

DYNAMIC DISABILITY:  
The Disability Experience Around the World

Via a varied range of study abroad programs located throughout the globe, the Office of Study Abroad (OSA) at Michigan State University (MSU) provides students and faculty alike, with an extremely unique opportunity to both challenge and confirm the cultural context from which they come. Whether such an academic adventure abroad serves to question, or reaffirm previous perspectives and prior perceptions, the new found understanding undoubtedly adds to the ideological arsenal and contributes to the character content of the individual who experiences the ever exciting educational endeavor entailed in studying abroad. My unique opportunity occurred this past summer, when I participated in a program titled, “Disability in a Diverse Society.” The program, which took place in Dublin Ireland – more specifically, at Dublin City University (DCU) – provided a very vivid and intensely intricate illustration of another cultures concept and approach toward disability.

In order to properly comprehend the ways in which traveling to Ireland for the study abroad program mentioned above impacted me, one must first understand the context from which I come. My name is Piotr Jozef Pasik. I was born two months premature on September 5th, 1983, and diagnosed with Spastic Diplegia shortly after birth. A neurological condition – more commonly referred to as Spastic Cerebral Palsy (CP) – Spastic Diplegia affects my muscle tone and balance control, as a result of which I use crutches, a walker, or an electric mobility scooter to ambulate. I am a graduate student in the Rehabilitation Counseling Masters program at MSU. I specifically chose to take part in the “Disability in a Diverse Society” program for the content of the courses that it offered, as I wanted to gain yet another perspective on the way that disability is

interpreted in other parts of the world. For the purposes of this essay, it is of great importance to note here that prior to my departure for Dublin, I already possessed a comparative perspective on disability, as I am from Poland, from where – on June 10th, 1994 – my family and I moved to the United States of America (U.S.A.). The deciding factor in my parents’ decision to relocate our family to America was in fact my physical disability. My new homeland certainly provided me with a wealth of opportunities that would not have been an option for me back in Poland. America is a global leader in regards to matters of physical accessibility and disability rights, as is evidenced by a relatively accessible environment, and the legislation contained in the Americans with Disabilities Act (ADA). Aware of this through my academic studies as well as my personal experiences, I grew very comfortable in America, completely convinced that in consideration of my physical circumstances, I was indeed in the best place that I could be. The above-mentioned comfort and conviction were both challenged in a very direct fashion as a result of my study abroad experience in Dublin, Ireland.

I believe that one of the intentions of any study abroad program is to provide students with a chance to experience the course content outside of the standard classroom context. The courses, which I took in Ireland, discussed the ways in which ones understanding of disability is dependent on the environment in which the disability manifests itself. Three important terms that the course was centered on were, impairment, disability, and handicap. These terms, are often mistakenly considered to be synonymous in nature, and thus – in turn – commonly misinterpreted to have the exact same meaning as well. The World Health Organization (WHO) defines impairment as the following, “Any loss or abnormality of psychological, physiological, or anatomical

structure or function.” Next, the WHO defines disability as, “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.” Lastly – according to the WHO – a handicap is, “A disadvantage for a given individual, resulting from an impairment or disability, that limits or prevents the fulfillment of a role that is normal, depending on age, sex, social and cultural factors, for that individual.” The above are terms utilized throughout academia, which can be read and discussed anywhere in the world. However, through my participation in the “Disability in a Diverse Society” study abroad program I was able to experience them directly as they manifested themselves in the context of another culture, providing me with invaluable insight, which I have applied to the way in which I understand disability at both the professional level as a rehabilitation counselor in training, as well as at a personal level as an individual with a disability. I now comprehend just how very different the above three terms are from one another. In fact I will make a claim that I feel impaired when in Poland, disabled when in America, and handicapped when in Ireland. This feeling is due to the fact that the complex concept of disability is socially constructed, and thus dependent on a culture’s attitude toward, and approach to disability. In Poland, I feel impaired due to the fact that disability is interpreted as an impairment that is strictly medical in nature. Thus, the burden of disability rests strictly on the individual with the disability and the doctors who are educated to treat disabilities. This relieves society from the burden of disability. As a result Poland remains largely inaccessible, as a large portion of the population would not directly benefit from physical accommodations such as curb cuts or automatic doors. In America, I feel disabled, due to the fact that disability is viewed primarily from a

functional standpoint. As a result the physical environment has been altered to allow people with disabilities to be able to function. Unfortunately, the social environment remains stagnant, and attitudes toward disability stand unchanged, as the concept is still viewed at a distance and seen as inappropriate to discuss in fear of offending the individual with a disability. In Ireland – where I feel handicapped – the opposite holds true. Due to the compact size and age of the country, it is difficult to alter the physical landscape for the purpose of accessibility. To compensate for this problem, the Irish have altered the social landscape of their country by approaching disability from a social perspective. This is clearly reflected by their attitude toward, and openness to disability.

This approach toward and difference in thinking about disability between different countries is vividly illustrated by the following experience from my study abroad program. One weekend we traveled as a group to a tourist site called the Carrick-a-Rede Rope Bridge. There was a 1km trail that led to the bridge. On my way to the bridge my American professor – who was viewing the situation from a functional perspective – attempted to talk me out of my intentions to cross the rope bridge, due to the fact that she saw it as inaccessible, and thus in turn impossible. There was a man at the gate to the stairs preceding the bridge, one of two men who could have stopped me from the task at hand, the other man – myself – had already made up his mind to cross. As I approached the gatekeeper, Eddie – an Irishman who was viewing the situation from a social perspective – I hoped for the best, and feared for the worst. He asked, “Do you want to go down?” I nodded, at which he said, “Let me help you down the stairs.” I not only crossed the bridge, but I am writing about it here today, in hopes of positively changing more attitudes toward disability.