Disability and Rural Living

We're in This Together
Disability means a physical or mental impairment that restricts one or more aspects of a person's daily activity. We all experience disability at some point in our lives, through difficulties such as depression, insomnia or a broken leg.

But for people with permanent or long term disabilities, impairment is a more significant factor in their lives. While people with disabilities are not defined by an impairment, impairment does play a role in shaping their lifestyles.

Most people with disabilities are limited in just a narrow range of activity, not their wider scope of social, vocational and cognitive behavior. People with disabilities can -- and do -- participate in all aspects of life, including work, play, romance and parenting.

Disability is Universal
Disability is universal, encompassing people of all backgrounds, both sexes and any age. When different types of impairment groups are taken as a whole, people with disabilities comprise the largest minority group: 15 percent of both the U.S. and world population.

Disabilities stem from impairments that are congenital or the residual effects of disease or injury. Handicaps, by contrast, are not physical or mental conditions. They are the architectural and attitudinal barriers that impede individuals trying to function in a non-friendly environment. In other words, a person is handicapped by a barrier or obstacle.

When meeting a person with disabilities, some individuals are uncomfortable and feel sorry for someone whom they assume has a poor quality of life. This is one of the most common stereotypes attached to people with disabilities, and this perception can discourage social interactions and the development of true relationships.

People with disabilities do not want pity, nor do they want to be unduly glorified for "courageously" coping with everyday life. People with disabilities experience a positive quality of life to the same degree as other people. Disability is not the deciding factor. People with disabilities want to be treated with respect and as equals with their non-disabled peers.

Fighting Fear
There are many reasons for the discomfort some people feel around people with disabilities. Psychological (fear of differentness), historical and cultural influences can contribute to prejudice. According to research, some key reasons include unwarranted beliefs that disability is caused by sin, that people with disabilities are sick or that disability poses a danger to one's self or others.

Fear of the unknown is common to these theories. When people are unfamiliar with the social and medical aspects of disability, they may feel frightened or threatened by a person or situation that they don't understand. This can lead to assumptions, stereotyping and prejudice.

While prejudice can be vocal, it can also be silent. Even the most well-intentioned person may be uncomfortable and avoid people with disabilities out of self-consciousness or fear of failure. For example, an individual may think, "Since I don't know what to say or how to act, I'll just look the other way and avoid saying hello."

When meeting people with disabilities, the best thing to do is to be an open slate -- be willing to learn and make no assumptions. Don't assume that all people who use wheelchairs can't walk, for instance, or that someone with a cane needs help at a street crossing. There are no special rules. People with disabilities are as varied as social situations:

- People with disabilities possess the full range of personality traits. Disability is not a measure of character.
- Disability is not contagious.
- Most people with disabilities want to promote understanding. If you have questions about a disability, ask -- within polite boundaries and if your question is relevant to the conversation.
- People with disabilities would rather dwell on their strengths than their weaknesses.
Building a User-Friendly World
In addition to some other people's discomfort and fear, people with disabilities contend with physical and situational barriers that can complicate everyday living. Grocery stores, parking facilities and public transportation systems, for example, are often designed in ways that make routine errands difficult. These guidelines can help create a friendlier environment:

- If you think someone needs help, ask. It's always okay to ask; it's not okay to assume.
- Once you ask, don't move until your offer is accepted. Some people prefer to go it alone.
- Ask how to be of assistance, then follow the person's instructions.
- When arranging to meet someone with a disability, be sure the location is accessible (including parking lots and bathrooms). For people with mobility limitations, ask if they require any accommodations, such as elevators or ramps. If you think there will be a problem, change the meeting site and/or let the person know ahead of time.
- Always speak to the person you're addressing, not to a companion or interpreter (if any).
- Don't worry about using expressions that could be interpreted as disability-related puns, such as "got to run" or "see what I mean?" These are part of our common language and are not offensive.
- When speaking or writing, put the person first: person with a disability, person with cerebral palsy, etc.

People with Wheelchairs
Wheelchairs are a source of freedom and mobility for people who can't walk or have difficulty with movement or endurance. Wheelchairs help people get where they need to go. People are not "wheelchair-bound" or "confined to a wheelchair."

- A wheelchair is part of an individual's personal space. Respect that space. It is not polite to touch or lean on a wheelchair without the user's permission.
- Always ask before you move a person in a wheelchair -- out of courtesy, but also to prevent disturbing that person's balance.
- If a person transfers from a wheelchair to a car, barstool, bathtub, toilet, etc., be sure not to move the chair beyond easy reach.
- Always make sure that a chair is locked before helping a person transfer.
- When conversing at length with a person in a wheelchair, sit or place yourself at that person's eye level.

People with Visual Impairments
There are many degrees of visual impairment. In fact, few people are totally blind. White canes with red tips are used both by people who have low vision and those who are totally blind.

- When meeting with a person with a vision impairment, announce yourself and introduce anyone else who may be with you.
- Before trying to shake hands, say something such as, "I'd like to shake your hand."
- Inform the person who is visually-impaired when you are leaving.
- If you think someone needs help, ask first by saying something such as, "Would you like assistance?"
- If requested, offer your arm as a guide (don't take the person's arm) and inform the person of obstacles such as curbs, steps or low arches.
- When offering a seat, place the person's hand on the back or arm of the chair.
- When dining, help orient the person to the table setting.
- Not all people with vision impairments read Braille. Some read large print or use tape recorders or other special equipment.
- Don't pet or speak to a person's guide dog. Guide dogs are at work, even when sleeping under chairs.

People with Hearing Impairments
Hearing impairments are sometimes referred to as "hidden disabilities" because they have few obvious signs. There are different types and degrees of hearing loss; many people with hearing impairments are not totally deaf.

- Hearing loss is not related to intelligence.
- People can acquire hearing loss after they've learned to speak. Those who have been deaf or hearing-impaired since birth may be difficult to understand and may need to communicate by sign language or other gestures.
- Hearing aids can be just partially effective.
- Even when amplified, sounds may seem distorted to someone with hearing loss.
- To get someone's attention, touch that person lightly, wave or use another physical sign.
• Speak clearly, from a close proximity. Yelling or exaggerating articulation will not make you easier to understand.
• Don't be embarrassed to rely on written notes. They can promote effective communication.
• Lip reading can be an invaluable aid. When speaking, face a person with hearing loss directly, enunciate clearly (but without exaggeration) and don't expect to be perfectly understood. Only about 30 percent of spoken language is understood through lip reading.
• While American Sign Language (ASL) is the most common among adults, there are many different "Signed English" systems in use, especially by children.

**People with Speech Impairments**
Speech disabilities run the gamut from slight lisps to total speech loss. Be patient when a person with a speech impairment is speaking. Don't finish a person's sentence -- although it's okay to rephrase a person's words to be sure you understand. Most people with speech impairments can communicate, but doing so usually requires mutual effort.

• Speech impairments are not related to intelligence.
• While there is much research in the field, most alternative speech technology is not yet on the market or is not appropriate for certain users.
• If you have difficulty understanding someone's speech, don't be afraid to ask for multiple repeats. Never pretend to understand when you don't.
• Don't be embarrassed to rely on written notes. They can promote effective communication.
• Most people with speech impairments can hear. Loud or simple words aren't easier to understand.

**People with Mental Retardation**
Mental retardation is often confused with mental illness, which accounts for most of the misunderstanding that surrounds this disability.

• Only about 15 percent of all people with mental retardation are "profoundly" retarded. About 85 percent can read, write, drive, think and lead productive, independent lives.
• People with mental retardation are responsible, industrious and reliable -- or not -- to the same degree as everyone else.
• Cerebral palsy and mental retardation are two different disabilities. They may occur in conjunction, but not necessarily.

**Preferred Language Usage**
People with disabilities prefer to be called just that: "people with disabilities." This emphasizes the person, not the disability.

Avoid these terms when referring to people with disabilities, which are offensive and generally inaccurate:

- Afflicted/afflicted with/afflicted by
- Blind as a bat
- Deaf and dumb, deaf mute
- Defect/defective
- Deformed
- Cripple/crip/crippled/the crippled/crippling
- Group home
- Homebound
- Invalid
- Normal (as the opposite of having a disability)
- Pitiful
- Poor, unfortunate
- Stricken
- Victim
- Wheelchair bound/confined to a wheelchair

The following glossary may help clear up some other language usage issues:

- **ADA:** The Americans with Disabilities Act, signed into law in 1990, is the first comprehensive civil rights legislation to protect people with disabilities.

- **Able-bodied:** What people with disabilities call the non-disabled; a neutral term.

- **Blind:** Having no vision.

- **Cerebral palsy:** A neurological disorder occurring before, during or right after birth resulting in difficulties of coordination, movement and/or speech.
• **Communicative disorder**: An umbrella term for speech impairments.

• **Congenital disability**: A disability that has existed since birth.

• **Deaf**: Lacking the ability to hear.

• **Developmental disability**: Any mental or physical disability with onset before age 22.

• **Diagnosis**: The process of identifying a disease or injury. People are not diagnosed; diseases and injuries are.

• **Epilepsy**: A general term for various central nervous system disorders typically manifested by seizures (involuntary muscle contractions).

• **Handicap**: A physical or attitudinal constraint imposed upon a person, regardless of whether or not that person has a disability.

• **Hemiplegia**: Full or partial paralysis of one side of the body due to disease, trauma or stroke.

• **Impairment**: Good term to imply diminishment of an ability.

• **Independent Living**: A well-organized movement among people with disabilities to enhance self-esteem and self-determination, as well as the socio-economic resources available to choose and maintain individual, independent lifestyles.

• **Learning disability**: A disorder in one or more of the basic psychological processes involved in understanding or using spoken or written language, that may affect a person's ability to think, listen, read, spell or do mathematical calculations.

• **Low vision**: Having partial sight.

• **Orthotic**: Generally, a brace that helps support a limb and improve its functioning.

• **Paraplegia/Quadriplegia**: Paraplegia is paralysis of the lower half of the body including the partial or total loss of function of both legs. Quadriplegia is paralysis of the body involving partial or total loss of function in both arms and legs. While a person may have paraplegia or quadriplegia, he or she is not a paraplegic or a quadriplegic.

• **Prosthetic**: Usually an artificial extremity, such as an arm or leg.

• **Rehabilitation**: An organized program of medical and clinical treatment designed to maximize residual physical, perceptual and cognitive abilities following disablement.

• **Section 504**: Section of the U.S. Rehabilitation Act of 1973 that protects people in federally-funded programs from discrimination on the basis of a disability.

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