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Social image of disability. Vulnerability of the dignity of women with disability and social exclusion contexts.

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Abstract

Disability does not have nor had the same perception in all civilizations. Its treatment and considerations have been very complex and diverse within its regions and have generated multiple discriminatory behaviors. Today, we live in a new social paradigm developed with human rights in mind that people with disabilities enjoy. This new model, more human, has been adopted in most countries of the world. These rights are consistent with equality in opportunities thanks to the support in new policies and new action programs in favor of education, health, and work rights to help them enjoy their full potential.

The rights for people with disabilities has been reinforced with the support and legislative recommendations made from the European Convention for the Protection of Human Rights and Fundamental Freedom of 1953, from the Program of World Action for Disabilities (Decade of United Nations for People with Disabilities between 1983-1992), from the European Action Plan for People with Disabilities 2003 - 2010, Strategies about Disabilities 2010-2020 in the European Union. In Spain, with the law of April 7th of 1982: Law of Social Integration for the Handicapped (LISMI) and also, with the law of 51/2003, of December 2nd, of Equal Opportunities, no Discrimination and Universal Accessibility for People with Disabilities (LIONDAU).

Society has come a long way which has allowed us to change from humiliating conceptualizations like: crazy, demential, disable, handicapped, deficient, etc., to the new concept of people with disabilities. Regardless of this improvements, reality shows the precariousness situation that this people live, especially, women and girls with disabilities. They have difficulties even to be able to read and write. They are excluded from the education system, work training and some basic health services that ignore them and deny their right to reproduce and deny their sexuality. Therefore, they suffer a greater social exclusion and are more vulnerable to violence situations for multiple discriminations: to be a woman and to have a disability. They face a social image that is invisible and anonymous in our society.

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1. Introduction

The concept of disability has been exposed to multiple philosophical reflections. The oldest ones support few social criteria and fundamentally are matched to stigmatisation of pity, sorrow and mercy. The most current tones emphasise the human rights in the context of equality and development of equal opportunities for everyone.

The old historic perspective has been slowly losing away its consistence to the new coherence of new community values. Those depreciatory prejudices have given way to more favourable and serious ones about being a woman with disabilities often referred as deformed and monstrous. This formulation corresponds to the idea of a demonological model that has never considered these women as the main character of their own lives. It doesn't consider them capable of receiving any educational intervention and it implies a not very humane nor sympathetic standpoint focused on the disability and therefore these women are considered unable, demented, mad and idiots.

This so destructive image has evolved due to new sociologic contributions that focus their attention on social inclusion and on the development of a complete life. Evidently, this standpoint, observes disability from opposite view as it is located in the society itself. It is society that should get organised. People with disability are not limited by their deficiencies but by the restrictions that society applies on them.

2. History and social image of vulnerable attitudes in women and female children with disabilities

There are many examples of lack of humanity towards women with disability, i.e. those where they are considered carriers of significant faults and defects. Other paces show attitudes of indifference, despise and lack of awareness perhaps due to ignorance or to define them as "incomplete" beings.

Condillac the philosopher initially defined them as "sensitive statues", or "ambulance machines" (Sacks, 1991) and he even believed that they could not think or have organised mental activity. This statement was placed exclusively on what was perceived as normal and reasonable. The norm is the measurement (a tyranny for these women with disability) that transforms everything we are into something good or something bad. They were judged as antisocial, useless and despicable beings. It was believed that their organic imperfection was a punishment from Divine providence. The concept imposed by the Middle Age philosophy was based on "the perfection", in all orders which was the principle on which "the perfect beauty" was also based. Consequently, this led us to interpret deafness, blindness, intellectual deficiency, mobility disorders and in general any disability as a limitation and a lack of balance that prevented from approaching the truth (the knowledge) and the beauty or perfection.

Aristotle supported with his Theory of Knowledge (according to Fray Perez de Urbel, 1973) that "there is nothing in the brain that has not before passed by the senses". Therefore, some consider that in order to control the language, this one has to be perceived by the ear, but if it is faulty, as in the case of deaf women, these ones can not generate any thoughts as that is the funding of the language abilities. Clearly, it is not said that they lack of reasoning, judgement or thinking.

Hippocrates (460-356 B.C.) and Herodotus (484-424 B.C.) expounded their little appreciation for women with disability. They even declared that disabilities are an incurable disease, either because the impediment attacked the hearing and speech organs or because stopped the sufferers from thinking up and from processing ideas.

The rejection towards people with physical impediments was obvious and often visible in Rome. The Legal Acts I and II of Platoon described how to the upbringing and education of people have to be. It is the theory of a philosophical suggestion ruled by the norm, which in this case were the perfection and the rule that controlled the roman society: "the perfect beauty".

Platoon believes that education should be concerned about diffusing the maximum beauty and the maximum excellence of the bodies and the souls. In the case of deaf women, blind women or women with any other kind of disorder, they show the weakness and it was accepted that they were "not beautiful" "not normal" women and therefore people without rights in the community.

Christianism perceived all these people as beings worthy of mercy and Christian charity. In the Old Testament we find several references to deafness blindness and paralysis but they are acts of God. In this sense prophet Isaiah

(chap.35;4-6) highlights the connection between the situation of people with disabilities and the Highness of the Providence: “If so is the deaf, it is because that is how God wanted it”. “The Highness, therefore who gave the man mouth and tongue to speak, is the one that, by his adorable, fair and incomprehensible judgements makes some men deaf/mute, and gives some of them the sight and wants other ones to be born blind.”

This statement denies any possibility of a physical, medical or therapeutic solution. We can also find a God of love and charity that offers sympathy to the deaf and to the blind individual as mentioned on (Leviticus, chap.19): “You won’t curse the deaf”.

Saint Augustine supports the thoughts of St Paul and collects it in his Letter to the Romans (10-14) where he affirms that faith goes in through the ear and the ear through the word of Christ. This statement from St Augustine argues that the ones without ear cannot hear and the one that cannot hear will never be able to understand and reach faith. He shares the thoughts of Aristotle but had a great influence on the Catholic Church which wouldn’t let people with disabilities to be order monks or nuns. They were also denied the sacraments.

In the middle Ages negative attitudes were kept against women with disabilities. They are seen as mentally retarded and they receive the name of “innocence” because it’s believed that they will only get to have a cognitive capability equal to the one of an underage girl.

The Renaissance meant a profound change. Fryer Ponce de Leon, (1520-1584) devoted his life for first time in the world, to teach speaking to several deaf/mute in the Benedictine monastery of Oña (Burgos). He educated two deaf/mute brothers, sons of the brother of Castile’s Condestable. One of his pupils, Francisco, got to learn to speak, read, write, pray and handle the sword, managed to become the heir of all the family goods that by royal order were denied to any person with disabilities. His brother, Peter, became a Benedictine monk after being able to speak, express himself in Latin and acquiring knowledge in geography. But it was needed to request an order from the Pope, to carry out his religious life as a Benedictine monk in the monastery of Ona as the use of speech was kept banned.

But the notability of this fact highlight –which is why, gets even more of his attention- the treatment that was given to two deaf sisters like them. These women, who belonged to the same family and the same lineage as the brothers, were also given away to the nearby monasteries in the same area as their brothers. But no one worried about their education. None of them, even knowing the successes of their brothers, received education or managed to speak or to pray in Latin. The multiple discrimination that they suffered, covers the family, social and educational context.

In 1771, the first special school for deaf/mute was created in Paris, France. In Germany, the educational process disposed that women with hearing difficulties spoke and learnt several arts and sciences. In Spain, in the words of Hervás and Panduro (Spanish School of Deaf/Mute, 1795) that belonged to the Company of Jesus, their relationship with the deaf girls was of very little concern as they suffered a totally abandoned childhood. The first schools for their education turned up in 1802 with the creation of The National School of Deaf/Mute and Blind in Madrid. The backing and support of the Law of Public Instruction of 1857 favoured the creation of several national schools for deaf/mute and blind females leaving aside many girls with other disabilities. This way the School of Santiago de Compostela (1864), the one from Burgos (1868), the one from Salamanca (1863), Saragossa (1871), Seville (1873) and Bilbao (1895) were created.

In the 20th and 21st Century, the social inclusion of women and girls with disabilities is an aspiration to reassure everyone a life in common.

3. Change of attitudes

The concept of “normalisation” allows recognising the others and at the same time allows considering women as a person with individual characteristics. These ideas of integration – nowadays called inclusion – are based on the philosophical fundament called “Social Principle.” This social principle maintains the presence of other in the same social context. It advocates life as equals, sharing the same normalised context. These criterion and principles of integration were adopted in the 20th Century during the decades of the 60s and the 70s by the majority of European countries. They all demonstrated themselves to be sensitive and welcoming towards this philosophy of equality. This is a new stage where the attention to children, physically, sensory and intellectually disabled, was started. It is a new social, cultural and educational paradigm that frames diversity within the integration or exclusion of a more comprehensive society.

Gugu Kristoffersen, President of People with Disabilities, Denmark, highlighted with precision in the Reunion of Helios Workgroup (Valladolid, 1991) how the tendencies and services for people with disabilities should be in the 21st Century and indicated the changes to be done in order to allow these people to enjoy a complete life:

- from the charity –to the rights
- from the obligation –to the offering
- from the treatment –to prevention
- from attention to detail –to attention of vital situations
- from the doctors monopoly –to multiprofessional collaboration
- from a model of device/error –to a model of relationships
- from a static view –to a dynamic view
- from focusing on the handicaps –to focusing on the resources
- from focusing on risk individuals –to focusing on risk environments
- from no education –to a lifetime education
- from closed systems –to open systems
- from total institutions –to alternative homes
- from considering the parents as psychiatric cases, as necessary evils –to considering the parents as equal partners, as necessary goods
- from an invisible clients –to the visible citizen.

4. Recognition of vulnerable situations that affect the dignity of women and girls with disabilities.

The subject of women and disability has been triggered as a study field in the last few years as we have met many problems to know its reality. The female beauty was synthesised in the pattern of the body of a white sane, slim and universal prototype woman across the world and this archetype is a not so real image of her own body to the woman with disability. The physical image reaches an excessive relevance and as counterpart generates inhibition, weaknesses and lacks in many personal relationships. The positive stereotypes in favour of the gender (male) and in favour of people without disabilities are still kept causing a higher discrimination of the woman with disabilities.

From the CERMI and his “Gender Equality Plan for Entities of the Disability of the Third Sector” (2011, pages.24-27), a study has been carried out about the keys of gender in organisations with disabilities and is being stated that the conditions of employment for women with disability are of inferior quality, have few affective possibilities for reconciliation and have a lack in areas of health, violence, sexual and reproductive rights. Other lacking situations have been identified by The International Classification of Functioning of Disability and Health (CIF), showing as negative aspects of women and girls with disabilities: the lack of human relationships, the health problems, negative attitudes and access difficulties, together with other lacks due to a higher social support and embrace.

Peláez, Narváez, A. (2013, pages 15-22) Gender Commissioner for CERMI, explains some discriminatory data of women and girls with disability:

- 80% of women with disability are victims of violence and are at four times higher risk from suffering sexual violence than the rest of women
- violence in women with disability is practised by people in their surroundings (healthcare professionals, carers or aiders)
- showing a disability is a factor that increases significantly the risk of abuse
- minors with disabilities suffer higher rates of abuse (23.08%)
- many girls and women with disability are deprived from the right to start a family
- girls and women with disability are exposed without consent to forced sterilisation and to coercive abortion (mainly girls and women with intellectual or psychosocial disability)
- the decision of sterilising a girl or a women with disabilities is made in the majority of cases by their own relatives or the registered person within the institution.

These difficulties are shared by Tardyón, Olmos, M. (2013), who suggests that if to being a woman with a disability we add an age factor, we are increasing the degree of frailness and it is increased even more if these women are found to be in situations of grave or very grave dependency. It refers to the entire context whether it is the home address, an emergency room or an aged care facility.

The WHO report (2011) considers that women with disability across the world reach lower results in the educational, sanitary and economical environments than the ones of women without disability. They account for much higher poverty rates than women without disability. Some features of their vulnerability are linked to the abuse of women and girls with disability, with age, with education, with the lack of mobility, with social isolation and with depression.

In the social scope, studies highlight that the mortality rate is higher for girls and women with disability due to medical negligence and lack of medical attention. On the other side they face grave risks of gender violence by HIV infection and by the widespread belief that people that suffer from HIV can be cured by having sexual relationships with a virgin. People with disabilities are also virgins due to sexual inactivity and they are also exposed to this risk.

The violent behaviours in women with disability, obey factors related to the difficulty to physically defend themselves from the provoker. It has as counterpart, that these women and girls present difficulties of communication and notification of the abuse. They have major problems to overcome the access barriers to information. They don't dispose of optimum accessibility to receive education and a good advice. They confess with a very low self esteem and afraid of exposing and showing the unfairness that they suffer. They are scared of explaining the abuse due to the doubt of not being certified credibility and because of being scared to lose affective links.

Other situations of abuse match the liberated use of physical strength and the power of verbal threats. These psychological damages degrade the dignity of women with disability due to self blame, humiliation, isolation and the control of their lives. Violence is added up in constraints and accusations such as: abandoning the home, imputation of an infidelity, denial of money, of the phone to leave her without communication, of the control of her own documents, of her possessions and of even her pharmacological treatment or her children's. Other weak factors are the lack of education, the digital illiteracy, unemployment, lack of opportunities to access the work market in addition to precarious income that are under 60% of the salaries of the workers in this country (Spain).

5. Conclusions

The financial difficulties make people with disabilities more invisible.

Disability in women adds a multidimensional factor that is poverty.

Development policies are still required to achieve rights.

The denial of human rights at the level of health, employment and education determines their situation of generalised poverty and social exclusion.

It is required to include disability as a transversal axle in all development of policies bearing in mind the perspectives of gender and disability.

For a complete life, social inclusion must demand the universal access.

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