

## ATTITUDES TO HANDICAP AND PUBLIC ENLIGHTENMENT

The birth of any child has an effect on the family and the community, especially in traditional societies. The birth of a handicapped child, or the development of handicap in an older child also affects both family and community, although the nature of the effect and the reactions evinced vary much from place to place. Whether the child is rejected or considered afflicted of God, whether the mother is *de facto* head of the house (as frequently happens in the Caribbean) or a chattel of her husband, the presence of a handicapped child alters the life pattern of those about him. Any study of handicap, therefore, must take into account the background against which the child moves, the setting in which he is placed.

Attitudes towards handicap vary between communities and there is little foundation for the general comfortable assumption that traditional societies normally accept responsibility for their handicapped members:

"The commonly held opinion that the handicapped child is care for and accepted in village life is quite untrue. Most congenitally handicapped children die in infancy, often unnecessarily, as do many of those acquiring a handicap early in life, while surviving children are frequently grossly neglected. Even where tribal traditions ensure that the child is fed and clothed he is not expected to work or encouraged to develop any skills" (1).

The degree of acceptance of such children may be related to the stage of development of the society:

"Tolerance of the handicapped has varied throughout history according to the economic ability of a tribe or nation to support them without sacrificing the security or life needs of its normal people" (2).

In the developing countries, fear and ignorance combine to influence public attitudes towards the handicapped. The fear of catching leprosy or fear of the startling manifestations of epilepsy, for example, lead to ostracism of those suffering from such diseases. Rationalisation of such attitudes often takes the form of attributing affliction to divine retribution for sin. Traditional attitudes in India, Europe and the Middle East may be cited in evidence of this (3). To fear, as one prime origin of adverse attitudes, there may be added fatalism, the attribution of the birth of a crippled child to:

"the evil influence of the lunar eclipse, or the charm of a witch or the non-observance of certain customary practices during pregnancy" (4).

Finally, embarrassment may also play a part in denying acceptance to the handicapped person as a full member of the community; such a reaction is particularly common in respect of deafness, as has been indicated in the part of this study which considers hearing impairment.

## The handicapped child and his family

The handicapped child imposes on his family an undoubted burden, both physical and mental. Feelings of guilt and responsibility on the part of the parents militate against the child being treated as a normal member of the family. The child is almost always over- or under-protected, coddled and not allowed to realise his limited potential, or rejected. Exaggerated compensatory attitudes towards the handicapped result not infrequently in overexpectation, parents hoping to assuage their guilt through seeing the child at a high level. Such expectations when unrealised merely add to the distress of the family.

Those working on behalf of handicapped children should attempt to influence the family towards a realistic appreciation of the limited potential of each child and explain the positive role which the family can play in assisting him to achieve it. As has been noted previously, the most helpful approach to the problem of the exceptional child is that which works towards a "planned dependence". If parents can accept the real possibilities of their child and the extent to which a normal life will be possible for him, they may come to terms with the residue of dependence which cannot be removed from them. A full explanation of the child's likely limitations can often reconcile the parents to the situation, especially if the family can at the same time be shown how to play a positive role in helping the child to develop as far as possible. Parents and others in the family compound, for example, can be encouraged to continue talking to a hearing-impaired child even though he may be very slow in responding:

"A mother can do a great deal to help her deaf baby or toddler . . . . It is all too easy to avoid ever speaking to a child who does not respond except to gestures. But even though the child may not seem to hear, speech should be kept up" (5).

There is now general recognition of the vital role which parents should play in the early education of children, normal or exceptional. Efforts, therefore, should be directed specifically at helping the parents of a handicapped child to take an active and informed part in his education and training. This implies the need for adequate support to be available for them in the form of expert assistance and professional backing, and also through regular relief from their continuing burden. Voluntary bodies in the developing countries may well find an increasing involvement in alleviating the pressures on families of handicapped children through the provision of playgroups, short-stay hostels and special furniture and equipment for the home. The formation of groups for mothers to discuss and share their problems in informal surroundings can also help much to relieve stress. The timing and methods of introducing of such innovations will, of course depend on the particular community's attitudes and reactions.

The attitude of the community at large towards the handicapped child and his immediate family is frequently antipathetic or hostile. Examples have been given of the refusal of communities to accept handicapped children into their schools, particularly epileptics or children cured of leprosy. In the face of such reactions it calls for considerable strength of will on the part of the handicapped child's family to confront public opinion and attempt to change established attitudes.

### Professional involvement

The family of a handicapped child often needs the help of the social worker more than the child does (6). Frequently, however, parents, even in the more developed countries, find it very difficult to obtain sympathetic help from professional staff. Medical officers are often reluctant to take parents into their confidence. The suggestion made in 1967 by the World Health Organisation that a series of pamphlets be published on the care of children who are handicapped in different ways, could well be followed up in the context of the developing countries. The Younghusband Report emphasises the need for professional workers to provide sympathetic and competent support for the families of handicapped children (7). The most effective support is that which provides accurate information, allays parents' apprehension and self accusation, and treats parents as responsible partners in the work of caring for their handicapped children.

The professional workers themselves, however, must first be made conversant with current thinking on the subject of child handicap and accept their position as part of a team including medical, education and welfare staff and the child's family. It has been suggested recently that one effective way of inducing older doctors to take an interest in this area is by ensuring that medical students are taught about it. The older doctors will then feel that they should inform themselves in order not to be left behind the advance of knowledge and techniques. A direct approach to the more senior members of the profession might not meet with a similar success.

Liaison should be established, too, among workers of different professions. At the village level a combined approach by medical, school and welfare representatives will be both more effective and more economic than a piecemeal approach with each dealing only with particular aspects of the problem. The francophone countries of Africa have made some effort to train "animateurs," village leaders who can induce changes in traditional attitudes by reason of their recognised status in the area backed by a degree of expertise and command of development techniques. The existence of such individuals could be of considerable advantage to many Commonwealth countries, where one of their roles could be the linking of all disciplines necessary to the care and welfare of the handicapped child.

Professional workers in the field have the need for a continuous supply of information with regard to child handicap. This could best be given through a centre established to process and disseminate general information, in addition to which each particular profession should be linked to an information centre for specialised information. A formal liaison might be established between schools of nursing and workers in the field, a liaison which could usefully include the provision of in-service courses at regular intervals (8).

### Public enlightenment

The Younghusband Report quotes the mother of a handicapped child:

"People are very good at sympathising with you, but when it comes to giving practical help, they don't want to know you" (9).

Helen Keller once said:

"Not blindness but the attitude of the seeing is the hardest burden that the blind has to bear" (10).

In many communities parents cannot expect even this negative attitude; rather is the presence of handicap taken as a threat to the society, to be met with hostility. Even when active hostility is absent the handicapped may be regarded as unable to play any active role, to contribute towards the well-being of themselves and others. Typical of the attitude towards the handicapped in many parts of the developing world there may be cited:

"There they sit, fed and housed by more or perhaps less sympathetic relations, but regarded by all as useless and unproductive" (11).

The purpose of public enlightenment may fairly be said to be the changing of the climate of opinion towards acceptance of the handicapped as a full person and a potentially valuable member of his community, rather than an unwelcome burden.

Endeavours to influence public opinion are best based on providing a realistic appreciation of the capabilities and limitations of the handicapped. The methods employed will depend on the type and state of each community. In some cases the promotion of informal associations in which normal and handicapped can approach each other may help to dispel irrational prejudices. Teachers can indicate the lack of foundation for many antipathetic attitudes based on fear and ignorance by teaching accurately about the causes and nature of the most frequently encountered types of handicap in the area. Retarded persons in particular can be shown to be slower than normal but by no means incapable, a factor not often appreciated by employers.

The problem of employment for handicapped persons in developing countries arises from far more complex factors than simple prejudice. With unemployment rates for normal young people causing concern and unrest, the placing of handicapped persons presents additional problems. The ILO has done much to show how jobs can be adapted for the disabled (12) and has publicised widely the success of an umbrella factory in Ethiopia staffed entirely by handicapped employees (13). This publicity does something to help to answer the question of how to place handicapped youngsters in a highly competitive labour market, by showing employers something of the potential available. The ILO lists a number of methods which might be adopted to persuade and encourage employers to engage handicapped persons, the most important of which involve the effective operation of placement officers backed up by measures designed to promote employers' confidence in the ability of the handicapped (14).

Three possibilities seem to offer the best likelihood of success in promoting confidence in the employment capacities of the handicapped. Combined workshops might employ handicapped and normal workers in a commercial or semi-commercial setting; handicapped workers might combine in a commercially viable enterprise; or the handicapped school leaver might take up rural based employment which is of value to the community but less attractive to normal young men whose objective is urban employment. Experience in England has shown that employers respond positively to evidence that handicapped workers do not prejudice production (15).

Changing public attitudes towards afflictions which inspire fear rather than embarrassment presents another type of problem. Acceptance of persons who are mentally handicapped, cured of leprosy or with their epilepsy suppressed, for example, depends on a long-term campaign of public enlightenment. Voluntary societies have a definite role to play in this, since the scope for their activities is wider than for official agencies. Voluntary activities, such as the Ghana Cripples Aid Society, can co-operate with more formal campaigns in order to promote the acceptance of the handicapped.

### Influencing public opinion

Attitudes can be modified, though rarely in a short time. Campaigns directed to this end can be self-defeating if continued for too long; the most effective approach seems to be short campaigns repeated at intervals. Support must be evinced by influential groups, Governments should put their official weight behind the endeavour, as, for example, the Ghana Government did in 1970 when backing a campaign for rehabilitation and care of the mentally retarded (16). Education authorities have their part to play. Nigeria, for example, has started a parent-guidance clinic to help parents of deaf children, while the presence of handicapped children in open education schemes presents immediate evidence of the capacity of these previously unconsidered youngsters:

"For the first time, in the isolated villages of our country, our people could watch the blind and apparently helpless child they had known for years actually learning to read and write" (17).

The mass media, too, can usefully be involved in campaigns of public enlightenment. Radio, film, television, booklets, pamphlets and posters, newspaper items, can all play their part in an overall programme directed at entrenched attitudes. In the end, however, the most effective projection of the case for the handicapped is the example of a handicapped person undertaking successfully a recognised role in society as pupil, worker or member of the family. The pioneers among the handicapped must be prepared to demonstrate their competence to society at large:

"The man who has made good in spite of his handicap should be persuaded to forget any modesty he may have and to appear publicly, as often as possible, and in any way that is appropriate, giving for example interviews to the press or radio and television, appearing at public functions and speaking at official ceremonies; he should be the local 'hero'. In this way he will be doing more for his disabled friends than a host of occupational therapists and rehabilitation officers" (18).

A number of outstanding handicapped individuals have borne out this contention in recent years. The example of John Wilson, the widely-travelled blind Director of the Royal Commonwealth Society for the Blind, must have influenced an uncountable number of public figures in developing Commonwealth countries. Jack Ashley, the English Member of Parliament, has displayed the possibilities of overcoming the sudden onset of profound deafness, and this in a career where efficient communication is all-important. The cause of the deaf-blind was first brought into the public consciousness by the outstanding example of Helen Keller, while President Roosevelt demonstrated how the effects of polio might be overcome. The elevation to

the peerage of Baroness Masham both recognised her courage in overcoming the effects of a crippling accident and acknowledged the service which she has been able to give to the community since. On a less publicised scale, considerable good was done in Ghana some years ago when the partially-sighted, partially-hearing teenage daughter of a university lecturer demonstrated her ability to travel alone on public transport each day to her secondary school and qualify eventually for entrance to university when her family returned to Australia.

Attitudes are changed as the result of a conscious effort on the part of those who wish to effect the change. The "engineering of consent" through the manipulation of public relations "is the world's biggest business" (19). Those working on behalf of the handicapped must be prepared to tackle the problem with this premise that the change of public opinion must be inspired, it will not come as the result of the natural course of events. As one delegate said to the First Caribbean Mental Retardation Conference:

"In the end you are not really going to succeed in any sort of agency or organization unless you are publicity conscious And it is no use just having a good story to tell - good stories are not news" (20).

Effective stories have to be engineered: the work of the Experimental Theatre for the Blind in Brazil which benefits both the highly competent actors and their audiences (21): the expedition sponsored by the Royal Commonwealth Society for the Blind in which a group of blind boys successfully climbed Mount Kilimanjaro aroused interest in the capacities of the blind far beyond East Africa, being reported widely throughout the world (22). In 1969 an Olympics was held for the retarded in Toronto, with an encouraging sequel:

"A year and a half later if you take an opinion poll of the Canadian public and say, 'What do you know about mental retardation?' they won't mention our 14,000,000 dollar service, or our programmes for the parents, or what the professional people are doing, they say, 'Wasn't that Olympics a wonderful thing! I did not know the retarded could do all these kind of things.'" (23).

For the Western world the two World Wars probably had an overall positive effect on public attitudes towards handicap, because so many families came into tragically close contact with both physical and mental defects. Western literature, on the other hand, has rarely given help to the image of the handicap. For every Mr. Dick, Max Carrados, Jack Archer or Ironside there appear numerous sinister or unpleasant handicapped characters, whose affliction adds to their menace - Quasimodo, Pew, Richard III, Caliban, Quilp, suspected leprosy and a hare lip in Sherlock Holmes adventures, a viciously squinting murderer in a Father Brown story, "Psycho" or "The Collector". Speech defects and minor physical deformities are still used as comic properties on the stage. In developing countries, too, traditional myths and stories tend to associate deformity with evil.

In the case of handicapped children in the developing countries public enlightenment campaigns should insist on the basic fact that these are children, handicapped and in need of help, but essentially children. The most suitable campaign leaders in any community are the parents and

the teachers, who between them can achieve much. The repetitive approach, the stimulation of informal contact between normal and handicapped in schools and clubs, the organisation of Health Weeks, will eventually result in more positive attitudes on the part of the public at large, especially if supplemented by carefully planned material presented by the mass media. It is, however, a process which takes time.

Public sympathy, which can be induced fairly easily, may act against the best interests of the handicapped. A universal appeal to humanitarian instincts may reinforce negative attitudes: "Help those who cannot help themselves." The objective should not be public sympathy but public enlightenment, informing the community realistically of the needs and capacities of the handicapped, seeking for them acceptance and an acknowledgement of their claim to participate in the society of which they are members.

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