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Cultural Disability in Nigerian Society

Education

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ABSTRACT

The concept of Cultural disability has been investigated from various cultural perspectives across the globe. The authors explored how services and how specific support networks have been provided to people with disability in Nigerian Society. Both developed and developing societies have had to deal with unique challenges in monitoring services for people with disability regardless of the geographical location; financial resources, accountability, and adequate staffing are primary problems to the delivery of services to the disabled. Prospects and challenges facing people with disability make for policy reforms and advancements in special education in Nigerian Society.

Introduction

Culturaldisability is perceived differently by different cultures and such perception shapes the kind of services rendered. Services in developed societies may for example include delivery of educational; counseling; health coverage and many other related services, while in developing societies, services may not be available. Partial or total excommunication of those with disability is seen. One of the reasons for lack of services and partial or total excommunication in some of these developing societies is negative perception held by societies regarding people with disabilities. For example, in some developing societies, people with varying levels of disabilities are perceived negatively because of the assumption that such people are cursed, or that their fore fathers must have committed unforgivable sins against the societal guarding gods (Eskay, 2001**).**

With differences about how people perceive and treat persons withdisabilities, services such as education, counseling, health coverage and so many other services are denied, including unnecessary delays and diversion of funds earmarked for assisting people with disabilities by the United Nations Educational and Cultural organization (UNESCO 2004), it therefore becomes necessary to explore the role of society in exacerbating cultural disability in Nigeria.

This article is organized into three major components: characteristics of cultural disability; **conceptual concepts across cultures**; and services available. The first section provides an examination of the concept of disability and culture. The second component presents a discussion of the common concepts found across multiple cultures, and the third component provides a discussion of the services available to the disabled, and finally a conclusion to the article.

Characteristics of cultural disability

Characteristics and interpretation of those characteristics are dramatically influenced by the culture in which the individual with disability resides; the governmental bureaus responsible for the oversight of programs for the disabled are affected by both the culture as well as the handicapping condition. Adding labels to people with disability imposes severe limits to them from a cultural, social and economic perspectives; this limitation imposed isolates them from the culture and the workplace.

Culture

Culture can be seen as a "tradition;" written or unwritten, oral or expressed gestures adopted for transferringcultural heritage from one generation to another. The development of genetic theory came to view culture in a traditional sense as a "kind of gene pool" exiting at the level of social symbolism and meaning rather than biology and with ideation rather than material existence (Kroeber, in Banks 2001).

Prior to the twentieth century, the term culture was used by elite and powerful groups to utilize existing limitations of others and their related cultures to maintain a status quo. People who were knowledgeable in history, literature, and fine arts were said to possess culture (Gollnick and Chinn 1998); those who did not possess this knowledge were viewed as lacking in culture.

Early in the 1900s, this approach of viewing culture was criticized for being toonarrow, biased and highly suspect. At this time, culture was defined and viewed differently from previous perspectives. According to Erickson (in Banks 2001), culture can be seen as "cultivation." This implies a distinction between culture and the nature. For example, cultivating the soil leads to having fewer weeds than leaving the soil in its natural state; one needs to know that the distinction between what is considered weed and what is considered plant is cultural.

The work of Bourdieu (1977) and Barth (1989 in Banks) saw culture as a "social process;" their works emphasized the diversity which emanated from the richness of individual cultural knowledge. Culture, as a social process from the perspective of Bourdieu and Barth, emphasized three points: (a) there is a systematic process in the allocation of power; (b) a social conflict uses both tradition and conflict to systematically generate a new order of behavior within and outside of that culture; (c) human interactions, agreement and conflict, are cultural tools a culture may use to realize a new order, or to restructure an older order.

Culture can be seen as a "construction." Culture constructs us and we in turn construct it. Cultural construction implies all thoughts, feelings, and human activity are not natural; but, they are the result of historical experiences that become an integral part of culture. In comparison of small scale (agrarian society) to industrialized societies, culture is seen to be different across the globe. These differences emphasize the way and manner people with disabilities are and have been perceived and have been treated across the globe.

Cultural artifacts, such as blue jeans, popular music, cowboy boots, and popular clothing, are seen and regarded as diverse examples of a developed culture. These examples could be valued positively in this society; however, from a developing society, these same examples would be regarded as without value to that culture and society.

Today, the academic world and the mass media are full of stories with reference to 'youth culture,' 'political culture,' or 'organizational culture.' The term culture has become so trendy that it is used as a substitute for more specific words. Most cultural anthropologists would define culture as a total way of life for a society, its traditions, its habits, or beliefs (LaGuardia and Guth 2003). Specifically, Goodenough (1987) sees culture as "a way of perceiving, believing, evaluating, and behaving." His views of culture provide a blue print that provides a method of examining how individuals may think, feel, and behave within a society. LeVine (1984) sees culture as "...a shared organization of ideas that includes the intellectual, moral and aesthetic standards prevalent in a community and meanings of community actions."

Disability

The World Health Organization (1990) defines disability as "an impairment or abnormality of psychological, physiological or anatomical structure or function; a disability is any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being; a handicap is a disadvantage for a given individual, resulting from an impairment or a disability, that prevents the fulfillment of a role that is considered normal (depending on age, sex and social and cultural factors) for that individual."

This definition draws attention to three terms: impairment, disability and handicap; the uses often used interchangeably results in confusion between two of the terms "disability" and "impairment." The same can be said for the terms "disability" and "handicap;" their use also creates confusion in both how they are used as well as how they are defined.

The World Health Organization in both 1990 and in 2000 adopted an international classification of impairments, disabilities and handicaps; this classification system suggested a more precise approach to defining disabilities from an international perspective. The International Classification of Impairments, Disabilities, and Handicaps (Bickenbach 1999) made a distinction between impairment, disability, and handicapping condition. It has been used in areas such as rehabilitation, education, statistics, policy, legislation, demography, sociology, economics and anthropology (1999).

A collective view of cultural disability

One's disability and one's culture are central to determining the position or the status the individual is given in a specific society. Often one's disability conforming to social expectations frequently is rewarded for that behavior.The culture tends to accept those who are willing to conform to given values, standards of behavior, and ethical concerns. Cultural understanding is also shaped by the meanings attached to various behaviors by the social and economic organization of a given society, or by other internal and external cultural dynamics, a culture imposes standards upon all citizens of that given culture. Murphy (1990) indicated that disability has been defined by society and is given meaning by a culture; therefore, there are various cultural perspectives of what disability is and how disability in people is perceived and treated in various cultures.

From the cultural perspective, large and small scale societies perceive disability differently. In small-scale societies, close interactions between individual members are the norm; each individual may have extended and multi-strand relationships with other members of that society (Scheer and Groce 1988). Individuals may interact in the course of economic production, during leisure time, or while participating in the arts or ceremonies. The social identity in these small-scale societies is based on family clan and other characteristics and not on the individual's physical characteristics.

Eskay (2001) and Obiakor (2004) findings corroborated the work of Scheer&Groce (1988) that the cultural perceptions and treatment of people with disabilities in large and small scale societies differ, and that "The cultural perceptions of special education administrators in developed and non developed countries" differ also.Obiakor (2004) similarly observed that the present negative perceptions of people about disability and persons with disabilities in Africa are gradually changing and adduced the following objectives asimportant reasons for such negative perceptions in most small scale societies to be upturned. The objectives noted are: (a) to develop the latent physical skills; (b) to inculcate respect for elders and those in a position of authority; (c) to develop intellectual skills; (d) to develop character; (e) to acquire specific vocational training and develop a healthy attitude towards honest labor; and (f) to understand, appreciate and promote cultural heritage of the community at large.

Conceptsassociated with disabilityacross cultures

As we grow in our knowledge of the dynamics surrounding the concepts of culture and disability, we began to realize that individual perceptions and language play a vital role in our understanding of who we are as a people and as a culture. According to Beatrice Wright (1960), "language is not merely an instrument for voicing ideas but that it also plays a role in shaping ideas by guiding the experience of those who use it." Scheer and Groce (1988) point out that when different cultures use positive language to describe individuals with disabilities, these individuals with disability end up integrating well into the society.

Body

The body as a concept across cultures was universally recognized as having a purpose, a function, and a value, which aided in the survival and the advancement of a given society. The purpose, and inherently the value placed upon the body were contrived through a number of factors (i.e., industrialization, social status, or gender). Although the body was capable of having multiple purposes and varying degrees of value, it was perceived as functioning as a complete whole, a oneness within itself. The whole body was perceived as being erroneous if one aspect of the body was amiss. The concept of 'spreading' was applicable to various levels of disabilities and in various contexts (physical, social, or events) across different cultures. For example, if a woman was incapable of walking, she was also perceived as being incapable of having children. If a blind person could not see, it was sometimes assumed that he could not hear, though of course there was no necessary connection. The ethnographic essays in the Ingstad and Whyte book provided three different functions of the concept of 'body'; a symbol of physical beauty, a store house for the soul, and a medium for action.

For individuals who were not born with disabilities, the process of coming to terms with its impact upon the body involved a huge psychological and physical re-adjustment. Conceived as a medium for action, when the body was no longer able to perform the functions or the roles it had in the past, life ceased to exist as the person knew it. What once was a form of self-identity (roles and responsibilities conducted by the body) now becomes subservient to the disability. Research performed by Monks and Frankenberg (1995) in the United Kingdom, recognized the 'body' as functioning in three different and integrated modes; incarnate, corporeal, and somatic. It was impossible to impact one aspect of the body without intruding upon the ability or the function of the other two modes. According to an account of Monks and Frankenberg's research on the three modes, the following is a description which most newly impaired individual was likely to experience: 'the body-its corporeal or physical aspect-was no longer an efficient and reliable instrument. It seemed to set its own agenda and have its own requirements, which competed with and inconvenienced preferred activities. In

that the physical body provided means through which the self, as incarnate body, performed its social roles, these too had to be re-negotiated' (1995, page 111).

Identity (Stigma)

Identities and stigmas across the different cultures were universally imposed upon the disabled by the able-bodied individuals. According to Murphy (1995), in the United States, regardless of what the physically challenged people may think of themselves, they are given a negative identity by society, and much of their social life is a struggle against this imposed image. If the people were stigmatized, the disability was considered their primary identity, while previous jobs, roles, or activities were perceived as secondary or of little importance by the able-bodied in such community. Cultures that stigmatized individuals with disabilities created an environment which fostered a preoccupation with the disability. As a result of this stigmatization, individuals with disabilities were often cast into the same lot and social status as criminals and certain minority groups: they were all seen as outsiders, deviants from social norms. One's identity as a disabled person became paramount in one's own mind, and the disability an axiom for one's actions, so too is the other's reaction to the handicapped person overwhelmed by the flaw (Murphy, 1995, p.140).

Conversely, cultures that avoided the stigmatization of the disabled had different perceptions of the ability and roles of the disabled. For example, the Maasai of Kenya avoided stigmatizing the disabled, regardless of the extent of the disability. According to research conducted by AudTalle (1995) on the Maasai of Kenya, physically challenged persons were expected and encouraged to marry, become parents, and participate in all communal activities to the best of their abilities. For the Songye of Zaire, deviations in the body (at birth) can induce a higher, lower, or undetermined status in comparison with able-bodied people. Therefore, not all deviation was stigmatizing, and not all persons with disabilities were marginalized because of their disability.

Research conducted by Frank Bruun (1995) on the disabled person in Nicaragua, showed how disabled war veterans were given a positive identity for their heroic efforts in serving in their country's war. Disabled individuals during the war were regarded in a positive light and given preferential treatment in comparison to individuals who are disabled by other means (i.e., congenital, farming). Although many soldiers experienced a reduction in their old identity by their inability to fulfill their former roles (through work or in social events), the identity given to them by the government often resulted in a new higher status in comparison to their previous status.

Labeling

Disabled people are as diverse as the rest of the population, both in terms of personalities or impairments, and grouping them together under the label 'disability' encouraged a false homogeneity in perceptions of those people (Lewis 1995, page 3). The process of labeling did two things. Labeling presupposed a certain familiarity with the contents under the label, and it provided a method for categorization.

Research conducted by Scheer and Groce found that the process of labeling was displayed more often in complex societies, as opposed to small-scale societies. In small-scale societies, during the eighteenth and nineteenth centuries, regular face-to-face contact between community members was the process for communicating and interacting. Individuals were related and connected to each other in diffused social roles and contexts. In such situations, a single personal characteristic, such as a physical disability, did not generalize to define the persons' total social identity. On the other hand, in complex societies, social relationships and contexts were more impersonal and task specific, and individuals were not related to each other in varied contexts. Accordingly, visible physical characteristics were commonly used to classify and socially represent the individual's identity.

Liminality

Turner in 1967 coined the phrase 'liminality,' to describe the process of changing status that an individual with a newly acquired disability would experience. However, the term liminality was used across different cultures and with slightly different interpretations. In interesting notation was the difference in perception of the liminality phase between the able-bodied and the disabled. As liminal people, the disabled comforted each other as whole individual, un-separated by social distinctions, and often exhibited a level of comfort not displayed in other relationships between able-bodied individuals. This lack of clarity on identity and social roles often caused able-bodied individuals to resolve their indeterminacy by segregating or avoiding liminal people (Murphy 1995, page 155).

In an effort to understand disability as a social deviancy, Murphy (1988), used the framework of the liminality concept. According to Murphy's research, the life histories of people with disabilities were seen as arrested and dramatized in a 'rite of passage' frozen in its liminal stage. Liminality, a concept closely related to rites of passage, had three phases: isolation and instruction of the initiate, ritual emergence, and reincorporation back into society in the new role. It was during the transitional phase from isolation to emergence, the person was said to be in a liminal state literally, at the threshold-a kind of social limbo in which the impaired person was left standing outside the formal social system. Thus for a newly impaired individual their state of being was clouded and indeterminate, falling ambiguously between sickness and wellness, living and dead, participation and exclusion (1995 page 109).

The concept of liminality varied even more when used in small scaled societies in comparison to complex societies. For disabled children in the Songye culture, their condition was considered liminal and not their personhood. For the Songye, the issue was not the visible disability, but a solution for solving the disability. Thus a person with a disability was not seen as abnormal, marginal, or deviant, but was seen as having potential with a right to development (Devlieger 1995, page 96).

Liminality within the Punan Bah culture, similar to Songye, had nothing to do with disability, but with either kinship or personhood. Failure to marry or have children placed a person in a liminal state, where they were neither child nor fully adult but an in-between person, a child-woman, or child-man (Nicolaisen 1995, page 50).

Personhood

The concept of personhood can be categorized into three different dimensions or into three different characteristics. Personhood, according to Ingstad and Whyte (1995) was characterized as something that an individual could deny another person from having, similar to that of individuality, respect, or livelihood. In other contexts, Gollnick and Chinn (1998) described personhood as having a cultural dimension which was seen as central to the cultural understanding of disability, and was characterized as a phenomenon that was capable of being shaped.

In the United States and the United Kingdom, personhood was closely linked to the physical body. Therefore, individuals with physical disabilities were 'denied' personhood by able-bodied individuals. The denial of personhood took the forms of avoidance, auras of contamination, or devaluation. Disabled individuals, who internalized this denial of personhood, often participated in self-devaluation. In accordance with the ills of

contamination, the disabled in America were seen as pulling back into themselves by their own sense of loss and inadequacy, an impulse to withdraw that conspired with their devaluation by society to push them further into isolation (Murphy 1995).

The Impact of recognition on disability

The theme of recognition was identified in both small and large-scale societies in the social interactions depicted between the non-disabled and the disabled. The importance of this theme lies in the identification of its existence and in understanding its potential impact, positively or negatively, upon the disabled.

In the analysis of the recognition theme, we applied Charles Taylor's views on *Multiculturalism* (1994). His research on "Multiculturalism" was that "our identity is partly shaped by recognition or its absence, often by the misrecognition of others, and so a person or group of people can suffer real damage, real distortion, if the people or society around them mirror back to them a confining or demeaning or contemptible picture of themselves (page 25)." Taylor's work is significant in understanding the social interactions and relationships.

Although the concept of recognition existed across the different cultures, there was a distinction between large and small-scale societies in their perception of the disabled. This distinction raises the question, "how is it that societies can recognize the same phenomenon but arrive at different conclusion about the phenomenon's value?" One could argue that the 'perceived' value of a phenomenon, meaning its ability to aid in the development of its society, will determine whether it is perceived positively or negatively. Inherent in this claim, is the argument that once a phenomenon changes its ability to aid society then its 'perceived' value would also change. However, in looking at the plight of ex-convicts, minorities or the disabled, it becomes clear that there are other factors used in determining the value associated with a specific phenomenon. Despite their ability to add value or to further the development of their society, ex-convicts, minorities, and the disabled in America are to a certain degree still perceived negatively.

Services Available

Services for the disabled could be considered to be as simple as identifying assistance for transportation to and from a specific vendor; or it can be as complex as obtaining funding for a community heath project. Whether one is considers small or large scale societies, there are many factors (2006), both internal (2005) and external (1992), imposing barriers against adequate and appropriate services being provided or being made available to the disabled.

Developing Societies

A key internal factor which militates against developing societies receiving adequate service is that of funding which has been linked to social perceptions (Eskay, 2001).

The amount of funding for research on a disease is associated with the burden of the disease; however, different measures of the burden of disease may yield different conclusions about the appropriateness of disease-specific funding levels.

Creation of service centers, rehabilitation centers, in some developing societies has been met unfortunately with resistance from both the local citizens as well as local governments. According to Roth (1983), this resistance has resulted in diverting aid intended for opening rehabilitation centers to other projects. The local governments have not viewed these centers with the same sense of urgency as does the disabled. Without appropriate aid, the disabled will continue to receive inadequate rehabilitation, education, and job training (2005). Roth suggests that more human resources (e.g., special education teachers, experts in rehabilitation programs, etc.) be included in attempts to develop rehabilitation centers, or programs instead of providing financial resources (Roth 1983).

Policy makers in either small or large societies impact directly and indirectly the daily lives of the disabled (2005). Within small societies, the policy maker has greater interest in getting re-elected and providing service to more influential community leaders than to consider minority groups such as the disabled. As policy makers consider appropriation bills, budgets, and funding within this small society, the disabled lack a powerful voice to express their position and needs. Being excluded from budgets and appropriations presents a never ending cycle for neglect and a worsening of existing conditions. Exclusion from the appropriation bill, for the disabled, will mean less educational resources and a decreased opportunity of being mainstreamed into the dominant society. Unfortunately, the few politicians who do understand the needs of the disabled carry very little political clout. After becoming frustrated, these individuals will often turn their attention to international sources for funding needed to erect rehabilitation centers.

Developed Societies

The disabled in developed societies with the help of international organizations, such as the World Health Organization (WHO), International Labor Organization (ILO), and other political/social organizations, have been successful in using the political organizations to gain recognition and integration into mainstream society (Shukshin 2005). Many of the developed societies are noted for their rapid recognition and integration of various interest groups; several example would be: the United States, England and Wales, New Zealand, Finland, Norway, and Sweden (Mazurek and Winzer 1994). Within these countries, the disabled enjoy the same rights and privileges availed to their able-body counterparts (See generally Disability Rights 2007). As a result of their efforts, a number of public policies and laws have been passed protecting interest and rights on issues of education and discriminatory practices found in the public and private sector about the disabled.

With common and shared ideology that all disabled individuals should be recognized as equal citizens, treated with respect, and enjoy the rights and privileges of the able-body, developed societies have begun to spread a common message and have used various resources to strengthen that message – the disabled should be treated with equity; much of the developing societies have been quite slow in responding to this flow of information. With the support from international organizations, such as WHO and ILO, developed societies had begun to sponsor rehabilitation programs in developing societies through funding, research monies, human resources, ideological transfer, equipment, and maintenance. Due to language, culture, and ideology barriers, rehabilitation centers have not been as successful in some developing societies in comparison to their large-scale counterparts. These traditional barriers have enjoyed a long history for neglect for much of the disability and disabled. Few of the developing communities have been able to create, to fund, or to maintain rehabilitation centers successfully over a period of time.

Services for the Disabled

There are many gains for implementing services in both developed and developing societies. From many different perspectives, the gains are seen by the quality of life for the disabled; much of the research has reflected benefits to the entire economy through increased supply of human capital and an increase in productivity by disabled workers.

From various countries and many different governments, the disabled have been reported as generating a greater sense of belonging and an increased state of self-actualization when they were made to feel "included in that society." Society is able to assure this 'feeling of belonging' by providing the appropriate resources (medical attention, employment opportunities, job training, education, and adequate housing), to the disabled and their families (Batemann 1992). Appropriate job training and education for the disabled create a sense of financial freedom and independence; failure to provide the appropriate services to the disabled could result in psychological complications or even death (Hardman and Wolf 1993). Additionally, the disabled and their families could be subjected to ignominy resulting in public embarrassment for both the disabled and their families. A driving force for change within the educational services has been connected to federal, state, and local government enforced laws and policies.

When the National Commission on Excellence in Education produced its report, A Nation at Risk (1983), this document paved the way for additional governmental intervention into the field of education; this also included the disabled and all of the associated rights and benefits. For example, *Public Law 94-142, part B of the Education of the Handicapped Act (1975),* states that all disabled children in the United States are entitled to a free and appropriate public education. Provisions were also made to include services around employment, medical services, and to public and private accommodations (e.g., hotels, theaters, restaurants, grocery stores).

Conclusion

In any dynamic society (developed or developing), all areas of human activity are undergoing tremendous changes. New ways of doing things and new problems emerge as old ones are resolved. Both developed and developing societies have made tremendous efforts to combat problems facing people with disabilities in their respective countries. Despite some of these efforts, small scale societies compared to large scale societies are "theoretically" pursuing the "full" recognition and acceptance of people with disabilities into the mainstream of everyday life. This is mostly due to the ingrained cultural beliefs of these people with disabilities.

Disability is defined, perceived and treated differently in every culture and the definition, assignment of meanings and perception of disability account for the reason for legislation, legal mandates, service delivery and the kind of education given.

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