

1: Disability - Wikipedia

While "disabled" has been used since the 17th century in reference to people's physical and mental capacities, it didn't replace "crippled" and "handicapped" until modern times. As the OED explains.

The Lord is God of the physically healthy and the mentally strong, but He is also the God of the physically disabled and the mentally handicapped. He is sovereign over the fragile and feeble as well as over the adroit and mighty. The Bible teaches that every person conceived in this world is a unique creation of God see Psalm

A natural question is why God allows some people to be born disabled or handicapped or why He allows accidents that bring about a disability or handicap later in life. What is the point of someone losing his sight or being forced to walk with a prosthesis? Before we proceed, we should acknowledge that we are all disabled or handicapped in some way. Dental braces are a sign of imperfect teeth. The whole human race lives with the reality of imperfection. Everyone experiences less-than-ideal conditions. We are all broken in some way. The handicaps we live with are simply a matter of degree. When a person is disabled or handicapped, to whatever degree, it is a symptom of original sin, when evil came into the world. The world was blemished. We live in a world of cause and effect, and it is a fallen world. This is not to say that every disability is the direct result of personal sin Jesus countered that idea in John 9: Another basic reason that God allows some people to be disabled or handicapped is that God will glorify Himself. Another reason why God allows disabilities or handicaps is that we must learn to trust in Him rather than in ourselves. When the Lord God called Moses in the wilderness, Moses was reluctant at first to heed the call. In fact, he tried to use his disability to excuse himself from service: I have never been eloquent. Who makes them deaf or mute? Who gives them sight or makes them blind? Is it not I, the Lord? Joni Eareckson Tada suffered a diving accident as a teenager, and for the past four almost five decades she has lived as a quadriplegic. In her booklet Hope. And the harder I leaned on you, the stronger I discovered you to be. Only by the grace of God. Another reason why God allows some to be disabled or handicapped is that, in His overarching plan, He has chosen the weak things of this world for a special purpose: He can use disability and handicap just as well. He can use children: He can use anyone. Remembering this truth can help handicapped believers to maintain focus on who God is. In a sense, when Jesus came into this world, He became voluntarily disabled. He handicapped Himself as He left the perfection of heaven to live among the sinners on earth. He laid aside His glory to wrap Himself in inglorious humanity. At the Incarnation, Jesus took on human flesh in all its frailty and vulnerability. The Son of God took part in our human condition and suffered on our behalf. God promises that disabilities and handicaps are temporary. Those conditions are part of this fallen world, not the world to come. When Jesus came the first time, He gave us a taste of good things yet to come: The position of weakness, disability, and handicap is the position of having to trust God in this world is a position of honor and blessing indeed.

2: Why does God allow people to be disabled / handicapped?

The Red Cross Institute for Crippled and Disabled Men and the "Gospel of Rehabilitation" Posted on August 27, by nyamhistory Today we have a guest post written by Ms. Julie M. Powell, recipient of the Audrey and William H. Helfand Fellowship in the History of Medicine and Public Health.

I must learn to walk by myself. The exceptional child, a child with differences. It is our hope that through these programs, we might better understand this child and help him. But a child who is trying with all his strength, and with the help of those around him, to learn to walk and to do things for himself. George was crippled by polio before the Salk Vaccine, and although polio is rapidly being defeated, it is only one of many such crippling diseases that confront our children. Besides polio, there are dozens of major diseases and problems which often result in crippling. Crippling of the arms, legs, feet and back. The children in this physical education class reflect many of these physical limitations. Jimmy has cerebral palsy and also asthma. James had polio but a long leg brace helps him to walk. Lee has a severe heart condition but an operation has made more active exercise possible. Pat also had polio and needs a long leg brace. Joe has cerebral palsy and his whole left side is affected. Arthur has a foot deformity known as club foot. These other children have a variety of types of disabilities. Some were present at birth. Others are the result of illness or injury. Thus, there are varying degrees and types of crippling. But no matter how severe the disability is, the child who is crippled is yet a child whose needs are the same as the needs of all other children. His disability does not allow for completely free social or physical movement. Or because of his physical disability, some avenues to achievement and fulfillment are closed to him. A fact which tends to set him apart from others. A fact which can, though need not, cause serious problems resulting in discouragement, sometimes despair, insecurity and anxiety. More than anything, the crippled child wants to be like others, if not physically, at least socially and personally. If, however, he conceives his handicap as a barrier to the achievement of a happy and full relationship in the world, or if he is made to feel that it is a barrier by others, frustration and serious maladjustment can result. But a crippled arm or a crippled leg does not mean a crippled life. And if we who are not crippled can understand the special problems that confront the child who is crippled, we shall be in a far better position to help this boy obtain a wholesome relationship in life, and a happy, secure life. With us today is Mrs. She has worked for several years with children with neurological and orthopedic difficulties and today will bring into clearer and sharper focus some of the special problems that confront the child who is crippled. Crippling can happen to anyone. It can happen to you and to me. It can happen to our children and our friends and their children. And when it does strike, crippling often poses some serious problems. If a crippled person is to realize a happy, constructive life, then he must recognize and accept the limitations associated with his disability. And he must learn to channel all of his abilities into learning techniques, which will enable him to satisfy his own personal needs in terms of the requirements of our society. Now, often this is a very difficult task, and although they must take major responsibility for themselves, crippled children and their parents need help. Realizing this need, several private and governmental agencies have established programs designed to assist parents in the care, treatment and education of the crippled child. Essential to the success of these programs are early discovery and identification of the child; an adequate diagnosis by a team of competent specialists; counseling of the child and of his parents; understanding, acceptance and support by neighbors and by the wider community; and awfully important, a comprehensive program of special services. Prime among these services is physical therapy. An attack of polio when he was less than a year old left George with paralyzed muscles in both legs and in his back, especially the left side. Sitting still for the application of heel cord stretchers is hard for George, as it would be for any active, healthy 7-year-old boy. This therapy includes a series of passive and active exercises, and training in the functional skills of daily living. Treatment such as this is a big part of his life. Without attention, marked deformity and serious disruption of proper digestion, breathing and heart action might result. However, correct physical alignment is increased when he wears specially constructed braces with a built-up left shoe, a hip pad and a pelvic band. Another major area of physical therapy consists of functional training in daily life activities. George had not

learned to walk before his attack of polio. He had to be taught to walk through a long period of training. With the support of his crutches and braces, George has mastered the four-point gait that enables him to walk long distances without undue fatigue. Stepping over curb stones and managing stairs with braces and crutches is quite a task. But George has worked long and hard and now has learned to do this by himself. Now he can deal with most of the physical barriers in his environment. The only therapeutic requirement for some crippled children is a program of physical therapy. Such a program includes neuromuscular reeducation and training in the basic motor patterns of balance, coordination, relaxation and walking. Others need the help in learning to use their hands in the activities of daily living that they receive in occupational therapy. Some children are more extensively limited. They need both physical therapy and occupational therapy. Sometimes physical disability is centered in the arms. This hampers his performance of the essential activities of daily living. There is an extensive program of occupational therapy to help Harvey help himself in dressing and feeding. The simple act of removing his shirt is a very difficult one for him. As he has come to realize he can channel his abilities into doing things for himself, Harvey now takes the initiative in many activities. As he gets older, Harvey will assume more and more of the responsibilities for many of the aspects of his daily care. Communication through writing is another developmental task with which Harvey needs special help. Because of the muscular involvement in his arms and hands, Harvey cannot write legibly with a pencil. However, to do a spelling lesson, he must be able to write words so they can be read and he must write them in a relatively short time. One way he can cope with this problem is by learning to type. But even to type, Harvey must have special equipment. The keyboard of his typewriter is covered by a metal plate with a small opening for each key. This enables him to hit the keys one at a time, despite excessive and uncontrollable movement in his hand and arms. An arm brace and a specially constructed table are needed, too. Lacking this special equipment and training in its use, Harvey would have to try everything by hand. The small return for the effort and the time required to do this could lead to frustration, tenseness and fatigue. He might even stop trying altogether. Harvey is beginning to master this essential skill. Harvey works hard, and although it takes him a long time to perform these activities which require the use of his hands, he is making progress. And not only does he use these skills and self help in the occupational therapy room, he also uses them as he participates in the well balance program of the special class. He feeds himself at lunchtime and at mid-morning lunch. He takes care of his coat before and after school. And in addition, there is also a specially constructed table and a typewriter for him to use in his school work. Thus, occupational therapy is very important in preparing Harvey for the large part of his life, which centers in the school. Some children lack skills necessary for participating in educational activities in a setting with non-handicapped children and special classes are available for them. It is attended only by children with marked disabilities. They like their teacher and enjoy the many special activities she, with her special knowledge, skill and interest, is able to plan for them. And, of course, learning to work and play with others is very important for the crippled child. His play life in his early years has been curtailed by physical limitations. Margaret, who is confined to a wheelchair, must be allowed to stand with her braces locked for a part of each day. The standing table is good for Margaret because it relieves the tedium of long hours when she must remain seated in her wheelchair. This is a way in which the work of the physical therapist and the classroom teacher overlap in a cooperative way. Time spent in the standing table is not wasted for Margaret. Finger painting is helpful in improving muscular coordination in the fingers and arms, and in exploring the medium of art as a means of expression. This is one of the many other kindergarten activities that can be provided in this primary special class. These children must have the controlled environment of a special class in order to be able to participate in school at all. Home-teaching is available for children who are confined to their beds and cannot go out. Classes are also taught in hospitals and convalescent centers. Some children are less seriously crippled and need none of these types of special services, while others must attend the special class until they develop certain self-help skills and maturity. Then, they can transfer and participate adequately in a regular class with non-physically handicapped youngsters. Donna has had polio. She has a hard time walking.

3: Crippled Synonyms, Crippled Antonyms | www.enganchecubano.com

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Disability Awareness Programs Ways to Help the Disabled Helping the disabled is a very honorable cause and there are plenty of opportunities to do it. Here are a few that you should explore so you can reach out to those who are in need. Make a donation to a charity that caters to the needs of the disabled. These charities put a lot of focus on creating awareness about the importance of caring for the disabled and making a donation to these charities can help advance that program of awareness. If you need to cut your personal budget on hair moisturizer, then go ahead as long as it is for a great cause. Volunteer at a local school for creating awareness about disability. The best time to teach kids about caring for, respecting, and helping the disabled is when they are still young. Volunteerism can go a long way into making sure these are nurtured at such a young age so as kids grow, they continue to see the importance of helping those in need. Show that you treat the disabled with all the respect that they deserve. Remember; this is not like movie trailers online and there are re-takes. You need to have genuine care for people with disabilities so you can also genuinely express your support and respect for them in the moments you interact with them in public. Take advantage of programs from other big companies that promise donations for people the disabilities if you purchase their products. A great example of this surfaced some years back when Coca Cola promised to donate wheelchairs to charities if customers bring back in the pop-out tab from their Coke cans. You can find similar programs from something as basic as electronic cigarette reviews. You only need to look hard and be willing to take advantage of these programs so you can extend help to the disabled community. Simple acts can go a long way. Opening doors for the disabled, making way for them, not showing pity and instead displaying respect and admiration are very important qualities that you can exhibit to show that you want to help the disabled. You can also talk to organizations that specialize in these matters or keep reading blogs from organizations that care for the disabled so you can realize their needs and respond accordingly. The crux of the matter is to understand that we need not pity the disabled or show sadness at their plight. Show that you understand the challenges they are facing and you are willing to support their cause by extending help wherever you can. Whether you choose to do this by blogging for kids about how to help the disabled or go out to make donations, your act will go a long way to showing support for their plight. And that, in the end, counts as the most crucial thing that you can do for people with physical disabilities. March by Jay Brown Categories:

4: Cripple | Define Cripple at www.enganchecubano.com

Any study of the problem of the crippled and disabled is necessarily extensive and difficult due to the many types and combinations, both as to areas and senses involved, and to the age periods and variable reactions of each. Dr. Kessler has very thoroughly reviewed the extensive available literature and has analyzed the facts presented from an unbiased standpoint.

Most of the papers focus on practical or theoretical issues raised by the laws themselves, or the jurisprudential, social and political choices that shape the drafting and enactment of laws. Nonetheless, every paper is built on the conviction that disability prejudice is a fundamental force behind the exclusion of people with disabilities from a myriad of social and economic opportunities, and one author in particular writes in detail about the personal and systemic consequences of persistent disability prejudice and stereotypes. It is my claim that disability prejudice has been viewed through the lens of prejudices such as anti-Semitism, racism, feminism and homophobia – intolerances that may not be pre-existing, but have been generally recognized and theorized earlier in time. While many prejudices may share certain elements of behaviour or even a common trajectory of development, they are not equivalent in their historical, social or psychological dynamics. To assume that they are equivalent poses a theoretical straitjacket on prejudices, allowing us to fall into the habit of believing that perpetrators of prejudice all act and think a certain way, and victims of prejudice share inherent characteristics. We confidently set legal and social prohibitions on the former in order to protect the latter, and we are then surprised to learn that there is a disjunction between the goals we set for disability discrimination laws and the experiences of prejudice that people with disabilities continue to undergo. The claim that modern society is unfamiliar with disability prejudice may seem incredible in the face of governmental findings, the reports of non-governmental organisations NGOs and United Nations UN bodies, and the enactment of national and international disability anti-discrimination laws. The place of disabled persons is everywhere. Persons with disabilities should be guaranteed equal opportunity through the elimination of all socially determined barriers, be they physical, financial, social or psychological, which exclude or restrict full participation in society. The first binding regional convention concerning discrimination against people with disabilities finally entered into force last year, [9] and the United Nations UN General Assembly has just convened an Ad Hoc Committee to actively investigate and set proposals for a binding international instrument concerning discrimination against people with disabilities. In fact, I do not believe that disability prejudice is unheard of, at least in modern Western society, and all over the world, nations are paying attention to the reality of discrimination claimed by people with disabilities. I do, however, believe that the precise inability or unwillingness of many people, including people who have suffered from other kinds of prejudices themselves, to truly grapple with the what and why of disability prejudice lies at the heart of much of the resistance and backlash that disability discrimination legislation and policies have recently faced in the United States. The first part of my paper will look briefly at the development of disability studies with regard to the idea of prejudice. These fields of study can inform one another, but they have so far generally failed to do so. This part will also focus on some of the complicating social and historical factors that make disability prejudice such a complex topic of study as an area of prejudice. The failure to study or even to see this theoretical gap threatens the future of disability anti-discrimination, because laws and policies are only effective in so far as they are maintained, enforced and accepted by a society that understands the underlying need for such laws. Finally, I will review how the historical emergence of disability rights awareness and its specificity as an area of prejudice has influenced the social and legal acceptance of disability prejudices. A short conclusion will consider areas for future development. Prejudice in Disability Studies The idea that society fails to perceive disability prejudice is hardly news to anyone who has or has had experience living with a disability. The increasing unification, political identity and self-advocacy of people with disabilities has occurred with remarkable momentum over the last four decades, and a key component in this swift progression has been the re-conceptualization of disability as a product of relations between people and not as an individual characteristic. If these perceptions, often deeply imbedded and naturalised over time, are

based on over-generalisation or myth or stereotype, or fail to accord with reality or the actual experiences of people with disabilities, then the result is aptly called prejudice. Interestingly, disability studies have tended to focus on discrimination and stereotype far more than what could be considered the more primary study of disability prejudice. That is, the focus has been on re-interpreting overt acts that exercise control over the options available to people with disabilities, rather than on theorisation of the attitudes presumed to be behind the actions. First, people with disabilities were living lives that were always imminently and profoundly circumscribed by social rules established by people without disabilities; regardless of attitudes, people with disabilities needed the rules to be changed before they could hold any hope for a future free from prejudice. Second, people with disabilities are historically one of the last groups to come to a sense of self-conscious political and social awareness. Rather than contribute to this often psychologically focused exploration of the types of individuals who hold prejudice, people with disabilities concentrated on recognizing commonalities between their own experiences of oppression and those of other minority groups, and on revealing the social treatment of people with disabilities as discrimination, and not simply as something objectively and inescapably dictated by the physical, mental or cognitive conditions of people with disabilities. This is the approach taken by Paul Hunt, a first-generation disability activist, who in the 1970s chose to write: If everyone were disabled as we are, there would be no special situation to consider. In the late 1970s, journalists increasingly began to give press coverage from the viewpoint of people with disabilities. His face showed no anger, no emotion at all, as if getting passed by cabdrivers was an everyday occurrence. Few buses in Washington had wheelchair lifts. The subway system was accessible, assuming the elevator at his stop was working. But the subway reached only some parts of the city. Access to transportation, then, would circumscribe where the man lived and where he worked, or if he even worked at all. If people like him were precluded from working, then they would depend on welfare. If a society expected its disabled people not to work and instead need public assistance, would it even try to give them a decent education? Back at my office, I began writing my first story about disability as a rights issue. Rather, it was a process of re-evaluating facts that were already before him. He grew to understand the logical social connection between the story of one person being unable to cross the street and systemic problems of transportation, employment, education and social expectations for people with disabilities. Certain fields, such as cultural anthropology, are particularly adept at illustrating how disability is a function of cultural and social understanding rather than a self-evident state of being, since the discipline must disassociate itself from medical or technical understandings of disability that are not by any means universally embraced or understood. They are asserted by the media, the clergy, health personnel, and development agencies; they are negotiated by parents, represented in ritual, contested or ignored by people with impairments. Nonetheless, the first major insights of disability studies still hold. Even if one were bored by philosophy, disinclined to read anthropology or cultural studies texts, and preferred the comics over political editorials, the connection drawn by Shapiro outside his Washington hotel room is truly not that obscure. When a person with a wheelchair is halted by a single step at a public place or university lectures are given without sign language or transcripts for the Deaf, people with disabilities are substantively excluded. Irrespective of theorizing, and as any chronicle of the disability civil rights movement shows, people with disabilities have been growing increasingly active and vocal about encountering inaccessibility every day in all aspects of their lives. Therefore, any continuing lack of these voices in mainstream social or political agendas can not logically be attributable to the mere fact of disability, so much as to an assumption that people with disabilities have little to say and even less to share. This longstanding stereotype, like most stereotypes about people with disabilities, has long gone unquestioned in the nondisabled world, even though it has been factually disputed by people with disabilities time and again. Various explanations have been advanced for the origin and persistence of stereotypes about people with disabilities in contemporary society. To make the world less indeterminate, we simplify via stereotypes that simultaneously demonize and infantilize. And we continue to irrationally conflate mental illness with dangerousness. As the curve of social isolation increased, so did misunderstanding. From an experiential viewpoint, such theorization is unnecessary. How can prejudice not be present when the mere fact of a disability or impairment can not objectively explain pervasive differences of treatment? The experience of a profound gap between what people with disabilities feel and

believe their lives and their worth to be, and the way in which they are persistently excluded, assessed and portrayed – so similar in many ways to the experience described by Jews, Blacks, women, gay people – is held in common by victims of discrimination. Like those other victims, people with disabilities turn to prejudice as the root explanation for the misperception, damaging stereotyping and discrimination that marks their lives [44]. Hunt expressed something of this feeling of affinity with other minorities when he wrote: Maybe it is invidious to compare our situation with that of racial minorities in any way. The injustice and brutality suffered by so many because of racial tension makes our troubles as disabled people look very small. But I think there is a connection somewhere, since all prejudice springs from the same roots. In the 1950s, when Hunt wrote these words, he would have found virtually uniform agreement among scholars of intolerance and prejudice. This is no longer the case. For immediate victims of intolerance and discrimination, this academic splintering may seem of little moment, but anyone with a stake in how our society analyzes, judges, punishes or combats the consequences of prejudice in general, and disability prejudice in particular, will find it worthwhile to further investigate the junction of prejudice and disability. Disability in Prejudice Studies

Prejudice as an independent topic of scholarly investigation in the Western world came into its own after the Second World War. *Studies in Prejudice*, a five-volume series of social science enquiry into anti-Semitism, intolerance and intergroup conflict, was commissioned in the U.S. Both themes are evident in the following: Since the end of the Second World War universities in many lands have given new prominence to this approach under various academic names: Though not yet securely christened, the infant science is thriving. It aims merely to clarify one underlying issue – the nature of human prejudice. But this issue is basic, for without knowledge of the roots of hostility we cannot hope to employ our intelligence effectively in controlling its destructiveness. If a person is anti-Jewish, he is likely to be anti-Catholic, anti-Negro, anti any out-group. In the last couple of decades, theories concerning prejudice have grown increasingly diverse in their approach, but these theories often continue to present the many manifestations of prejudice as rooted in a single thing, whether that thing is fear of the unknown, dislike of the unknown, competition for scarce resources, or hierarchical social structures. In other words, disability writers have not sharply distinguished between presenting disability prejudice as fear of difference and the unknown, as a consequence of capitalist ideology and an individualistic culture, or as the product of hegemonic cultural and representational norms. As might be expected in an emerging field of study that is prominently marked by strong narrative and personal accounts of actual experiences of disability, disability scholars have not felt compelled to maintain watertight compartments of prejudice theory. Nor, however, has any disability scholar explicitly rejected the implication that disability prejudice shares the same roots and course of development as other prejudices. It instantly connotes a relationship of prejudice and social oppression, and by doing so serves as a rallying point for members of the disability community. On the other hand, the use of the term also necessarily invites comparison between victims of disability prejudice and victims of other kinds of prejudice, as well as a search for conceptual correlation in the motives and actions of those who harbour disability prejudice and those who display other prejudices. Ultimately, I believe this process of comparison does a disservice to the unique social dynamics and evolution of disability prejudice, and obscures the operation and purpose of disability anti-discrimination measures. Without discounting the possibility of similarity to other prejudices, I agree with recent theoretical assertions that there are prejudices rather than prejudice, each with its own internal logic, historical subtleties and political issues. In the remainder of this section, I would like to discuss aspects of her approach that could prove particularly relevant to our understanding of disability prejudice. Prejudices in Act and in Interpretation

In *The Anatomy of Prejudices*, [62] Young-Bruehl begins by describing an incident wherein a number of white varsity wrestlers at her university were overheard discussing the rising number of young Asian-American wrestlers on the team. Young-Bruehl describes the furor as follows: Like most publicized instances of prejudice, this one had two stages: Prejudices have histories, and the second stage commonly involves a reference to history or an argument about the applicability of history: Theoretical or interpretive prejudices or spins, which can, of course, serve rawer forms of prejudice, come into play. There are wars, and there are culture wars. The economic exploitation and abuse of socially lower classes has led to various civil wars and revolutions in many cultures and nations when those classes sought better treatment.

After World War II, the horrific revelations of the Holocaust were a brutal picture of ethnic intolerance. For most people, however, these examples serve as unequivocally clear instances of prejudice in action. And they are models not only for the acts of prejudice themselves, but for our intellectual and emotional interpretation of acts of prejudice. We acknowledge prejudice in the actions of others and ourselves when we have sought utter exclusion, extermination or complete control. Or perhaps when our reaction to an objectively discernable difference is utterly disproportionate or unreasoning. In any event, we want an action by which we can judge the motivation. Congress has recognized these as discrimination, and they are certainly experienced as such by people with disabilities, they lack the prototypical indicia of prejudice. They may feel sympathy and even empathy for people with disabilities, but they will not feel culpable. The dissemination of experiential minority writings and feminist theory may increase our appreciation for the subtlety of prejudices in their modern forms, but the bulk of that appreciation is still likely to be credited towards groups that have been traditionally subjected to the extremes of discrimination noted above. But sexism has its own books without ever having been, historically, included in the Studies of Prejudice traditions. The first thing that the writers, most of them middle-class and educationally privileged, had to do was to convince themselves and other women that they were, indeed, oppressed and oppressed as women. But they specifically had to alter their consciousnesses, their minds, their thoughts; they had to resist as thinkers. This focus on thinking, on theory, was the answer to the central modality in which the oppression of women was felt by that generation of educated, middle-class, and predominantly urban and white feminists.

5: The Exceptional Child: The Crippled Child

Excerpt from The Crippled and the Disabled: Rehabilitation of the Physically Handicapped in the United States About the Publisher Forgotten Books publishes hundreds of thousands of rare and classic books.

Basic physical mobility, Domestic life, and Self-care for example, activities of daily living Interpersonal interactions and relationships Community, social and civic life, including employment Other major life areas In concert with disability scholars, the introduction to the ICF states that a variety of conceptual models have been proposed to understand and explain disability and functioning, which it seeks to integrate. These models include the following: Medical model of disability The medical model views disability as a problem of the person, directly caused by disease, trauma, or other health conditions which therefore requires sustained medical care in the form of individual treatment by professionals. In the medical model, medical care is viewed as the main issue, and at the political level, the principal response is that of modifying or reforming healthcare policy. Social model of disability The social model of disability sees "disability" as a socially created problem and a matter of the full integration of individuals into society. In this model, disability is not an attribute of an individual, but rather a complex collection of conditions, created by the social environment. The management of the problem requires social action and it is the collective responsibility of society to create a society in which limitations for disabled people are minimal. Disability is both cultural and ideological in creation. While recognizing the importance played by the social model in stressing the responsibility of society, scholars, including Tom Shakespeare , point out the limits of the model, and urge the need for a new model that will overcome the "medical vs. Highlighting the ways society and institutions construct disability is one of the main focuses of this idea. Around the early s, sociologists, notably Eliot Friedson, began to argue that labeling theory and social deviance could be applied to disability studies. This led to the creation of the social construction of disability theory. The social construction of disability is the idea that disability is constructed as the social response to a deviance from the norm. The medical industry is the creator of the ill and disabled social role. Medical professionals and institutions, who wield expertise over health, have the ability to define health and physical and mental norms. When an individual has a feature that creates an impairment, restriction, or limitation from reaching the social definition of health, the individual is labeled as disabled. Under this idea, disability is not defined by the physical features of the body but by a deviance from the social convention of health. Instead what is seen as a disability is just a difference in the individual from what is considered "normal" in society. The model asserts that disability does not necessarily mean reduced spectrum of operations. Rather, disability is often defined according to thresholds set on a continuum of disability. It also includes notions that a disability gives a person "special abilities to perceive, reflect, transcend, be spiritual". Within its framework, professionals follow a process of identifying the impairment and its limitations using the medical model , and taking the necessary action to improve the position of the disabled person. This has tended to produce a system in which an authoritarian, over-active service provider prescribes and acts for a passive client. This, along with the medical model, are the models most used by non-disabled people to define and explain disability. This viewpoint allows for multiple explanations and models to be considered as purposive and viable. This model looks to personal identity to define disability and empowers people to chart their own destiny in everyday life, with a particular focus on economic empowerment. By this model, based on US Census data, there are 1. The consumer model extends the rights-based model by proposing that businesses, not only accommodate customers with disabilities under the requirements of legislation, but that businesses actively seek, market to, welcome and fully engage disabled people in all aspects of business service activities. The model suggests that all business operations, for example websites, policies and procedures, mission statements, emergency plans, programs and services, should integrate access and inclusion practices. Furthermore, these access and inclusion practices should be based on established customer service access and inclusion standards that embrace and support the active engagement of people of all abilities in business offerings. And because it is the fault of that person, an observer does not feel obligated to feel bad for him or to help him. People frequently react to disabled

presence with fear, pity, patronization, intrusive gazes, revulsion, or disregard. These reactions can, and often do, exclude persons with disabilities from accessing social spaces along with the benefits and resources these spaces provide. It is not only physical limitations that restrict us to our homes and those whom we know. It is the knowledge that each entry into the public world will be dominated by stares, by condescension, by pity and by hostility. One of the ways in which the psycho-emotional health of persons with disabilities is adversely affected is through the internalization of the oppression they experience, which can lead to feeling that they are weak, crazy, worthless, or any number of other negative attributes that may be associated with their conditions. Internalization of oppression damages the self-esteem of the person affected and shapes their behaviors in ways that are compliant with nondisabled dominance. According to writer Simi Linton, the act of passing takes a deep emotional toll by causing disabled individuals to experience loss of community, anxiety and self-doubt. Media portrayals of disability usually cast disabled presence as necessarily marginal within society at large. These portrayals simultaneously reflect and influence the popular perception of disabled difference.

6: League For People with Disabilities - Baltimore, MD

The view of disability as a social construct holds that society assumes that everyone is a fully functioning, able-bodied person, which prevents the disabled from fully functioning in society, thereby creating disability.

Historically, these terms have each been used as a label for an individual or groups who are perceived to have some condition, either physical, mental or emotional, that affect their activities of daily life. These terms are usually limited to conditions that the speaker considers to be a material impairment of ability. This Google ngram shows the pattern of usage of the terms invalid, handicapped, disabled and disability. Invalid is probably the oldest term for someone with physical conditions that are considered seriously limiting. It seems to be used primarily as a noun. Handicapped appears to have come into usage around the late 19th century and has been used both as a noun and adjective. It also has many uses other than to describe individuals with certain conditions. The term had a significant increase in usage in the 1970s as legislation and other programs began to be implemented to improve access to work, transportation, education and other areas for individuals who needed some accommodations to utilize those services. Disabled has a long usage as an adjective, but it has other meaning unrelated to human condition, such as disabling a machine or a function. It has been used as both an adjective to describe people with certain conditions as well as a noun to label those people. Disability is a noun which also has a long history and meanings other than the conditions discussed above. It has recently become a more widely used term, often used in phrases such as a person with a disability rather than a disabled person. This discussion reviews the term and the range of conditions that may be covered. The term invalid is not currently very widely used in the US but its heteronym is. The terms handicapped and disabled as nouns have fallen into disfavor as descriptor of individuals who have certain conditions, largely because they tend to define the individual by the perceived limitation. Phrases such as people with disabilities, people with handicapping conditions, people with special needs and similar phrases are generally considered more acceptable. The terms lame, crippled and cripple would generally be thought of as pejorative in most usage when applied to people in the US but probably not to animals. Their level of usage is fairly low as shown here. Your friend might be thought of as a short-term invalid, but the usage would not be very common. The use of lame might be used for a temporary injury. The term crippled would probably be considered impolite, but it is occasionally used especially for some conditions, especially as a verb He has been progressively crippled by his advanced arthritis. Using it as a noun or an adjective to describe the person who probably be frowned upon.

7: BIBLE VERSES ABOUT DISABLED PEOPLE

Ways to Help the Disabled. Helping the disabled is a very honorable cause and there are plenty of opportunities to do it. Here are a few that you should explore so you can reach out to those who are in need.

Definitions Main Document Disability and Disabled are both words that generally describe functional limitations that affect one or more of the major life activities, including walking, lifting, learning, breathing, etc. The term is used to refer to individual functioning, including physical impairment, sensory impairment, cognitive impairment, intellectual impairment mental illness, and various types of chronic disease. Different laws and countries define disability differently. Conventional definitions of "disabled" and "disability" stem from social service programs and benefits programs such as Social Security. To a lesser extent this is occurring worldwide. To most people today the term "disabled" still means just that, and, more broadly, means "unable to perform" this or that physical or mental function. Even more broadly, a large group of physical or mental conditions are considered to be "disabilities" - things people have also called "afflictions" or "impairments" or "injuries" or "diseases. Since the s, this effort has generally been termed "disability rights" advocacy or "disability rights activism. So the correct term is "Disability Rights. This is the primary term used in the UK and amongst academics and activists in the United States. Man standing using adult walker frame inside room - Photo by rawpixel on Unsplash. Another term that grew in popularity during the first part of the 20th Century was "handicapped. It is not true, as some have said, that the term comes from "cap in hand", see snopes. The term comes from sports: So, activists in the U. S began using "disabled. We must keep in mind that the disability rights movement and its thinking is almost unknown outside the movement itself! Many people still use "handicapped" or "crippled" or "afflicted. Challenged is just sugar coating, as is impaired or any other word that attempts to "dance around" the subject matter. The idea of being challenged emerged about 10 years ago and is condescending. People with disabilities are not challenged - you are challenged to play chess and one of you wins - disabilities you live with - you struggle - you face them head on - there is only learning to accept and move onward. Terminology A physically disabled person is physically disabled. Some people who are autistic, blind, deaf, and a few other disabilities embrace their disability as a minority identity. A person with autism is either neurodiverse, autistic, or an "autie" within the autism community. They are not dismissing the fact that they are disabled - but they are dismissing it as a negative experience. I am an aspie. There are some words, three especially, that have been rejected nearly universally - retardation and any derivative like retard, tard, retarded; spastic and spaz; Cripple and cripp. Just like the N word is used between peers - spaz and cripp are used between close friends. Retard is not used by anyone to describe themselves.

8: Disability Tropes – The Crippled Sidekick • | Spoonie Authors Network

Over the next decades, old words that cast disabilities as personal flaws—crippled, lame, imbecile, invalid etc.—became increasingly offensive sounding, and by the s, handicapped had.

Powell is a PhD candidate at The Ohio State University, her dissertation topic explores the growth of wartime rehabilitation initiatives for disabled soldiers and the rhetoric that accompanied and facilitated this expansion. He and his research staff pored over the documents, authoring reports, news articles, and lectures that were subsequently fed back into circulation both in the United States and abroad. A look at the collection and the work of the Institute provides a window into the development of rehabilitative care in the early twentieth century, demonstrating that transnational medical networks operated and expanded throughout the war and that the transmission of information and ideology often went hand in hand. The proliferation of literature on rehabilitation including surgical amputation, orthopaedics, prosthetic design, physical therapy, and vocational re-education can be attributed both to a sense of urgency—“20 million men were wounded in the war”—and to the relative newness of the field. The first orthopaedic institute was created in Munich in and the next in Copenhagen in but these, and others that followed, focused exclusively on care for disabled children. The first significant moves toward the retraining of adults were taken up in the two decades before the war. In , in Saint Petersburg, disabled men began to be trained in the manufacture of orthopaedic devices and in , with the founding of a school in Charleroi, Belgium, the industrially maimed were taught bookbinding, shoe repair, basket making, and more. The first retraining school for invalided soldiers was created in December in Lyon, France, four months after the outbreak of hostilities. The school provided the inspiration for over similar schools throughout France. The period — saw a proliferation of orthopaedic and re-education institutions throughout Europe and the western world. It was on these models that the Red Cross Institute was founded. Disabled men, either funded by the U. Army or attending through no-interest loans, trained in four trades: McMurtrie and his staff hosted meetings of disabled men—“punctuated by cake and ice cream”—wherein testimonials from the recently rehabilitated served as recruitment tools for the Institute. Such notions were deeply rooted in classical liberalism, a foil to large-scale social welfare programs that would only emerge in the wake of the Second World War. When the crippled soldier returns from the front, the government will provide for him, in addition to medical care, special training for self-support. Idleness is the great calamity. Your service to the crippled man, therefore, is to find for him a good busy job, and encourage him to tackle it. Demand of the cripple that he get back in the work of the world, and you will find him only too ready to do so. We shall so re-create and fortify [the disabled soldier] that he shall leave hospital ready for a new career. Then we shall teach him how to tread the road of it, so that he fits again into the national life, becomes once more a workman with pride in his work, a stake in the country, and the consciousness that, handicapped though he be, he runs the race level with his fellows, and is by that so much the better man than they. Discussions on war surgery and the organization of rehabilitation schemes unfolded side-by-side with talks on public education and encouragement of the disabled to train. Such propaganda efforts were critical. The Macmillan Company, , Reports Presented to the Conference London: Reprinted in his book of essays Another Sheaf New York:

9: What Does the Bible Say About Disabled People?

Disability is a noun which also has a long history and meanings other than the conditions discussed above. It has recently become a more widely used term, often used in phrases such as a person with a disability rather than a disabled person.

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