Advocacy in Word as Well as Deed

Since the early days of the profession, occupational therapists have endorsed a humanistic philosophy that values individual choice, engagement in productive activity, and the right to self-fulfillment and equal opportunity for each individual. These values are evident in occupational therapy services and in the multiple advocacy roles that therapists assume. Many therapists have been strong advocates for patients' rights through (a) support of the independent living movement, (b) contributions to public education, and (c) participation in the political arena. In spite of these efforts, disabled persons still confront conditions that prevent their full participation in society. Role fulfillment for such persons may be limited by prejudicial attitudes that continue to be prevalent in our society, people's lack of awareness of disability issues, their insensitivity to the individual needs of disabled persons, and the imprecise use of language. In this essay, in an attempt to direct a more effective advocacy role for occupational therapists, attention is given to the shaping of prejudicial attitudes and the linguistic errors that help perpetuate these attitudes.

Prejudicial Attitudes

Sadly, the American public generally has not embraced the values and goals that support and promote multiple social roles for persons with disabilities (Acton, 1982; Zola, 1982). The social science literature provides abundant evidence of pejorative attitudes toward persons with disabling conditions in our society (Yuker & Block, 1979). In fact, a hierarchy of acceptability exists regarding disabling conditions: The more visible and functionally disabling a condition is, the less acceptable it tends to be (Ahrons & Kodera, 1978). Perhaps equally disconcerting is the fact that these attitudes are also held by the persons who have the physical and mental impairments (Comer & Pilavis, 1975; Sablos-Rothschild, 1982). This internalization of society's attitudes emphasizes the extent to which these attitudes have been woven into the social fabric.

Not are these attitudes unique to contemporary society. Social scientists have studied the origins of prejudicial attitudes toward persons with disabling conditions and have found that these attitudes have existed since the early history of man. Prejudicial attitudes are thought to arise from (a) religious beliefs that attribute illness and trauma to atonement for sins; (b) cultural values that give precedence to beauty, youth, intelligence, and strength; (c) the passing of prejudices, norms, and expectations from generation to generation; (d) specific social expectations for behavior in the "sick role;" (e) the psychodynamic reactions that allow nondisabled persons to affirm their "normal" status, gain comfort from their abilities or superiorities, and feel more comfortable than the person with a disability; and (f) the lack of sensitivity to and awareness of individuals with disabilities and their needs (Livneh, 1982).

Regardless of the underlying mechanisms, negative attitudes are manifested in the social stigma that accompanies being physically or mentally disabled in our society (Goffman, 1963). The negative attitudes, particularly the devaluing is most apparent in people's rude behaviors or in physical barriers (Roush, 1986); but persons with disabilities experience the consequences of these attitudes most acutely in the limitations society places on their access to employment. These limitations are evident in the findings of the Harris Poll, Employing Disabled Americans (National Council on the Handicapped, 1987a), which reports that two thirds of the persons with disabilities are not working and, of these nonworkers, only two thirds wish to work. Contributing to this statistic are the many uninformed managers who fail to recognize the employment interests and the individual capabilities of persons with disabilities (National Council on the Handicapped, 1987b).

In recognition of the need to improve and increase public awareness of the inequities created by architectural barriers and discriminatory practices, proponents of the independent living movement and the National
Council for the Handicapped have supported legislation that ensures equal rights and opportunity for persons with disabilities (Ervin, 1987; National Council for the Handicapped, 1987). Their efforts have created dozens of consumer-influenced programs offering peer counseling, financial and legal advocacy, housing referral, community awareness, and other services (Cole, 1979). The passage of the Rehabilitation Amendments of 1978 by Congress has given impetus to the provision of such programs on a national level. However, this legislation has had minimal impact on the general attitudes of the public because it applies only to agencies that receive federal funding (U.S. Department of Education, 1985). Thus organizations that are independent of federal funding need not comply with the law; they can discriminate legally and, in many instances, have little awareness of the needs of persons with disabilities.

For example, accessibility legislation that mandates the provision of assigned parking spaces for persons with disabilities receives minimal enforcement in many states. Thus advocacy groups have formed parking patrol groups and obtained the power to give citations. Television interviews with parking violators have portrayed a general public that denies the need for parking spaces by persons with disabilities, views the situation humorously, or reacts with anger. Clearly, prejudicial attitudes toward persons with diminished function remain at an unacceptable level in our society.

Language

Although most occupational therapists decry prejudicial attitudes toward persons with disabilities, few are aware that the language used to describe disabilities in legislation, the media, and the popular and professional literature is part of the problem. Unfortunately, as therapists assume advocacy roles, they are largely unaware that in communicating their concerns they may inadvertently convey the prejudicial attitudes they are fighting and help reinforce the barriers they are trying to remove. This happens because our language reflects and conveys meanings that are not always readily apparent to us. When language is used imprecisely, words can have connotations that were not intended, and when terms are chosen poorly, there may be a problem with pejorative undertones.

Hawakawa (1963) said that words have the power to evoke and perpetuate prejudice. He noted that because of behavioral conditioning people regard words not just as symbols but as real properties of things (i.e., the difference between words and things blurs). For example we know that mind–body functions are related but have independent qualities and capabilities. However, we frequently encounter persons who are unable to see an “able mind” in a disabled body. Not only does the lay community generalize inability, it also falsely presumes that all individuals within a particular disability category are equally impaired. Both forms of generalization contribute to the stereotyping of persons with disabilities. The tendency to stereotype is enhanced when terms cause an emotional response (as many words relating to disabling conditions do); and, because of the conditioning that people in our society undergo, this tendency is extremely difficult to reverse.

Taken together, the imprecise use of language, the use of words with pejorative connotations, and people’s tendency to generalize underscore the problems associated with the language our society uses to describe individuals who happen to have disabilities. This widespread misuse of terms has perpetuated negative stereotypes and confusion, thus reinforcing, rather than removing, barriers that impede the acceptance of individuals by our society (Corcoran, 1977). The words we use affect our viewpoints; we must recognize this power of words and choose words with care. The reader is referred to Kailes (1985) for a useful review of frequently used objectionable terms along with more acceptable alternatives.

Images of Persons With Disabilities

This subtle promotion of pejorative attitudes, stereotyping, and stigmatizing is evident in the professional as well as the popular literature. Zola (1985), commenting on the portrayals of persons with disabilities in the popular literature and media, noted that the persons depicted were not representative of the populations encountered in rehabilitation settings. Persons with disabilities are frequently represented as innocent, passive victims of circumstance or they are made into superheroes. With few exceptions, characters with disabilities in the visual media are portrayed by attractive individuals—perhaps in a noble but misguided effort to make the characters more acceptable to the audience (Dillon, Byrd, & Byrd, 1980).

The professional literature, on the other hand, tries to represent the realities of impairment. Yet, even in the professional literature, problems with the pejorative use of language persist. For example, all too often persons described in a research article are identified exclusively by their disability. Although references to “the disabled” or “the handicapped” may seem harmless, they are nonetheless dehumanizing. No one would choose to be identified exclusively by his or her functional limitations or disadvantaged status. Unfortunately, such descriptive adjectives are widely used as collective nouns in professional journals, even within the field of rehabilitation.

Distinct Terms

Another example of misuse is the practice of using impairment, disability, and handicapped interchangeably despite the existence of a distinct definition for each term (Acton, 1982). This practice suggests the presence of limitations in role or function when no such limitations exist. Although such misuse is inadvertent, it represents a subtle form of discrimination because it perpetuates the attitude that the presence of impairment or disability is synonymous with inability.

Preferred Terminology

In 1980, the World Health Organization (WHO) published The International Classification of Impairments, Disabilities, and Handicaps (ICIDH). (Its definitions are compatible with those of the International Classification...
What We Can Do—A Direction for Advocacy

As advocates for removing the barriers of attitudinal prejudice, occupational therapists and concerned individuals can do several things. First, we can become familiar with the definitions of the terms impairment, disability, and handicap and use them correctly in our spoken and written language. We propose that the American Occupational Therapy Association officially adopt the definitions above to promote appropriate and consistent use in its professional publications and correspondence.

Second, whenever possible, we can confront persons using pejorative language in their spoken and written communication by politely drawing attention to the negative effects of such language and suggesting preferred word alternatives. Letters to television stations, newspapers, and local magazines can increase public awareness of discriminatory practices toward disabled persons. The media, in turn, can influence public opinion in favor of policy changes or legislation that prohibits and penalizes such practices.

Most importantly, we must take care to assure that our nonverbal language is equally proactive. To the extent that we emphasize functional strengths rather than deficits in communicating with and about patients with disabilities, we will have an even greater impact on changing attitudes. Similarly, it is important to make a distinction between that which is different (using adapted clothing) and that which is dysfunctional (being unable to dress). By failing to do so, we risk leaving others with a misperception of inability, even though the patient's ability to perform can be demonstrated.

To continue to advocate for the well-being of our patients and clients and the creation of a more humane and just society, we must do everything we can to eliminate stereotypes, stigma, and prejudice. Effective advocacy for the rights of disabled persons includes becoming more aware of how we use language. Careless use can perpetuate negative attitudes, but careful use will help create and reinforce equal rights for persons with disabilities.

References


