

Facing up to disability



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Ways of thinking about and responding to disability have radically changed in recent decades. Traditionally, disability was regarded in terms of sin, karma, or divine punishment. More recently, disability was made a medical issue and defined in terms of shortcomings of body or mind, which had to be prevented or cured at all costs. In the late 20th century, people with disabilities worldwide became more organised and created national and international disabled people's organisations. They successfully demanded that disability be seen as a matter of equal opportunities and human rights, a shift which has now been described in the United Nations Convention on the Rights of Persons with Disabilities. This is a global treaty which has so far been signed by 155 states and passed into law by 127.

Disabled activists and academics make a distinction between **impairment** – in the individual's functioning – and **disability**, understood as the relationship between a person with impairment and their society. By failing to consider the needs and wants of people with impair-



Community-based rehabilitation workers can take eye care into the community, thereby increasing access for people with different impairments. MALAWI

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ments, and failing to make the world more accessible for them, society is in fact responsible for disabling people who have impairments. This is known as the social model of disability.

Disability is shaped by **physical barriers** (e.g. medicine labels which are too small for people with visual impairment to read, or stairs to the hospital entrance which prevent people using wheelchairs from going in) and **social barriers**, including

negative attitudes and cultural messages, and discrimination in employment.

Stereotypes

Stereotypes influence the ways that people without disabilities react to people with disabilities. For example, people with disabilities are sometimes considered to be childlike and innocent, and are spoken down to. People with disabilities are

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ABOUT THIS ISSUE



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I am delighted to have been asked to be the consulting editor for this special issue on disability and diversity. It covers a range of interesting articles that are relevant for anybody working in community eye health specifically, as well as in the health sector generally. As an amputee myself, I often find myself making jokes to put people at ease around me. Why? Simply because most people are not confident about how to approach or interact with people with disabilities, and humour

breaks down barriers. This journal is jam-packed full of articles that will give you information to boost your confidence. In particular, the section on practical tips for eye care workers on how to engage with people with different impairments, and the poster on guiding someone who is blind, are simple and straightforward.

The editorial, written by Professor Tom Shakespeare, until recently working on disability with the World Health Organization, gives a great overview. 'What does it mean to have an impairment?' is a wonderful interview with Gertrude Fefoame, a blind Ghanaian disability advocate and mother of three. Read about her brilliant insights and powerful solutions to barriers she has faced.

The moving story of disability from a child's perspective is captured by Maria Zuurmond's article. It demonstrates how we need to work in the most inclusive way possible for the next generation.

The articles that follow are full of practical ideas about how to make eye care inclusive and accessible. You'll find some key recommendations, an overview of what inclusion, participation and accessibility actually mean; and a case study from Cambodia.

And the articles on community-based rehabilitation and disabled persons' organisations emphasise the importance of referral to services both inside and outside of the health system.

Read on, and enjoy!