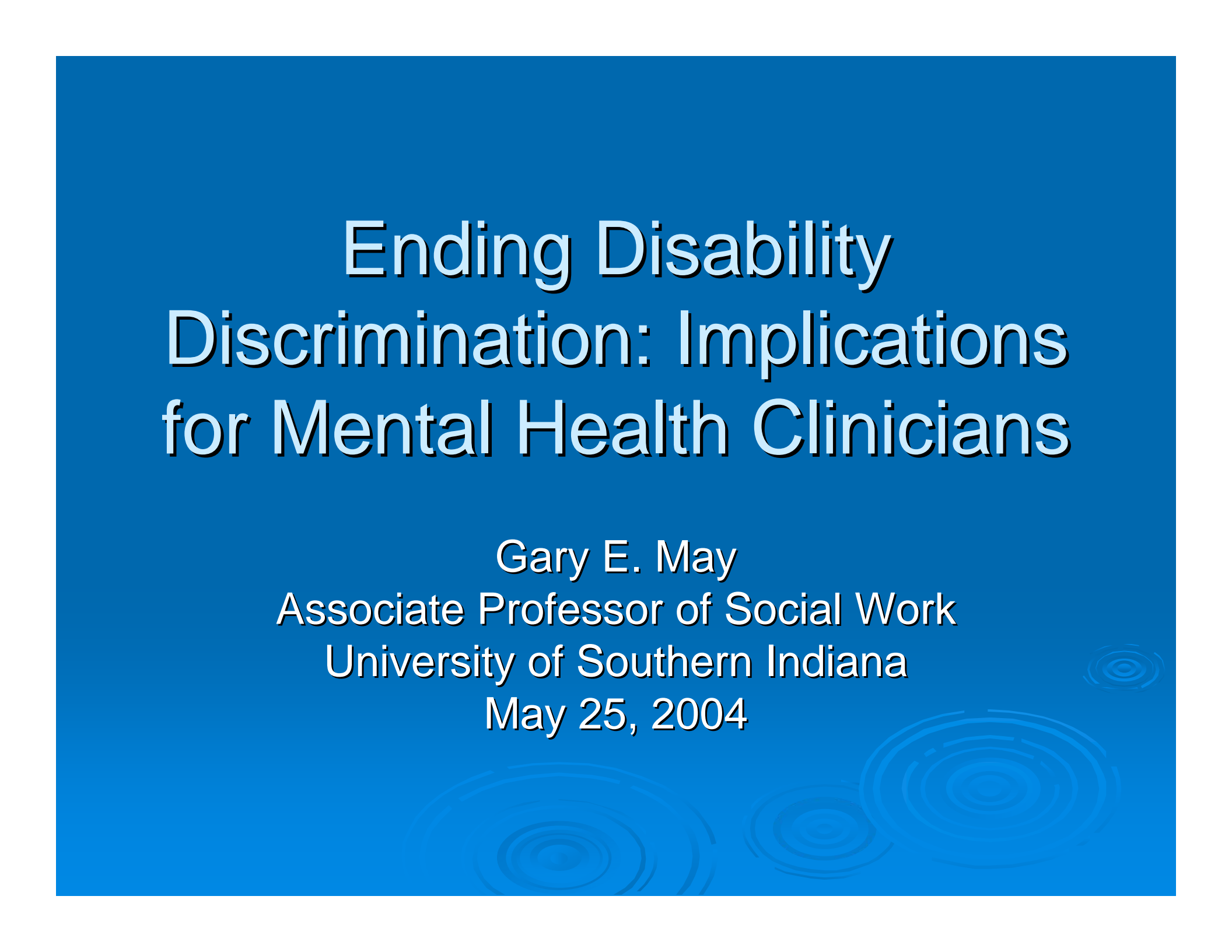


# Ending Disability Discrimination: Implications for Mental Health Clinicians

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May 25, 2004



# Assumptions about disability

“Disability Beyond Stigma: Social Interaction,  
Discrimination and Activism” (Fine & Asch,  
2000)



# Assumptions about disability

“Disability Beyond Stigma: Social Interaction, Discrimination and Activism” (Fine & Asch, 2000)

- First Assumption: “It is often assumed that disability is located solely in biology, and thus disability is accepted uncritically as an independent variable.”

# Assumptions about disability

“Disability Beyond Stigma: Social Interaction, Discrimination and Activism” (Fine & Asch, 2000)

- Second Assumption: “When a disabled person faces problems, it is assumed that the impairment causes them.”

# Assumptions about disability

“Disability Beyond Stigma: Social Interaction, Discrimination and Activism” (Fine & Asch, 2000)

- Third Assumption: “It is assumed that the disabled person is a ‘victim’.”

# Assumptions about disability

“Disability Beyond Stigma: Social Interaction, Discrimination and Activism” (Fine & Asch, 2000)

- Fourth Assumption: “It is assumed that disability is central to the disabled person’s self-concept, self-definition, social comparison, and reference groups.”

# Assumptions about disability

“Disability Beyond Stigma: Social Interaction, Discrimination and Activism” (Fine & Asch, 2000)

- Fifth Assumption: “It is assumed that having a disability is synonymous with needing help and social support.”

# Models of Disability





# A. Medical

1. individual unit of examination
2. focus on
  - a. organic
  - b. physical
  - c. medical
  - d. personality problems as obstacles
3. static—objectively defined
4. linear causality
5. Rehabilitation success equation  $B = F(O \times p)$

# B. Learning

1. individual & environmental units of examination
2. focus on
  - a. organic—age, health, severity of disability
  - b. person—personality, coping mechanisms, locus of control
  - c. environmental—family support, finances, public policy
3. more dynamic
4. mostly linear
5. rehabilitation success equation  $B = F(P \times O \times E)$   
(Behavior is a function of the interaction of the person, their organic state, and the environment.)

# C. Economic—Condoluci

1. individual & economic units of examination
2. focus on
  - a. economic viability
  - b. impact of evaluator's opinion (introduces relativist perspective)
3. dynamic, but limited to economic parameters
4. linear, economic parameters
5. rehabilitation success equation  $B = F(P \times E \times e)$   
(Behavior is a function of the interaction of the person and economic forces AND the economic evaluation.)

## D. Minority Group—Harlan Hahn

1. social group-unit of examination
2. focus on
  - a. in-group/out-group interaction
  - b. impact of public policy
3. dynamic—expansive
4. linear, but expanded
5. rehabilitation success equation  $B = F(P \times OG) (S \times IG)$  (Behavior is a function of the interaction between the person and his/her out-group and society, as shaped by in-group forces.)

# E. Social (Independent Living)


1. individual & boundary friction units of examination
2. focus on
  - a. individual's wishes
  - b. environmental interface(s)
3. dynamic—very expansive
4. non-linear
5. rehabilitation success equation  $B = F(P \times E) (P \times ce)$   
(Behavior is a function of the interaction between the person and his/her environment AND the ability of the person to change his/her environment.)

# F. Discrimination

1. individual and social intercourse units of examination
2. focus on
  - a. quality of interaction
  - b. oppressive elements of interaction
3. dynamic—extremely expansive
4. diffuse—extremely non-linear
5. rehabilitation success equation  $B = F(P \times D)$   
( $S \times ed$ ) (Behavior is a function of the interaction between the person and discrimination AND the ability of society to end discrimination.)

# Survey of Americans with Disabilities

National Organization on  
Disabilities/Louis Harris & Associates  
1998



# EMPLOYMENT

- 29% of adults with disabilities 18 - 64 years old work full or part-time (1986 43%)
- 79% with no disabilities



# EDUCATION

- 20% of adults (18 +) with disabilities didn't finish high school
- 9% with no disabilities

# FREQUENCY OF SOCIALIZING

- 69% of adults with disabilities socialize with friends, relatives, or neighbors = or > 1x/wk
- 84% with no disabilities

# ATTENDANCE AT RELIGIOUS SERVICES

- 54% of adults with disabilities go to place of worship = or > 1x/wk. (1986 55%)
- 57% with no disabilities (1986 66%)

# GOING TO A RESTAURANT

- 33% of adults with disabilities go to a restaurant = or > 1x/wk.
- 60% with no disabilities

# POLITICAL PARTICIPATION

- 62% of adults with disabilities were registered to vote in 1996 presidential election
- 78% with no disability

# INCOME

- 34% of adults with disabilities live in households with <\$15k annual income
- 12% with no disability

# ACCESS TO TRANSPORTATION

- 30% of adults with disabilities consider inadequate transportation to be a problem
- 17% with no disability

# HEALTH CARE

- 21% of adults with disabilities did not get needed medical care = or > 1x during past yr.
- 11% with no disability
- 90% of adults with disabilities have health insurance
- 23% of these say they are dissatisfied with health services (13% with no disability)



# SATISFACTION WITH LIFE

- 33% of adults with disabilities are very satisfied with life in general
- 61% with no disability

# “Changing the Future of Disability: The Disability Discrimination Model”

Ending Disability Discrimination:  
Strategies for Social Workers,  
2005 May & Raske, eds.

# Disability Discrimination Model

- First Assumption: Disability and Impairment not immutably linked.

# Disability Discrimination Model

- Second Assumption: Disability related impairment is socially constructed.

# Disability Discrimination Model

- Third Assumption: “Disability” is a nominal state.

# Disability Discrimination Model

- Fourth Assumption: Disability and pride can coexist.

# Disability Discrimination Model

- Fifth Assumption: Helpers must assume a “working with” rather than a “working on” orientation.