— because by overcoming them we'll become better persons! Stronger. More courageous.. After all, isn't that what *challenges* are for?

That may not be the message we think we're sending, but consider: David Braddock, director of the University of Illinois' Affiliated Program in Developmental Disabilities, told a syndicated health columnist recently that "many children with disabilities . . . are more mature and more able to sustain strong friendships because of the uncommon *challenges* they have faced"[italics ours].

Until you've made it your responsibility to get downtown, and discovered there are no buses with lifts running on that route, you may not fully comprehend that it isn't a personal "challenge" you're up against, but a system resistent to change.

A challenge is something you solve by yourself. The term conjures up lone mountain climbers, trekkers across the frozen wastes, the woman sailing alone across the Atlantic.

Many people who like to refer to us as being "challenged" by our disability wouldn't think twice about telling us that, when we can't get in that restaurant door or can't nail down that job interview, we are merely facing another "personal challenge" — ours to overcome if we're person enough to do it. The implicit message: that disability is really just a self-actualization test, architectural barriers and discrimination conveniently there for us to work out our own personal enlightenment through. As a philosophy for a rights movement, this sucks.

When are we ever going to believe, in our hearts, that our problems are not "challenges" we have been assigned by some new-age buddha as our personal-growth

Continued

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karma, but failings of a society that we personally have done nothing to cause (except to remind those in power of their own mortality, something they heartily do not want to be [illegible]nded of)? Calling ourselves physically challenged" shows we buy into that up-by-your-bootstraps crap that wars against the fight for common justice. Disabled people, like all oppressed minorities, have been handed that bill of goods since time immemorial. We ought to wise up. ■

"Strike by Blacks Paralyzes South Africa."
(The New York Times, November 5, 1991.)

"ACLU as blind as justice."
(The Denver Post, January 20, 1992.)

Metaphors we could do without

Here's a problem none of the language guidelines touches on: metaphors about disability used to denote bad things.

One of the biggest hurdles to developing a strong image of people with disabilities is the rampant metaphoric use of terms that define us as stand-ins for bad stuff. While groups raise justified complaints about terms like "victim" and "afflicted," the metaphoric use of "blind," "crippled" and "paralyzed" to refer to everything from bigotry to bad economic times continues unquestioned and unabated.

"Czech Book Industry Paralyzed by Freedom," announced The New York Times on February 17, 1991. "A new turn in the Serb-Croat conflict paralyzes federal rule," wrote a New York Times copy editor in the May 16, 1991 issue. "We've been paralyzed by our politeness," Bishop William Frey, president of Pennsylvania's Trinity Episcopal School for Ministry, told Time Magazine on February 18, 1991, referring to a church debate.

In 1991, we also got: "In Financial Scandals, Is Blind Greed Meeting Sightless Watchdogs?" (The New York Times, September 15) and

"Some fear blind pacifism has replaced militarism" (The New York Times, January 26).

Of all the appropriated metaphors, none is used more readily than "blind" to signify something bad. The New York Times's Andrew Malcolm on March 4, 1991 wrote of "society's blindness to abuse. Another New York Times reporter referred on March 30 to "the legal concept of 'willful blindness.' " The New York Times's Anna

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ROBBING THE STATES BLIND

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...mor brag

Some fear blind pacifism has replaced militarism.

Chicago Tribune, Sunday, January 28

recession?

In Financial Scandal, Is Blind Greed Meeting Sightless Watchdogs?

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THE DENVER POST

ACLU as blind as justice

Quindlen, in a November 9 column on Magic Johnson and AIDS, showed exactly how blindness is used for this purpose, by referring to "the horrible bigotry *and blindness* [italics ours] that has accompanied the [AIDS] epidemic." She is using blindness here not in its real sense, but metaphorically, to mean "refusal to face facts." That use is as old as the Bible: "None so blind as those who will not see."

In another newspaper, another Quindlen column was headlined, "In time of plague, some parents remain blind to reality." The Detroit Free Press headlined Mitch Albom's March 16, 1991 sports column, "Blind ambition wins Iditarod."

How can we expect the metaphoric use of "blind" to change when even our own "organized blind" quote its use, as the National Federation of the Blind did in reprinting a December 10, 1990 People Magazine story headlined "Armed with a White Cane, Sightless Robert Toye Tapped His Way to the Teller and Robbed Seventeen Banks Blind" and raising nary a complaint about the headline?

What about that phrase "blind justice"? It's good, right? It's supposed to mean "impartial," right? Does the currently in-vogue phrase "color-blind society" bother us? It's cut from the same cloth that gives us "blind justice."

What about blind greed? Blind ambition? Blind pacifism? Blind to reality? Willful blindness? Here's a clue: all these phrases mean something bad. The "bad" connotation comes from being paired with the word "blind."

Of all the appropriated metaphors, none is used more readily than "blind" to signify something bad.

Then there's the metaphor "crippling," which we've written about before. We have the New York Times weighing in with "Overcoming a crippling fear of school" (September 4, 1991) and "Lawmakers deal a crippling blow to the B-2 Bomber" (November 1, 1991). The Washington Post gave us "Lean Times Cripple Agencies" last January 28 [and we're sure this is only one of many examples!]. The Detroit Free Press gave us "Doctors say care facilities inside Iraq are crippled" last March 16; last April 4, the Louisville Courier Journal headlined a David Broder syndicated column "Crippled Generations." Ten days later, Middletown, N.Y.'s Times Herald Record told readers that a "Railroad strike threatens to cripple country."

An article in the March/April 1991 Rag pointed out that "crippled" used this way means "washed up, finished, kaput."

Continued

And don't forget "deaf." "He was deaf to her pleas." Teamsters are sup-

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posed to "turn a deaf ear" to their rivals, reported a local paper recently. "Dialogue of the deaf" still rates as an all-time winner, used by Time Magazine to describe Middle East peace talks.

"So what's wrong with a little colorful language!" an editor barked at us once when we tried to dissuade him from using this kind of metaphor. Here's what's wrong with it: "Blind," "paralyzed," and, yes, "crippled" are words that in real life identify people who are trying against huge cultural odds to maintain a shred of dignity in a society that uniformly denigrates them to worse than second-class status. And these same identifiers — "blind," "paralyzed," and "crippled" — are used in the metaphoric world of words to signify bad things. In that metaphoric world, they carry negative messages all their own; they serve as today's most common synonyms for "incapable" and "unable."

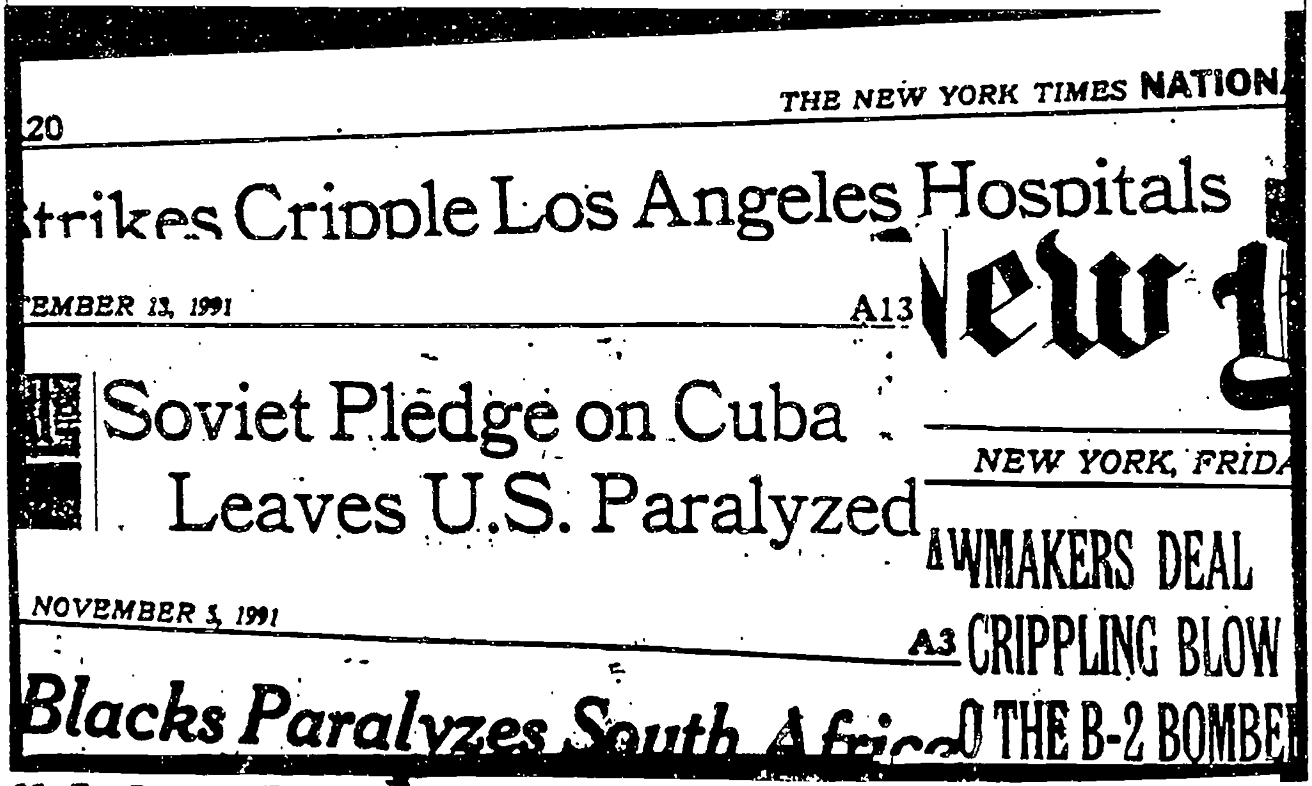
Meanwhile, we are so unhappy about the burden of negative imagery that we have people going around giving out $50,000 to somehow come up with a word that can give the concept of our lives a "positive ring" — and we have nearly 70,000 people suggesting words. Why? Why do we need a positive word? Because the words assigned to us have all been appropriated by metaphor-wielding pundits and wordsmiths to mean "bad." That's what's wrong.

Is it any wonder so many of us misguidedly try to dream up "positive" terms? All the real terms we've had have been taken from us by writers looking for clever ways to say "bad." If we could get some dignity back into those old words of ours, we wouldn't need new words. Writers, give us back our words. They're not your metaphors, they're our words — perfectly good words for our human condition. It's you who have made them bad.

The political-correctness-police force will howl now that we're destroying the language with our insistence that these metaphors be abandoned. But they're the ones who are out of line. There are plenty of other words that can do the double duty writers have been requiring of our "blind," "paralyzed" and "crippled." Instead of "paralyzed," they should try using words like "frozen," "stuck," "stalled," "stopped." Instead of using "crippled," they can use "broken" — which is what they're trying to say, anyway. For "blind" — well, do they really need anything in those places where they insist on sticking in the gratuitous "blind"?

These words work powerfully as metaphors. They derive their power from the fact that they're connecing the reality of what society believes about a person who is blind, paralyzed or crippled. This is pretty awful. It's time it stopped. ■

Is it any wonder so many of us misguidedly try to dream up "positive" terms? All *our* words have been taken from us by writers looking for clever ways to say "bad."



THE NEW YORK TIMES NATION

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trikes Cripple Los Angeles Hospitals

EMBER 13, 1991

A13

Soviet Pledge on Cuba
Leaves U.S. Paralyzed

NEW YORK, FRIDA

NOVEMBER 5, 1991

AWMAKERS DEAL
A3 CRIPPLING BLOW
O THE B-2 BOMBE

Blacks Paralyzes South Afric

"Crip" could be reclaimed, like "dyke."

Crips can call themselves anything they want to

A reader survey

Last summer we ran a survey to learn what readers thought about various words and terms used to describe disabled people. Responses have been coming in all year.

And despite the fact that surveys have come from all over the country — even a couple from England — responses were remarkably consistent. It seems the surest sign yet that a common language and culture is emerging. Where will it lead? This survey may be giving some hints.

Responses gave a picture of a community remarkably consistent in its attitudes about language. Nobody much liked "handicapped," though people agreed it wasn't too offensive — certainly not as bad as "crippled" or "handi-capable." A number of you noted that it was a legal term, enshrined in Section 504 regulations and the Education for All Handicapped Children Act. "Disabled" won out over "handicapped" as the term of choice, however. There wasn't too much rationale for this. "It just seems more contemporary," one of you noted.

A number of you noted that "person with a disability" was better than "disabled person" in that it "put the person first" — you knew the rhetoric surrounding the term.

Person with a disability

Nobody had anything bad to say about "person with a disability" politically — but several of you noted the term had its own shortcomings.

"It's the best of a not-so-great list of possibilities," acknowledged Richard Skaff of San Francisco. Someone else called it "forced;" to another it was "awkward." "Technical," said Jim Parrish of Miami. "Politically correct but clumsy" said

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"We need a good term for the phrase 'handicapped parking space,' one anonymous respondent noted. "It's hard to say "parking space for disabled persons' or 'accessible parking space,' and misleading to say 'wheelchair parking space.'

yet others . "Too long," said another. "Windy and overly sensitive," said James P. Sullivan of Chicago. Lisa Coyne of Sacramento noted that it's "hard to use in long sentences.". As Barbara Duncan of New York pointed out, "journalists will never use it consistently — due to length."

Challenged

"Handi-capable" and "physically challenged" came in for a solid drubbing by readers. Many of you, like Arthur Campbell of Louisville, merely considered them silly. To Mary McKnew of Olympia, Wash., "handi-capable" sounded like "a kitchen utensil." Maybe you "get one at the True Value Hardware," quipped Bill Henderson of Corchester, Mass.

The late Jim Neubacher, who wrote the Detroit Free Press's "Disabled in Detroit" column, thought them too "California-ish." They tried to "prettify" disability, said Ginger Lane of Highland Park, Ill. "Who are we kidding?" asked Rose Wilson of Illinois.

Others of you were harsher in your criticism, calling them an "insulting trivialization" of disability. Stairs don't "challenge" me, they infuriate me, said Jack Prial.

"I think their purpose is to distance the truth and make non-crips feel more comfortable," said Cheryl Wade. Unfortunately, added Lucy Heim, they were "too often used by people trying too hard to do the right thing." Several of you also listed "differently-abled" among those cutesy terms you'd like to see banished.

"Why not be real without being labelly?" asked Moira Mumma of Pennsylvania. Vanessa Tompsett of South Yorkshire, England insisted they were "stupid Americanisms — trying to avoid saying 'disability.'

"Why? What for? Is it something to be ashamed of?" she asked.
Besides, Jeanette Seitz of Bluff City, Tenn. pointed out, "physically challenged" is "too hard to say."

Many of you mentioned trivialization of disability as reason for your irritation with the word "inconvenienced. " The term was inadequate, you said; a "masterpiece of understatement," "laughable in its inadequacy" — a word that reminded Barbara Devore "of a hangnail."

"Most disabilities deserve more serious language than a word used for a late plane or poor restaurant service," David Gerber complained.

Steve Brown had the same criticism of "physically challenged." It "discounts the deprivation of rights," as he put it. It "robs us of the right to be mad as hell when confronted with injustice," wrote Julie Osborn.
A challenge is a choice, says Kent Killam. "And I'm not in a chair by choice."

Several of you threw in Michigan's legally correct "handicapper" as a word to be despised. "Sounds like Howdy Doody Time," said Jon Sarra of Toledo.

We forgot to list "special" and several readers reminded us of it. Most of them didn't like the term — one reader thinks it might be evolving into a term "no one likes to be called."

Are there new words rising on the horizon? Possibly — although several people remarked in the margins they wished people would quit coming up with new terms. "We don't need any more words!" Penelope Whitesall of Pennsylvania insisted. Some concurred with Walter Kiver of Acton, Mass. who felt that "either 'handicapped' or 'disabled' says it like it is — let's not play around with other words."

Survivor — and cripple

Survivor — not a new word ("I call myself 'Survivor," The Rag, May, 1983) — is finding favor with many of you. People who've had cancer have used it; there seems to be a move to use it more militantly. Several of you suggested its use in lieu of "victim." John R. Woodward of Tallahassee said he uses the term just like his friend who works at a battered women's shelter does: "Polio survivor. Spinal cord injury survivor."

But the word to watch, in our view, is "crippled" — or, more accurately, the noun "cripple." Or maybe "gimp."

By a wide margin, readers panned "crippled." "Medieval" said Alice Sporar of Ohio. "The 'nigger' of naming," Alice Levenson of Springfield, Mass. called it. Others complained it was "loaded with old baggage" and "politically passe."

Yet other readers, some on the disability culture avant-garde, make strong cases for its use.

"I like this word," says Mark O'Brien of Berkeley. It "packs more punch."

Cheryl Wade cited much the

"Person with a disability" doesn't resonate. "Disabled person" does.

Crippled "makes me cringe when I hear it," writes Anthony Tusler, head of Sonoma State University's Disability Resource Center. "But I call my friends with disabilties "crips." And I appreciate those who call themselves "cripples" to show they are tough enough to bear the burden.

In 1985, Tusler wrote in his office's newsletter, "Before I came to the disability rights movement I facetiously called myself a cripple. I guess I figured that if I was gutsy enough to call myself a cripple then I wouldn't be one. In retrospect, it didn't add to my self esteem...

When I first became exposed to the movement I found that not only were my newfound peers defining what our reality was to us, but that we called ourselves "people with disabilities" when talking to the world and "crips" amongst oursleves....

From a 1988 newsletter...

For the world at large, I called myself a "person with a disability." Irv Zola has said that the significance is more grammatical than the word choice. He's right. It was a liberating day when I identified myself as a person with a disability. I felt I was reclaiming my personhood from a socity that treated me as "less than" solely on how I walked. That was almost 10 years ago.

It is now 1988 and I am struck by how Paul Longmore calls us. He says things like, "I'm disabled," "my disabled brothers and sisters," and "the non-disabled."

"No, no, no," I think. "We're 'people with disabilities.' Didn't we solve that years ago?" But, as I think about it, listen to the rationale, and discuse the rationale, I find merit in this seemingly regressive phrase.

Here's how I see it. I wish to be recognized, by the world, as a "person with a disability." But I am proud to be a disabled person." I am proud, now, to be seen as disabled first and foremost. I am proud to have persevered, to have triumphed, transcended, and learned with the help of my brothers and sisters who are disabled.

I have long felt that we need to find a phrase and rubric that matches "Black is beautiful." Defining myself as a person with a disability helped to free me but it didn't resonate. Being a "disabled person" does.

same reason. "It's visual, strong." That's why she likes "gimp," too — it's visual and "blunt. Feels like a good, gnarled fist." Penny Gillett of Fresno thinks of "gimp" as "a cool disabled person."

Echoing others that say it's ok for disabled people to use, but not others, Robert Mauro of Levittown, N.Y. said when it was used by nondisabled people, "crippled" "shows ingorance and insensitivity."

"For use only among us!" stressed Kim Christensen of New Rochelle, NY. Otherwise very offensive!"

Barry Corbet of Golden, Colo., mentioned "gimp," too. It's OK for gimps, not others, he noted. "Crippled" was OK, too, said Corbett,"when used by a crip." To which Wade adds, "Crips can call themselves anything they want to. " Ditto, said Jack Prial of Baltimore. "It's for use by disabled persons only — as in 'Yo, Crip!'" he said. Susan Nussbaum of Chicago agreed with Prial.

Even though Deborah Shelton didn't like cripple, she liked "gimp" "used as black humor."

Both words were good only "if used in a militant manner," said Juliet Duncanson of Indianapolis. "I learned to use 'gimp' in a militant way in college," she said, and enjoys "the discomfort it causes."

For Wade, "cripple" is "a personal identity," though she admitted it was an accurate term only for some people. One of the acknowleged problems with the word, even among its adherents is that it doesn't apply to everyone.

"Disabled" has evolved to serve that purpose, as several of you pointed out. But "it's boring," said Wade. "We need a generic term we can apply to ourselves as a group, a community and a culture."

TABS

Some of the most interesting discussion centered around terms that are still in transition — like "temporarily able bodied." Is it a useful term? Too threatening? Too cutesy? Of all the terms listed, this one provoked the most controversy.

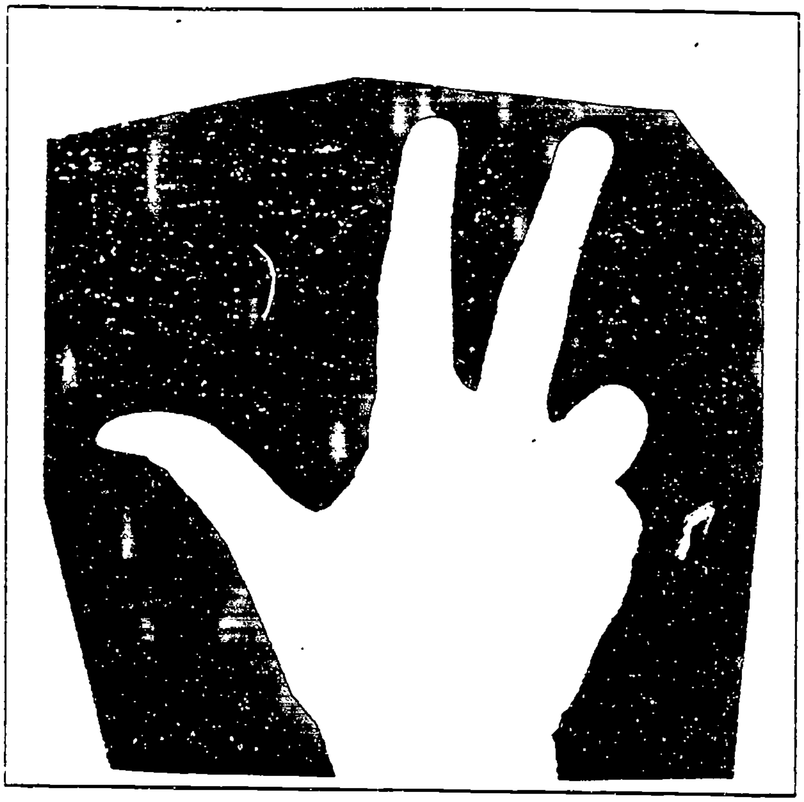
"I really like this one," said Deborah Shelton of Denton, Texas. She thinks it "enlarges understanding about our common humanity." Dot Nary of Big Flats, N.Y. liked it too. "Some people can't handle it, but it's important they begin to face it and the issues involved."

Some readers thought it sounded like a threat, though, and that put them off. Others liked it for precisely the same reason. "I like to scare my able-bodied friends with this one," Julie Osborne added. "Funny how they don't like euphemisms applied to themselves." Lisa Small of Arlington thinks it's a "great consciousness raiser," as did several readers.

But others thought the term difficult to grasp on first hearing. "A lot of people do not understand what is being said," said B.T. Mitchell of Austin, Tex. "It took me awhile to figure out what it meant," said Cindy Wertz of Cheyenne, Wyo. For the same reason, Megan Turner of Louisville called it an "in-crowd" term and panned it.

Others found it clumsy. "Sounds like a curse," says Kent Killam of Massachusetts. Alice Levenson thinks it "sounds too much like Morton Downy, Jr. to be very useful. "Non-disabled is better," a couple of you added.

Nomi Antelman of Tucson has hope for the term. "If we can change the mindset so people understand how fragile everyone is, we have a chance to integrate better."



Exercise

MYTH-BUSTING

Myths are ideas expressed about people with disabilities that are not necessarily true but are believed nonetheless. For example, it is a myth that "people with disabilities are either brave or courageous." Likewise, a myth about a specific disability could read, "all persons who are hearing impaired can read lips." Both of these statements are overgeneralizations and remove the aspect of individuality from the person.

In the space below, identify three myths about persons with disabilities which may hinder people from experiencing success in employment opportunities.

1.____

____

2.____

____

3.____

____

Handout #11

DISABILITY AWARENESS QUOTIENT (DAQ)

1. ____ World renown Evangelist who was diagnosed as having Parkinson's disease.

2. ____ While creating masterpieces, paint would drip into this artist's eyes and he lost his sight.

3. ____ This actress starred in movies (T.V., big screen); she taught her leading men some sign language.

4. ____ U.S. president who was confined to a wheelchair due to polio, and the general public never knew.

5. ____ Actor/comedian who has a learning disability. In one role, he was the man from Ork.

6. ____ Politician who was shot by an assassin and served his office term while in a wheelchair.

7. ____ Actor/comedian who battled with drugs was recently diagnosed with multiple sclerosis.

8. ____ Actress, of stage and screen, who made a comeback after a stroke left her with a speech impediment.

9. ____ U.S. president was believed to have suffered from chronic depression from Marfane's syndrome.

10. ___ Sports figure who was recently diagnosed as being HIV-positive; competed in the 1992 Summer Olympics.

A. Marlee Matlin
B. "Magic" Johnson
C. Billy Graham
D. Robin Williams
E. George Wallace
F. Michelangelo
G. Patricia Neal
H. Abraham Lincoln
I. Richard Pryor
J. Franklin D. Roosevelt

Developed by SEE
Melinda Couslin, Graduate Assistant
University of Arkansas, Little Rock
1992

Answers to Disability Awareness Quotient

1. C
2. F
3. A
4. J
5. D
6. E
7. I
8. G
9. H
10. B

Harvard Business School doesn't get it.

a STUDY in PREJUDICE

by Sara Watson

"If you don't get it, you don't get it," runs an ad for The Washington Post. I suppose the same could be said for The Rag.

I ran up against a major case of "not getting it" recently — at one of the most influential institutions in the country, the Harvard Business School.

While researching case studies in the course of my work on a project sponsored by the National Institute on Disability and Rehabilitation Research, I came across — I am not making this up! — a case called "The Handicapped Heckler."

This case is used not only in ordinary classrooms but also in textbooks and courses for teachers on how to improve their teaching skills. It manages to encapsulate in a remarkably short space most of the devastating stereotypes combatted by the disability rights movement.

This one deals with the struggle by a young English teacher ("Paula") to decide how to react when a student who uses a wheelchair ("Frank") disrupts her class discussion and participates in class in an inappropriate way.

Here's how the case describes their first meeting:

He was a lanky, handsome young man of about 20, with broad, athletic shoulders — but his long legs appeared wasted in baggy blue jeans, and Paula found the unscuffed running shoes on his motionless feet particularly poignant. She felt a sharp stab of pity. . . . He gave a spasmodic twitch, and answered [her greeting] in a strained voice.

After Frank interrupts another student, "Paula assumed that Frank's disability must be affecting his emotional state, and her pity squelched the urge to rebuke such rudeness."

Paula is so intimidated by Frank's disability and hostility that she feels unable to cope with his behavior. She visits the counselor at the office for disabled students to seek advice. The counselor advises her to stand up to Frank. "You might help him

Continued

Sara Watson, Ph.D., is director of the Washington office of Berkeley Planning Associates, a public policy evaluation and research firm dealing with disability issues.

Article reprinted with permission from "The Disability Rag", December 22, 1993.

. . . ." she says. "Handicapped people have to live in the real world like everybody else. If you get tough with him, maybe he'll begin to learn that."

Paula discovers, to her amazement, that the counselor is blind.

The teaching notes provided with the case study comments that the counselor "... identifies with members of the 'normal' world. . . . A severely handicapped person probably must learn self-discipline in order to participate as fully as possible with the rest of the world. This process must involve a great deal of pain — and innumerable triumphs over despair . . . "

Having learned what to do, the next time Frank makes an inappropriate comment, Paula rebukes him. The class atmosphere improves considerably as a result, and Frank is no longer rude. Paula concludes that her greatest lesson was the degree of responsibility she had for creating a class atmosphere conducive to learning.

* * *

After discovering this abomination, I mailed a polite letter, along with a detailed critique of the case study, to the major faculty member responsible for it, C. Roland Christensen, a professor emeritus at the Business School. I mentioned that I had considerable familiarity and experience with case studies, having earned a Ph.D. in public policy at Harvard, and that the reaction was just not my personal one but had been affirmed at a meeting of the Society for Disability Studies.

In my critique, I explored the stereotype of disabled people as objects of pity, the automatic assumption that people with physical disabilities also have mental disabilities, and the stereotypes that hold that disabled people are courageous for merely living; that they need to be rescued by nondisabled people; that they're either hostile and angry or polite and happy all the time and that they're always consumed by the disability.

I wrote to Christensen that two possible consequences of teaching this case study are that future employers might come to think of prospective employees with disabilities as having such characteristics, and that future teachers might think of their students with disabilities in the same way. Such conceptualizations fly in the face of the implementation activities of the Americans with Disabilities Act and the Individuals with Disabilities Education Act.

When I got no response, I called him. On the phone, Prof. Christensen brusquely informed me that the case generated very good discussions, that it did not perpetuate stereotypes, and that besides, it was based on an *actual incident*. End of discussion.

But I haven't given up.

* * *

Let's look at the arguments I heard in support of the case study, and the rebuttals I offered. Many of you probably encounter such arguments in other forms. I found the rebuttals people understood most readily were ones that used the analogy of race, so I'm using those same analogies in this article.

FIRST ARGUMENT: The case generates good class discussions.

RESPONSE: In the right environment, so does Hitler's *Mein Kampf*. That doesn't mean it should be used unadvisedly as a textbook. This case could rightly be used to illustrate the problems the disability rights movement has emerged to address. But to use it for such a purpose would assume an incredible amount of sophistication and knowledge on the part of the professor leading the discussion; and to assume that would be equivalent to assuming that the average white professor at the University of Alabama in the 1950s could teach a course on race relations. The

from the TEACHING NOTES

The teaching notes emphasize stereotypes: "Frank Edgerton is an obvious victim. He needs protection." "What must Paula Wilson do to help him? . . . She is being asked to be a behavioral therapist to a paraplegic."

They reinforce the universal concept of the disabled person as bitter by suggesting that disabled students in courses studying this case may themselves act like Frank: "Is the participant [with a disability], like Frank Edgerton, bitter? Does he or she interrupt or try to dominate in an unhealthy way?" they ask.

They imply that Frank, simply because of being disabled, may not belong in college: "First and foremost, Frank Edgerton's handicap and its implications must be considered," they instruct the teacher using the case study. "Why is he there? What can he gain from going to college?" — *S. W.*

Just as even one case with a black person eating watermelon and acting lazy is unacceptable, so too is one case with disability stereotypes.

average student body — then, in terms of understanding racial issues, and now in terms of understanding disability issues — couldn't understand or support such a discussion with this kind of material, which in itself supports harmful stereotypes.

It is appropriate and, in fact, desirable for a case to discuss accurately the difficulties that people with disabilities endure from the larger society. This case, however, could not reasonably be construed as being able to do this. A case exploring racial issues would treat blacks' main problems as being caused by society's misperceptions and resulting mistreatment — not as being caused by faults inherent in their personal characteristics, as this case does with Frank.

The reason the Paula and Frank case has so far "worked" in class discussions is because so few students have any disability rights perspective.

Second argument: It doesn't present stereotypes; it discusses only one individual.

Response: Maybe; but it's the only case of its kind among the thousands in the Harvard Business School case catalog; almost certainly it'll be one of the few cases with a disabled protagonist which students will see. Just as even one case with a black person sitting on a porch eating watermelon and acting lazy is unacceptable, so to is one case with these kinds of stereotypes.

Third argument: It really happened.

Response: Though this case may have been based on one person's experience with a student who had a disability, what was unfortunately not conveyed to that person — or the case's author — is that one experience with a person with a disability is just that — one experience. One would not, upon meeting one black person who happened to be lazy, insist that all members of that minority group shared that characteristic; if one did, one would rightly be considered a bigot.

People with disabilities, like blacks, women, gays, Jews, Republicans, gardeners and every other group in our society, have a range of character traits and personalities. People with disabilities, just like everyone else, can be angry, sullen, cheerful, industrious, generous and stingy.

Someone with a disability may indeed be angry, especially immediately after the disability occurs, or after she has experienced the fourth incident of discrimination that day. But many people without disabilities are angry too. The vast majority of disabled people do not act in the manner portrayed in this case study, and would assess Frank's behavior as both unusual and unacceptable.

On the surface, this argument can be dismissed with the tried-and-true rebuttal that people with disabilities are heterogeneous. But I think this issue deserves more considered attention.

Shades of gray are hard to communicate. For several decades, disability organizations and spokespersons have searched for a way to combat many of these old stereotypes. Quite understandably, but still regrettably, one strategy has been to combat them by concocting new stereotypes. These new stereotypes served useful and obvious purposes, such as encouraging people to hire people with disabilities; but too often they opened up an opportunity while also setting someone up for failure. Opening the door and then taking away the house means that someone will walk through the entrance but then fall into a pit.

EXAMPLES:

Old Stereotype: People with disabilities are expensive to employ.

New Stereotype: People with disabilities are cheap to employ.

The Reality: Some are; some aren't. But society has to accept the fact that surviving disability is sometimes expensive. Bearing that costs comes with the territory of

Continued

A *popular* APPROACH

Today the "case study" approach is used in most law schools and many business schools, but it was pioneered by the Harvard Business School. Harvard graduate schools use thousands of these based-on-real-life vignettes that let students work with real-world situations.

having a society of humans. (The debate over the ADA brought this argument into sharp focus.)

Old Stereotype: People with disabilities are ill.

New Stereotype: People with disabilities are never sick.

Reality: Some are, some aren't. This emphasis on denying the fact that some people with disabilities do in fact have illnesses and/or high health care expenses has cost the movement considerably in terms of its ability to form alliances among various disability and disease-oriented groups in many legislative efforts, such as the ADA (Where was the American Cancer Society in the push to pass the ADA?) and the health system reform debate. The growing recognition that neither stereotype is true is breaking down barriers.

Old Stereotype: People with disabilities are incapable of managing their own attendant services.

New Stereotype: All people with disabilities who have the cognitive skills to do so want to manage their own attendant services.

The Reality: Some do, some don't. Recent thinking by the World Institute on Disability has focused on giving people a range of options and allowing them to choose how much autonomy they want.

Old Stereotype: A major disability, such as blindness, is a complete and overwhelming tragedy.

New Stereotype: A major disability, such as blindness, is no more than an inconvenience.

The Reality: Sometimes it's an inconvenience; sometimes it's a major barrier. As Bonnie O'Day noted ("Why I Am Not a Federationist," September/October, 1991), describing blindness consistently as "only an inconvenience" minimizes and belittles the difficulties she really experiences in performing tasks. It sets people up for failure.

Sometimes a united front is useful, even crucial, when delivering votes or negotiating with opponents, for example. If the disability constituency had not presented a united front for the ADA, it would have seriously weakened their bargaining position. However, in other instances — such as when doing policy research or designing programs and services, a diversity of perspective is crucial.

We need to pick and choose carefully those times when we present uniformity, and those when we present individuality.

To combat "The Handicapped Heckler" case, we need a united front — but we need to encourage and celebrate diversity to provide evidence of its falseness.

Readers wish to express their concerns about the case study discussed in this article can write to Sara Watson, Berkeley Planning Associates, 1100 17th St., N.W., Suite 330, Washington, D.C. 20036. She will compile your letters and send them to Christensen and others at the Harvard Business School.

In Search of the Politically Correct Disability

by Sharon Kutz Mellem

It always sets my teeth a little on edge when I find on the other end of the jangling office phone someone wanting to know if I have a disability.

If the caller identifies herself as disabled, the conversation quickly takes on an aura of disability oneupmanship. It's like some perverse game of I'll Show You Mine If You'll Show Me Yours. Admittedly, I participate.

That's because, whenever I'm asked the dreaded "disability question," I always feel violated — which puts me on the defensive. The caller might as well have asked for my checking account balance or my bra size. I feel violated because I feel disconfirmed: does having a disability make me a more legitimate disability rights spokesperson? Or a less legitimate one? Does it make me more knowledgeable about what we publish in The Rag? Does one's label somehow legitimatize their validity? Does it make me more moral, in some way?

I want to respond in these situations by telling the caller that I feel violated by the question. Instead, I tell them I have rheumatoid arthritis.

Sharon Kutz Mellem is Managing Editor of The Disability Rag.

Does this now make me a legitimate spokesperson for disability issues? Now that I have a disability label, does it validate what I have to say about disability rights?

My announcement to the caller that I do, indeed, have a "real" disability is usually followed by a long pause. This, too, makes me uncomfortable. I don't know for certain what the silence means, and, in my discomfort, I feel a compulsion to lighten it up. I say, "I know, arthritis is about a minus ten on the Disability Cool Scale." The caller and I quickly get down to business after that.

● ● ●

I do not look disabled. I limp only occasionally. I do not yet use a sexy, hot-pink Motion Design chair. (I may never have to; who knows?) And, like my brothers and sisters who have HIV-related or other autoimmune diseases, there are few signs that readily identify me as "disabled." Some of us aren't easy to label. My barriers are not yet predominantly physical. Mostly they're invisible and often self-inflicted: my "minus ten" self-defense mechanism is a good example. Sometimes my barriers are family members, my friends and to a certain degree the subtle attitudes of some in the disability community. This is an issue that's never addressed upfront — the reluctance to discuss it is itself a barrier, one that shows itself when I answer the phone and get "the disability question."

● ● ●

This really happened: someone once asked me why I felt "the need to devour myself." The implication, of course, was that I was responsible for this disease which was now eating away at my joints. The person asking this question wasn't deliberately trying to be insensitive, I'm sure. But she understood "disability" only to mean things like birth "defects," paralysis and mental retardation. Arthritis, generally considered a disease of older people which is also thought to be brought on by poor stress management, was not to her way of thinking a "disability." Therefore she wasn't really interested in knowing my family history and hearing that I had a genetic predisposition to arthritis. She didn't want to hear about the constant, tooth-grinding pain. She didn't want to hear about my difficulties climbing stairs.

Article reprinted with permission from "The Disability Rag", December 22, 1994.

driving the car, working the computer keyboard — my "invisible" barriers.

She didn't want me to tell her about the extraordinary amount of energy it took me to "manage" the arthritis or about endless trips to the doctor for the meds that really never worked for very long and which always ate holes in my stomach. And she certainly did not want me to share my feelings of powerlessness against a disease which is still viewed by many people as a non-disease, not to be confused with a "real" disability.

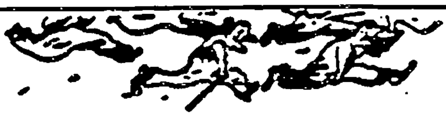
What she did want to hear was ownership. She wanted me to get to the root cause of "my" arthritis — as if this discovery would somehow miraculously lead me to cure myself of a self-induced disease. I expected this kind of a reaction from her, though: she didn't have a disability.

I sense that for some callers, there's an expectation that, because I work for a national disability rights magazine, I should not only have a disability but it must be one that's politically correct (that is, manifested in some highly visible way that will play impeccably in the media). I sense that this same expectation extends to others who work in disability rights groups — especially national ones. With our appropriate disabilities, we can function as appropriate movement spokespersons. We can chain ourselves to buses, crawl up steps, and things like that.

The absence of common understanding within our community as to what "disability" means or doesn't mean makes a lot of us feel like illegitimate children. This feeling doesn't come from one specific thing. I'm not even sure I can put my finger on where it originates. No one has ever said to me, out loud, that "you don't really count as one of us because you don't look disabled." No one has yet produced a scale that says, "OK, all you quads are 10s and all you auto-immune folks are minus 10s." No; this sense of illegitimacy derives precisely from the fact that there has been no serious open discussion in our community about the existence of this hidden hierarchy.

I know it exists, though. I hear it in the long pause of the phone caller. The mere fact that one person would need to ask another if they are "disabled" is signal enough that it exists.

So: Will someone please define for me the meaning of true "disability"? Just keep it to 50 words or less. ■



Thoughts on THINKING DIFFERENTLY

by Tanis Doe

During all the work I have done with the disability rights movement, working against inaccessibility, for support services, equal education for deaf people, independent living for severely disabled people and political lobbying at the national level, there has been a steady message invading my thoughts: fear. Yes, fear. Call me phobic, but I believe that fear is our greatest handicap in society.

No matter how many articles are written and read, no matter how many media campaigns are held or accommodations are made, the very last disability to be understood, accommodated and then accepted will be disorders of thought. We can't seem to accept the idea of thinking differently.

It is difficult enough to accept differences in physical appearance, speech, behavior, ways of coping, etc. But people are afraid of thinking differently.

Perhaps I should personalize this, or "own" it, and say that I am afraid of thinking differently, too. I can assure you that I already think differently than most. I am both qualitatively and quantitatively "different" in my thinking. I am certainly more radical than the norm; still, I am open-minded. My thoughts are interconnected so that one small idea will trigger several related concepts and set my mind in a search mode looking for similarities and differences, applications and storage.

Continued

It is not like a computer; I have a very human brain. I believe thinking and feeling are intertwined. I have often felt and thought that I feel more than do normal folks; and I certainly think more than is normal. I cry easily at movies and books. I anger easily at injustice. I can quickly rationalize either side of an argument — and I can be quite convincing. Aha! sounds like a lawyer, an actress, or a psychoneurotic, eh? Precisely my point.

The way I think is so deeply entrenched in how I feel and who I am that I am really terrified at the thought of thinking in any other way. Recent health problems have made me fear brain damage, and recent hospitalizations, combined with psychiatric consultation, have forced me to confront my own sanity or lack thereof. I will openly admit to going through one or two "clinical depressions," suicidal tendencies, workaholism, emotional instability (and liability), uncontrolled anger and even self-destructiveness.

Anyone who reads this who knows what "clinical depression" is will understand that even by itself without all my other "thought" differences, the effects of depression alone are devastating. I can remember knowing, believing with all my mind, that there was no way out. No one would help me because I was helpless, hopeless and humorless. I did think of death as an option that would bring relief. I also had the responsibility of caring for a child, though, so I had to discount suicide as the method of coping. Many others have not been so lucky. Depression affects you holistically — your appetite, your energy, your sense of self, your concentration, your sleeping habits, your every mood and thought.

That is scary. Any sane, so-called "normal" individual should be afraid of those types of uncontrolled differences. All people are afraid of loss and will grieve the loss of a friend, loss of vision, loss of a leg, and loss of independence. But it is beyond imagination to cope with the loss of sanity or loss of self.

Having worked with people labeled with a mental handicap for many years, I believe that this fear also applies to retardation. People cannot bear the thought of not thinking in the way they are used to — "normally." Each person has his or her own way of thinking, but we are — yes, I am, too — afraid of losing that natural ability or being left with "lesser" powers. This could be why Alzheimer's disease receives so much attention. We are all afraid of losing our minds.

People with disabilities often argue that it is not the disability that needs removal but the barriers. Let us be disabled, as that is who we are, they say; but allow us some dignity and equality. Yet millions and millions of dollars are still spent on the prevention and rehabilitation of various disorders and disabilities. But for mental health and mental disabilities, there is less hope and less help.

Sheltered workshops still exploit people labeled "mentally handicapped" under the guise of "training." People labeled "mentally ill" are being systematically abused medically, pharmaceutically, physically and socially, both inside institutions and out.

Street people are left with no homes, no support; they wander in medication-induced trances unless they have sold their prescription drugs for food, cigarettes or alcohol money.

I believe that society will learn to accept physical, sensory and learning disabilities, including such abstract ideas as addiction and alcoholism. This will happen long before mentally related disabilities are dealt with.

People are sooo afraid of the unknown! Imagining how to live in a wheelchair, or be blind, may be a frightening challenge, but it is far more tolerable and concrete than trying on a mental disability. My belief is that we people labeled "mentally ill" or "mentally handicapped" will be the last to enjoy any true experience of equality. That's because we think differently. ■

Handout #15

SUGGESTED TIPS WHEN INTERACTING WITH INDIVIDUALS WITH DISABILITIES

The following summary contains many true statements but no absolute truths. Every person with a disability is unique and different. While this summary is about disabilities, it is important to remember that you are NOT working with disabilities, you are working with INDIVIDUALS who have disabilities. So, all of the following guidelines are valid until someone with a disability tells you they want it done in some other manner. Given the broad differences amongst people, this is bound to occur !

BLIND/VISUALLY IMPAIRED

THINGS TO KNOW:

* The definition of legally blind is 20/200 vision with best correction. Many more persons who are considered blind have some sight rather than no sight.

* Many persons who are blind are quite mobile and independent.

* While many persons who are blind can use braille, the majority of persons who are blind do not.

THINGS TO DO:

* Introduce yourself. Identify who you are and what your role or job is. Give the person verbal information that is visually obvious to those who can see.

* Be descriptive when giving directions. Saying "Over there" has little meaning to someone who cannot see you point. "Four doors after turning right from the elevator" would be much more helpful.

* Lead someone who is blind only after they have accepted your offer to do so. Allow them to hold your arm rather than you holding them. It is important to allow the person to control their own movements.

* Describe things from their perspective, not yours. Some persons who are blind may use a "clock" reference for things directly in front of them. For example, something could be positioned at three o'clock or six o'clock.

* Tell the person when you have brought new items into the environment, describe what they are (a plant, coat rack, etc.) and most importantly, where you have placed them.

THINGS TO AVOID:

* Do not move items after the person has learned the environment. This can be frustrating and in some cases, dangerous for the individual with a visual impairment.

* Do not interact with a guide dog while it is working.

THINGS TO CONSIDER:

* Persons who are blind have a long history of being patronized and talked to as if they were children. They have often been told what to do as opposed to being asked what they prefer. This attitude is not acceptable towards any person.

DEAF/HEARING IMPAIRED

THINGS TO KNOW:

* More persons who are deaf or hard of hearing have some hearing rather than no hearing.

* Sign language is not a form of English but rather an official language with grammar, rules and contexts all it's own.

* Not all persons who are deaf can use sign language.

* Not all persons who are deaf can read lips.

* Lip reading is only 30-50% effective and sometimes even less.

* Not all persons who are deaf can read or write.

THINGS TO DO:

* Find out how the person best communicates.

* If the person uses an interpreter, address the person, not the interpreter.

* If the person reads lips, speak in a normal, not exaggerated manner. Short, simple sentences are best. Avoid blocking their view of your face and make sure there is adequate lighting.

* If you doubt that the person understood you correctly, you may ask.

* Gain the person's attention before starting a conversation.

* Be aware of a situation where a person may be waiting for a service (transportation, a table, etc.) where there is an announcement or calling of the persons's name. Find an alternate method of notifying them.

THINGS TO AVOID:

* Do not become impatient or annoyed with the person if it takes longer to communicate.

* Make sure there are no physical barriers between you and the person while in conversation.

* If the person is using hearing aids, avoid conversations in large, open and noisy surroundings.

THINGS TO CONSIDER:

* Persons who deal very well in one-on-one conversations may have a difficult time when two or more people are speaking.

* Showing impatience to someone who is deaf may cause the less assertive to back off from telling you their needs.

MOBILITY IMPAIRMENT/USES WHEELCHAIR

THINGS TO KNOW:

* There are many reasons (not only paralysis) for someone to use a wheelchair.

* There is a wide range of physical abilities among those who utilize a wheelchair. This means that a person may require different degrees of assistance.

* Some persons may not use wheelchairs exclusively but may also use canes, braces and in some cases, no assistive devices at all for short periods.

THINGS TO DO:

* When speaking to someone who uses a wheelchair, remember to give that person a comfortable viewing angle of yourself. Having to look straight up is not comfortable.

* If you are asked to handle the wheelchair, treat it with the respect and care. Wheelchairs can break, can be difficult to have repaired on short notice, and it is extremely disruptive to the user when they are out of commission.

THINGS TO AVOID:

* Do not push the wheelchair without asking or requested to do so.

* When communicating with a person who uses a wheelchair, do not stand too close--give them some space.

THINGS TO CONSIDER:

* It is common for persons who use wheelchairs to be told a place is accessible when it is not. This can be a frustrating experience.

* Do not assume that the person needs assistance. Ask the person if there is anything you can do to help.

SPEECH DIFFICULTY

THINGS TO KNOW:

* There are many reasons for having difficulty with speech. Deafness, cerebral palsy, stroke, head injury or physical malformations of speech mechanism are just a few.

* Under stressful situations, it is not unusual for a persons's speech to become harder to understand.

THINGS TO DO:

* If you do not understand what the person is saying, bring it to their attention and ask how the two of you may better communicate.

* Consider writing as an alternative means of communication.

* If no immediate solution to the communication problem can be worked out, consider asking if there is someone available who could translate or interpret. Perhaps a friend, relative or acquaintance who is familiar with the person's speech pattern can provide assistance.

* If it is a stressful situation, try to remain calm. Moving to a private or quiet area with fewer distractions may help.

THINGS TO AVOID:

* Do not pretend to understand the person if you did not.

* Do not become impatient or frustrated with the communication.

* Do not finish the person's sentences for them.

THINGS TO CONSIDER:

* Persons with speech difficulty have often been treated as though they were intoxicated, mentally retarded or mentally ill. They are accustomed to being avoided and even ignored.

*Accessibility for persons with difficulty in speech lies in your power. Your understanding, patience and communication are as important to someone with speech that is hard to understand as a ramp or grab bar is to someone who uses a wheelchair.

Pimentel, R, Bissonnette, D., Lotito, M. (1992). What managers and supervisors need to know about the ADA. (pp 48-52). Northridge, California: Milt Wright & Associates,Inc.

Handout #16

EVALUATION

Staff Development
Response to Training

A. RATING OF THIS TRAINING SESSION:

Please mark appropriate answer. Answers range from 6 strongly agree to 1 strongly disagree.

	Strongly Agree 6	5	4	3	2	1 Strongly Disagree
1. Trainer was effective.	6	5	4	3	2	1
2. Participants had opportunity to participate.	6	5	4	3	2	1
3. The presentation was well organized.	6	5	4	3	2	1
4. Program content was relevant to my job.	6	5	4	3	2	1
5. Length and pace were appropriate.	6	5	4	3	2	1
6. Training objectives were met.	6	5	4	3	2	1

7. My understanding of the issues regarding individuals with disabilities prior to this training.

High 5 4 3 2 1 Low

8. My understanding of the issues regarding individuals with disabilities after this training.

High 5 4 3 2 1 Low

9. My level of comfort in interacting with individuals who have disabilities before this training.

High 5 4 3 2 1 Low

10. My level of comfort in interacting with individuals who have disabilities after this training.

High 5 4 3 2 1 Low

11. I will be better able to assist individuals with disabilities as a result of this training.

Agree 5 4 3 2 1 Disagree

12. Overall, the training was helpful.

Agree 5 4 3 2 1 Disagree

13. I would like to have additional inservice training on working with individuals with disabilities:

Yes No

14. Suggestions for future training topics and general comments (use back if necessary):

15. What was the most interesting information you learned in the workshop?

16. What was the most least interesting information you learned in the workshop?

17. The following questions are optional, to give us some idea of your experience with individuals with disabilities not related to your job.

A. Do you have a disability? Yes______ No_______
If yes, what kind? ________________________________

B. Do you have a family member or close friend who has a disability?
___________________. If yes, what kind? _________.

Thank you for your participation!