

Disabilities: A Challenge or A Handicap?

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INTRODUCTION

The goal that I as a Special Education English teacher hope to accomplish with this curriculum unit is to help high school students with disabilities not equate their disability with an “evil” in themselves. “Evil” in this case may be considered self-hatred. Self-hatred results in negative thinking and inability to compensate for disabilities, thus, turning a disability into a handicap or liability when unnecessary. Instead of becoming proactive, a student becomes inactive. Many times special students try to hide their disabilities instead of facing them. This inability to accept themselves is an evil. It prevents them from coming to terms with their own special gifts and strengths. It also prevents them from being self-advocates. The Americans with Disabilities Law is difficult enough to enforce without the disabled not trying to help themselves.

My Unit will lead students to personal definitions of evil. I hope to have them examine their feelings about disabilities through the use of a questionnaire. We will examine different types of handicaps and how people have dealt with them differently. Historically, many evils have been perpetuated against people with mental and physical disabilities. We will read, view films, view pictures, have guest speakers, visit hospitals, have parents speak, and have non-disabled peers speak. Students will be asked to make concrete plans to show how their disability will not become an “evil” (a handicap). They will be expected to design a plan for their futures that will take a positive approach to their disability. The future may be considered a “five-year plan” continuing after they finish high school. Viewing their disability as a challenge instead of a handicap will be the goal. Students will be taught different ways to confront their disability instead of hiding from it. This should improve their self esteem and be a motivating factor for change. To hide or cover up a disability is an “evil”, especially when one is hiding from one’s self. Hiding a disability makes it difficult for others to help and teaches students that there is something wrong with them, personally, for having a disability. After all, if a person will not speak up for himself, why should anyone else help? Changing personal attitudes is a difficult goal for a curriculum unit, but that is the purpose of this unit. Since much of the material will take time to digest, I would see this unit as taking one year, off and on. Students would have time to react to films and books in a deeper way because they would be growing in their ability to incorporate new ideas into their repertoire.

PART I. A PERSONAL DEFINITION OF EVIL

Many times high school students do not wish to discuss or recognize their disability. This factor prevents them from seeking help, from learning to cope, and from being self-

advocates. Each disability has a different style of compensation depending on the student's learning style. Step one must be a recognition of individual disability and willingness to discuss problems with both disabled and non-disabled peers. High school students, in general, are most concerned with their image and fitting in with peers. Appearing "different" or "unusual" is taboo. If mainstreaming of "special" students is to be successful, both disabled and non-disabled students must recognize their biases and use appropriate curriculum material to counteract them. This unit could be taught twice—once, when students enter high school, and again when they are ready to graduate from high school. Results of Questionnaire A should be kept and compared "before and after."

Activity #1

Have students complete Questionnaire A (see Appendix A). Scores of **30** or lower reflect negative feelings about people with handicaps and scores of **31** or higher indicate positive feelings.

Activity #2

The teacher will collect a series of five photos of handicapped and/or deformed people, e.g. the "elephant man," an elderly person, a person bent over with Cerebral Palsy (CP) and braces, a person with severe acne, a person with a missing leg, etc. Try to use pictures of teens whenever possible. Then, collect ten pictures of popular school leaders, five male, five female. Finally, collect five pictures of young male movie stars and five pictures of young female movie stars. For more examples, use the web site and suggestions found in Appendix B.

Directions

- a. Have students select two photos of people who evoke the most negative feelings and with whom they would not want to be friends.
- b. Have students select two photos of people they would like to be like and who give them the most positive feelings.
- c. Give photo collections to a group of ten disabled and ten regular education students.
- d. This activity will show how the disabled student views negative attitudes towards people with disabilities.

Outcomes and Interpretations of Activity #1 and Activity #2

Activities #1 and #2 were tried out during the spring of 1999 on a group of 28 disabled high school students and 31 non-disabled students. The disabled students ranged from ninth- to twelfth-graders who had a Learning Disability (LD), Cerebral Palsy, slight mental retardation, Attention Deficit Disorder (ADD), Attention Deficit Hyperactivity Disorder (ADHD), and traumatic brain injury. The outcome of *Activity #1* was surprising. Scores

of regular education students indicated a neutral to positive response to questions about the disabled. In contrast, scores indicated a negative attitude towards the disabled by the disabled students. In other words, negative feelings were present in disabled teens when asked about their public persona.

The results of the questionnaire were significant. The average score on the questionnaire for the disabled group was **18**. The average score for the non-disabled group was **42**. The scores indicated that non-disabled students seem to view and react positively to disabled people. On the other hand, disabled students have extremely negative feelings about people with handicaps. It is possible that non-disabled students were just “polite” in their comments, but society frowns about *not* being polite.

The outcome of *Activity #2* showed similar results. The non-disabled students selected 80 percent of the photos of the elderly person and the “elephant man.” The special students selected 75 percent of the photos showing teen disabilities. The positive pictures among regular students showed 75 percent approved of movie star pictures in males and females. In contrast, special students tended to pick 81 percent of the photos of real people, the school leaders. This indicates to me that special students disapprove of disabilities in people of their age and they desire to be as popular and successful in school as the school leaders. They seem not to be so interested in Hollywood versions of “beauty” and make-believe.

PART II. RECOGNITION AND ANALYSIS OF “EVIL” OR “NEGATIVE THINKING” IN OTHERS AND OF HOW PEOPLE HAVE OVERCOME THEIR DISABILITIES AND HAVE PREVENTED THEM FROM BEING HANDICAPS

In other words, disabilities become a challenge instead of a handicap.

Activity #1

View films, read books, discuss television shows about disabled people that have not let disabilities become handicaps.

Activity #2

1. Invite an injured Veteran of Foreign Wars (VFW) to the high school by calling any Veterans Administration Hospital or VFW Chapter. Request a speaker to present to students how he or she overcame disabilities.
2. Request speakers from National Cerebral Palsy, Muscular Dystrophy (MD), Multiple Sclerosis (MS), Lupus or Cancer Societies to come to the high school. Try to request as young a person as possible.
3. Request speakers through the State College System, possibly a blind or deaf student.
4. Ask parents with disabilities to speak about their disabilities.

Suggestions:

- a. To prepare for speakers, students could brainstorm questions.
- b. Have two students write questions, and have one student request questions.
- c. On the day of the visit(s), students should organize the classroom and arrange for a regular education class to attend. In that way regular students will model *accepting* behavior to the special students.
- d. Special students should also organize “thank-you” notes to the speakers.

Activity #3

1. Make visits to VA Hospitals, cancer wards for children, and work places where there are disabled people.
2. Good sources include: Lighthouse for the Blind, local rehabilitation hospitals, private nursing homes, hospices, etc. Use the Yellow Pages to see what is in your area.

Activity #4

Guided questions for the books, films, speakers, and field trips. See Appendix C. The questions should cover the ways in which the characters and/or speakers overcome their disabilities and make them a challenge, not a handicap. Students could come up with their own questions as well.

PART III. INDIVIDUAL STUDENTS’ PLANS TO CHALLENGE THEIR DISABILITY

This will be the most difficult and painful part of the unit. Students will be willing to discuss speakers and/or characters in books or films. They will not want to confront their own disability. I suggest a “three-pronged” approach.

Activity #1

Have students practice by role playing, getting up in class and saying their disability. Then, students should ask their peers for support of their plans to challenge their disability. This is very much the model of Alcoholic Anonymous meetings. Students could report back to the group several times about their progress.

Activity #2

A chief component of student challenges is help with diagnosing learning style. Many learning disabled students are auditory learners. Many learn very little from what they read but require hearing material in order to learn. The group could be taught ways to address different learning styles. Suggestions could be audio books, study buddies,

videos, helping visual learners with audio visual aids. Students, in their strategy groups, could brainstorm different techniques to address different learning styles. By being comfortable discussing learning styles, students can learn to be self-advocates. Another type of special prevalent problem is ADD. Not all ADD is ADHD. Many students are disorganized and have scattered attention. They could be helped by the group with concrete time management plans and with organizational skills. Feedback could be given to them as to how to keep notes, organize a notebook, and get to places on time.

Activity #3

Finally, at the end of high school, each special student should have a concrete plan for the future. This plan should be written, have the input of parents, teachers, and counselors. This plan should be written and evaluated in the fall of the student's senior year. Special students put off making decisions about their futures because of their internal "evil" (negative thinking and low self esteem). By working with other special students in making plans, special students raise their self-esteem and learn to take charge of their lives.

CONCLUSION

Disabilities can be a life-long challenge and not a handicap if students are helped to address issues and are taught how to cope with disabilities with the full support of their peers, their parents, their teachers, and themselves.

Follow-up for Activities from Part I

The class should discuss the results of the points of the questionnaire. The teacher should supply the results of the surveys. Previous results from other groups should be compared with present results.

Further Activities to Follow-up Questionnaire A

- a. Make bar and/or line graphs for data collected.
- b. Use brainstorming and/or cooperative learning groups to have students discover the implications of the results.
- c. Role-play peers they would most like to be.
- d. Students make a "David Letterman" list of five to ten ways negative thinking about their disability has kept them from moving forward.

(See References and Appendices for more information)

REFERENCES OF SUGGESTED STUDENT MATERIALS

Films

Bogdonavich, Peter (director). *Mask*. 120 min. U/MCA-UA, 1985.

A boy with a horrible disfiguring disease has a mother who fights for his rights. Cher, Eric Stoltz.

Fleming, Victor (director). *Dr. Jekyll And Mr. Hyde*. 122 min. MGM/MGM-UA, 1941.

The famous story of an English scientist who makes a potion to unleash the evil beast within himself. Spencer Tracy, Ingrid Bergman and Lana Turner.

Levinson, Barry (director). *Rainman*. 133 min. MGM-UA/MGM-UA, 1988.

A young man (Tom Cruise) goes to visit his long lost autistic, retarded brother (Dustin Hoffman) and takes him out of a hospital on a cross-country trip.

Lynch, David (director). *Elephant Man*. Par/Pat, 1950.

The story of a man (John Hurt) who is horribly disfigured by a disease. He hides behind a mask and his doctor (Anthony Hopkins) tries to cure him.

Penn, Arthur (director). *Miracle Worker*. 106 min. UA/CBS/FOX, 1962.

The story of a blind girl Helen Keller (Patty Duke) and the teacher (Ann Bancroft) who taught her to read and write. W.P-adap. William Gibson.

Sheridan, Jim (director). *My Left Foot*. 100 min. Miramax/HMO, 1989.

Christy Brown, an Irish Writer with CP learns to cope with his disability. Daniel Day Lewis.

Trousdale, Gary (director). *Beauty and the Beast*. 85 min. Disney/Disney, G.A. 1991.

A lion who was once a prince lives alone in a castle until a beautiful girl falls in love with him despite his looks.

Books

Dickens, Charles. *A Christmas Carol*. New York: Stewart, Taboui & Chang, 1998.

A disabled, poverty stricken young boy shows the true meaning of Christmas to adults.

Cisneros, Sandra. *House on Mango Street*. Houston, TX: Arte Publico Press, 1983.

The short stories feature Hispanic young people of differing abilities and mental states.

Duncan, Lois. *Killing Mr. Griffin*. New York: Dell, 1990.

This story involves a high school student with a mental illness of mind control. It's a good example of teens wanting to please peers and going to extremes.

TEACHER REFERENCES

Johnston, Jerry. *The Edge of Evil*. Dallas: Word, 1989.

A reference about crossing over from good to evil thoughts and actions.

Merrill, David and Roger Reid. *Personal Styles and Effective Performance*. New York: Chilton Press, 1981.

Suggestions as to compensatory techniques for disabilities.

Liscio, Mary Ann (ed). *A Guide to Colleges for LD Students*. Orlando: Academic Press, 1985.

Good reference manual for future college students, updated every five years.

Shapiro, Artuurs. *Erasing Handicapism: Developing Positive Attitudes Toward Disabled Pupils*. Rochester: Kodak, 1999.

Suggestions for changing attitudes about disabilities from rejection to acceptance.

Green, Cheryl. "One Resilient Body" in *Listen Up*. Seattle: Seal Press, 1995.

Article by a Houston-born disabled African American young woman about addressing her disabilities as a college student and young woman. Edited by Barbara Findley.

(see Appendices for student questionnaires)

APPENDIX A

Questionnaire "A"

Please rate your feelings on a scale of "1" very negative, "2" slightly negative, "3" neutral, "4" slightly positive, and "5" very positive. Please add total score.

1. When I see someone with sever acne, I feel _____.
2. When I see someone with a nervous tic, I feel _____.
3. When I see someone with poor motor skills who cannot move steadily, I feel _____.
4. When I see someone with a facial defect such as: poor teeth, large moles, lumps on nose, large nose large ears, or lips I feel _____.
5. When I see someone with a mental illness; a person talking to himself, I feel _____.
6. When I see someone who drools and does not keep his mouth closed, I feel _____.
7. When I see someone who is blind, I feel _____.
8. When I see someone who is deaf, I feel _____.
9. When I see someone in a wheel chair, I feel _____.
10. When I see someone missing a limb, I feel _____.

Total Score: _____

APPENDIX B: FURTHER REFERENCES OR RESOURCES

Web Sites

www.skinema.com

Dr. Vail Reese, M.D. "Dermatology and the Cinema." 1999.

Skin conditions and evil. An excellent source of examples of the depiction of evil through skin diseases or related deformities.

Examples: from web site on dermatology (see above)

- a. In the 1950s, "The Alligator People" (1959). The skin of the evil monster is "gator-like." The scientific skin condition name is Ichthyosis.
- b. Facial scarring: Paul Muni in "Scarface" (1932), Al Pacino in "Scarface" (1983), Boris Karloff in "The Raven" (1935).
- c. Warts: Myth tells that (evil) witches have ugly warts.
- d. Huge size (gigantism): Rondo Hatton called "The Creeper" from the film "The Brute Man."
- e. Tattoos may indicate evil in films: Keifer Sutherland in "Eye for an Eye" (1996), Robert Mitchum in "The Night of the Hunter" (1983).

APPENDIX C

Possible Guided Questions for Books, Films, and Field Trips

Books

House On Mango Street

1. What are the difficulties of living in a large poor family?
2. How can this lifestyle become a disability?

Killing Mr. Griffin

1. Why does Sue feel she is inadequate?
2. How does Mark use his disability to control his friends?
3. How does feeling negative about one's self cause problems?

Films

Miracle Worker

1. How does Patty Duke's character overcome her disability and prevent it from becoming a handicap?
2. Why do people react negatively to Helen Keller before she learned to communicate?

Beauty and the Beast

1. What disabilities did the Beast have at the start of the film?
2. How did the Beast strengthen the positive side of his personality?

Dr. Jekyll and Mr. Hyde

1. What is Dr. Jekyll's view of "goodness" as expressed in his feelings towards the prostitute?
2. What is Mr. Hyde's opinion of the prostitute?
3. How would you cure Mr. Hyde of his mental illness?

Mask

1. Why does the young boy let his mother fight his battles?
2. In what way does he learn to stand up for himself?

Rainman

1. At the start of the film, what is Tom Cruise's opinion of his brother?
2. What makes him change his mind?

My Left Foot

1. What is the difficulty of living with advanced CP?
2. Does his mother *really* help or merely make him helpless?

Elephant Man

1. How did the "Elephant Man" view his disability?
2. Did his depression prevent him from "getting on" with his life?