Chapter 35
Changing Socio-Cultural Models and Policy Programs in Rehabilitation of Persons With Communication Disorders

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ABSTRACT

The history of rehabilitation of communication disorder has journeyed from magical-religious conceptualizations through biological-medical approaches to the contemporary rights-based paradigm, wherein the person-in-environment is emphasized. The understanding of its nature and characteristics, classification, etiology, treatment, social perception, and practices, including law-making about the affected persons, have all moved in tandem with the temper of the times. This chapter attempts to outline the salient course of these changes under two sections: (1) changing models and paradigms and (2) impacts on policy programs in areas of health, education, economy, housing, and social security with special reference to the Indian sub-continent. Illustrative domains of social change in areas of education are specifically highlighted with appropriate case vignettes. The endnote raises oncoming challenges, issues, and problems related to communication disorders in the emergent dynamic socio-cultural matrix for generation next parents and children.

INTRODUCTION

The greatest discovery of all times is that people change the world by merely changing their own attitude! – Oprah Winfrey

The concept of normality subsumes adjacent layers of abnormality, sub-normality, and para-normality. People exist in a variety of hues. Differences, disparity, and dissimilarities are the existential reality although similarities, similitude, and sameness are a fostered norm. Social systems are created or carved

with the typical in concern. Society thrives on a myth of equality (Stamos, 2013). For example, available footwear, furniture, garments or gadgetry are made on assumed average sizes. Those in outside layers, despite grave personal difficulties, have to perforce take the mainstream or center course (Clarkson and Clarkson, 2016; Ngugi, 1993). To an extent, it is all right to talk of the average, typical and normal for footwear or garments. What about other human attributes and behaviors? The situation can become devastating for the individual. A left-handed in the world of right-handed, dark-skinned among fair complexioned, obese among thin companions, Lilliputian among giants, aggressive among unassertive, introverted among extroverted, a foreigner amidst native speakers, illiterate among literates, the uninitiated among computer savvy are all vivid examples of such a predicament (Koretsky, 2007; Simmons, 2002). Notwithstanding all this, society is made for the supposedly typical. In doing so, all differences are sought to be obliterated.

Stereotyping and Labeling

The easiest way to mask differences is stereotyping. It is an oversimplified, usually pejorative attitude that people hold towards those outside one's own experience of who are different. Persons are often viewed under various stereotypes. There are gender stereotypes, only-child stereotype, or person with disability stereotype. Single children are believed to be bossy, aggressive, selfish and spoiled. They are presumed to have imaginary companions to compensate for their loneliness. Similarly, persons who stutter are viewed as shy, nervous, guarded, self-conscious, anxious, hesitant, introverted and diffident (Crutchfield and Wang, 2016; Klassen, 2001). Persons with disabilities (PWDs) are 'different' from their non-disabled peers, or that they belong to a 'lesser' category, while a successful 'handicapped' person is hailed as 'superhuman'. The burden of disability is viewed as an unending saga of sorrow. Able-bodied persons are considered to be under obligation to help PWDs. Those with intellectual disabilities are considered as 'holy innocents endowed with special grace and are meant to inspire others to value life' (Nario-Redmond, 2010). A stereotype, also erroneous, is the view that disabled is a wheelchair-bound person. This is partly because that is the symbol allotted to them, or also since, many leaders of disabled people's organizations fit into that image (Shakespeare, 2013; 2006).

The problem with stereotypes is that it will implicitly or explicitly influence the self and other perception of the affected as well as people around them. Naming or labeling has the unique power to influence a person. The moment a child is named 'autistic', for example, everyone around will start expecting and viewing every action of that child as an inherent feature of that condition. If the child laughs, then it is viewed as a symptom of autism. If he cries, that is also deemed as characteristic of that condition. Whether he looks the other way or stares at you, clings to his mother, eats or refuses to eat, or play-each and every action are attributed as 'autism' (Green et al. 2005). Many times, implicitly conveyed expectations of others will itself prompt the person to behave in a manner that fulfills their expectations! When a mother keeps telling her child that she is a fussy eater, the child turns out to be one. This phenomenon is called 'self-fulfilling prophecy', 'Pygmalion Effect' or 'Rosenthal Effect'. If a teacher expects enhanced performance from her pupils, then the student's performance will be actually enhanced. The reverse is also true. It is a kind of observer-expectancy effect that works. When people say you are dumb, you feel dumb. This is best exemplified in persons who stutter (Hulit, 2004; p. 198). When a child is repeatedly told that she cannot do it without help or she better not try doing by herself, the child will then never give a try. It cripples her willingness to act. Even as the phone rings, if the stutterer approaches it reluctantly expecting to stutter, he will end up doing exactly the same (Rentschler, 2012; p. 154).

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