

MYTHS AND REALITIES

Persons with disabilities say the limitations of their disability are not nearly as devastating as the myths, stereotypes, devaluation, and exclusion they experience from the people they encounter.

Myth #1: Persons with severe disabilities are childlike, dependent, and in need of charity or pity.

In fact, many persons with severe disabilities have a great deal to contribute and are able to work and to manage their own lives through the Independent Living Movement, which you'll learn about later.

A related myth is that a disability is a constantly frustrating tragedy. In fact, many persons with disabilities say that a disability need only be an inconvenience *if* it is dealt with as an inconvenience. Developing intelligent accommodations is one way to accomplish this. Although severe disabilities pose huge challenges, even they can be viewed primarily as a challenge to be overcome rather than a hopeless tragedy. For example, world-renowned physicist Stephen Hawking has stated that his disabling condition left him with not much to do but use his mind creatively and productively. Carolyn Vash, who has an impairment, suggests that we view her as being in a *different* situation, not necessarily a *less-fortunate* one—in the deeper, eternal sense.

Myth #2: Persons with disabilities are unable to lead normal lives.

Most persons with disabilities can live relatively normal lives and want to do so. Most are impaired in only one functional area. They tend to compensate for their impairment in numerous ways. They're able to do most things as well as anyone and usually can do some things better. Many people with disabilities view their limitations as a fact of life but go to work and participate as actively in society as they can. Persons with disabilities are increasingly better educated, with 75 percent completing high school in 1994, compared with 60 percent in 1986 (*Business Week* 1994).

Myth #3: Persons with disabilities can only do menial or entry-level jobs, and most don't want to work.

In fact, persons with disabilities are successfully employed at almost all levels in nearly every field. More than 90 percent of net new job openings are in information-intensive and service occupations, and at least 90 percent of persons with disabilities are capable of filling such jobs.

Among people between the ages of 16 and 64 who say they're able to work, about half of those with disabilities are employed, compared to 67 percent of the general population. (U.S. Census 2005, N.O.D. 2002). Of those who are not working, Harris Polls indicates that two-thirds say they want to work (*Business Week* 2000). In fact, most want to work, regardless of the extent of their impairment, and see work as a major route to self-fulfillment. They want to find work that draws on their skills and talents and helps them live a more abundant life. Dissatisfaction with life is reported by four times as many adults classified as having disabilities as other adults. This dissatisfaction is related to their desire to work and to live a normal life.

Myth #4: Employees with disabilities create safety risks, increase costs, and are less flexible and productive than other workers.

In fact, a review of 90 hands-on studies reveals that compared to other employees, persons with disabilities (Cox, 1993; Green and Johnson 1987):

- have better safety records
- do not normally cause increased health care costs
- have equal or better turnover and absentee rates

- have equal or better job assignment flexibility
- are productive; more than 90 percent of 1,451 workers at DuPont rated as average or above average on overall job performance
- have better average attendance records than those of nondisabled employees.

Myth #5: Employees with disabilities are more difficult to work with.

Two large surveys of managers and coworkers of persons with disabilities indicate the following (Harris 1986, 1987):

- Eighty percent of managers say they are no more difficult to supervise than others.
- Fifty percent of managers rate the following qualities as *better than* those of other workers: willingness to work hard, reliability, punctuality, and attendance.
- Eighty percent of coworkers say they are just as productive as others.

WHAT'S IN A NAME?

Labels can hurt, especially when their effect is to isolate people from the rest of society. The terms we use to refer to persons with disabilities can be loaded with unintended meanings. Most activists prefer terms that are descriptive rather than euphemistic, emotionally neutral rather than charged, and words that don't elicit negative stereotypes (Longmore 1985a).

<i>Preferred Terms</i>	<i>Terms to Avoid</i>
<ul style="list-style-type: none"> • Persons with Disabilities • The disabled (as a protected class) • Sight Impaired, Blind • Mobility Impaired • Hearing Impaired, Deaf • Emotionally Impaired • Neurologically Impaired • Mentally Impaired 	<ul style="list-style-type: none"> • Differently Abled • Physically Challenged • Handicapped • Crippled, Lame, Gimp • Deaf and Dumb • Insane, Crazy • Moron • Retard

The term *persons with disabilities* is preferred when referring to the group as a whole because it focuses on them as persons first, rather than on their disability. The use of the term *the disabled* is acceptable when referring to them as a protected class. Such terms as *differently abled* and *physically challenged* are not descriptive and attempt to avoid the issue. They're politically correct in the worst sense.

Handicapped was considered acceptable for a time, but some people connect the term with the phrase *cap in hand*, which they mistakenly believe to refer to begging but which actually is derived from a game of chance. Now most persons with disabilities avoid the term *handicapped*.

The worst terms carry emotionally devastating stereotypes and tend to focus on the negative: deaf and dumb, crippled, limp, lame, gimp. Replace them with more specific, descriptive terms, such as *hearing impaired*, *sight impaired*, and *mobility impaired*. They're often more accurate than *deaf* or *blind* because they refer to those with varying degrees of impairment, as well as those with total loss of an ability.

WHY ARE PERSONS WITH DISABILITIES EXCLUDED?

People tend to shun, be prejudiced against, or devalue people who are different. This is especially true when the persons are different because they have less of something than most people have. But

people who have more than most others may also be devalued. People who are exceptionally rich, brilliant, beautiful, or even kind are suspected and punished by some people. Most every culture seems to display this tendency.

Most devaluation refers to regarding someone as inferior, a lesser being, not very capable, not very useful, possibly burdensome, not beautiful, and generally one down. Devaluation follows close behind outright oppression when it comes to psychologically damaging consequences. It is the most common and devastating attitude facing persons with disabilities. They consistently experience devaluation in the eyes of others, and therefore in their own eyes unless they can protect themselves from self-deprecation—whether their disability is physical, sensory, or mental in nature.

The form and degree of devaluation is heavily influenced by the surrounding culture. Devaluation can be blatant or subtle. The Nazis blatantly killed disabled people. Most societies are so subtle that their devaluative practices have gone unrecognized as such for many years until the new breed of activists began to call attention to them. The prevailing philosophical or religious beliefs of the culture have a distinct effect on how people view persons with disabilities (Vash 1981). In both the East and the West, for example, it has been common to segregate the disabled into their own schools and workplaces.

Western Viewpoint

Most Western religions and philosophies hold that we each have only one life to live. Therefore, being disabled has other implications, from “It’s just God’s will and we can’t know why” to “It’s God’s punishment for something the victim did or something the victim’s parents did” to “It’s a tragedy because we’re here to enjoy life.”

Western cultures, such as the dominant culture of the United States, place a high value on standard modes of reasoning, a cultural model of physical beauty, and the physical, material world. Such values tend to create barriers to good relationships and to communicating with persons with certain impairments (Vash 1981; Althen 1988).

Many people in our culture view people as a personality inside a body. When one or both of those has been damaged “permanently,” not much is left. Societies and individuals who are more spiritually oriented understand that the spirit is not damaged just because the body or personality is damaged.

Materialistic people are especially likely to believe that persons with disabilities continually mourn their misfortune, perhaps as long as they live. This is simply not the case for most persons with disabilities. Therefore, the implied belief that persons with disabilities are sad victims of terrible life circumstances erects a communication barrier between the believer and those persons.

Eastern Viewpoint

Some Eastern philosophies and religions include the idea of reincarnation into multiple lives. Many believe that before coming into a new lifetime, at a spiritual level we choose our parents, our body, and our total life situation. We do this in order to learn certain lessons and have certain experiences that deepen our awareness and understanding and promote our spiritual growth. Disability thus becomes a growth experience. This is not to say that all Asians view disability in this manner. It is to say that some persons with disabilities have found this viewpoint to be more constructive and empowering than the Western view.

When persons without disabilities believe they’re more fortunate than persons with disabilities, they tend to feel pity, which implies superiority. People with this viewpoint may feel threatened when a coworker with disabilities excels, or they may assume that the coworker was excused from meeting the usual standards. On the other hand, some people view persons with disabilities as merely being in a *different* physical situation, not necessarily a less fortunate one—in the deeper, eternal sense. Such viewpoints allow us to relate to persons with disabilities as peers, colleagues, and equals.

Media Influences

In the past, films and television programs often presented persons with disabilities as villains, criminals, monsters, and tragic figures. All these stereotypes express the idea that disability involves the loss of an essential part of the person's humanity. The figures were often portrayed as almost subhuman. Think of Captain Hook, the hunchback of Notre Dame, mentally impaired Lennie in *Of Mice and Men*. Here disability implied the loss of moral self-control, often through bitterness and isolation that results from the fear and bigotry of others.

During the 1970s and 1980s we saw an increase in programs where persons with disabilities chose suicide as an escape from their "living death," or "vegetable existence," even though they retained many life functions. In many films disability implied total physical dependency and separation from the community, and the victims were unable to adjust to their disability. Death was presented as the only logical and humane solution to a horrible situation. Other dramas focused on bitter, self-pitying victims whose families eventually got tough in order to help the person with disability adjust and cope. The focus was usually on victims who worked courageously and achieved remarkable feats.

Both types of stories featured overcoming adversity, based on the concept of disability as primarily a problem that requires the person with the disability to accept the situation and find the emotional resources to cope and overcome. Social stigma and devaluation were not the issue and society was let off the hook.

A few recent productions have directly dealt with the issue of prejudice. Others have presented persons with disabilities as normal persons who happen to have some functional impairment. Deaf and paraplegic persons have been portrayed as attractive and sexual, entering relationships out of the strength of their own identities. Certain activist groups are trying to influence media decision makers to focus on these more realistic aspects of disability.

Fear of Becoming Disabled

People don't like to think about losing control of their destiny or that the hand of fate could strike them as well as the person with a disability whom they see before them. This fear can lead to extreme discomfort and distress upon even seeing persons with disabilities, much less spending time with them. What people fear, they tend to shun and stigmatize. Fear can also lead to blaming the disabled for their own predicament. Some people find comfort in believing that persons with disabilities must have brought it on themselves through sin, carelessness, or self-sabotage. In turn, they can tell themselves that they would never bring such a disaster upon themselves, and this makes them feel more in control and safer.

Unfamiliarity and Discomfort with Persons with Disabilities

When people have had little or no experience with persons with a certain type of disability, the unfamiliarity can be disconcerting. People are frequently confused and uncertain about how to act and what to do. Some avoid making eye contact with such persons because they got punished for "staring" when they were children. How many mothers have grabbed their child's arm and snapped, "Don't stare! It's rude." How many have said, "Shhh! Don't ask!" when their naturally curious child blurted out questions and concerns upon seeing a person with a disability? Parents' comments are well meaning, but they teach their children to ignore anyone with a disability.

Unfamiliarity can cause people to focus on the equipment surrounding some people—braces, crutches, wheelchair—and keep them from really seeing and tuning into the person. It can cause people to look at an interpreter, leaving out the hearing-impaired person, instead of viewing the translator as a mechanism for communication and focusing on the person they're communicating with. In all these cases, the person with the disability gets little or no eye contact and becomes something of a nonperson.

To help you imagine what it's like to have a disability, complete Self-Awareness Activity 13.3.

place because of a physical or mental disability, if that person could in fact do the job with some sort of reasonable accommodation.

Types of Disability

We may get some sense of the types of disabilities people experience at various ages by examining information regarding people who receive disability payments. Business leaders need to be aware that persons with disabilities who have been working all or much of their adult lives are not eligible for disability payments unless their disability becomes significantly worse. Managers should not assume that if they lay off persons with disabilities, they'll be able to collect disability payments.

The great majority of persons receiving disability payments suffer from one of four broad health conditions—mental disorders, musculoskeletal disease (primarily arthritis), and heart disease being the primary problems, with cancer less frequent. See Table 13.1. The ADA benefits older workers the most, since that group has the highest percentage of persons with disabilities. About 22 percent of people 55 to 64 years old receive disability payments, compared to 6 percent of people 25 to 34 years old.

The U.S. Census uses different categories for tabulating types of disability, as shown in Table 13.2. The most frequent problem is mobility impairment.

Table 13.1: Breakdown of Reasons People Receive Disability Payments

<i>Types of Disability</i>	<i>All</i>	<i>Younger <50</i>	<i>Older 50–64</i>
Mental disorders	28%	40%	17%
Arthritic disease	19	12	23
Heart disease	18	7	25
Cancer	3	3	4
All other	32	38	31

Source: *Mitchell, 1993.*

Table 13.2: Types of Disability, U.S. Population

<i>Type of Disability (Some Persons Have Overlapping Types)</i>	<i>Total U.S. population</i>	<i>Ages 65–74</i>
Mobility—walking, lifting, climbing, carrying	8%	21%
Inability to work	6	—
Mental—learning, remembering, concentrating	5	6
Mobility outside the home—shop, visit doctor	9	13
Sensory—sight, hearing	4	9
Self-care—dressing, bathing, mobility inside home	3	5

Source: *U.S. Census, 2005*

Variation by Ethnicity

The rate of disability varied by ethnic group: Asian American 17 percent, Euro-American 18 percent, Latino American 20 percent, African American and American Indian 24 percent.

Variation by Region

The rate of disability varied slightly by region: Midwest 18 percent, West and Northeast 19 percent, and South 21 percent. The higher rate in the South is affected by its large African American population.

The Mental Treatment Gap

Mental disorders are the most neglected of the major disabilities. Overall, in a given year, one out of four people meet the criteria for some type of mental disorder. This is huge, but the vast majority of those cases are mild. However, if they are not handled effectively, some will become severe, and nearly two-thirds of people with diagnosable mental disorders do not seek treatment (Pear 1999). Overall, about half of Americans will develop a mental disorder at some time in their lives. About half of these mental disorder cases start by age 14, and 75 percent by age 24 (Kessler 2005).

Mental disorders can be organized into four major groups

- **Anxiety Disorders** include panic, agoraphobia, social phobia, generalized anxiety, post-traumatic stress, obsessive-compulsive, and separation anxiety disorders.
- **Impulse-Control Disorders** include oppositional defiant conduct, attention-deficit/hyperactivity, and intermittent explosive disorders.
- **Mood Disorders** include mild chronic depression, major depression, and bipolar I-II (manic-depressive).
- **Substance Disorders** include alcohol abuse, alcohol dependence, drug abuse, and drug dependence.

These disorders may cause learning difficulties or behavior problems or both. Mental disorders are not character flaws. They are legitimate illnesses that respond to specific treatments. They appear in all types of families, of all social classes, and all backgrounds. The “cruel and unfair stigma attached to mental illness” is “inexcusably outmoded and must no longer be tolerated,” according to Robert Pear (1999). He suggests that a major factor in such stigma is fear that people with mental disability will become violent. Yet there is “very little risk of violence or harm to a stranger from casual contact with an individual who has a mental disorder.”

Some employers are reluctant to hire people with mental disabilities, citing concerns regarding their social skills and ability to function in teams. Supported-employment programs can be helpful, where a nonprofit agency sponsors mentally disabled employees and provides on-the-job training coaches. If such employees are unable to meet job standards, the agency will relocate them.

Other Demographics

Persons with disabilities experience a significant gap in income, poverty status, health care access, transportation, and social life. Are they satisfied with their lives? Most say no, but things are improving.

Employment

In 2000 about 56 percent of persons with disabilities were employed. This represents an increase of 10 percent since 1990 and probably attributable to the ADA.

Income

Persons with disabilities experience an income gap of about 35 percent—compared with the total population. Medical expenses and ability to work affect poverty rates, of course, which are double the rate of the general population ages 16 to 64—20 percent compared with 10 percent (Census 2000). These figures have improved over the past 15 years, thanks to the ADA.

Health Care and Transportation

People with disabilities are more than twice as likely to postpone needed health care because they can't afford it—28 percent compared with 12 percent. And they are three times as likely to say inadequate transportation is a problem—30 percent compared to 10 percent (N.O.D. 2002).