

# DISABILITY ISSUE?

—OR—

# HUMAN BEING ISSUE?

Revolutionary Common Sense by Kathie Snow, [www.disabilityisnatural.com](http://www.disabilityisnatural.com)

How many times have we thought, heard, or said things like:

1. He's very manipulative—we know children with disabilities learn to be manipulative at an early age.
2. She'll never be able to drive—she has Down syndrome (or cerebral palsy or whatever).
3. What do you expect—he has autism (or fetal alcohol syndrome or seizures or whatever).

Now think about other things you've thought, heard, or said—better yet, make a list!

How many times do we make assumptions about children or adults with disabilities that are based primarily on the person's diagnosis? How many decisions—*life-altering decisions for the person with the disability*—have been made based on these assumptions? How do we *know* the issue is a consequence of the person's disability?

Let's look at example #1. Amazingly, I heard this from different professionals, years apart. (Where *did* this mythical and goofy assumption come from?)

Physical and occupational therapists at the center where I took my young son, Benjamin, shared the manipulation story after I complained that babies and toddlers with disabilities were crying during therapy sessions. As a mother, it seemed obvious the children were in distress—scared, tired, hungry, wet, had gas, or whatever—and were communicating their distress just like children without disabilities! “Nope,” the therapists said, “kids with disabilities—even *six-month-olds*—cry just to get out of doing therapy; it's pure manipulation.” (FYI: Few of the therapists had children, so they had no experience as mothers.)

The kindergarten teacher shared a similar view when five-year-old Benjamin sat motionless, “doing

nothing,” during some classroom activities: he was “non-compliant and manipulative.” The reality was that she gave him the same paper and crayons as the other kids, instead of the materials I had sent from home. *He* knew he could not color without his easel (with the paper taped to it) and his huge markers. He did nothing because there was nothing he *could* do.

Looking at #2, how do we *know* a person cannot drive just because she has Down syndrome (or any other diagnosis)? How would we know unless she has an opportunity to try? She might need lots of practice, adaptive driving aids, etc. And maybe even then she won't be able to drive for whatever reasons, but it's patently unfair to use a diagnosis, in and of itself, as the rationale to deny her the opportunity. Consider: aren't there people who *do not* have disabilities who are lousy drivers and shouldn't be on the road—like the one next to you at the traffic light?

Now on to #3. In so many instances, a person's behavior is seen as a consequence of the disability, as in, “People with autism ‘go ballistic’ *because* they have autism.” You can substitute any other diagnosis or behavior.

More examples abound—I've heard tons from parents, teachers, staffers in adult services, and others. A child in a general ed classroom hides under his desk because he has Down syndrome. But maybe he hides because he's afraid, not because he has Down syndrome. Another child pulls a classmate's hair or spits because she has [whatever disability]. But maybe it's because the classmate teased her and she's defending herself. An adult throws his food at dinner in the EBD (emotional-behavioral disorder) residential facility—whaddya' expect—he has an EBD. But maybe he hates the food on his plate, or he's got an upset stomach, and he has no effective means of oral communication, so throwing food is the only way he

**Most of the mistakes in thinking are inadequacies of perception rather than mistakes of logic.**

*Edward de Bono*

## 2 - Disability Problem or Human Being Issue?

knows to express his emotions—and throwing food and other “inappropriate behaviors” are actually the norm in the EBD environment—the “inmates” learn from each other. Ironically, people who *do not* have disabilities who behave in the most outlandish ways often end up on the evening news or get their own reality TV shows! Go figure...

Many people erroneously perceive that every trait, characteristic, or behavior is a consequence of a person’s disability (and this perception is just that; it’s not a fact or the truth), and this can lead to a host of negative outcomes, including, but not limited to:

- We think we must address the “problem” by writing a goal to remedy it;
- The person with a disability may be punished;
- We don’t look beyond the person’s actions to discover what the real issue is;
- The person with a disability may be prevented from doing what’s important to him/her (like driving, getting a real job, being included in ordinary activities, etc.);
- “Placing” the person with a disability in more restrictive, sheltered, segregated environments.

Many of the situations we deal with are *not* disability issues, they’re *human being issues*. So it’s time to respectfully, thoughtfully, and creatively separate the two in our homes, classrooms, and workplaces; in churches, synagogues, mosques, and other community activities; in treatment settings; and during team meetings.

*Any child* who’s frightened may cry or hide under a desk; *any child* who’s been teased may retaliate by pulling hair or spitting. A person who doesn’t have effective oral communication will communicate through his behavior (so he needs a communication device). And many who *do* have effective oral communication *also* communicate through behavior: ever crossed your arms in disgust while giving a fake smile and nod of agreement? Does a person’s “inappropriate behavior” really represent non-compliance

or is he protecting himself or expressing self-direction (aren’t these valuable, normal, and healthy attributes)? Maybe he’s tired of being pushed around (literally) in a manual wheelchair and needs a power chair so he can be free!

Is a teen’s behavior a consequence of the disability or does it reflect ordinary, hormonal, teenage angst?

Is an angry outburst related to the disability or is the person stressed because his grandmother recently died? Does a person *still* need the job coach because of his cognitive disability, or is he not learning the tasks because he hates the job? Is the person having a meltdown because of the disability

or is she just having a bad day (don’t we all have bad days)? When a child responds negatively to the aide in the classroom, is it because of the disability or is he reacting to the insult to his dignity (he’s embarrassed at being attached-at-the-hip to a grown-up)?

When you’re in the middle of a situation, it can be hard to see the forest for the trees, so start by talking to the person with a disability (and presume competence when doing so). It’s also beneficial to ask others for their views; lots of opinions *and* differing opinions can help us determine what’s really going on.

Separating disability issues from human being issues can generate positive change for people with disabilities (and result in more appropriate solutions if solutions are necessary), and can also be incredibly freeing to parents, teachers, staff, etc.: “He’s being a five-year-old [or having a bad day or whatever]; no worries—this, too, shall pass.” (See the table tent/sign on page 2 that can be a helpful reminder.)

People with disabilities are more *like* people without disabilities than different: they feel, they grow, they succeed, they fail; they’re human and they have normal human experiences. Let’s not mislabel those experiences, and make things worse with inappropriate reactions, nor minimize *or* enlarge the experiences. Instead, let’s recognize and celebrate them for what they are: ordinary *and* valuable similarities that bind us all together as members of the human race.

**As a rule, we perceive what we expect to perceive. The unexpected is usually not received at all. It is not seen or heard, but ignored. Or it is misunderstood.**

*Peter F. Drucker*

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