Labeling Disability in America

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I am myself, no matter what you see “me” as.

When I was a child, I thought that I was just like everyone else, despite the differences between you and “me.” But you reminded me, whether you intended to or not, and soon I was different from the self I perceived myself to be; I was “me” to you, and me to me. For you only saw one part of me. You got stuck on it, and you could not help but stare and treat me differently because you only saw one part of the self that I am. You think you know me, but that “me” is only a facet. I have come to acknowledge “it” and I live with “it” every day – the “it” that makes you see “me” instead of me – and if not for you, I think I could sometimes forget about “it.”

Though we’re dealing with the unspeakable, you remind me of “it” everyday, every chance encounter. Now I see myself differently, as different, through your eyes. I judge myself as you would judge me: different, abnormal. But please define normalcy for me, please do. Does being normal require having the same shape and form and color as you? Does being normal require thinking and behaving and believing the same as you? Does being normal require being the same? No, no, that would be presuming that you are claiming perfection, when all you claim is normalcy. And you have made allowances for differences in weight and height and skin color. And you have made allowances for differences in intelligence and personality and values. So what is it that separates me from you, from anybody else who is “normal”?

When I was a child, and I only knew myself, and didn’t see myself as you know “me,” I would say there is no difference between me and you. Nothing separates us but a label you picked to plaster me, paint me, poke me with because you cannot see the real me, because you
feel uncomfortable that we differ, because you cannot empathize though sometimes you try to sympathize, because you are “normal,” and I am not.

I am always myself, just a humble human, but you don’t understand because you look without seeing, you hear without listening, and you speak without thinking. I have been labeled “disabled.”

Introduction

This label may not be among yours, but it is for approximately forty three million Americans (Shapiro 6). We all participate in labeling others – placing them in various categories according to looks, culture, and personality. Labeling is, after all, a mental heuristic that allows us to identify our selves and each other in a general sense. The problem with labeling, then, lies in the connotations associated with certain terms, and in the fact that many times these connotations can be negative.

Even if the labels that we carry are positive, we might not identify with some of them or their connotations. A person can be, at the same time, a part of many schemas, and thus have many labels attached to his/her identity. However, other people often assign labels whether or not that particular individual identifies with them. This mismatch can generate a kind of dissonance in which a person feels alienated from other people because he or she does not feel that others recognize who he or she really is underneath all of the words. Thus, there is a “superficial layer” that we all carry that may or may not match our interiors.

This “superficial layer” is like the veneer that is put on wood to finish it – to make it glossy, seal the cracks. With that veneer, or that layer, on, we can trust how we will interact with the wood, and how it will behave in return. Unlike a glossy veneer, however, labels can
oftentimes block the layers beneath the surface level. So we often make false assumptions in order to enable us to trust that things are as they appear; we do not have to work to know what lies beneath the surface.

Inequalities and prejudice exist in American society because people do not and are not capable of reaching beneath the surface. This is a direct result of the lack of education regarding disabilities and the lives of those with disabilities. This paper will explore the idea of how labeling generates stigma through ignorance and how it can alter individuals’ self-perceptions. The trend is that American society is a culture that is less than accepting of disabilities, and thus the lifestyles of those with disabilities are less than equal compared with those without disabilities. This inequality could be much improved with the education of “normal” people through disability studies and the practice of empathizing. Everybody has their obstacles; some are just more visible or more challenging than others. Americans must look deeper than that which appears on first impression to understand that people are just people.

**Literature Review**

Let us delve beneath the surface and dig into the meaning within. To do so, we must first gain an understanding of the label of “disability.” The word “disabled” is defined as “incapacitated by illness or injury; also: physically or mentally impaired in a way that substantially limits activity especially in relation to employment or education” (Merriam-Webster Dictionary). According to Deborah Kaplan, author of the article, “The Definition of Disability,” this dictionary definition follows what she terms the “medical model.” She states that this model is evident “most notably in the Social Security system, in which disability is defined as the inability to work” (1). This model for understanding disability is common
throughout American society; it is reflected in the views of the American people and their
government.

The “medical model” is a term also used by Kate Seelman in her article, “Trends in
Rehabilitation and Disability: Transition from a medical model to an integrative model.”
Seelman uses this model to illustrate the perspective that people with disabilities are patients,
that they are the “problem.” Another expert on disability perspectives, Julie Smart, furthers the
medical model with her biomedical model, which defines a person by his or her disability.
Combined, the medical perspective thus establishes a view of people with disabilities as the
problems of society; disability is something that needs to be cured. “Indeed, Hahn…has termed
the Biomedical Model a "metahandicap," asserting that the prejudice and discrimination toward
people with disabilities has developed not in spite of the Biomedical Model, but because of it”
(Smart 3). Deborah Kaplan supports this idea with her medical and rehabilitation models. Her
medical model is essentially the same as Smart’s and Seelman’s. Her rehabilitation model,
however, differs in that it regards disabilities as curable with the use of therapy and
rehabilitation. While the rehabilitation model may seem like a more positive outlook on
disability, it still has the negative effect of highlighting disability over the individual. Individuals
cannot be seen separate from their disability; disability defines them. There is stigma attached to
the term “disabled.” “…Stigma is the assumption that stigmatized persons are less human than
the rest of us” (Longmore 421). Thus the danger with labels is the likelihood that there are
negative connotations or stigma attached. An article which researched the negative
repercussions of labeling children as “gifted” in school concluded, “When students internalize
negative feedback into their own academic self-concepts, they lose resources that are very
important to academic success: confidence, motivation, and self-belief” (Crosnoe et al. 135).
Even when children or individuals are labeled with a seemingly positive term, there still can be negative stigmas associated with each label.

As connotation differs based upon perspective, it is important to realize that there are multiple positions from which disability can be viewed. Seelman and other authors on disability have discerned models for understanding disability that do not necessarily take a patient/illness stance. Smart suggests that besides the medical model, there exists a functional model in which a person may or may not have a disability depending on what role that person needs to play; in some cases, a disabled person may function just like any other normally functioning individual because the disability does not inhibit him/her from performing his/her role (6). In addition, there is a traditional model that reflects cultural and traditional biases and practices against those with disabilities (Seelman 2). Along similar lines, Seelman’s social model takes the stance that society is the “problem”; disabled persons are disadvantaged by the discrimination that occurs in “policies, practices, research, training, and education” (5). Smart also has a social model – termed “sociopolitical model” – which argues that disabilities exist because of the boundaries that laws, or the lack thereof, create. “…Individuals with disabilities view themselves as an American minority group who has been denied their rights, rather than as a group of people who are biologically inferior and deviant” (Smart 8). The medical and social models thus demonstrate an extreme difference in perspective; a difference that is primarily based on a lack of empathy for, and knowledge of, individuals with disabilities.

It is important to understand and empathize with disabled people because they make up significant portion of the United States. “There are some 35 million to 43 million disabled Americans, depending on who does the counting and what disabilities are included” (Shapiro 6). It is difficult to determine how many disabled people really exist because there is no set standard
or definition for what characterizes a disabled person. Joseph Shapiro claims that there would be a higher count of disabled people if “people with learning disabilities, some mental illness, those with AIDS, or people who are HIV positive” were included (3). “There are some 30 million African-Americans. So, even at the lowest estimate, disabled people could be considered the nation’s largest minority” (Shapiro 7). This data should not be taken lightly; a significant portion of the American population is misunderstood and thereby mistreated. “…The disability rights movement…is the new thinking by disabled people that there is no pity or tragedy in disability, and that it is society’s myths, fears, and stereotypes that most make being disabled difficult” (Shapiro 5). Thus, activists in the disability rights movement follow the social or sociopolitical, rather than the medical, model.

The Americans with Disabilities Act (ADA) of 1990 has attempted to deal with some of the sociopolitical obstacles that exist in society for those with disabilities. These obstacles include both physical impediments – such as lack of elevators – and intangible barriers like employment discrimination. Even with the ADA in place, there are still horror stories about disabled persons not being able to evacuate a building because the elevators were shut off and there were not any wheelchair-accessible exits (Russon & Pike). While the ADA has been a huge step in trying to create “equal opportunity for individuals with disabilities” (Title 42, Chapter 126) in regard to employment as well as building and public transportation accessibility, the bigger issue is that even with the ADA, there are still many obstacles present for those with disabilities. In section 12101 of Chapter 126, Title 42 of the ADA, Congress finds that…individuals with disabilities continually encounter various forms of discrimination, including outright intentional exclusion, the discriminatory effects of architectural, transportation, and communication
barriers, overprotective rules and policies, failure to make modifications to existing facilities and practices, exclusionary qualification standards and criteria, segregation, and relegation to lesser services, programs, activities, benefits, jobs, or other opportunities… (ADA).

The passing of the ADA demonstrates an awareness of the discrimination that exists for individuals with disabilities, and of the various forms in which discrimination can be found. However, discrimination still exists because of the lack of understanding and thus lack of empathy. In order to change the culture in America towards people with disabilities, education must occur to generate the capacity to empathize so that prejudice and discrimination can be eliminated.

Empathy, as defined by Ronald Pelias and Tracy Shaffer in their book, Performance Studies: The Interpretation of Aesthetic Texts, “is a qualitative process in which individuals understand and share the feelings of others” (99). This process is not understood innately. “Small children cannot differentiate between their own and others’ points of view” (Pelias & Shaffer 100). Though it is not natural for children to empathize, over time, this skill can be developed. The reason why children do not naturally empathize is because their minds are not open; they are only aware of their own perspective(s). Even as children grow older and potentially become acquainted with the idea that other people may have differing perspectives, they may or may not be able to understand another person’s outlook or point of view. As adults, people tend to acknowledge, though perhaps not associate with, differing points of view. Acknowledgement is not a form of empathy; it is a step, but what really needs to happen is sharing so that understanding can develop.
Without the use of empathy, it would be difficult to ever really get to know a person. In order to be empathic, one must have an understanding of the other’s situation.

There are hundreds of different disabilities…Some are progressive, like muscular dystrophy, cystic fibrosis, and some forms of vision and hearing loss. Others, like seizure conditions, are episodic. Multiple sclerosis is episodic and progressive. Some conditions are static, like the loss of a limb. Still others, like cancer and occasionally paralysis, can even go away. Some disabilities are “hidden,” like epilepsy or diabetes (Shapiro 5).

As there are so many different forms and degrees of disability, people must not assume that simply because a person appears a certain way or has a behavioral tick indicates that person’s lack of intelligence, feelings, or desire to be perceived as more than his or her disability. There is very little awareness about disability and the lives of those who are disabled; without sharing there can be no understanding and thus no empathy.

**Increasing Perspectives**

In order to become capable of empathizing with those with disabilities, Americans must be educated. Gabrielle Ficchi, a recent graduate of University of Arizona (one of approximately thirty institutions in North America and the United Kingdom that offer disability studies), minored in disability studies. In an interview, Ficchi expressed how astonished she is about people’s ignorance regarding disability issues, and how she strongly believes that Americans need to be educated about disabilities; “People have no clue.” An American with cerebral palsy, Ficchi uses a wheelchair to get around because her motor functions on her left side are impaired. She has no cognitive problems, and yet she says people assume that she does simply based on the
presence of her wheelchair. Ficchi said, “The biggest label that gets in the way is the assumption that I’m not an intelligent person.” In the interview, Ficchi told a story from when she attended a different university, this one in Florida: two other female students were walking behind Ficchi, within hearing range, and when they noticed her, then started asking each other about whether she belonged at the university. Ficchi recalls them saying, “I wonder what she’s doing here? Does she know that this is the university campus? She doesn’t belong here.” When Ficchi turned around and told the students that she could hear them talking about her, they took off running. It is absurd that a student, or anyone for that matter, should be faced with such prejudice and discrimination; the two female students saw a person in a wheelchair on their campus and immediately assumed that Ficchi did not belong. Ficchi believes that she is no different from anybody else; she has her own challenges, just like other people do.

Shel Silverstein’s poem, No Difference, expresses a perspective similar to Ficchi’s:

Small as a peanut, / Big as a giant, / We're all the same size / When we turn off the light. / Rich as a sultan, / Poor as a mite, / We're all worth the same / When we turn off the light. / Red, black or orange, / Yellow or white, / We all look the same / When we turn off the light. / So maybe the way / To make everything right / Is for God to just reach out / And turn off the light!

Just like Ficchi, Silverstein conveys the message in his poem that everybody is the same if their exteriors are ignored. People want to be loved, accepted, and known for who they really are. However, digging beneath the exterior takes effort, especially in a visual society that places such high value on beauty and physical attractiveness. Mark Knapp and Judith Hall write in their book, Nonverbal Communication in Human Interaction, that physical attractiveness can affect individuals’ dating and marriage, employment, persuasiveness, self-esteem, and anti-social
behavior.

Physically attractive people are typically perceived as having a wide range of socially desirable characteristics, and although actual measures do show physically attractive people to be more socially skilled and popular, only a negligible relationship appears to exist between perceptions of a highly attractive persons’ personality and mental ability and their actual traits (Knapp & Hall 181). However, Knapp and Hall also highlight the reality that “physical attractiveness is not always such a dominant factor in constructive interpersonal outcomes” (179). Yet physical attractiveness is extremely important in first impressions.

People do not get to choose their features when they are born; human features are not pre-selected like in Andrew Niccol’s movie Gattaca. Individuals in today’s society are typically raised with the understanding that one must not make assumptions based upon particular characteristics like skin color. However, assumptions are oftentimes still made, stereotyping still occurs, and it is especially common for those with physical deformities or behavioral patterns that exist outside of that which is considered normal. Deborah Kaplan argues, “The stigma and stereotypes are the cause of the discrimination, much more than the disability itself. It could be argued that the disability per se is not the cause at all, that the social reaction to disability is the cause” (5). Though some people may be raised to be politically correct, their ignorance of disabilities and life with a disability keeps them, and the rest of America, from seeing disabled people as unique individuals with the same rights to equality as all other Americans.

The Impact of Language

Labels impede people’s ability to understand each other. According to Ficchi, “Labels are much of the problem. Labels cause the stereotype. Stereotypes cause the discrimination.”
Americans need to understand that disabled people do not want to be made into outcasts.

Labeling thus plays an enormous role in the ignorance of “normal” people. Paul Longmore discusses in his article, “A Note on Language and the Social Identity of Disabled People,” the impact of language on people’s perceptions of disability and disabled individuals:

The language of disability indicates that persons with disabilities are usually perceived exclusively in terms of their disabilities, that they are confined to a “handicapped role” in which they are seen primarily as recipients of medical treatment, and that this role also includes ascribed traits of helplessness, dependency, abnormality of appearance and mode of functioning, pervasive incapacitation of every aspect of personhood, and ultimately subhumanness (419).

As Longmore describes, the connotations associated with the labels for disability are negative. Others only see disabled people as they are labeled, and may not see the actual person that exists beneath the label. According to Longmore, disabled people cannot be individuals because normal people stick them into groups according to their disabilities. Language associated with those who are disabled often includes derogatory terms such as “victim,” “invalid,” or “abnormal” (Longmore 420). Paul Longmore elaborates in further depth about the connotations behind the language of disability:

Terms referring to specific disabilities also often contain the assumption that the physical or sensory condition taints the whole person. Words describing the appearance of some physically disabled persons, for instance “misshapen” and “deformed,” connote that the individual has lost some essential part of his or her humanity (420).
Some disabled people have attempted to change their labels in order to avoid such stigma. However, it seems inevitable that whatever term is associated with a disability will eventually develop a negative connotation. As long as “normal” people are unaware of disabled people’s points of view, there will be negativity associated with terms used to label disability, simply because people are afraid of that which they do not understand.

So what is the big deal, if a label has a negative connotation? The apothegm, “sticks and stones can break my bones but words will never harm me” (Kodish 397), suggests that name-calling, teasing, or labeling, are not significant issues. However, a study on the predictors of self-esteem in children according to weight-related teasing discovered that “Teasing about weight was more important than body weight itself in predicting self-esteem.” (Kutob, et al. 240). The type of language and its use often displays how we are evaluated in society; in turn, others’ evaluations can positively or negatively impact our self-image. Similarly, another study determined “…Girls and boys both adjusted their self-perceptions according to external feedback about their academic ability” (Crosnoe et. al. 135). The manner in which we are addressed, the way that other people interact with us, affects our self-image.

The reason why our self-image is impacted by the language used around us has to do with our evaluation of the words and how we think those words are used in association with our selves. The words that we use to think of ourselves are oftentimes influenced by the words with which others label us. It is important to understand how language affects our understanding of the world and our perceptions of others. According to scholar Penny Lee, “…A person’s ‘picture of the universe’ or ‘view of the world’ differs as a function of the particular language or languages that person knows” (Kodish 384). Furthermore, language that other people use affects how we see ourselves, and our understanding of their evaluations of us as individuals. If a girl in
high school went to class every day and was always greeted by her peers with the phrase, “Hey, slut,” even if were meant in jest or colloquial welcome, that girl will have a different image of herself than if she were greeted by name. Self-talk influences self-perception; it generates a comparison between the self and the world or other people. Oftentimes, self-talk is negative, and the person doing it can cause him/herself to suffer from depression or negative thoughts or feelings. However, self-talk can be used positively to reduce stress and increase mental (and thus physical) health. Positive self-talk can alter one’s views and perceptions. Perhaps the example of the high school girl is oversimplified, but it makes sense when one considers how disabled people must feel when they are labeled for their disabilities; their self-talk and self-perceptions have a significant chance of being negative because of the language and attitudes they encounter on a daily basis.

Imagine having to use a wheelchair, like Gabrielle Ficchi. She says that wherever she goes, whatever situation is in, people seem to feel obligated to treat her differently from others. Like when she goes out to a club with some friends, strangers will come up to Ficchi and tell her that it is great to see her out. Ficchi says that this kind of behavior astounds her: “What? Am I going to just sit at home and mope because I have to use a chair? I don’t think so.” Other times, like the time with the two students at the university in Florida, people question whether Ficchi belongs or whether she is capable of handling herself. Ficchi said, “Some people put me up on a pedestal. Others think that I’m incompetent. Where’s the middle?” The answer is that right now, there is no median. Shapiro sums up the type of scenario Ficchi described, “…It was as if someone had tried to compliment a black man by saying, ‘You’re the least black person I ever met,’ as false as telling a Jew, ‘I never think of you as Jewish,’ as clumsy as seeking to flatter a woman with ‘You don’t act like a woman’” (3). People do not understand disabilities, and so
their behavior and language reflects their ignorance. Ficchi is constantly reminded that she is
different from everybody else because people either feel uncomfortable around her (because of
her wheelchair) or they feel a need to commend her for trying to be “normal.” The reality is that
Gabrielle Ficchi is a “normal” person, just like the rest of us.

So long as people see Ficchi, and other people with disabilities, as different in an abnormal
sense, their language will reflect their viewpoints. “…‘Language’ and ‘culture,’ ‘consciousness’
and ‘behavior’ develop and operate together through individual and group experience” (Kodish
384). These four elements are inseparable, and they reinforce each other. Hence, greater
consciousness and awareness of disabilities could lead to a change in language use and behavior
that would reflect a culture that is accepting of all types of people. It seems that though
Americans have been taught to accept other people regardless of their packaging – backgrounds,
race, religion, etc. – somehow disabilities are still not accepted.

The most unfortunate part of the existence of discrimination and differential treatment of
disabled people is that people are unaware of what they are doing when they single out a
disabled person. Commending a disabled person is almost just as bad as abhorring that person
because of the marking that takes place; the person is being recognized and evaluated in light of
his or her disability. “…Neuro-linguistic factors, i.e., words with the associated neuro-evaluative
processes in each of us, can play a harmful, sometimes quite toxic role in our lives – especially if
we remain unconscious of their implications” (Kodish 387). Unconscious judgment takes place
every second, and people often verbalize their evaluations without describing or justifying their
reasoning. “Judgment is the value that the critic places upon what is heard or seen” (Pelias &
Shaffer 181). Everybody is a critic, every time people judge another, every time someone offers
his or her opinion. It would be wise to pause a moment before offering judgment, opinion, or
criticism, to observe the situation as though from a bird’s eye view and to analyze the reason why one feels the way he or she does. People need stop to ask themselves, *what is really going on here?* Too often, people jump to conclusions and think without speaking. Americans need to become aware of the situation, their position, and others’ positions in order to become aware of how their “neuro-evaluative processes” affect themselves and those around them.

As we grow up, our behaviors and attitudes are affected by peer behaviors and attitudes towards us. “In terms of developmental progression…[children] are encouraged to develop habits, behaviors, values and attitudes that are in keeping with that of influential people around them through the rewards they receive for such ‘desirable’ habits, behaviors, etc” (Jemmer, *Enchanting the Self* 3). People want to be included and appreciated and recognized for who they are, not ostracized for something over which they have no control. Terms other than “crippled” have been used in an attempt to deal with negative connotations. For example,

The term *special* may be evidence not of a deliberate maneuver but of a collective ‘reaction formation,’ Freud’s term for the unconscious defense mechanism in which an individual adopts attitudes and behaviors that are opposite to his or her own true feelings, in order to protect the ego from the anxiety felt from experiencing the real feelings (Linton, *Reassigning Meaning* 16).

“Special” may be a term that helps prevent cognitive dissonance for both able and disabled people. “Able” or “normal” people may feel better about distinguishing a person with the term “special” as opposed to another label. Some examples of other terms include, “…‘victim,’ ‘abnormal,’ ‘defective,’ ‘infirm,’ ‘invalid,’ ‘unsound,’ ‘maimed’” (Longmore 420). Disabled people may prefer “special” simply because it carries less negativity than many of the other labels. The problem still exists, though, that a term is being used to differentiate people based
upon a difference in ability. Simply because a person is disabled in one limb, function, or sense, does not mean he or she is any less able or less capable of feeling or emotion than a “normal” person. We cannot rely on the medical or biomedical model to understand the kind of lives people with disabilities lead in American society; individuals are not their disabilities, they are unique individuals. The poem, *Metaphor for Cripple*, by Neil Marcus, expresses this perspective:

How can I speak of cripple and not mention the wind. How can I speak of crippled and not mention the heart. Heart, wind, song, flower, space, time, love.

To leave these absent is to leave cripple in stark terms. As if we were made of medical parts and not flesh and bone.

There is always wind in my cripple. Off shore breezes. Scented nightflowering vines. Wild salsa dances that run past midnight.

Cripple is not extraordinary or ordinary. Cripple is a full plate. A blown about newspaper. An ox in a rice field, ploughing earth.

**Understanding Language**

Through language, we connect images, concepts, and material objects to a common label to facilitate understanding. However, each person can potentially have a different understanding of an image, concept, or object depending on his or her perspective and the label used. In short, understanding of language is relative to the receiver’s background and the context in which communication takes place. Meaning is thus generated based upon the connections we make with the words communicated; there is more to a conversation than can be found in just the denotation of diction. Images and connotations communicate just as much, if not more, than the
dictionary definition of language. To fully comprehend language and its impact, we must understand semiology.

Semiology is a method of understanding language and signs and their meanings. Swiss linguist Ferdinand de Saussure created the system of semiology. Saussure’s semiology involves concepts and sound-images; these, when combined, are what he calls a “sign” (Berger, 2005, p.4). The sign consists of two parts: “the signifier (or “sound-image”) and the signified or (“concept”)” (Berger, 2005, p.4). There is no correlation between the two parts of the sign; Saussure makes it clear that there is but an arbitrary relationship between the signified and the sign. For example, the “okay” sign that Americans make with their hands (by pinching index finger to the thumb and extending the remaining digits), only has that meaning because we assigned that meaning to that particular gesture. In other countries, the same gesture is a way to call somebody an “asshole.” This is merely one demonstration of how the relationship between signs and what is signified is arbitrary. “…Language used could be thought of metaphorically as exercising “magical” effects due to the intertwined nature of the mind’s neural nets, and our linguistic meaning-making processes [13]” (Jemmer, Entrainment, meditation, and Hypnosis 8). Accordingly, there are many connections or associations that one may make with a particular label depending on the circumstance.

Semiology is very important as it breaks down language, or labels as signifiers, into meaning according to context or syndromes. “The elements of interest here are the linguistic conventions that structure the meanings assigned to disability and the patterns of response to disability that emanate from, or are attendant upon, those meanings” (Linton 8). In short, language and labels carry various connotations; labels thus trigger particular responses or reactions from people instinctually. Within circumstance or context of American society, labels
used in conjunction with disability or in reference to disability garner a negative connotation. Individuals with disabilities thus can both gain a negative self-image and endure rejection, disdain, and a feeling of separation from society. “The pejorative traditional language confines them [disabled people] to a limited social role of dependency, professional supervision, marginality as human beings” (Longmore 423). Labels, then, can prevent individuals from understanding and cause them to inhibit one another, because language frames one’s image and others’ perceptions of that image.

Michael Agar, a linguistic anthropologist, developed the term “languaculture”. “Languaculture” has to do with how language reflects culture and culture reflects language (Kodish 384). In the United States, the language associated with disability indicates that the American culture is not very accepting or understanding of disabilities. “…The term disability is a linchpin in a complex web of social ideals, institutional structures, and government policies” (Linton 10). The sociopolitical model goes hand-in-hand with “languaculture” in that language used for disability is reflected in American culture, including laws and social behaviors and attitudes. Gabrielle Ficchi has perceived that, in regard to buildings and accessibility, “Sometimes people think it’s a privilege, to make the building accessible. That’s completely the wrong attitude.” Language and laws link to keep disabled people separate from other Americans. The language, labels, used by Americans in reference to disabilities need to be altered so as to eliminate stigma and improve the lives of individuals with disabilities.

Stigma and negative connotations are a direct result of attitudes generated from ignorance. Ignorance of disabilities and disabled individuals has a lot to do with the absence of framing. “Analysis of frames illuminates the precise way in which influence over a human consciousness is exerted by the transfer (or communication) of information from one location –
such as a speech, utterance, news report, or novel – to that consciousness” (Entman 51). By looking at the communication patterns that exists between “normal” people in society and disabled individuals, we will be able to develop a “big-picture view” of the problem.

First, we need to learn the definition of a “frame.” “Frames, then, define problems, …diagnose causes, …make moral judgments, …and suggest remedies“ (Entman 52). We must frame disability in order to better understand how to suggest a way to eliminate the separation between “normal” people and individuals with disabilities. By “defining problems,” Entman is referring to the investigation into “what the causal agent is doing” (52). The causal agent, in this case, is the dominant American culture. “Normal” people represent the majority in this culture, and their assumptions about others’ capabilities cause the generation of laws and social structures that inhibit disabled individuals.

Now that the problem has been defined and the causes diagnosed, we need to make moral judgments to evaluate the effects of the causal agents and the agents themselves. As aforementioned, the dominant American culture is ignorant of what it is like to live with a disability in America. “Nondisabled Americans do not understand disabled ones” (Shapiro 3). Disabled people want to live normal lives; they want to contribute to the American economy and society; they want to be a part of a united people, independent and free, just like everyone else. “But prejudice, society’s low expectations, and an antiquated welfare and social service system frustrate these burgeoning attempts at independence. As a result, the new aspirations of people with disabilities have gone unnoticed and misunderstood by mainstream America” (Shapiro 4). The dominant culture, by labeling without understanding a social or functional model of disability, has prevented disabled individuals from even having the chance to live like other Americans.
American culture thus communicates a message of disdain, discomfort, and dismissal toward disability. “Communicators make conscious or unconscious framing judgments in deciding what to say, guided by frames (often called schemata) that organize their belief systems” (Entman 52). Labels are thus the language that frames American society’s understanding of disability; Americans are the communicators that perpetuate a culture that disables, rather than enables, individuals with disabilities. Hence, it is important for those with disabilities to create their own labels to replace those used by the dominant culture. This is the first step to independence. However, it will always be difficult to avoid stigma over time if Americans do not learn how to empathize. An example of this is using the term “special” for disabled persons. Now that people have become accustomed to associating disabilities with “special,” this term carries a negative connotation when used in certain contexts, because people have learned to link a negative attitude with disability and thus with the term “special.”

‘Pure experience has no meaning. It just is. We give it meaning according to our beliefs, values, preconceptions, likes and dislikes. The meaning of an experience is dependent on the context. Reframing is changing the way you perceive an event and so changing the meaning. When the meaning changes, responses and behavior will also change’ (Jemmer, Beliefs, 2).

The real solution to eliminating bias both in legislation and society is to educate those without disabilities about what it is like to live with a disability, give them perspective so that they can reframe their understanding of disabilities. However, this would be a huge task to undertake, and it would be difficult to give more than a general perspective because there is no way to sum up all of the issues that disabled people encounter. Hopefully it would be enough perspective for Americans to get a glimpse at what life is like living with a disability in contrast with what life
could be like if disabled people were enabled – life could be lived without discrimination and restriction.

**Facilitating Change**

Though there are a wide variety of disabilities and an infinite number of contexts, disability studies could be the solution to “normal” Americans’ ignorance of their fellow disabled Americans. “Disability studies looks to different kinds of signifiers and the identification of different kinds of syndromes for its material” (Linton 8). Disability studies could help reject the negative connotations attached to labels for disability. “If we also change values, beliefs and attitudes, then a more permanent change of behavior is likely to result” (Jemmer, Beliefs 20). Studying disabilities and the issues surrounding them could open up peoples’ minds and help them realize that they share more similarities with disabled people than differences.

Unless there is a cultural shift in perspective, disabled people will have social, political, and cultural issues. Disabled people are more united by their societal grouping than by their similarities in symptoms. “Over the past century the term disabled and others, such as handicapped and the less inclusive term crippled, have emerged as collective nouns that convey the idea that there is something that links this disparate group of people” (Linton 9). This grouping represents societal ignorance and bias. Disabilities studies needs to become more prevalent to help people understand that some disabilities do not prevent people from functioning normally in society. Studying disability can help explain how external variables have produced the outlook on disabled people today; how “social, political, and intellectual contingencies…shape meaning and behavior” (Linton, Reclamation 6). People who function
normally are inhibiting the disabled from functioning normally in society due to their ignorance of disabilities.

Disabilities studies needs to become more established in order to help people understand that some symptoms do not prevent people from functioning normally in society, as is understood in Smart’s functional model.

Disability studies has emerged as a logical base for examination of the construction and function of “disability.” These scholarly explorations and the initiatives undertaken by the disability rights movement have resulted in new paradigms used to understand disability as a social, political, and cultural phenomenon (Linton 2).

Studying disability can help explain how external variables have produced the outlook on disabled people today; how “social, political, and intellectual contingencies…shape meaning and behavior” (Linton, Reclamation 6). People who function normally are further disadvantaging the disabled due to their ignorance of disabilities.

A key argument for education in disability studies is the fact that though the number of disabled individuals comprises enough to be a minority group in American society, individuals that have a disability do not want to be thought of as disadvantaged or different, just as any other individual in a minority group would not. They do not see themselves as abnormal until someone else points out their differences. “Some disability scholars believe that discrimination against people with disabilities, including the denial of government protection, is more widespread and pervasive than race or gender discrimination” (Smart 8). If normal people would stop fearing differences and start accepting similarities and what people are capable of, there would be less discrimination against disabled individuals.
Disabled…citizens have confronted barriers in architecture, transportation, and public accommodations which excluded them from common social, economic, and political activities than the segregationist policies of a racist government…

Americans with disabilities are ‘foreigners in their own country’ (Smart 8).

People just want to be independent, but disabled people are limited by society and the misconception that the disability is disabling, while it is actually “normal” Americans’ attitudes that are the true disablers. The dominant American culture regarding individuals with disabilities does not need to, and should not, be one of ignorance.

Insensitivity and lack of education have combined to generate the current American culture in respect to disabilities. This culture has mistakenly grouped together all disabled people under common labels simply because it is the easiest path and they do not know any better. Though disabled people make up a significant enough portion of the American population to be considered a minority group, disabled people vary considerably from one another. To compile them into one schema is to suggest that they are more alike than disparate; this is a false assumption made by the dominant American culture. “One man plus one man doesn’t make two men; it will forever make one plus one” (De Beauvoir 359). Each person represents a unique individual; even when comparing people that share a common disability, the symptoms and degree of severity can vary significantly from one person to the next. Thus, three people with multiple sclerosis do not make the quantity “3x.” Rather, they make the quantity “x + y + z” because each person, though he or she may share a particular characteristic, religion, culture, or disability with another, cannot be equated to be the same as that other person. When a person attempts to do human math, it is, in effect, an objectification of people into their defining characteristic, whatever that trait or feature may be.
A New Outlook

How would you feel, if you were labeled and placed in a group with which you do not identify? How would you feel, if you were only known for one part of yourself, regardless of whether it were a hindrance or not? How would you feel, if society as a whole, one that you participate in, prevented you, in its ignorance, from being able to function normally as everyone else could through its lack of consideration in diction, public structures, and services? Take a moment and step outside of yourself into another’s situation. What would your attitude be, if you had a disability? Would you feel comfortable and at ease in this society? Would your life be as easy to live as another?

What would a person with a disability recommend? Gabrielle Ficchi advises,

People are in their own little worlds a lot. I am not a special case; everybody has their own problem. Everybody has their own issues to deal with. The last thing I want is your sympathy. I would rather have somebody come up to me and ask me what they want to know rather than sit there and think, “Oh, poor her, her life must be so hard.”

Ficchi views herself as just like another person, as she should. She has ignored the language of the ignorant culture; by listening to her own self-talk, Ficchi has grown into a strong, independent woman. She believes strongly in the education that disability studies can provide, for without it, people will never even attempt to see from her perspective. Her point of view is that, “Everybody has challenges. Mine are just a little more up front than another person’s.”
So I put myself in Ficchi’s shoes, and I do the same in others’. I do not pity, but rather learn how to empathize and understand perspectives that differ from my own. I empathize to eliminate the stigma and level the playing field. The more that I learn about disabilities, the greater capacity I will have to empathize and affect change in the American culture. I fight the labels, because the only label that I want to wear is “American.”
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