

Helping the Handicapped- Maintaining the Dignity and Worth of a Person

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When faced with a new physical disability, persons with a handicap will have to manage a number of new adjustments in their daily life. They must unlearn and relearn many common tasks, while combating the depression that often accompanies a bodily handicap, and learning how to receive help when needed. Prior to their handicap, such persons were considered the “helpers” in society, meaning they helped others with physical restrictions. Now however, they are considered the “helped” in society and must transition into that role, while maintaining their dignity and independence.

Depression is often expected to follow a traumatic event that results in a physical handicap in our society. This is thought to be a result from the loss of body function and skills (Kerr-Cohn, 1961). Their self-image will be affected because they need to learn to view themselves as a whole person, no matter what society views them as. Their social status can be affected because they may avoid many situations in which they could be viewed differently or end up needing help. Also, their work life is affected because depending on the nature of their career, they may or may not be able to continue working. This, too, affects their self-image because it takes away their independence and worth little by little. All of these factors lead to depression in disabled persons. “These losses should be minimized so that he can continue in his life as “normal” as possible. A major goal is to participate in the labor and market economy and earn his daily living rather than be supported by others. This is a method for him to be independent, self-sufficient, and worthy of respect.” (Deegan, 1977) “A facet of vigorous individualism in American culture tends to support activities such as health services which enhance the worth and dignity of the person, especially if these lead to increased social and economic effectiveness.” (Rabinowitz & Mitsos, 1964).

Transitioning from the “helper” role to the “helped” seems to be one of the hardest for disabled persons. This is partly because admitting to needing help causes the person to realize a new dependence they never encountered previously. Sometimes to avoid this, they will even avoid situations where they might need assistance altogether, at the expense of their social well-being. As Nancy A. Brooks from Wichita State University described in her article, *Receiving Help: Management Strategies of the Handicapped*, “As more people with disabilities become active in their communities more occasions are likely to arise which will require able-bodied strangers to give assistance to those with handicaps.” Some informants on the issue expressed that oftentimes, professionals do not know how to help without insulting. They complained that such helpers sometimes act on the assumption that one handicap indicates the presence of others and they often felt treated like an average case rather than a unique person (Brooks, 1978). It has also been said that If professionals in the workforce could be properly trained to help such persons, the independence and dignity of the handicap could be better maintained. The key idea here is the necessity of teaching the helpers and the helped how to fulfill their roles in such a way that the dignity and worth of each person is constantly upheld.

The social work profession can be affected by this research in how they deal with clients. In hospitals, and other medical care facilities, social workers would encounter a notable difference. If professionals are taught in-depth how to deal with such persons, they can better uphold the dignity and worth of a person as outlined in the NASW Code of Ethics. This way, nobody feels like they are just a case, but an entire person. Also, through research done, more programs can be created to involve the handicapped in the community so they can make this transition into their new way of living. Social work in the community will be affected because of such programs.

More so than the social workers, the handicapped themselves will be greatly affected. The research, if implemented within the community, could do so much to help improve the path of recovery for disabled people. Knowing the trials they go through and what would benefit, could make their transition faster and infinitely smoother. By learning how to receive help without feeling any less of a person, they can make their own experiences better as well.

Personally, a goal of mine is to help maintain the dignity and worth of disabled persons in encounter in my everyday life. Doing this research has made me aware of the problems caused by physical handicaps and I want to make sure I can help in a way that does not demean the person. I want to build self-worth and acceptance.

Professionally, I would like to see programs offered to medical professionals and social workers, if they are not already, that teach them how to specifically work with disabled persons. This would go a long way in maintaining the worth and dignity of each person. Also, I would like to see programs for the handicapped that teach them how to receive help when needed and specifically target their self-image. Nobody should ever feel like any less of a person, and I hope someday we can change how the community sees and deals with disabled people.

References

Brooks, N. A. (1978). *Receiving Help: Management Strategies of the Handicapped*. Retrieved from : <http://scholarworks.wmich.edu/jssw/vol5/iss1/6>

Deegan, M. J. (1977). Depression and Physical Rehabilitation. *The Journal of Sociology and Social Welfare*, 4(6). Retrieved from : <http://scholarworks.wmich.edu/jssw/vol4/iss6/13>

Kerr-Cohn, N. (1961). Understandin the Process of Adjustment for Dissability. *Journal of Rehabilitation*, 16-18.

Rabinowitz, H., & Mitsos, S. B. (1964). Rehabilitation as Planned Social Change: A Conceptual Framework. *Journal of Health and Social Behavior*.