華源協作
CHINASOURCE
ENGAGE • COLLABORATE • SERVE

Disabilities in China

ChinaSource Quarterly **Spring 2016, Vol. 18, No. 1**

In this issue . . .

Editorial

Disability—a Complicated Issue Page 2
Steve Bundy, Guest Editor

Feature Articles

What Is Disability? Page 3
Katie E. Venzke
As she defines disability, Ms. Venzke explains the difference between "disability" and "impairment" and discusses the usage of these words. She introduces two models frequently used in understanding disability and relates these to both the individual and society. She continues by examining how society views those with an impairment pointing out both positive and negative factors.

Human Services via Faith Groups Page 6
Jeff McNair
Without a complete understanding of what disability is, human services may not adequately address personal and social environmental issues—they may even exacerbate them. Some factors regarding disability can be attributed to discrimination in the social environment. In his discussion of human services delivery, the author focuses on faith communities, pointing out at least seven benefits they provide.

Observations of Dynamics in Families affected by Autism: Lessons from China and the West Page 8
Steve Bundy
Families affected by disability have a number of common emotions and experiences regardless of ethnicity or geographical location. The author looks at common concerns, struggles, and hopes that parents face when their child is diagnosed with a disability and specifically, with autism. He also alerts us to some of the programs, helps, and therapies available to deal with these concerns.

View from the Wall

A Glance at People with Disabilities in China Page 10
Y-Wang
The author provides us with some statistics regarding disabled people in China and then looks at what the government and various organizations are doing to serve this segment of the population. She provides brief overviews of their situations in the areas of accessibility issues, laws, rehabilitation, education, employment and the church.

Peoples of China

Disability and the Three Traditional Chinese Belief Systems: Buddhism, Taoism, and Confucianism Page 12
Kevin Avery
Within Chinese culture, people with disabilities have been stigmatized and devalued. This is the result of beliefs which create stereotypes leading to prejudice and discrimination. With a desire to reduce this stigma, scholars are examining Buddhism, Confucianism, and Taoism to uncover any hidden cultural prejudice and stereotypes causing these attitudes. This is a complex endeavor that requires much sensitivity to cultural nuances. However, the goal is for people to come together in honest dialog and humble sensitivity, unified in purpose and compassion to combat prejudice and discrimination.

Book Review

Quadriplegia and God Page 14
Joni: An Unforgettable Story by Joni Eareckson Tada
Reviewed by Brent Fulton
As a young woman, Joni was severely injured in a diving accident that physically changed her life. While she has required the use of a wheelchair since then, the dramatic part of her story is her spiritual transformation.

Resource Corner

Two Resources for Those Serving the Disabled Page 15
Beyond Suffering: A Christian View on Disability Ministry
By Joni Eareckson Tada and Steve Bundy
Youth al Fine–Making Music Accessible
A Ministry Providing Music Push Buttons to Children with Limited Access to Music

Intercessory Notes Page 2
Items that require your intercession.

Editorial

Disability—a Complicated Issue

By Steve Bundy, Guest Editor

Journal Entry (Joel Montes de Oca) by Chris Lott, on Flickr

Disability is at best a complicated issue. People affected by disability often have questions about their disability, as do those who love them. Why am I disabled? What is the greater good to my impairment? How am I viewed by society?

People with disabilities themselves will sometimes state that the most difficult aspect of having a disability is not necessarily the impairment itself, but the way one who has such an impairment is treated. This idea, at least in part, informed the articles which are offered here in the 2016 spring issue of ChinaSource Quarterly, "Disability in China."

We begin with Katie Venzke who asks the seemingly obvious question: "What is disability?" She has found it is not quite as apparent as one might think. Disability is actually quite complex—much more than simply a characteristic of an individual.

Jeff McNair takes our understanding of disability and evaluates Western human services through the work of Wolf Wolfensberger and elucidates the potential benefits of faith groups being involved in the delivery of human supports.

We learn about the exciting growth and change in cultural understanding of persons with disabilities and the resulting programs which have been developing in China in the form of a "brief glimpse" provided by Y-Wang.

The rich variety of Chinese cultural perspectives, including Buddhism, Taoism, and Confucianism, is discussed briefly by Kevin Avery. Understanding is the starting point that he recommends which will lead to better dialogue to the benefit of all.

Finally, I take a brief look at the experience of parenting a child with a disability. Because my son has autism, I use that as the frame of reference for my discussion. There has been significant growth in the numbers of children born with autism and there has also been much development in the types of supports and educational services available—this is true in China as well as elsewhere. Both of these are considered.

This issue of ChinaSource Quarterly in no way provides a comprehensive treatment of the topic of disability in China. However, a good starting point might be one that tries to define what disability is, how services might be developed, the provision of encouragement through a description of growth, and the cultural heritage which informs ideas. Personal experience, like that of a parent, is also always relevant in attempting to understand the experience of people who are affected by disability.

We hope we have provided just such a starting point. .

Steve Bundy, an independent advocate, is the father of a son with autism, writer, and speaker on subjects of disability. .

Intercessory Notes

Please pray

1. For the approximately 82.96 million (or more) people in China with impairments and disabilities.
2. For churches and groups of believers that include people with disabilities in their communities, providing friendship and helps for them.
3. That churches and believers not currently involved with people with disabilities would change their attitudes and actions, inviting them to join their communities.
4. For God's grace and patience for the families of people with disabilities as they daily face the concerns and care associated with these individuals.
5. For increased awareness of and services for people with disabilities so that they may live full, valued lives.

What Is Disability?

By Katie E. Venzke

What is disability? I used to think this was a relatively simple question. I have grown to understand that it is complex and confusing, and, as I study, my definition keeps changing, often with each new article I read.

Disability is a social construct that results in and from society's responses to a person who has an impairment. Disability is not an individual's sole identity or a problem within the individual to be solved; rather, it is basically two layers of impairment. An individual has an impairment, and the society and culture that person lives in also has an impairment. Sometimes the impairment within the person can be treated, but whether or not that is necessary is not the focus of this paper. The impairment of society—its inappropriate responses to people with impairments—can and must be remedied.

If an individual has a disability, it should be recognized that they have an impairment which can be physical or intellectual. Although the deficit model has been largely discredited, it still offers insight. Pfeiffer states that the impairment model for disability studies is seen as a deficit model because the impairment is in the individual while the social structures produce the disability. The impairment would affect the individual's life regardless of society's response or interaction with it. Disability exists because there was an impaired response in the first place.

However, it is important to remember when studying the philosophical implications of disabilities that society's impaired response is not what most people will be referring to when they mention a particular disability. The word, "disability," usually refers to an identifiable impairment in an individual. Most people would say, for example, that Down syndrome is a disability, just like cerebral palsy or blindness is a disability. The medical model upholds the more traditional view that impairment and disability are one and the same. Within the medical model:

> *Disabled people are defined as that group of people whose bodies do not work; or look different or act differently; or who cannot do productive work. The key elements of this analysis are performing and conforming: both raise the question of normality because this approach assumes a certain standard from which disabled people deviate* (Shakespeare, p .95).

The problem with this is that the medical model is saying a person with a disability deviates from the norm. This is where the medical model arguably takes liberties as the impairment is not the identity. Impairment may cause a deviation from what is the typical expectation, but to classify a person with a disability as a different kind of person or as abnormal is devaluing to the person and unfair.

The focus of the medical model is that there is something wrong with people who have an impairment. They are inherently "defective" and something should be fixed; if improvability is not possible, they are accepted as lesser human beings. The disability (perception) is due to the impairment (personal characteristic). Often, when people say "disability," but mean "impairment," they may not realize what they actually mean. They are referring to the medical condition that in some way functionally impedes the individual in their daily life.

There is a secondary level of impairment which uses the term "disability." This impairment is social. It is not that the person with the disability is necessarily socially impaired; rather, the society is impaired in its response to people with disability. Societal impairment can become just as significant to live with as the diagnosable impairment that led to the disability status.

Oliver has stated: "Disability is a social state and not a medical condition" (p. 3). Disability is a social construction. Again quoting Shakespeare:

> *…the social model, which focuses on the disability as a relationship between people with impairment and a discriminatory society: disability is defined as the outcome of disabling barriers imposed by environmental or policy intervention* (p. 96).

According to the social model, society creates disability by discriminating against individuals with impairments. I agree with this. This social sense is easiest to see when an individual's impairment is not a functional impairment; nevertheless, that person is still treated with stigma and discrimination due to that impairment. The following quote illustrates this:

> *The power of culture alone to construct a disability is revealed when we consider bodily differences—deviations from a society's conception of a "normal" or acceptable body—that, although they cause little or no functional or physical difficulty for the person who has them, constitute major social disabilities. An important example is facial scarring, which is a disability of appearance only, a disability constructed totally by stigma and cultural meanings.* (Wendell, p. 44).

Stigma is one of society's inappropriate responses which leads to discrimination and stereotyping. According to Erving Goffman, each person has a social identity, and when that identity lumps him into a less-desirable category of social identity he, "is thus reduced in our minds from a whole and usual person to a tainted, discounted one" (Goffman, p. 7). This thought, this reduction in the minds of observers, is stigma. Stigma is easily internalized, and individuals begin to discredit themselves in the way society has or the way they expect society to respond. Therefore, the result of this self-stigmatization is shame (Allen).

Instead of perpetuating stigma and stereotypes, we need to encourage acceptance. In *Overcoming Stigma*, Jon Allen writes: "If we are to refrain from stigmatizing, the first step is mentalizing—being aware that we are stereotyping and being aware of the impact of that stereotyping process on our behavior and relationships." We can only change our own mental habits once we recognize them; then, there is a process of retraining our thoughts and attitudes with the hope of influencing society away from stigmatizing and stereotyping.

In contrast with stigma, which can be difficult to address, individuals with disabilities also face discrimination. This can be in the form of laws, policies, or even in unwritten accepted practices. Devlin and Pothier wrote about the critical theory of dis-citizenship, where an individual is received as a citizen whose rights are less than those of the typical population. Speaking of the Canadian population, the authors state that "not all share equally in the good life, or feel adequately included. Among those who face recurring coercion, marginalization and social exclusion are persons with disabilities" (Devlin & Pothier, p. 1).

Taken to extremes, this discrimination, historically and currently, has been taken so far as to see a person with a disability as a person who does not deserve to live. The modern practice of eugenics and the accessibility of abortion (and arguably euthanasia) have faced parents and caregivers with the decision of whether the quality of a person's life is worth supporting. One disturbing quote from John Sulston, a leading geneticist in Britain states: "If we can select children who are not going to be severely disadvantaged then we should do so" (Armer, p. 2). Abortion is not only considered, but often presented to parents as the only reasonable option in the case of genetic disorders. "It is this blending of eugenic ideology (whether openly acknowledged or not) and genetic science that is here thought of as 'eugenetics'" (Armer, p. 2).

This devaluing of human life to the point of extermination is what Wolfensberger addresses in the 18th of his 18 wounds (see chart at the end of this article). This wound is defined as: "Being the object of brutalization, killing thoughts and deathmaking" (McNair and McNair, p. 1). These wounds start with something as simple as a bodily impairment, and under the influences of society they can spiral out of control, all the way down to where people approve the death of a person with impairment.

Normalization, in the context of disability studies, is the process of giving a person with a disability a more "normal" standing in society by removing stigma and including them in the life of the greater community. Contrasting with normalization is the concept of ableism. "Ableism is manifest whenever people assume that normal physical, mental, and emotional behavior is beneficial regardless of a person's actual physical, mental, and emotional attributes" (Albrecht, p. 2). For individuals with disabilities, a concept of "normal" can actually be harmful. This is why it is more important to strive for respect and value given equally than it is to try and make everyone feel that they are normal or that normal is something to strive towards.

Communitization is the term for the process of community integration and the removal of barriers that keep people with disabilities from being actively involved in the greater community (Hogan). People with disabilities are often kept away from the community, reinforcing barriers in attitudes affirming they are mysterious, foreign to normal society, and even deviant. Active inclusion in the greater community breaks down these presuppositions and boosts the self-esteem of the individuals who had before felt isolated and tucked out of sight.

This leads to what should be the response of society, Social Role Valorization. Social Role Valorization (SRV) is the name given a concept for transacting human relationships and human service, formulated in 1983 by Wolf Wolfensberger (Osburn). SRV offers a structure for adding value to a person. Individuals with disabilities have experienced many wounds, like the 18 outlined by Wolfensberger. Also according to him, the more socially devalued qualities a person has, the more wounds they are likely to have experienced (Wolfensberger). SRV is about establishing social value among individuals with disabilities by changing expectations and perceptions, making devalued qualities less so thus decreasing their wounding power (Wolfensberger).

SRV provides a person with disabilities the opportunity to develop a more meaningful and valued role in society. This changes the perceptions of society, and especially the people who are interacting with the person. More importantly, it changes individuals' views of themselves. Their identity is expanded, and their roles in society are valued—and hopefully even celebrated.

> *The key premise of SRV is that people's welfare depends extensively on the social roles they occupy. People who fill roles that are positively valued by others will generally be afforded by the latter the good things of life, but people who fill roles that are devalued by others will typically get badly treated by them* (Wolfensberger, p. 105).

Osburn explained the importance of SRV for both people who are currently in devalued social roles as well as those who are at the highest risk of entering a devalued role. "It can help not only to prevent bad things from happening to socially vulnerable or devalued people, but can also increase the likelihood that they will experience the good things in life" (p. 5).

The truth is that everyone is at risk of entering a devalued role as long as having a disability status equates to a devalued role. Some people may have greater risk factors, but as humans, we are all susceptible to accidents, illness, genetic predispositions, and many other things that lead to an impairment and disability.

SRV strives to enhance competency or imagery (Wolfensberger). Competency focuses on the individual, providing education and training and access to valued social roles. Giving individuals opportunities to volunteer their time or pursue jobs that reflect a higher social value is one way to do this. Imagery focuses on how to make society aware of the value of existing roles filled by individuals with disabilities. Wolfensberger speaks to the importance of developing social images that cast a positive light on people with disabilities through advertising and media (p. 112). Including individuals with disabilities in positive marketing is one practical way to begin painting a new social image.

So, what is disability? Since disability is society's answer to impairments, the answer is up to us. This is an incredibly empowering thought—empowering and scary at the same time. Knowledge carries a lot of responsibility. Disability is not just a set of impairments; it is a construction. Let's get to the work of de-constructing it!

References

Albrecht, G. (2006). *Encyclopedia of Disability Volume 1*. Thousand Oaks, CA: Sage Publications.

Allen, J. (2010). *Overcoming Stigma*. Retrieved from http://saynotostigma.com/2010/01/overcoming-stigma/.

Armer, B. (2007). "Eugenetics: A Polemical View of Social Policy in the Genetic Age." *New Formations, Spring*. Retrieved from http://www.leeds.ac.uk/disability-studies/archiveuk/armer/Eugenetics.pdf

Devlin, R. & Pothier, D. (2006). "Introduction: Toward a Critical Theory of Dis-citizenship." In Devlin & Pothier (eds.). *Critical Disability Theory: Essays in Philosophy, Politics, Policy, and Law.* Vancouver, BC: UCB Press. Retrieved from http://www.ubcpress.ca/books/pdf/chapters/pothier.pdf

Goffman, E. (1963). *Stigma Notes on the Management of Spoiled Identity*. London, UK: Penguin.

Hogan. M., (1980). "Normalization and Communitization Implementation of a Regional, Community-Integrated Service System." In Flynn, R. J., & Nitsch, K. E. (eds.), *Normalization, Social Integration, and Community Services*. Baltimore, MD: University Park Press.

McNair, J and McNair, K. (n.d.). *Effectively Reaching Out to People with Disabilities by Understanding the Wounds Caused by Society*. Retrieved from http://ccsw2012.weebly.com/uploads/1/1/5/4/11542142/wolfensberger_woundings.pdf.

Mercer (Eds.), *Exploring the Divide.* Leeds, UK: The Disability Press.

Oliver, M. (1990). *The Politics of Disablement*. London, UK: Macmillan Education.

Osburn, J. (2006). "Overview of Social Role Valorization Theory." Retrieved from http://www.srvip.org/overview_SRV_Osburn.pdf

Pfeiffer (2002), "The Philosophical Foundations of Disability Studies." *Disability Studies Quarterly 22(2).* 3-23. Retrieved from http://dsq-sds.org/article/view/341/429

Shakespeare, T. (1996). "Disability, Identity and Difference." In C. Barnes & G. Merecer (eds.), *Leeds: The Disability Press.*

Wendell, S. (1996). *The Rejected Body: Feminist Philosophical Reflections on Disability*. NY, NY: Routledge, p.44.

Wolfensberger, W. (1998). *A Brief Introduction to Social Role Valorization: A High-Order Concept for Addressing the Plight of Societally Devalued People and for Structuring Human Services* (3rd ed.*).* Syracuse, NY: Training Institute for Human Service Planning, Leadership & Change Agentry (Syracuse University).

Katie E. Venzke is Senior Client Services Administrator at CTB Financial Services, Ltd. in Minneapolis. She is currently pursuing a Master's degree in disability studies through California Baptist University. Her passion is to see individuals with intellectual disabilities empowered to achieve their own dreams.

Wolfensberger's 18 Wounds Faced by Devalued People

As a part of his Social Role Valorization theory, Wolfensberger describes 18 wounds that devalued people face. These might also be referred to as the "social consequences of disability."

They include:

Wound 1	Bodily impairment
Wound 2	Functional impairment
Wound 3	Relegation to low social status/deviancy
Wound 4	Attitude of rejection—disproportionately/relentlessly
Wound 5	Cast into one or more historic deviancy roles
Wound 6	Symbolic stigmatizing, "marking," "deviancy imaging," "branding"
Wound 7	Being multiply jeopardized/scapegoated
Wound 8	Distancing: usually via segregation and also congregation
Wound 9	Absence or loss of natural, freely given relationships and substitution with artificial/purchased ones
Wound 10	Loss of control, perhaps even autonomy and freedom
Wound 11	Discontinuity with the physical environment and objects, "physical discontinuation"
Wound 12	Social and relationship discontinuity and even abandonment
Wound 13	De-individualization, "mortification" reducing humanness
Wound 14	Involuntary material poverty, material/financial exploitation
Wound 15	Impoverishment of experience, especially that of the typical valued world
Wound 16	Exclusion from knowledge and participation in higher-order value systems (e.g. religion) that give meaning and direction to life and provide community
Wound 17	Having one's life "wasted"; mindsets contributing to life wasting
Wound 18	Being the object of brutalization, killing thoughts, and death making

Wolfensberger, W. (1998b). *A Brief Introduction to Social Role Valorization: A High-order Concept for Addressing the Plight of Societally Devalued People and for Structuring Human Services* (3rd ed.). Syracuse, NY: Training Institute for Human Service Planning, Leader-

Human Services via Faith Groups

By Jeff McNair

It would seem that a logical way to begin thinking about how impaired people should be supported with services would be to understand the concept of disability. This starting point is, in part, the reason the West experiences problems. Clearly, the idyllic visions of organizations can degrade over time. Yet, with a clear starting point, one is at least more likely to maintain a trajectory leading to desired outcomes.

Disability Models

There are many "models" of disability which are discussed in the field of disability studies. Arguably there are two which most clearly characterize what disability is. The medical model describes disability as characteristics of individuals. That is, the individual has some form of impairment, and the response of human services is to prevent, stop it if already occurring, or minimize the impact of the impairment. Services which are developed focus exclusively on improving the individual with the goal of somehow making that person "normal" or more acceptable—more like the majority of the population.

The social model describes disability as the response of the social environment, based upon socially constructed notions, to the personal characteristics of an individual (Barnes, Mercer and Shakespeare). Thus, because I have an impairment which causes me to need to use a wheelchair, I can expect to experience the social consequences of my disability in the form of discrimination or social disadvantage (Fritsch). In the same way that medical model interventions would be aimed at changing individuals, social model interventions would be aimed at changing the social environment: one mitigates impairment, the other mitigates discrimination (See the article "Wolfensberger's 18 Wounds Faced by Devalued People.")

Human services may not only not adequately address personal and social environment issues, they may exacerbate them. Human services may cause what is considered disability to actually morph into something that needs the types of services which have developed, thereby causing the impaired individual and the services to be treated as a traded commodity. I need to be poor so I spend down money in order to be eligible. I need to receive a certain score on a test (IQ test for example) in order to receive a particular label allowing services to be paid for. Independent of what my needs might be, I must submit to a specific menu of services which may or may not be the specific types of things that I need. Services are also delivered without necessarily being evaluated as to whether what I receive contributes to improving me in some way. So arguably, a society that endeavors to develop human services for vulnerable citizens would do well to consider the warnings offered about the problems of Western human services.

Additionally, services develop without a complete understanding of what disability is. As indicated above, the social model of disability says that the experience of disability cannot be entirely understood only by the effects of personal impairment. Rather, there are factors which can be attributed to discrimination by the social environment. So if human services treat disability exclusively as a characteristic of individuals, they misunderstand what disability actually is. Human services should also facilitate the changes in the way disability is socially constructed by the society and the social environment which lead to discrimination. This has been a major oversight of disability services resulting in less than optimal results of services.

The Realities of Human Services

Dr. Wolf Wolfensberger, one of the leading theorists in disability and human supports in America, developed a training program entitled "The History of Human Services."[1] In summarizing the "core realities and defining characteristics of contemporary Western human services," he observed that human services are formalized, objectified and filled with bureaucracy. Both services and clients become commodified. Services tend to rest on manipulation of the material world, often even without strong ties to powerful positive value. Afflicted and distressed people, including servers, are devalued. Devalued people are "deviancy imaged," which results in emphasis or increasing their low value in the eyes of others. This occurs through the attachment of symbolisms which transmit negative messages, including services alien to the culture. There is large scale segregation and congregation of devalued people. Severe patterns of restriction are imposed on devalued people, often to the point of some form of confinement. There even seem to be disincentives against doing what is right and needed that are built into laws, regulations, funding, and so on. The cumulative result is about one-third of the population being in devalued/dependent/oppressed/impoverished status at phenomenal expense (Wolfensberger, 1998a).

However, Wolfensberger's concluding statement is perhaps the most convicting. He says: "All the above is done with virtually total unconsciousness of the major realities involved, and all this is disguised/interpreted as good, effective, progressive, etc." (Wolfensberger, 1998a). In a situation where a nation is looking to develop or improve human services, it would seem it might want to be cognizant of these core realities from places where services have been in existence for a while.

Faith Communities as the Purveyors of Human Services

Interestingly, in China there have been discussions about the potential of faith communities as the purveyors of human services. These groups have historically pooled resources in a very natural way in order to assist members who fall into difficulty. Friends help their friends. Neighbors help their neighbors. These same types of natural connections occur within faith communities among community members. Writing from a Christian perspective, the author would add that this is particularly true of the Christian faith. Numerous Bible verses chide about a lack of concern for one's neighbor.[2] These largely focus around the command to "love your neighbor" which is second only to loving God (Matthew 22:37-39).

There are many potential "secular" benefits to faith participation (McNair & Schindler, 2011). Should faith communities participate in human services delivery, we can envision at least seven benefits. Let us consider each one briefly.

First, because human services are offered by a faith community, there is a greater likelihood of real relationships and friendships developing with people who are not paid to be in relationship with the person receiving services. Too often, persons with disabilities have lives filled only with people who either have no choice but to be with them (family members) or people who are paid to be with them. To create a situation where there is greater likelihood that people would be chosen and engage in real friendships is highly desirable.

Secondly, supports are potentially less restricted by menus for services. Since the community provides the support, the resources of the community are available and will reflect the local area.

Next, because local people are facilitating services, there will be local understanding of needs, options, and concerns at every level. This reality contrasts with services which are developed on a national scale and likely are less relevant in some areas geographically or among certain people groups.

Fourth, people of faith will have an unrestricted understanding of the contribution faith makes to human supports, particularly in terms of motivation and evaluation. Faith leaders would be encouraged to further expand and apply the teachings of their faith to the development of a loving and supportive community.

Local faith communities would then, ***fifth***, have a greater likelihood to develop human supports as both medical and social model activities (as described above). The social environment will be the faith community, so we are preparing for people to be accepted well into the future. If the desire is to facilitate a change in the social environment so that it is less discriminatory, one must wonder what motivates an environment to change when not personally affected by disability.

This leads to number ***six*** in that faith communities are minimally motivated by the tenets of their faith to accept others. As a more circumscribed social environment directed by a religious leader, there may be a greater likelihood that devaluing tendencies are more likely to be changeable. Laws, like the Americans with Disabilities Act in the United States, have resulted in dramatically improved physical access in the community. However, in thinking about social access, one wonders what motivates a group of people to be inclusive? How can we make it easier for people to do the right thing socially toward their neighbor? The faith of faith communities can be the motivation for change in the social environment. McNair & McKinney wonder if physical ramps are developed so those who use wheelchairs can access the physical environment, perhaps "social ramps" can be developed to assist access to the social environment. Faith communities are logical venues for the development of social ramps.

Finally, faith provides an alternative narrative about who people with disabilities are, based upon the concept of God and the resulting narrative about what disability is. Faith communities must offer a Christian perspective on both disability and human supports. So for example, a biblical understanding would include the following:

- People with disabilities are created in the image of God (Genesis 1:26).
- They are created with a purpose (Exodus 4:11 and Psalms 139:13).
- Their disability is not the result of their, or their parent's, sin (John 9:3-4).
- They are indispensable to the Christian community and should be treated with special honor (1 Corinthians 12:22-23).
- Having a disability is not the result of a lack of faith but rather a demonstration of God's power made perfect in weakness (2 Corinthians 12:9).
- Upon understanding these, one is then admonished to change their perspective (Romans 12:2).

This is no exhaustive listing of the biblical narrative on disability, but it clearly demonstrates how a socially constructed understanding of disability might be influenced by a biblical narrative. This, then, can potentially lead to a different form of human services other than that decried above which is occurring in the West.

Conclusion

Clearly the provision of human services cannot be simply turned over to faith communities without financial and other assistance. It may be that some form of partnership which includes faith communities should be explored. However, one should recognize that there is a significant role that faith groups can play in supporting disabled, devalued and disenfranchised community members that is currently not being adequately utilized by human service experts in the West.

Notes

[1] Available online, this ten hour video presentation, "A History of Human Services, Universal Lessons and Future Implications" presented by Wolf Wolfensberger, Ph.D. and Susan Thomas, Training Coordinator, can be found at http://mn.gov/mnddc/wolfensberger/index.html.

[2] The classic story of "The Good Samaritan," told in Luke 10:25-27, is an example of how the teachings of a faith community can lead to the provision of human supports. When asked, "Who is my neighbor?" Jesus responded with the description of a man who had been beaten and left for dead. He was minimally disabled at the time of his attack. The author had a dear friend who had been beaten and left for dead who lived the rest of his life with a traumatic brain injury and paraplegia. Jesus' response is very telling about whom one might be responsible for.

Continued at the bottom of page 14

Observations of Dynamics in Families affected by Autism Lessons from China and the West

By Steve Bundy

a happy family by Eric via Flickr

Families affected by disability have a number of common emotions and experiences regardless of ethnicity or geographical location. This paper looks at common concerns, struggles, and hopes that parents face when their child is diagnosed with a disability. Given the scope and depth of the various kinds of disabilities around the world, we will focus specifically on autism and the impact on parents in the United States (West) and China (East).

Autism is a neurodevelopmental disorder that affects communication, processing abilities, and social skills. In some cases, children with autism demonstrate antisocial and disruptive behaviors. Theories abound as to the cause of autism, but as of today there is no undisputed scientific or medical proof of its exact cause, nor are there any cures. Treatments do exist that assist persons with autism to learn new ways of processing information, to communicate effectively, and to grow in their social interactions. Because the characteristics of autism are so widely varied while maintaining some similarities, autism is referred to as a spectrum disorder—Autism Spectrum Disorder (ASD).

Most studies agree that autism is the fastest growing disability in the world. According to the Center for Disease Control in the United States, statistics show nearly 1 in 68 children in the U.S. are diagnosed with autism, and it has been called an "epidemic." In 2011, at the International Autism Research Collaboration Development Conference in Shanghai, representatives of China proclaimed that autism is ranked number one among mental disorders in China.[1] At that time, it was believed that 1.7 in 1,000 children in China had autism. Last year in 2015, at this same conference, China experts revealed that the rate of autism in China is now 4 in 1,000 children.[2] The World Health Organization estimates that the number of autism cases in China is significantly higher.

While there is a stark contrast in statistics between the U.S. and China, that gap will likely grow smaller as China expands its research and diagnostic tools. It was not that long ago (30 or so years) that U.S. statistics on the rate of autism were similar to China's report. Advances in research, awareness, and diagnostic tools have allowed for more precise and accurate accounting.

In 2013, researchers from the China Disabled Persons' Federation, the University of Cambridge, and the Chinese University of Hong Kong discussed a collaboration to better identify the prevalence of autism in mainland China. Historical statistics have mostly been gathered in hospital settings and have taken into account only the most severe of cases. This new study is planned to take place throughout 14 cities in 14 provincial regions giving a better representation of the spectrum of autism in hopes of adopting standardized study methodologies and treatment therapies similar to those in the West.

One of the most successful therapies in treating autism is Applied Behavioral Analysis (ABA). ABA is an interactive therapy that assists with communication and social interaction by reinforcing positive behaviors (often with rewards) and redirecting unwanted behaviors. This therapy has become popular in the U.S. and other Western countries with thousands of board certified behavioral analysts providing training and support. According to one report, China currently has only four board certified behavioral analysts; however, it is ramping up for better diagnosis and treatment of autism to increase treatment.[3] According to the China Disabled Persons' Federation, there are now nearly 100 experts trained in diagnosing autism.[4] In addition, China has been engaging international organizations in response to the increase in autism. Annual conferences have been held over the last five years to better educate professionals and educators in China on this topic. Several autism clinics have also been established to assist families by providing therapies and life-skills training for children.

The affects of autism on parents is quite universal. Although many organizations provide various types of research and support to parents, there is no one expert, professional, or organization with all the answers. In addition, research and findings on the effects of autism are lacking, especially in China. For this reason, the author has chosen to write on three areas of impact upon parents based on his personal experience as the father of a son with autism as well as international experience in working with professionals around the world, including China.

Isolation

Parents with a child with autism will often report feelings of loneliness and isolation experienced as a result of having a misunderstood child. It is not uncommon for family members and social circles of friends to withdraw their presence altogether from a family affected by autism. In the West, this is still common in many settings; however, awareness and acceptance has grown tremendously in recent years. Entire organizations such as Autism Speaks and Autism Society have made huge advances in support and advocacy for families with a child with autism. At the same time, government social services and the educational system have advanced in serving children with autism in both mainstream situations (providing access to the general education curriculum) and self-contained schools. All these support systems have greatly reduced, though not eliminated, social stigma towards autism and the consequent isolation for parents.

In China, the struggle with isolation is still quite high due to less awareness and continued stigma among the public. In most Asian cultures, disability is seen as a shame, curse, or bad luck. Most schools in China have yet to develop programs that allow children with autism to be mainstreamed or receive education in a self-contained setting. Nevertheless, as mentioned earlier, progress is being made and several clinics are now functional. One example is Beijing Stars and Rain. Founded in 1993 by a mother with a son with autism, Beijing Stars and Rain has assisted over 6,000 families with education and training. It is held up as a model example of support to families by parents and volunteers. These and other systems of support help bring parents out of isolation and connect them to networks of other families.

Stress

Parenthood in and of itself has times of low and high stress. Autism often magnifies the level of stress for parents due to the nature of the disorder. Communication issues, inappropriate social behavior and at times physical outbursts of anger or frustration (sometime injuries to self or others) by a child with autism create challenging environments for parents. In the West, back in the 1940s, the phrase "refrigerator parenting" was widely used in describing parents of children with autism. It was believed that cold (poor) parenting produced autism in children, and therefore parents would often be shunned. Fortunately, advances in medical diagnosis have debunked this myth and instead recognized the heroic love and efforts of most parents having a child with autism.

There are various estimates of the impact of this stress upon marriages. Some organizations have reported extremely high cases of divorce among families who have a child with a disability while others report lower numbers. Because such studies have been narrowly focused on a specific disability or limited in scope of participants, the author has chosen not to use them. What is fair to note, based on reports in the U.S. and personal observation, is that divorce among marriages with a child with autism seems to be higher than the average rate of divorce. I would also argue, based on interviews with Chinese families affected by autism, that this observation holds true in China as well. The emotional stress upon parents, combined with a lack of support, social stigma, and even at times an impact on work or career performance can lead to a breakdown in the marriage.

Marriages that do thrive in the midst of raising a child with autism often attribute their success to a number of factors. One is support from family and friends. Having those that come alongside and provide a safe place to share fears and disappointments allows parents to feel accepted in the midst of their own pain and confusion. Another factor that has played a significant role is faith. Couples who share a common faith are often able to see their child's autism as serving a greater purpose in light of the plan of a sovereign God. It is also an assurance that all will be well one day after this lifetime and provides hope for an ultimate healing. A third factor that provides support is finding a network of other parents who are on a similar journey. The camaraderie, fellowship, and understanding found in these groups provide profound comfort and a sense of "normalcy" in what has become a very untypical "normal" life.

Over the last two decades, such support networks for parents have developed in the U.S. and can be found in local schools, organizations, faith groups, and online community groups. This type of network has helped many parents cope with stress brought on by autism. In conversations with parents in China, the author notes that support to marriages is lacking. Such networks for parents are beginning to develop in China; however, they are still quite limited in reach. With such a lack of support to parents, the father is often the one to separate from his family or become uninvolved in family life. At a recent event in China for families with a child with a disability, the author noted that the attendance of families with no father figure was approximately seventy percent.

Fear

One of the impacts of autism on parents is fear. Interviews among a select group of parents in southern California revealed several top fears of parents. One fear is rejection of your child by society and his or her peers. Parents reported acceptance of their child as a major concern in their lives. Similarly, in China, the number one question posed to the author during interviews with parents was, "How long until my child is cured?" Parents are desperate for their child to become "normal" enough to join their peers in school and play.

A second fear for parents is safety. Children with autism often lack an ability to sense danger and make common sense decisions regarding safety. In the United States, forty-eight percent—nearly half—of all children with autism have a tendency to wander from a safe environment without proper supervision, and fifty-eight percent of parents interviewed reported stress related to their child's wandering. In 2011, the National Autism Society reported that ninety-one percent of all deaths in children with autism were from drowning. Children with autism simply do not comprehend the dangers of water in swimming pools and other sources of water.[5]

The number one fear parents have expressed in interviews both in the U.S. and in China is fear of the future when they are no longer alive to protect and care for their child. Combining the above fears and many others beyond what this paper addresses, the anxiety in the minds of parents in both the West and the East are the same—who will love and care for my child when I'm gone? The establishment of long-term group homes in the U.S. for disabled adults has brought some alleviation for parents; however, concern over the quality of care in these homes remains a concern and in some areas there are waiting lists for acceptance. In China, long-term care has been primarily for the elderly. Community group homes for the intellectually disabled, though a new concept, are becoming established in some areas of China.

In summary, the author has minimally observed three areas of impact from autism on parents. It is this author's experience and opinion that the impacts on parents in both the U.S. and China are the same. As indicated several times in this paper, the U.S. has advanced in recent years to provide a significant level of support for families and parents. These supports, while not completely alleviating challenges, do mitigate many of the negative impacts on parents and allow for more opportunities for therapies, education, and growth of children with autism. China in recent years has also begun to advance in its awareness and treatment for families affected by autism. While much progress is still needed, through harmonious collaborations with the healthcare systems, educational systems, social services and faith groups, China is making strides to properly address and care for those with autism within its society.

Conclusion

The majority of this paper has looked at the challenges that exist when parenting a child with autism. These challenges are not unique to a particular ethnicity or culture but are universal for parents around the world. The author would regret ending this paper without mentioning that parenting a child with autism also has many blessings and opportunities. Each child with autism is unique in who they are and the joy they bring to parents. The key to helping parents find that joy is in the support they receive from the community around them—whether in the U.S. or China.

Continued on page 15

View from the Wall
A Glance at People with Disabilities in China

By Y-Wang

Prior to the year 1980, people with disabilities in China were referred to as *canfe*i (残废), which means “the handicapped and useless.” However, it has been forty years since China “opened the door” and began economic innovation. With rapid economic growth, nearly 200 million people have been brought out of poverty, and social attitudes towards people with disabilities have gone through a gradual, yet fundamental, change. In China today, the term *canji ren* (残疾人） meaning “persons with disabilities” is now commonly used in the general public and official Chinese documentation as well as widely accepted by society. Due to a series of constructive administrative and legislative actions, in combination with the work of disability organizations (of governmental background or grass-roots, both domestic and international), the overall living conditions and social status of people with disabilities in China have improved to a great degree compared to thirty or forty years ago. Still, the majority of people with disabilities live in poverty.

Since it is of significant importance to safeguard the rights of people with disabilities, the "Law on the Protection of Disabled Persons" was promulgated in the year 1990 and amended in 2008. It addresses issues of rehabilitation, education, employment, cultural life, welfare, access, legal liability, and others. In accordance with the law, people with disabilities are referred to as those who suffer from abnormalities due to the loss of a certain organ or function, psychologically, physiologically, or in anatomical structure, and have lost wholly, or in part, the ability to perform an activity in the way considered, "normal.” The term *canji ren* (残疾人） references people with "visual, hearing, speech or physical disabilities, intellectual disabilities, psychiatric disabilities, multiple disabilities and/or other disabilities."[1]

The China Disabled Persons’ Federation (CDPF), established in 1988, initially was under the Ministry of Civil Affairs; it then became an independent government agency growing into a nationwide umbrella network with about 90,000 fulltime workers and reaching every part of China. The CDPF is committed to promoting humanitarianism, the human rights of people with disabilities, and the integration of people with disabilities in all aspects.

The World Health Organization (WHO) states that 15% of the world’s population has a disability. According to the National Population Investigation in 2006, there are 82.96 million disabled people in China; most of these live in poverty. The definition of disability and the policies/standards related to people with disabilities in China are strongly influenced by medical-social models, including the WHO’s "International Classification of Impairment, Disability and Handicap (IC-IDH)." If using the WHO’s figure, there should be around 200 million disabled people in China. The main reason for the differing figures is that China has a relatively higher standard definition of “disability.” Another reason is that some people with disabilities are considered “shameful” by the local culture and are hidden by their families and relatives.

People with Disabilities and Accessibility in China

Within China’s cities, the majority of the nation’s major airports are now accessible to the disabled. The accessibility level of inner-city transportation has improved but is limited to major cities. For example, in 2004, accessible bus lines in Beijing and a newly constructed accessible subway system in Shenzhen began to operate.[2] Considering Beijing is China’s capital and Shenzhen is the leading-edge city of Chinese economic growth, there is yet much room for improvement.

There is a disabled accessibility requirement for new buildings but no requirement for renovation of older buildings. For example, it is still a challenge for people in wheelchairs to access most of the restaurants, even in the large cities.

In rural areas, due to the local culture, houses usually have a threshold to “keep the devils out.” This affords a challenge for people with disabilities. Most people have no idea of how important accessibility is and how much it can benefit people with disabilities, making their lives much easier. In addition, there is also a lack of knowledge regarding how to make places accessible to the disabled.

People with Disabilities and Rehabilitation in China

The Chinese health care system is currently experiencing a transition from “public expense” to market-based. This means the individual, the employer, and the state share the financial responsibilities. Many people with disabilities are unemployed, and they cannot afford to purchase medical insurance.

Providing rehabilitation services, delivered through rehabilitation centers as well as through Community-Based Rehabilitation (CBR) initiatives, is the major responsibility of the China Disabled Persons’ Federation (CDPF). CBR has the goal of improving the physical functioning and independent living skills of people with disabilities with the end result being to facilitate their participation in both social life and their community.

The Chinese government and nongovernmental organizations also work in collaboration to respond to the needs of people with disabilities. This is particularly true for people in poverty-stricken rural regions who cannot afford rehabilitation services.

People with Disabilities and Education in China

In China, children with disabilities face significant difficulties in accessing education. The rate of school dropouts (or who never go to school) for children with disabilities among 6-17 year olds is 34.74%; among these more than half never go to school.[3]

By law, mainstream schools must accept students with disabilities; however, some schools fail to provide for the particular learning needs of these students. Others just say "No" to admitting them using the excuse that parents do not want their children to be in the same classroom as children with disabilities. Unfortunately, this is very characteristic in China, especially in early childhood education. A lack of accessibility and reasonable accommodation on campuses presents barriers to students with disabilities. Only if they can demonstrate their ability to adapt to the school's environment and not "bother" other students will they be included in mainstream schools.

Students with disabilities who overcome all the barriers and reach higher education face additional challenges. As part of the college admission process, government policy requires students to have a physical examination. The government also has policies that allow colleges and universities to restrict candidates with disabilities. Each college or university has authority, given by the government, to make their own rules relating to candidates with disabilities—usually policies that are not friendly to these students. Some colleges and universities will set higher entrance standards for students with disabilities. For example, candidates with disabilities are required to have College Entrance Examination scores higher than those normally required for enrollment.

There are also special education schools in China, but these are usually limited to certain categories of disabilities, and the number of these schools is very limited. To find one that fits the need of a disabled child is always a challenge for the parents. In addition, once a special education school is chosen, many students have to move away from their families; sometimes this is a requirement and other times because the school is far away from the family's home. Because of this, these children have an "abnormal" childhood and are isolated from the general population, often even from their own families.

People with Disabilities and Employment in China

Work provides people with a living but also gives people a feeling of being useful; this is especially true for people with disabilities. After decades of disregard, the right to work for those with disabilities is still a difficult idea for most people. Because of their poor educational foundation, when it comes to employment, some people will say: "It's getting harder and harder for a college graduate to find a job; Why should a position be offered to a person with disability?"

The "Law on the Protection of Disabled Persons" states that: "No discrimination shall be practiced against disabled persons in employment, engagement, status regularization, promotion, determining technical or professional titles, payroll for labor, welfare, labor insurance or any other aspect." Despite the fact that the right for people with disabilities to work is guaranteed by the law, unfortunately, the law is poorly enforced.

Estimates for the percentage of employment of people with disabilities vary widely depending on the definitions used for employment and disability. It is a daunting number, although there are more than three-thousand employment service centers in China providing services that range from vocational training to job matching to consultation for people with disabilities seeking employment. These centers receive financial support from the government. The skills training programs the government offers continue to remain in areas like massage, matchbox making, and so on.

The Chinese government also promotes self-employment for people with disabilities by providing technical and financial assistance plus tax deductions or exemption. This area benefits well-educated or "more able" people with disabilities.

People with Disabilities and the Church in China

Love needs to be seen and demonstrated in action. Traditionally, Christianity has provided social services in China. Back in the 19th and 20th centuries, Christians in China established clinics and hospitals; they also founded numerous modern schools from the primary to university levels.[4] Christians are fully involved with social services.

During the Cultural Revolution from 1966 to 1976, believers were arrested and imprisoned for their faith. The expression of religious life was banned by the government. Christianity began to recover after the economic reforms of the late 1970s. Since then, churches have been growing rapidly. However, they are always "too busy" and lack both the resources and ability to even consider serving people with disabilities. Some organizations, like Joni and Friends, have started to step in and work with churches. Slowly the churches are realizing the need and mutual benefit between people with disabilities and church growth.

In 2012, the Chinese government issued a policy to encourage religious groups, including Christian churches, to engage in service to people with disabilities. This is a great opportunity—although there is a long way to go. Churches can play a big role in serving people with disabilities which will enable society to have a better understanding of the Christian community.

Notes

[1] "Law on the Protection of Persons with Disabilities," Article 2, China Disabled Person's Federation, April 10, 2008 at http://www.cdpf.org.cn/english/laws1documents/200804/t20080410_267460.html

[2] **"The Protection of Rights of People with Disabilities in China" by Eric Zhang, *Disability World, Issue No. 28,* January 2007.** http://www.disabilityworld.org/01_07/china.shtml**.**

[3] "Report on the Situation, Influences, and Factors that Prevent Disabled Children in Our Country from Attending School" (我国残疾儿童失学的现状与影响因素研究),by Hou Jingjing (侯晶晶), *Chinese Special Education*, 2015, Vol. 1, 《中国特殊教育》2015年第01期 accessed at *Chinese Social Science Net* (中国社会科学网) May 22, 2015 http://www.cssn.cn/jyx/jyx_tsjyx/201505/t20150522_1977101.shtml

[4] "Christianity in China," Wikipedia, at https://en.wikipedia.org/wiki/Christianity_in_China

Y-Wang worked in China for over ten years as a medical doctor serving people affected by disability.

Peoples of China

Disability and the Three Traditional Chinese Belief Systems Buddhism, Taoism, and Confucianism

By Kevin Avery

Until recent decades, Chinese society labeled individuals with disabilities as *canfei ren*, literally "disabled garbage people." Now, the official term is *canji ren*, literally "disabled sick people," although the Chinese government removes "sick" when providing an English translation. Numerous citizens will avoid *canfei* or *canji* all together and say "the person who cannot see" or "the person who cannot walk," which is the Chinese equivalent to "person first language."* At least verbally, the situation in China for individuals with disabilities is improving. However, discrimination is still rampant. The question is why.

Every action—whether good or bad—stems from belief. Beliefs form stereotypes which in turn lead to prejudice and discrimination (Ditchman et al.). Therefore, scholars are examining Buddhism, Confucianism, and Taoism to uncover any hidden cultural prejudice and stereotypes towards people with disabilities.

Granted, researchers recognize that the Communist government has influenced the collective mindset, especially since the government controls media. Indeed, as researchers point out, the mass media has played a substantial role in shaping public attitudes and belief (Lu, Aldrich & Shi). In the 1980s and 1990s, the Chinese media attempted to raise awareness about people with disabilities to support the development of the China Disabled Person's Federation, which officially formed in 1988.

Also, Christianity, which is growing in numbers and influence among the Han Chinese today (Starr), and societies with Christian traditions have yet to eliminate discrimination as disability advocates can underscore (Eiesland; Terrell). Buddhism, Confucianism and Taoism have had strong roots in China for thousands of years. These three interwoven belief systems strongly influence the Chinese collective culture, including society's view of disabilities. This article aims to present the main tenets of these beliefs as they relate to disabilities. The purpose is not to point fingers but to start a dialog about possible interventions.

Buddhism

Out of the three traditional systems of thought, Buddhism is arguably the most organized. However, Buddhism itself is not a uniform belief. There are two distinct Buddhist traditions: the Theravada and the Mahayana (Lyu). Some scholars add Lama (Tibetan) Buddhism as a third. Most Chinese Buddhists are Mahayana; however, most Chinese "Buddhists" whom this writer has met are merely cultural Buddhists, meaning that they will go to temples or perform other Buddhist rituals but will only do so for good luck or fortune. Nonetheless, most devout Buddhists believe that people can find a path to supreme enlightenment (Lam et al., 2010). A Buddhist disability scholar, Darla Schumm (2010), calls this journey a "path of compassion," which encompasses interdependence. All objects and people are dependent on each other. Accordingly, "suffering and healing are simultaneously opportunities for offering and receiving compassion"(Schumm (2010), p. 133). She argues that a good Buddhist will give, forgive and deliver Buddha's teachings to others while trying to reduce suffering. From this perspective, Buddhists should treat people with disabilities well, and in fact, there are many Buddhist groups in China that are serving families affected by disability.

A reason many individuals blame Buddhism for prejudice against disabilities relates to karma and reincarnation. In its simplicity, the idea of karma is this: every good action will receive positive results and every bad action will receive negative consequences. Therefore, some individuals claim that Buddhism sees disability as a punishment for past wrongdoings. In this thinking, a reincarnated man with a disability indicates a man who deserves punishment. Many researchers have concluded that this understanding intensifies stigma and discrimination.

However, Schumm (2010) and other Buddhist scholars indicate that this understanding of karma is an incorrect interpretation. Karma is very complex, and a human form in one's past life is only one possibility out of six realms. According to this understanding, a reincarnated person may well have been something other than human in his previous life. Therefore, no one can determine what kind of life an individual with a disability once lived.

Perhaps more significant than the karmic debate itself, scholars raise a question about public stigma and ignorance. Even if Buddhist karmic ideas are not to blame for stereotypes and prejudice against disabilities, has the Chinese culture embraced such an understanding? Buddhist scholars assert that individuals who blame their prejudice on Buddhism are saying more about their perception of Buddhism, as they know it, than what Buddhism actually teaches. In other words, they argue the main culprit of discrimination is ignorance and not Buddhism itself. Especially in rural areas where formal education can be minimal, misunderstandings abound. For example, there is a cultural belief that a mother will give her unborn baby epilepsy if she eats lamb during pregnancy. Education is necessary to combat such ignorance.

Taoism

In Taoism, there is no central key message or single founder. Still, Taoism has had profound influence on Chinese culture. For instance, the Tao or "the path" has strongly shaped Chinese traditional medicine. Taoists believe humans should be in harmony with nature and with each other in an uncertain world with changing ambiguities. Disability results from "a disharmonious fusion of nature and man" (Lam et al., 2006, p. 274).

The concern for disability advocates is that while vague and indirect, Taoism can reinforce prejudice against disability. An individual with a disability can expose an imbalance, a problem that needs to be fixed and realigned. Similar to the perspective of the medical or moral model, the primary problem lies within the person. However, scholars like Schumm and Stolzfus would recoil at these model comparisons and argue

Taoism reduces stigma. Taoists believe all individuals live in ambiguity, no matter what their ability or lack of ability is. Therefore, the Tao offers encouragement and balance to people with disabilities as they deal with the uncertainties of life. Certainly, the end result for individuals with disabilities is debatable, but for Taoists, the crucial goal of healing is harmony and balance of the *yin* and *yang*.

Confucianism

Disability advocates are most troubled by Confucianism (Lam et al., 2010), which is regaining prominence in China. Confucianists believe that social order and harmony overpower everything else, even at the expense of one's own opinions, beliefs or values (Lam et al., 2006). This social idea opposes Western individualism. It directly relates to the concept of "face", which has been the focus of much stigma research. There is no direct Western equivalent—and therefore vulnerable to being misunderstood—but "face" involves social worth, reputation and image as it relates to both personal and social relationships in China. It mixes *guanxi* or formal relationships with strict rules of giving and receiving favors to build hierarchical social power (Lam et al., 2010). The more power one has, the more that person will have "the capacity to modify others' states" (Greer & Kle, p.1032). A faceless individual or group is powerless to interact with society. A disability or any other kind of deformity is a serious loss of face, damaging the social power of the family. "Thus the Chinese rule: honor one, honor all—disgrace one, disgrace all" (Lam et al., 2010, p. 37).

Conclusion

In conclusion, stigma literature looks to pre-communist China to find the origins of such labels as *canfei ren*, "garbage people" (Kohrman). The motivation behind such a push is to hypothesize ways to reduce stigma towards people affected by disabilities (Ip et al.). This endeavor is complex, requiring much sensitivity to cultural nuances. Unfortunately, it is easy to oversimplify traditional Chinese belief systems, especially from a Western perspective. This writer purposes not to "fix" these traditional Chinese beliefs or even to suggest a perfect understanding of their tenets. Rather, this article aims to encourage an honest dialog with humble sensitivity. To combat prejudice and discrimination against disabilities in China, all parties must come together, unified in purpose and compassion.

* Person first language is the most sensitive way to talk about disabilities. People often use the disability to describe the whole person and may remark, for example, "He's a Down's kid." Person first language is an alternative way to talk about children's disabilities that places the focus on the person and not the disability. It gives the person's name (or pronoun) first followed with the appropriate verb and then the name of the disability: David has Down's Syndrome. For further information go to http://learningdisabilities.about.com/od/assessmentandtesting/qt/personfirst.htm.

References

Ditchman, N., Werner, S., Kosyluk, K., Jones, N., Elg, B., & Corrigan, P. (2013). "Stigma and Intellectual Disability: Potential Application of Mental Illness Research." *Rehabilitation Psychology*, 58 (2), 206-216.

Greer, L. &Kle, G. (2010). "Equality Versus Differentiation: The Effects of Power Dispersion on Group Interaction." *Journal of Applied Psychology*, 95 (6), 1032-1044.

Ip, M. L., St Louis, K., Myers, F. &Xue, S. (2012). "Stuttering Attitudes in Hong Kong and Adjacent Mainland China." *International Journal of Speech-Language Pathology*, 14 (6), 543-556.

Kohrman, M. (2005). *Bodies of Difference: Experiences of Disability and Institutional Advocacy in the Making of Modern China*. Los Angeles, CA: University of California Press.

Lam, C., Tsang, H., Chan, F. & Corrigan, P. (2006). "Chinese and American Perspectives on Stigma." *Rehabilitation Education*, 20 (4), 269-279.

Lam, C., Tsang, H., Corrigan, P., Lee, Y. T., Angell, B., Shi, K., et al. (2010). "Chinese Lay Theory and Mental Illness Stigma: Implications for Research and Practices." *Journal of Rehabilitation*, 76 (1), 35-40.

Lu, J., Aldrich, J. & Shi, T. (2014). "Revisiting Media Effects in Authoritarian Societies: Democratic Conceptions, Collectivistic Norms, and Media Access in Urban China." *Politics & Society*, 42 (2), 253-283.

Lyu, S. (2012). "Development and Mission of Theravada and Mahayana Buddhism in an Era of Globalization." *Religion East & West*, 11, 45-51.

Schumm, D. (2010). "Reimaging Disability." *Journal of Feminist Studies in Religion*, 26 (2), 132-137.

Schumm, D. &Stolzfus, M. (2011). "Beyond Models: Some Tentative Daoist Contributions to Disability Studies." *Disabilities Quarterly*, 31 (1), 7.

Starr, C. (2013). "Classroom Christianity: How Theology is Flourishing in China." *Christian Century*. 130 (3), 28-31.

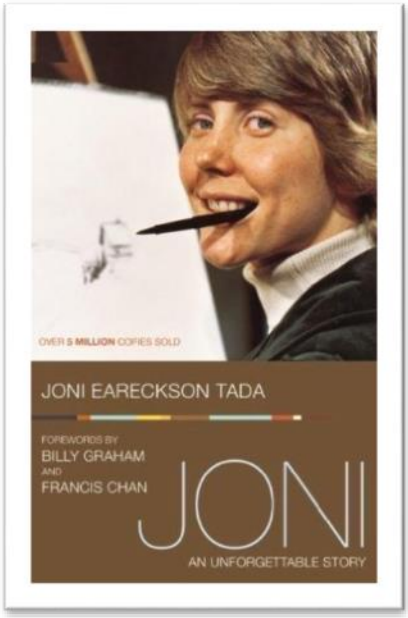
Terrell, V. (2012). "Celebrating Just Living with Disability in the Body of Christ." *Ecumenical Review*, 64 (4), 562-574.

Kevin Avery is a freelance writer with an interest in social science, cross-cultural communication, and disability advocacy.

Book Review

Quadriplegia and God

Reviewed by Jeff McNair



Joni: An Unforgettable Story by Joni Eareckson Tada. Zondervan, 2001, 205 pages. ISBN: 0-310-24001-8; paperback $12.97 at Amazon.

Joni: An Unforgettable Story, chronicles the life of Joni Eareckson Tada. As a young woman, Joni was severely injured in a diving accident. She relates how her life changed physically in that she now needed the use of a wheelchair. However, the truly dramatic part of her story is her spiritual transformation. This is not a book of platitudes. The author is very real in sharing her desire to take her own life at first but being unable to do so due to the severity of her disability.

With the help of friends who came alongside her, Joni transformed into a woman of amazing faith in the face of extremely challenging life circumstances. The reader experiences firsthand what can happen in the life of a person who is totally committed to God. The difficulties of quadriplegia remained as her faith blossomed. But when she was desperate for God, she found him there, and that faith has continued to carry her through forty years of ministry.

This year actually does celebrate forty years since the original release of the book. Over the years it has been updated and revised for new generations. To date, it has sold five million copies internationally and been translated into fifty languages. She is the author of over fifty books.

Joni has advised United States presidents, and religious and secular leaders around the world. People from many places in the world have shared that they came to faith in Jesus through the reading of *Joni: An Unforgettable Story*. People with no understanding of God will read her story and remark, “I want to know the God of Joni.”

Jeff McNair, Ph.D., is a professor of special education and disability studies at California Baptist University.

Human Services via Faith Groups **Continued from page 7**

References

Barnes, C., Mercer, G., & Shakespeare, T. (Edx.), (1999). *Exploring Disability: A Sociological Introduction*. Cambridge, MA: Policy Press.

Fritsch, K. (2004). “SuperCrip Strikes Again: Or Mine-Body Dualism.” Conference proceedings, Disability Studies Association, Retrieved from http://www.lancaster.ac.uk/fass/events/disabilityconference_archive/2004/papers/fritsch2004.pdf .

McNair, J. & McKinney, B. (2015). “Social Ramps: The Principles of Universal Design Applied to the Social Environment.” *Journal of the Christian Institute on Disability* (JCID), Vol. 4, No. 1, Spring/Winter, (p. 43-68).

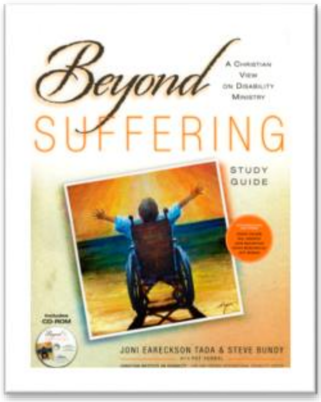
McNair, J. & Schindler, A. (2011). “A Secular Case for Religious Inclusion of Individuals with Intellectual and Developmental Disabilities” (p. 91-102). In D. Schumm & M. Stoltzfus (eds.), *Disability and Religious Diversity: Cross-cultural and Inter-religious Perspectives*, NY, NY: Palgrave Macmillan.

Wolfensberger, W. & Thomas, S., (1998a). *A History of Human Services, Universal Lessons and Future Implications*. Presented to The Minnesota Governor's Council on Developmental Disabilities and available at, http://mn.gov/mnddc/wolfensberger/index.html.

Wolfensberger, W. (1998b). *A Brief Introduction to Social Role Valorization: A High-order Concept for Addressing the Plight of Societally Devalued People and for Structuring Human Services* (3rd ed.). Syracuse, NY: Training Institute for Human Service Planning, Leadership & Change Agentry (Syracuse University).

Resource Corner
Two Resources for Those Serving the Disabled

Beyond Suffering: A Christian View on Disability Ministry
By Joni Eareckson Tada and Steve Bundy



Study Guide

Created by the Joni and Friends Christian Institute on Disability, this soft cover book provides a comprehensive course giving an overview of the theological and practical underpinnings of the disability ministry movement. It will equip you to think critically, compassionately, and clearly about the complex issues that impact people with disabilities and their families and to confidently bring them the love of Christ. Soft cover, 291 pages, includes CD-ROM. $40.00

Leader's Guide

The *Beyond Suffering Leader's Guide* is a two-DVD and CD-ROM set that offers teaching resources for use with the *Beyond Suffering Study Guide*. Inside this case you will find a complete leader's guide, 16 lesson plans, introductory videos for each course module, case studies from the award-winning Joni and Friends television episodes and much more. $45.00

iBooks Edition

This interactive multi-touch book combines the Study and Leader's Guides into a seamless, multimedia experience for today's students featuring videos from the award-winning Joni and Friends television series. It works with all the iPad's accessibility features including adaptive screen magnification and VoiceOver® technology. Available on iTunes. $14.99

To order, go to: Beyond Suffering: A Christian View on Disability Ministry

Youth *al Fine*–Making Music Accessible

Youth *al Fine* seeks to make music accessible to children in China with special needs and limited access to music. They are making available music push-buttons which play 活出爱, a two-minute long Chinese praise song. The music push-button is designed to be easily activated by children with limited fine motor control.

For more information about Youth *al Fine* or requesting the music push buttons for distribution to special needs children in your area of China, write to Esperanza Lee at youth.al.fine@gmail.com.

Observations of Dynamics in Families affected by Autism: Lessons from China and the West

Continued from page 9

Notes

[1] "Autism Hits China Big Time," *ChildHealth Safety*, Nov. 21, 2011, at https://childhealthsafety.wordpress.com/2011/11/21/autism-hits-china-big-time/

[2] "Autism Incidence Higher than Expected," Zhou Wenting, *ChinaDaily USA*, Feb. 18, 2016 at http://usa.chinadaily.com.cn/china/2015-11/09/content_22405098.htm

[3] **"**China's Uncounted Children with Autism," Shirley S. Wang, *The Wall Street Journal*, May 18, 2015, at http://www.wsj.com/articles/chinas-uncounted-children-with-autism-1431963548

[4] **"**China Less Than 100 Doctors Diagnose Autism," China.Caixin, October 18, 2014 at http://china.caixin.com/2014-10-18/100740085.html

[5] "Autism & Safety Facts," National Autism Association at http://nationalautismassociation.org/resources/autism-safety-facts/

Steve Bundy, an independent advocate, is the father of a son with autism, writer, and speaker on subjects of disability.