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Quality of life for persons with disabilities

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QUALITY OF LIFE FOR PERSONS WITH DISABILITIES

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Abstract

The praxis of Christian social work in Japan needs to find a new direction due to social changes such as industrialization and technological development. Liberation theology has been responding to the critical stance toward the existing order and identifying with new movements for emancipation and justice.

This paper analyzes the ethics of liberation theology and adapts it to the real life situation of people with disabilities in Japan.

Chapter I deals with liberation theology and its ethics concerned with disabilities. It defines the measurement of ethics as a quality of life, so that the ethics can be examined in context.

Chapter II introduces Japanese social changes as well as traditional ethics. Both ethics of Buddhism and Shintoism discriminate against persons with disabilities; industrialization also created a new type of discrimination and segregation against them, since disability was equated with unproductivity. Since medical technology cuts off human relationship by its system, disability and medical technological ethics were discussed. The paper then analyzes the present Japanese social welfare system and seeks a new dimension.

Chapter III is the major research section: the life cycle analysis of a person with disabilities. Socio-psychological personality development is very important to analyze persons with disabilities since many of them were born disabled. Segregation and isolation by medical technology are damaging their personality development. The fetus stage deals with the DNA tests and abortion; the birth stage introduces the relationship between the medical technological system and human sensitivity such as odour, hearing, vision, and skinship; the infancy and early childhood stage discusses westernized changes and a new phenomena in Japan; the play age and school age deals with the Japanese school system and the segregation of children with disabilities; In the adolescent stage, persons with disabilities identify themselves as handicapped; The young adult and adulthood stage discusses institutional life and isolation from their families; The old age and termination of life stage introduces the isolated, dehumanized way life is terminated.

The summary introduces the praxis at three levels: the intra personal level discusses self-liberation, participating in the movement; the inter-personal level suggests new church sacraments and the church community integrating people with disabilities into the Christian community; the meta-personal level discusses the social system changes through the consumer and independent living movements and the community-based rehabilitation system.

Acknowledgments

Life experience has been one of the greatest teachers in my life as well as intellectual research. All of my friends with disabilities in Japan, Canada, and Asian countries, have provided deep insight for this writing, especially the voices from the depths of suffering and loneliness have given me the courage, love, and power to pursue justice.

My intellectual growth has been nurtured by my lifetime teacher Dr. Delton J. Blebe, a psycho-theologian, and Dr. Richard C. Crossman, a socio-theologian. I also want to acknowledge those who supported this writing, Dr. Robert A. Kelly, proof reader Ms. Donna Maldonado, and typist Mrs. Karen Lageer.

Finally, a word of thanks and love to my wife, Marcy, who has been a partner in my entire life. Through her tireless efforts she encouraged me to experience love and justice. Without her help, I could not have written this thesis. Our experience encourages hope that love is the power to liberate people through justice.

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Introduction

On April 21, 1989, Mr. Kohji Hamada was killed by his father. Kohji was twenty years old, a quadriplegic, and lived with his family. He became a client of Aisei-en Day Care Centre in Kobe, Japan,[1] which was the first day care centre programme for home-bound people with disabilities in Kobe city. His father had retired from his company, and was employed at a second job. Shortly thereafter, he was hospitalized for liver disfunction; he became very depressed on learning his poor prognosis. His doctor informed him that in the future he would be unable to be gainfully employed. Reality meant no income, illness and a son with disabilities. Kohji's father escaped from the hospital, returned to his home, took a large knife from the kitchen and proceeded to push his son, Kohji, in his wheelchair to the entrance of the house, where he stabbed his son in the heart. Even though Kohji was physically impaired, but intellectually very bright, he was unable to resist his father's attack and died. His father then attempted suicide, but failed; he was arrested by the police, and now is in prison, awaiting trial. At that time I was the chaplain and supervisor for Aisei-en Day Care Centre, and felt very guilty, since this incident was not only Kohji's father's sin, but also mine and the centre's sin. We were unaware of his father's situation since our contact was only with Kohji and his mother. Furthermore, the Japanese social system pushed his family into a family suicide situation; in other words, a social sin created this tragedy.

Therefore, I would like to analyze the life cycle of a person with disabilities in the light of Christian ethics seeking direction for Christian social work in Japan.

I. Theological Aspect

In history, the Christian church has ignored human suffering by separating the world into the sacred and profane. The traditional church was symbolized as power; the church was regarded substantially as an exclusive depository of salvation. Its mission was based on the quantitative, in terms of the number of converted pagans.

1. Liberation Theology

Liberation theology emphasizes that the whole human world is sacred, created by God. Since all human beings are created in the image of God, it is most important to love our neighbours, especially those who are oppressed. Therefore, true salvation is qualitative. The analysis of "quality of life" is a practical measurement of work's righteousness. The ultimate sin is to foster alienation and isolation of people. Human beings commit sin on three levels:

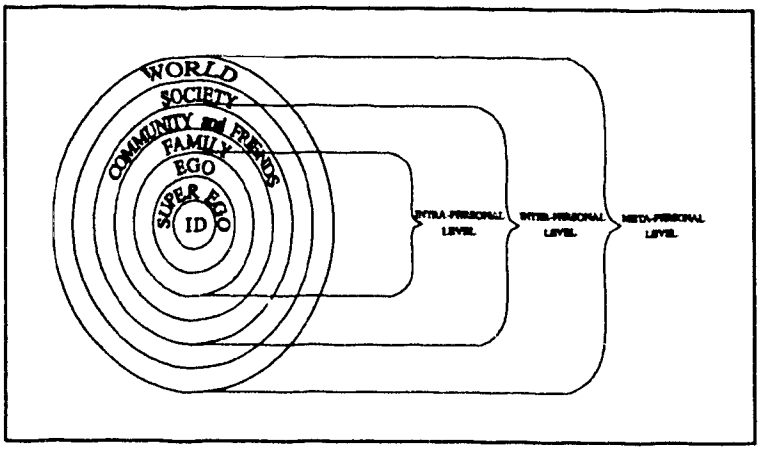
(i) Intra-personal level; and sin of the individual consisting of id, the superego and ego.

(ii) Inter-personal level; caused through relating to other persons.

(iii) Meta-personal level; social sin which exists in the

system of society, a country and the world.

Figure 1. Three levels of sin



Generally, the Japanese attitude towards disabilities is negative (intra-personal level), since they have been taught that disability is the result of sin. It is common to hear parents scolding their children, "If you kick your parents, your legs will be crippled". Negative values have been put into the Japanese children's superego level. Industrial society perceives a disability as equating unproductivity, again a negative value (ego level). Frequently, people refuse to associate with a person with disabilities (inter-personal level). The Japanese educational system has denied the educational rights of disabled children (meta-personal level).

Gregory Baum[2] categorized meta-personal sin into four levels. The first level,

social sin, is made up of the injustice and dehumanizing trends built into the various institutions - social, political, economic, religious, and other, - which embody people's collective life. The Ministry of Health and Social Welfare in Japan provides institutionalization for people with disabilities. As a result, the humanity and human dignity of persons with disabilities is denied by preventing integration into society. The second level of social sin is composed of cultural and religious symbols, operative in the imagination and fostered by society, that legitimize and reinforce the injustice of institutionalization, and thus intensify the harm done to a growing number of people. Japanese Buddhism interprets disability as the result of sin. The third level of social sin refers to the false consciousness created by these institutions and their ideologies through which people involve themselves collectively in destructive action as if they were doing the right thing. Industrialized Japanese society is the achievement-orientation of the dominant culture with its competitive spirit. Many Japanese parents opposed integration of their children with disabilities into the regular school system, since they sincerely believed their children might disturb the educational system. Since 1960, some Japanese Christians had a vision of colonization for people with disabilities. They believed that a community with only disabled people would be utopia; there would be no discrimination. In fact, several colonized institutions were built by Christians. The last level of social sin is made up of collective decisions, generated by the distorted consciousness, which increases the injustice in society and intensifies the power of dehumanizing trends. Many Japanese Christian schools have refused to accept students with disabilities, because academically the students did not

meet the required academic standard. Students with disabilities had fewer opportunities for academic training, their inability to meet the academic standard was not because of their lack of ability, but rather social discrimination. Christian schools were founded with the intention of educating students in Christian ethics and values. In reality, the Christian schools are regarded as having high academic standards, which train good workers for the economic-based companies. The decision to refuse admission of students with disabilities by the school board and teachers is sinful. On this level, personal sin clearly enters into the creation and expansion of social sin.

God's salvation addresses these three levels of sin. Traditionally, human sin has been regarded only on the intra and inter-personal levels, but it is essential to recognize meta-personal (socio-political) sin and salvation also exist. Therefore, social-political analysis is a basic part of theology In the past, theology produced dogma and moulded people through dogmatic ethics, but theology should be a reflection and have an analytical dimension which is able to find the presence of the spirit inspiring the action of the human community in Christian activities. Theology should grow and change according to people and society in history.

Gustavo Gutierrez[3] points out the importance of liberation theology as orthopraxis. His historical analysis of the church concludes that the church has for centuries devoted its attention to formulating a theory of truth (ethical values), and meanwhile, did almost nothing to better the world. It is essential to have theological practice - praxis - in the intra, inter, and meta-personal world. Therefore, participation in social-political activities is a Christian responsibility, since to know

Jesus Christ is to do justice. Liberation theology calls for the participation of persons in historical change globally by protesting against trampled human dignity, in the struggle against discrimination and segregation of people with disabilities, in liberating love, and in building a new and fraternal society with justice and humanity.

The biblical God is fundamentally a living God, and establishes a close link between creation and salvation, which is based on the historical and liberating experience of Exodus. The liberation of Israel was a political action. It is the breaking away from a situation of despoliation and misery and the beginning of the construction of a just and fraternal society. Israelites in Egypt were socio-economic handicapped people (meta-personal sin), and Yahweh liberated them from Egypt to the promised land (meta-personal salvation). The Gospel is the work of Christ which is presented as a liberation from sin and from all its consequences such as discrimination, injustice, hatred, etc. St. Paul's main theme is liberation through love which is the foundation of the praxis of Christianity, and God's active presence in history. Faith is the total response of persons to God, who saves through love. The understanding of faith involves a commitment, an overall attitude, a particular posture toward life.

In the Bible, Christ is presented as one who brings us liberation. Christ, the Saviour, liberates humanity from sin, which is the ultimate root of all disruption of friendship, injustice, and oppression. Christ makes people truly free, that is to say, Jesus enables people to live in communion with Him, and this is the basis for human koinonia.

Now, the relationship of Biblical values, socio-political values and praxis can be described.

2. The Ethical Method

There are three levels of ethical values:

(i) Biblical and universal ethics (level A) which are based on continuity elements. Universal ethics work through human history and lead to the eschatological dimension.

(ii) Situational ethics (level B) which are socio-political, philosophical and humanistic values, based on changing elements.

(iii) Actual ethical praxis (level C) which is socio-political participation.

Level A: Biblical and universal ethics are cross-cultural and cross-historical. The Bible is a book of promise which was made by the Creator of the universe for human beings, and the revelation of God's love and justice. The Biblical sources inspire the presence and action of human beings in history. In the Bible, Jesus Christ is the Liberator of all people including those with disabilities who suffer from separation, isolation, inhumanization and injustice. Christ makes all human beings, with and without disabilities, truly free and enables them to live in communion with Him; this is the basis for all humanity. Every human being is made in God's image and is a part of the Creator. Therefore, "Love your neighbour, as you love yourself" is an essential ethic. Neighbour means all human beings including Christians and non-Christians.

Level B: All human experiences are based on social relationships: therefore,

the existence of human beings is political. Situational ethics lies in society and is constantly changing in the process of birth, growth, termination and rebirth. These values are known as politics, and ideology etc.. Human history is called to the process of human liberation which leads to the eschatological dimension. In this historical process, human beings are seen as assuming conscious responsibility for their own destiny. This understanding provides a dynamic context and broadens the horizons of the desired changes. Human beings create their humanity throughout their lives and history. The gradual achievement of true freedom and justice leads to the creation of a new human being and a qualitatively different society.

Situational ethical values are as follows:

(i) Ideology

(ii) Scientific analysis; sociology, psychology, biology, ecology, etc.

(iii) Technology

(iv) culture and tradition

(v) Religions

(vi) Human rights

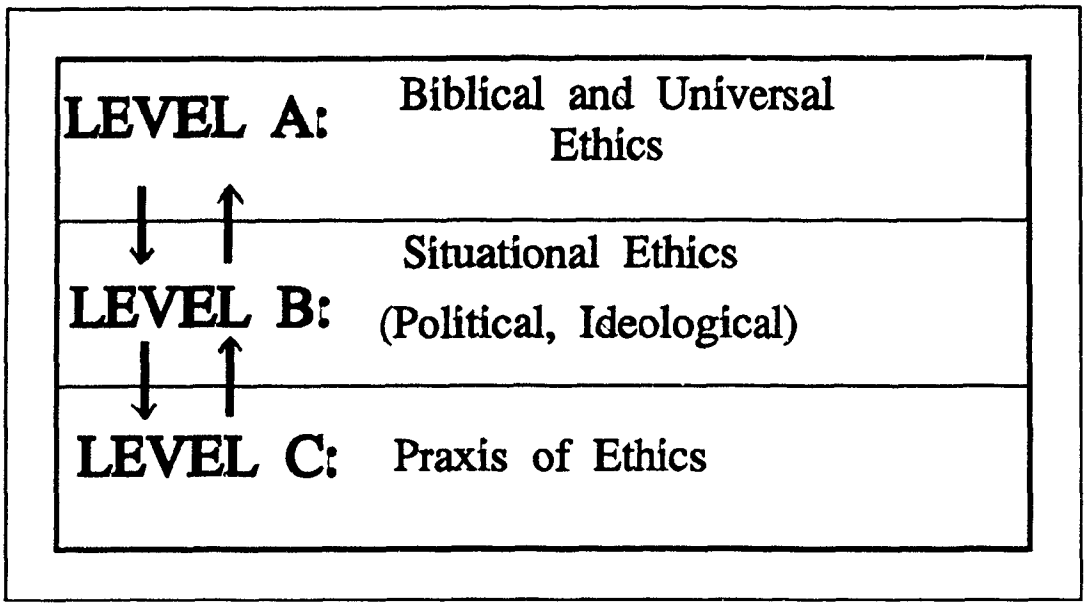
(vii) Peace movements

Level C: Actual ethical praxis is the human political life itself and the practical reality of liberation which expresses the aspiration of oppressed people and social classes. This level emphasizes the conflictual aspect of the economic social and political process which puts people at odds with powerful and oppressive classes. People with disabilities are an oppressed class; through my personal experience in

Japan, I encountered actual discrimination and segregation. I now recognize the discriminative attitude within myself at the superego level because some of my Japanese expressions in daily conversation included discriminative terminology. So I need to continue to liberate myself at the intra-personal level. As I became aware of this, my relationship with disabled persons and their families changed. Since I was in a power position to control the clients with disabilities in a social rehabilitation program, I changed the social rehabilitation system, to enable clients to have power in deciding their personal life matters. My role became supportive. I actually began to participate in their liberation process from discrimination and isolation on the interpersonal level. Lastly, I realized it was necessary for me to participate in the social and political system which alienates, discriminates and oppresses people with disabilities - meta-personal level.

The three levels are deeply correlated. A single complex process, which involves all three levels, finds its deepest sense and full realization in the saving work with Christ. A comprehensive view of the matter presupposes that all three aspects should be considered together.

Figure 2 Three levels of ethics



The process of ethics is as follows;

(i) Enlightenment of the Biblical and/or universal ethical values. (level A)

(ii) Social, scientific analysis of the political situation. (level B)

(iii) Deep understanding of the situation regarding liberation by joint collaboration of the Biblical message (level A) and the actual situational analysis (level B).

(iv) Action for liberation; praxis (level C).

(v) Re-evaluation of the process of change (level B) with the Biblical and universal ethics (level A).

(vi) Praxis (level C).

Praxis (level C) should not directly come from Biblical and universal ethics (level A); if so, actual liberation (level C) ignores social scientific analysis (level B), which might lead to a dangerous situation. A friend, who is blind, related an experience to me, of when he was standing downtown at an intersection waiting for his friend. A kind lady, who noticed his white cane, because of her conscience, felt compelled to help him (level A). She took his hand and led him across the street (level C). The fact was, he did not want to cross the street. The lady failed to ask whether he needed help or not (level B). The situation put my friend at risk because he had to cross the street again in order to return to the original place. Also, institutionalization of people with disabilities may be a good deed (level C), only on the inter-personal level, because it creates segregation and isolation from society (level B), which is a sin. Therefore, social scientific analysis is essential to pursue justice.

On the other hand, an ideologist (level B) makes mistakes on level C by ignoring the Biblical and universal ethics (level A), since level A provides holistic continuity in the changing society and its historical process, in which the eschatological dimension leads people to hope.

3. Biblical Ethics Concerned with Disabilities.

Jesus Christ, the Son of God became a holy human being in our history and His liberating action is at the heart of the historical current of humanity; the struggle for a just society is in its own right very much a part of salvation history.

Jesus Christ showed the Creator's universal ethics concerned with people with disabilities, in the direction and process of their integration into society, and with their human dignity and equality. Jesus Christ liberated people with disabilities from segregation, isolation, hunger, misery, oppression, and ignorance; in other words, salvation from sins which exist in people's discriminative attitudes (intra-personal level), behaviour (inter-personal level), and societal discrimination in its system (meta-personal level).

I would like to clarify the term, "disability". Disability means to have a physical, mental, intellectual, cultural, social and/or material disadvantage. So there are many types of disabilities, physical disability, mental disability, cultural disability etc. Language is a symbol and projects images. People with disabilities have been called crippled, idiots, dumb, crazy, demons, etc., which have negative and discriminative images. More recently, they have been called handicapped, or disabled. However, labelling people places an emphasis on their disability and denies their humanity. For that reason, I prefer to use the terminology, "a person with disabilities", which emphasizes the human element rather than the disability.

In the Bible, Jesus liberated people with all types of disabilities.

(i) Physical disabilities: paralytics, epileptics (Matthew 4:24), dreaded skin disease (Matthew 8:1), paralysed man (Matthew 9:2), the blind man (Matthew 9:27), etc.

(ii) Mental disabilities: demons (Matthew 4:24), demons in Gadara (Matthew 8:28), etc.

(iii) Cultural disabilities: Prostitutes (Luke 7:37), Samaritan woman (John 4:1-26).

(iv) Social disabilities: Tax collector (Luke 18:13).

(v) Material disabilities: Lazarus (Luke 16:20), poor widow (Luke 21:2).

Jesus' mission methodology is very clear in the Gospel of Matthew, chapter 4, verses 23 - 25. "Jesus was teaching, preaching and healing people, and the news about Him spread through the whole country, so that people brought to him all those who were sick, suffering from all kinds of diseases and disorders: people with demons, epileptics and paralytics, and Jesus healed them all". It was those people who became the first followers of Jesus Christ. Hansen's disease (leprosy) was regarded as the result of sin (Leviticus chapter 13); "One who suffers from a malignant skin-disease shall wear his clothes torn, leave his hair dishevelled, conceal his upper lip, and cry 'unclean, unclean'. So long as the sore persists, he shall be considered ritually unclean. The man is unclean; he shall live apart and must stay outside the settlement". Persons with Hansen's disease were segregated from their families, friends and society, lived in isolation, misery, oppression and poverty. People refused to see, talk to and touch them. When a person with Hansen's disease came to Jesus and said, "I do want to be clean!", Jesus reached out and touched him. Jesus asked him to go back to his community (Mark 1:40-45). After Jesus liberated many people with disabilities, He encouraged them to return to their families, friends, community and society. Jesus gave his disciples power and authority to drive out all demons and to cure diseases (Matthew 10:1, Luke 9:1, Mark 6:7).

When people are baptized in the name of Jesus Christ, God also gives us power and authority to liberate people with disabilities. Therefore the main theme of

Christian social work is the liberation of people who are suffering from segregation, isolation, oppression, and injustice.

Its liberation should be based on qualitative salvation as well as the quantitative, since liberation should come through a wholistic approach, the intra, inter, meta-personal levels.

4. Quality of Life

Quality of Life (QOL) deals with the quality of the situational component of ethics as well as the praxis of ethics. In order to practice liberation for people with disabilities, it is essential to analyze the reality of the QOL situation. QOL consists of four areas[4], since the concept of life is so wide and deep.

(i) Quality of birth and death;

Both events are the most important parts of life, symbolizing the beginning and the end. This area deals with bio-ethics, since modern medical technology has begun to control both birth and death. The DNA (deoxyribonucleic acid) examination is used to diagnose disabilities in fetuses; frequently, if the test indicates a disability, it is considered justifiable to have an abortion. There is also medical control on the life and death of persons with severe disabilities, such as comatose patients in the hospitals. In history, Japanese with disabilities were denied their lives. During World War II, many people with disabilities were not treated as legal subjects of the Emperor. They were refused evacuation from air raids; they died of starvation because they were not permitted food rations.[5] Deprivation of life is a sin. However,

some cultures, religions and politics have been practising termination of life for people with disabilities.

(ii) Quality of Personality Development

A human being is not just limited to a physical and biological existence, but also has a personality in terms of feelings and a spirit. Erik Erikson has developed a personality developmental analysis by the psycho-socio dimension.[6] All persons, especially children, develop intra, inter, meta-personality, in terms of their relationship with families, friends, community and society. Persons with disabilities are often segregated from their families and placed in institutional settings, isolated from the main part of society. Therefore their quality of personality development is different from the majority of citizens.

(iii) Quality of daily living

This category includes most of the social work field, which can be measured in four areas. The first one is the quality of the standard of living, in terms of social security, the social welfare system etc.. Secondly, the quality of human relations, in terms of parents, family, friends, school, and community relationships. Thirdly, the quality of living time, which includes the basic human biological necessities such as sleeping, eating, and toilet times; compulsory social hours such as working, schooling time, and free time such as leisure, shopping, sports etc.. The last one is the quality of living space such as a bedroom, activity space, and community space etc.. Most institutionalized persons with disabilities do not have a good quality of daily living. Their standard of living is minimum, according to the Japanese social welfare system,

and their human relationships are mainly with staff who are in a superior position and roommates. Their living time is scheduled from morning to bedtime by the institution; there is less freedom to change the schedule, such as mealtime, bedtime etc., since it is based on the needs of the staff rather than the wishes of the residents. Living space is the very minimum, four to six persons live in a small room with absolutely no private space, even the toilet doors are left open for the convenience of the care workers.

(iv) Quality of life cycle

Life is vital and dynamic; it begins with a fetus and terminates by death. The life cycle perspective is an essential method to analyze the life of persons with disabilities. Professionalism separates social work into segments, according to the professional field, such as infant care, child care, school, vocational, family, and senior citizen workers etc.. There is minimum collaboration and frequently the life cycle aspects of persons with disabilities are ignored.

Therefore, this paper analyzes the person with disabilities, in the aspect of QOL. In the next chapter, Japanese religious, industrial, modern technological and social welfare systems will be analyzed.

II. Japanese Societal Change and Social Values Concerned with Disabilities

Japanese society has been changing radically since 1868 when the Japanese Government opened the door to overseas (Japanese Meiji Restoration). The Japanese Government set goals to enrich and strengthen the country. Western industrialization was strongly introduced to the community, simultaneously as the Western educational system, technology, and science were imported to Japan. Since then a new level of discrimination against persons with disabilities has emerged, based on economic and military values, in addition to the traditional religious and attitudinal discrimination.

1. Religious discrimination

Japan has always been regarded as a Shinto and Buddhist country, in which Japanese attitudes towards people with disabilities have been deeply rooted in both religious ethics. In modern scientific Japanese society, people still believe a person with a disability lives an impure sinful existence.

In May 1986, a mother in Kobe city strangled her one-year-old child who was diagnosed as Down's Syndrome. An investigation[7] indicated the cause of murder was deeply

associated with Japanese religious beliefs. The child's mother lived together with her husband and mother-in-law who blamed her for having a baby with a disability by saying, "Our family does not have sinful dirty blood; because your family blood is contaminated and sinful, a disabled child was born. Now our family is very shamed because of you!" As the result, she became very confused, developed Neurosis, and killed her baby. Similar cases are a daily occurrence in Japan.

(i) Shintoism

Shinto canons[8] relate a genesis story about Izanami, a female god, who approached Izanagi, a male god; they married, and named their first child, a son, Hiruko, which means leech. At three years of age, Hiruko was not yet able to stand; his body was just like a boneless child, so his parents threw him into the ocean. Since a child with a disability did not qualify to be a Shinto god, disability has been regarded as impure and disqualifies one to be Japanese, at least as a Shinto god. Because Shinto religion emphasizes purity and perfection, a family with a person with a disability is regarded as shameful and disgraced.

(ii) Japanese Buddhism

Buddhism first came to Japan around the sixth century. Nihon Ryou Iki[9], one of the oldest Buddhist books in Japan, has 116 Buddhist preachings delivered by early missionaries. Twelve preachings relate to disabilities and emphasize how they are the result of human sin. Gyogi[10], a very famous pioneer Buddhist missionary, relates the following story in his teaching: A mother with a crippled child came to hear Gyogi's preaching. The child was over ten years of age, unable to walk, and cried often.

Gyogi ordered the mother to throw her crippled child into the river, but the mother persistently refused to do so. Gyogi continued to blame her and insisted that she throw her crippled child into the river. Having no recourse, she finally threw her crying child into the deep water. The child appeared from the water and said to the mother, "Since your ancestors did not pay their debts, I came to this world to torment you, but I can't do it any more". He then disappeared into the water. Gyogi turned to the mother and replied, the crippled child was a result of her ancestors' sins; when you borrow money, you should return it. Now you are free from sin.

Japanese Buddhist priests have preached that all kinds of disabilities are associated with one's ancestors or one's own sins. Therefore, persons with disabilities have been regarded as sinful and shameful. Their lives have been easily denied.

These Shintoist and Buddhist influences have been deeply rooted in Japanese soil for 1300 years, with the result that religious stigma is very strong and creates severe discrimination[11]. Therefore,education and enlightenment are tools to liberate people at the intra, inter and meta-personal levels.

2. Industrialization and discrimination

Since Japanese industrialization began early in the Meiji era (1868-1911), two traditional security societies (Gemeinschaft) have disappeared; one is the mura (village) community, and the other is the large family system. Now new gemeinschafts have emerged, known as the Japanese company. Ferdinand Toennies[12] identified the "gemeinschaft (community)" as old order natural, inherited, and family

life, but a new gemeinshaft has emerged which is characteristic of most of the Japanese community, since economic-based companies have adapted the traditional gemeinschaft into their modern organizational system. Members of the organization identify themselves as "we", rather than "I", in which members are more aware of their common bond than of their own individuality. Meanwhile, Western countries have shifted to an industrial society (gesellschaft), which is based on individual free associations, with each member aware of his/her own individuality rather than having a group consciousness. In contrast a Japanese company provides employees and their families security, in terms of salary, health care, housing, education, etc., and lifetime employment until retirement. At the same time, employees are expected to be loyal and devote their lives to the company. Japanese self-identity is based on gemeinschaft. When meeting someone for the first time, one usually introduces the company's name first, followed by one's family name. It is very unusual to identify oneself by his/her personal name in public.

Persons without gemeinschaft identity, are regarded as second class citizens. Since most persons with disabilities are unemployed, they have no gemeinschaft identity and are looked down on by society. Many are institutionalized and living in remote areas, isolated from major communities. When the traditional gemeinschaft existed, there was some degree of mutual support through the family system, and village; but it was destroyed by industrialization which provided a new gemeinschaft for able-bodied persons but not for persons with disabilities.

Also, industrialization introduced a new ethics based on monetary value, "A

person who does not work, doesn't eat". Some persons with disabilities have the ability to be productive, others do not. They are unable to obtain gainful employment due to lack of education, and because of the Buddhist and Shintoist discrimination, (sinful and contaminated blood) they are not welcomed by the companies. As a result, a new type of discrimination, based on economic value has emerged. Ironically, industrialization has polluted the Japanese environment, causing many people to become disabled through water, air and food pollution.

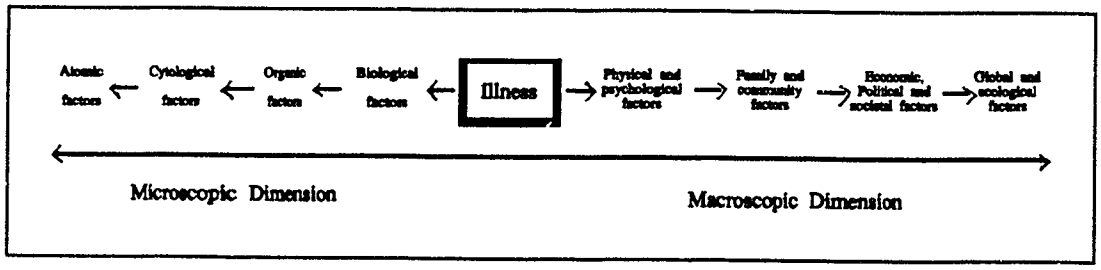
At the present time, the Japanese life span has extended to over 80 years of age which is the longest globally. Until 1947, the average Japanese life span never exceeded 50 years of age. However, the company's retirement age of 60, has not changed for over 50 years. The elderly population is rapidly increasing and many of them have some kind of disability, but there is no gemeinschaft, in terms of the family, community or company. According to government statistics[13] in 1988, 11.2% of the total population is over 65 years of age. It is predicted that in 1995[14], 23.6% will be over the age of 65. Within 10 years, one in four persons will be in this category. Therefore, discrimination against persons with disabilities is no longer a minor issue. Industrialization brought a new era of technology and fostered a new level of discriminatory value on Japanese soil.

3. Technological medicine and discrimination

European medical art has developed from community medicine, with microbe medicine being one of the major medical practices in the 19th century. When Japan

introduced Western medical technology in the 19th century, it was primarily microbe medicine; bacteriological treatment and research have been developing, but community medicine never did fully develop. On the other hand, traditional Chinese medicine that was widely practised in the community died. At the present time, persons with disabilities living in the community, experience great difficulty since there is an inadequate community medical care system. Western microbe medical technology was like magic to the Japanese. As a result, people began to believe that medical technology could cure all kinds of illnesses. Modern technology was seen as a new positive value. However, microbe medicine has been well developed only in the microscopic dimension. For example, a medical technician will do extensive research and treatment of a patient with a stomach ulcer, carefully examining the stomach organ, the inflamed cells, atoms etc.. Little or no attention is given to intervening with the macro dimension, consisting of marriage, family, human relations in the company, the economic and political dimensions.

Figure 3 Dimension of illness



Disability is a concretized or a long term, generally incurable illness. Patients are generally treated in the micro not macro dimension; in other words a medical technician treats them as biological objects, organs, cells, etc., but not as a whole human being, as part of a family unit, and community citizen. There is a lack of holistic medical treatment. Therefore, the hospital admits only the patient not his/her family or friends. Patients are isolated and segregated from their families and community. Persons with disabilities are segregated in the same way in institutions by medical technology. At medical institutions, persons with disabilities are treated as biological objects, not fully as human beings. Talcott Parsons[15] described the role of patients; patients are exempted from social obligations and responsibility for his/her illness; they may understand his/her situation as being an abnormal undesirable condition and have an obligation to seek every possibility to get well; patients should cooperate with the medical profession to recover from illness. As Parsons theory became the mainstream of the medical communities ethics, persons with disabilities were labelled as abnormal undesirable beings which also denies their civil rights as societal members. In reality, many persons with disabilities are treated as children, and expected to be very dependent personalities on the medical profession. Medical and institutional conditions discourage their independence and whole humanity, treating them as second class citizens.

Lastly, people tend to believe medical technology is almighty with medical professions being capable of curing all types of illnesses. Society gives great praise to the medical profession when they succeed in curing an illness; on the other hand,

some incurable illnesses are called a disability. Therefore, "disability" might be perceived as dishonourable, and develop into a discrimination against persons with disabilities.

Ivan Illich[16] says, "healthy" is an adjective that qualifies ethical and political actions. The health of a population depends on the way in which political actions on the one hand condition the milieu and creates circumstances that favour economic well-being, and on the other hand, eliminates the condition of being economically disadvantaged, known as "handicapped". Medical technology undermines peoples' families and community life not only by direct aggression against a person with disabilities but also through the impact of its social organization on the total milieu. Ivan Illich calls this phenomena, "social iatrogenesis"[17] when the medical damage to an individual's health is produced by a sociopolitical mode of transmission.

As social iatrogenesis occurs, many persons with disabilities are transferred from medical institutions to social welfare institutions for their lifetime.

4. Social welfare system and discrimination

The modern social welfare system was established in Japan after W.W.II. Since the Japanese Restoration in 1868, many Western missionaries came to Japan, and opened social welfare institutions such as orphanages, community centres etc., but none for people with disabilities. Most institutions were run privately, supported by the church and community economically and physically. Initially a good relationship existed among the institutions, community, and churches. However, as the social

welfare system became a government responsibility, the institutions lost their relationship with the church and community. U.S. General MacArthur introduced the North American type of social welfare system during the U.S. occupation of Japan. As a result Article 25 of the Japanese Constitution was established. "Every Japanese citizen has the right to have a healthy and cultural life". It was followed by the Social Welfare Law for Physically Handicapped in 1949, for the Mentally Retarded in 1960, and the Social Policy Regulation for the Physically and Mentally Handicapped in 1970. All government authorized institutions receive their financial allocations, generally, over 90 percent of the total institutional budget from the national and prefectural governments.

However since Japanese social welfare ethics were based on economic and industrial gemeinschaft values, the government encouraged institutions for people with disabilities to be built in remote areas, away from society which was regarded as the working peoples community. As a result, many institutions were established in mountainous areas, and formed "colonies for the handicapped". People with disabilities were segregated from their families and friends and were required to live in an institutional setting formed by two classes: the social welfare workers who controlled the inmates' lives; the other was the inmates, who were in a subordinate position and made objects of social welfare.

In the institutions, schedules are set up by the staff, not inmates, which can be very dehumanizing. For example, many institutions provide supper for inmates around 4 - 5 p.m., since the staff's working hours end around 5 - 5:30 p.m.; but the next meal

is usually not until the following morning at 8:00 a.m., which means the inmates have no meal over a 15 - 16 hour period of time. Bedtime is around 9 p.m. for adult inmates, because staff cannot work until late at night. There is much less freedom to make choices or decisions concerning one's schedule. It is necessary to get permission just to go shopping or go for an outing.

Since institutions are responsible for their security and the inmates' lives, their basic programmes are based on protection, so inmates are encouraged to stay inside of the institution. This could be compared to a greenhouse. As a result, a dependent spirit, an apathetic attitude, and less stimulation pervade. As the institutional directors and board members are responsible for managing government funds, their attitudes tend to favour the government officers, not the inmates. Originally, the social welfare system intended to establish human dignity and liberate people with disabilities from discrimination and segregation. However the bureaucratic social welfare system created a different type of discrimination and segregation known as "institutionalization".

During 1981, designated the International Year of Disabled Persons by the United Nations, the Japanese Government began to change their institutional policy for people with disabilities. The North American social service system was introduced, which was a community-based social service, and encouraged the Government to integrate these people into the community. At the same time, organizations of people with disabilities became stronger and raised their voices, emphasizing their human rights, and strongly requested their civil rights. The Japanese Government then

encouraged the family to look after their members with disabilities, since the government did not have a budget to develop a new programme. The government could not cut off the institutional budget, because the association of the social welfare institutions had much greater political power. Some institution workers formed labour unions with demands for increased salary, and less work hours. The interests of the labour unions often contradicted the inmates' interests. Less labour hours means less care for the inmates; higher salary means less budget for the inmates, since the budget was fixed. Thus the present institutional social welfare system continues to oppress and discriminate against persons with disabilities. Unfortunately, Japanese social workers, including Christian workers do not realize this meta-personal sin. I will discuss a new social service approach in the summary, since it is essential to analyze the life cycle, which includes birth to death of people with disabilities.

The life cycle perspective provides a holistic view of a person with disabilities, since most studies emphasized a specific segment of the life cycle, such as their education, employment, etc.. The development of professionalism and bureaucracy divided the whole person into many segments, with each professional field tending to disassociate from the other. An infant with disabilities is cared for by medical professionals which belong to the Ministry of Health; at school age, they fall under the Ministry of Education; after graduation from a special school, most persons are transferred to social welfare institutions under the Ministry of Welfare; the few who are gainfully employed, come under the care of the Ministry of Labour. Rehabilitation has developed several departments, according to their professional fields such as

medical, educational, vocational, social, engineering, and psychological. These rehabilitation professionals are unable to see a disabled person as a whole being, with many persons falling between the professional fields. Rehabilitation technology has developed much faster than humanity development; again technology separates the inner being of a whole person into several segments such as medical, educational etc.. Each technology contributes to a specific segment of the wholeness, but has a tendency to neither associate nor cooperate with other technologies. As a result, persons with disabilities were pushed into a dehumanizing life cycle.

Since it is very important to see a person with disabilities as a whole being, the life cycle approach can contribute to a wholistic rehabilitation. The original terminology "rehabilitation" came from "rehabilitas" (Latin) which means restoration of faith. "Rehabilitas" was used for the priest and knight. After resigning from the holy order by taking off the clerical gown, a person could again pledge to commit his life to God. He was then regowned by the church. This action was called "rehabilitas". Therefore, originally rehabilitas meant the restoration of humanity, since humanity is based on faith. The true meaning of rehabilitation is the restoration of humanity for persons with disabilities, in terms of human rights. Christian rehabilitation is properly based on the Holistic (wholistic) approach.

Therefore, the life cycle perspective of persons with disabilities, should be examined through the eyes of Christian rehabilitation. The following life cycle analysis will focus on persons with physical disabilities.

III. Life Cycle Analysis of a Person with Disabilities

1. Introduction of the life cycle theory.

There is a well-known Japanese proverb which says, "A person is made a person by persons"; as human beings we grow through our encounters with other people and the social system. A human being begins his/her journey in the embryo stage, and progresses through the infant, child, adolescent, adult and mature stages, culminating life's journey by death. One of the characteristics of human development is a considerably longer period of childhood than that of animals. The length of childhood is associated with the development of society and culture; a complex developed society demands more intellectual, technical and sophisticated education and training to be accepted as a member of society. As culture and economics develop, the time spent in formal education is extended, which in turn, extends the age of marriage.

Frequently, persons with disabilities have different life experiences than non-disabled people. Infants with disabilities spend extended time with medical technology and are isolated from his/her parents, in terms of a hospital and/or institutional setting. Physical impairment creates a different personality development, often referred to as an unsocialized or immature personality. A crucial crisis can be observed in the self-identity stage; society pushes for identification of a person with disabilities as a second class citizen by stigmatizing them as "handicapped". Hospitals, institutions, and special school systems may contribute to the unsocialized

personality and situation which lead to segregation from society. Therefore, all present service systems should be carefully examined and evaluated in order to seek quality of life for people with disabilities. This paper specifically focuses on persons with physical impairments.

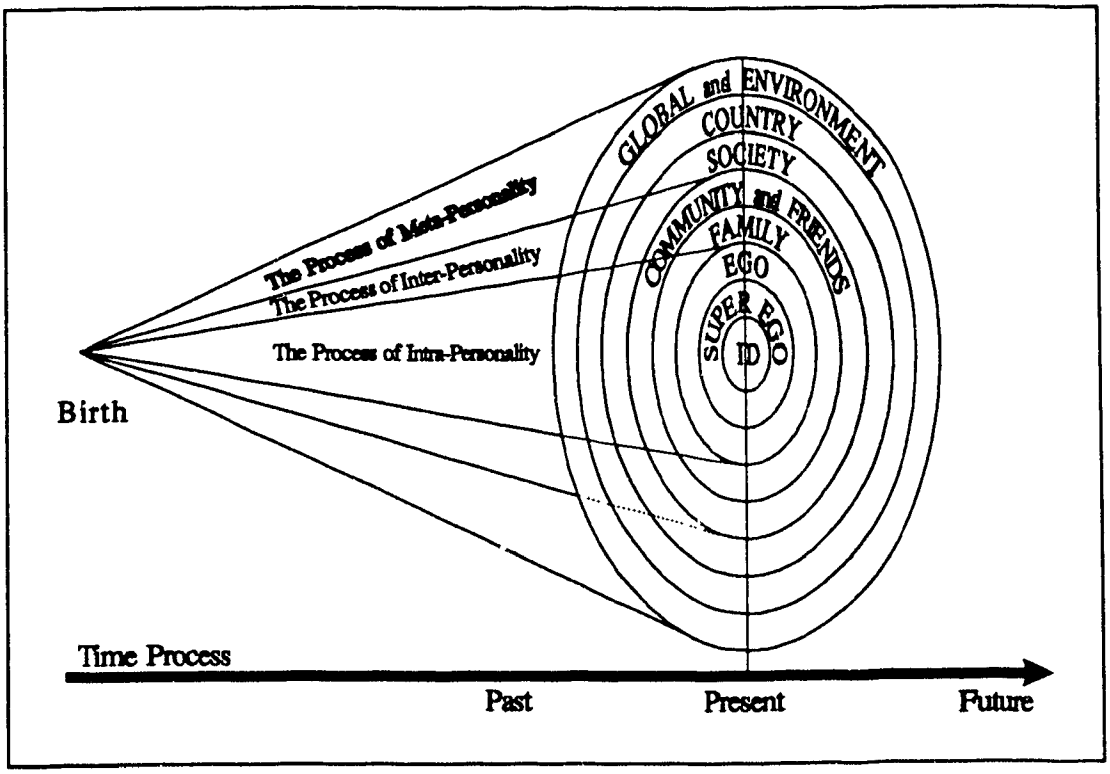
Erik Erikson's developmental theory[18] is a useful method to analyze persons with disabilities and their personality development, since his theory clarifies the socio-psycho aspects of the life cycle. Discrimination and injustice against people with disabilities are not limited to only interpersonal relationships and meta-personal relationships but also intra-personality, in terms of personality development. An inferiority complex causes withdrawal from social participation; a guilt complex pushes them to the bottom of the totem pole in society. We can observe some basic personality traits of persons with disabilities, such as mistrust, shame, doubt, guilt, inferiority, confusion, isolation, stagnation, despair and disgust[19]. All these characteristics are the negative areas of Erikson's eight stages.

Whenever a large degree of personality deviation exists, segregation and discrimination are created against people with disabilities. The goal of Christian social work is to pursue justice and restore humanity, in terms of the quality of life. Therefore, the present social service system should be carefully examined through social and psychological analysis.

Personality development is correlated with interpersonal relationships as well as social values and culture which is constantly in flux with other values. The most intimate influential interpersonal relationship is the family, especially to the parents,

followed by community relationships, societal values, national culture and the global environment. These values are interrelated and change according to time and space. Figure 4 shows the time concept and persons with intra and inter-relationships.

Figure 4 Process of personality development[20]



The human personality develops simultaneously with the time process, as the family, community, society and global environment also change. Human development is influenced by these dynamics and their changes.

Our hope is in dynamic change towards God's justice and agape. Human relationships and the environment of persons with disabilities are constantly influenced by his/her personality. The family and community attitudes, as well as the social, economic and political systems have certain ethics and values towards persons with disabilities; historically, people with disabilities were discriminated against and oppressed by injustice. The life cycle analysis brings broad and wide perspectives to the quality of life for persons with disabilities.

2. Stages of the life cycle

(i) Fetus stage:

Modern medical technology has made it possible to diagnose Down's Syndrome, a chromosomal anomaly, and spina bifida in the fetal stage by amniocentesis. This has been widely practised for many years, in addition to other investigations such as X-rays, and scanning using ultrasonic rays and fetoscopy. The most recent examination, known as the DNA (deoxyribonucleic acid) test, has heralded a new era that can predict deformity and/or a disability of any organ of the human body.

In 1988, two hundred and sixty fetuses were tested with the DNA test at fifteen major medical institutions throughout Japan. The results showed one hundred ninety-

three fetuses (74%) were diagnosed as non-disabled, sixty three fetuses (24%) were diagnosed as abnormal in terms of a disability or impairment of a biological organ; four cases (2%) were unable to be diagnosed accurately. One hundred per cent, or sixty-three women chose to have an abortion.[21]

The DNA test is challenging the basic values, attitudes, and humanity of people with disabilities. Since this test is available, it can promote a new discrimination towards people with disabilities: that a fetus with a disability is not worthy of birth. Abortion because of a disability is a new phenomenon, the result of medical technology. A new attitude could develop, that people with disabilities could be regarded as the failure of abortion (modern technology), with the result, they might be treated as second class citizens.

Society tends to give positive value to scientific technology and negative value on its failure. Many people worship modern technology, but if it fails, they might feel disgraced by the existence of people with disabilities, whose life would have been denied.

Another danger of DNA medical technology is the possible development of a new value, that human beings should be physically perfect. People who are able-bodied from birth, but later become disabled as a result of illness, pollution, chemicals, or injury, might be regarded as imperfect human beings. Therefore, people who become disabled later in life might also become discriminated against. So this issue extends beyond the abortion of a fetus diagnosed as being disabled.

Every human being has to age; in other words, everyone will become disabled

in the aging process such as loss of hearing, sight, locomotion, memory etc.. The abortion of a fetus that is disabled creates a new value that people with disabilities are of less value or no value. Therefore, elderly people will no longer be respected but rather, be looked down on and discriminated against.

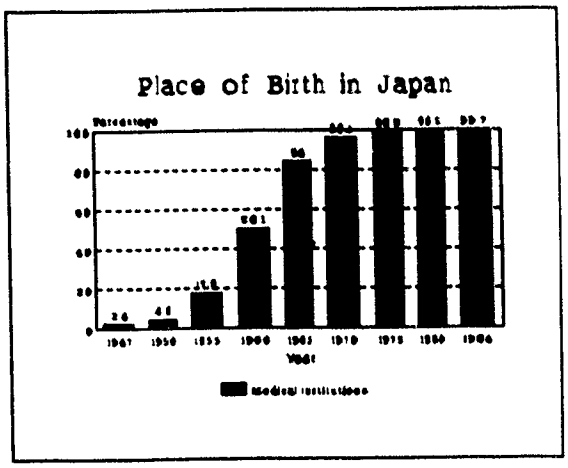
Liberation from injustice seeks koinonia; intimate fellowship, the community with human dignity, and human society consists of a variety of human beings. The basic human quality of life is the right to live, not to have an existence denied because of a disability.

(ii) Birth stage

In Japan, there has been a drastic change in the latter half of the twentieth century in the birth place of infants. Traditionally, babies were born at home, today they are born in medical institutions. In 1947, 97.6 per cent of babies were born at home, but in 1984, 99.7 per cent were born in medical institutions[22]. At the present time, most Japanese believe that babies should be born at the hospital.

Until forty years ago, Japanese were born in their homes, where their parents, grandparents, and brothers and sisters lived together. However, this tradition has disappeared with neither discussion nor analysis of the value of birth occurring at a medical institution as opposed to home delivery. This may be an indication of how much people perceive modern medical technology as an absolute positive value.

Figure 5[23]



One's birth place is a very important value to identify one's self at the national, social, family and personal levels. The Canadian Government provides citizenship for anyone born in Canadian territory. When I was working with mountain tribespeople in South Vietnam, their babies were born in the presence of many villagers. A mother usually delivered her baby at the village square, where many villagers were witness to the baby becoming a tribal member. According to the Japanese family system, a baby born at home was identified as "uchi-no-ko" (a child of our house); babies born outside of one's home, were called, "yoso-no-ko" (a child outside of the house).

On the other hand, babies born in medical institutions were neither regarded as "uchi-no-ko" nor "yoso-no-ko". A new type of identity has emerged since the industrialization of Japan. As a result, kinship has less meaning. In the nineteen sixties, the nuclear family appeared with the fragmented family following in the nineteen eighties. Fathers were totally committed to their companies and were no longer a part of their child's birth. Recently, more babies are induced on a prearranged day, according to the husband's schedule at the company. The place and date of birth are no longer natural events, but controlled by industrialization and technology.

At the present time, when a baby with a disability is born, it is possible to be labelled a failure of medical technology. The baby must be separated from his/her

parents and family, and be hospitalized for an extended period of time for medical treatment. The separation of a newborn baby from his/her mother creates a negative personality since the mother and newborn baby have a symbiotic relationship.

(A) Sense of Smell and Human Relationship

Recent physiological research[24] identified smell as an important communication medium between a newborn baby and family members, especially the mother. It indicates that a baby's smell is one of the essential factors for a mother to recognize her baby. Unconsciously, and consciously, a mother knows her own smell and that of her newborn baby, which has the same smell because of being nurtured in her womb, on the same diet and digestive system.

Traditionally, Japanese women gave birth to their babies in their homes. After delivery the midwife would bathe the newborn with warm water, and the baby's odour would permeate the room and home. The baby's parents, grandparents, brothers and sisters, who shared the same living quarters, could recognize the odour as "one of the family" since all were nurtured on the same diet and have similar biological digestive systems. However, a baby born at an institution, will have lost most of its odour before meeting other family members.

Since babies with disabilities generally require extended hospitalization, at the time of discharge, the baby no longer has the family identification smell. Most of these babies are fed cows milk, artificial milk, or intravenous but rarely a mother's natural milk. As a result, a newborn baby with disabilities has less acceptance by other family members, including the infant's mother.

A newborn baby can also recognize his/her mother by smell. If a baby is given the choice of two brassieres placed on either side of its face, one its mother's, and one another mother's, the baby would turn towards its own mother's brassiere. Separation from a baby's mother is also loss of the mother's smell, which may cause great fear and anxiety for the baby. Separation and isolation, especially for newborn babies, can be traumatic, with the result that a basic sense of mistrust might develop[25]. Mothers interviewed in Japan reported that their babies who were hospitalized for more than two weeks acted very differently than their non-disabled siblings. Infants with disabilities had less response to their mother's stimulation and a longer period of time was required to establish good mother-baby relationships.

Klaus and Kennel's[26] joint research (1980) indicates that the lapse of time between delivery and when the mother and infant first meet is directly correlated to their relationship. Those that met within thirteen hours after delivery, developed more intimacy than those who met three days later for the first time. The study recommends that mothers and infants be together soon after delivery to develop a better intimate relationship.

Infants with disabilities can get excellent medical treatment, but on the other hand, they and their mothers are deprived of the opportunity to develop intimacy, in the name of a new god, "medical technology". Therefore, hospitals should open infant care units twenty-four hours per day for mothers and the family. Most Japanese hospitals allow an infant's parents five to fifteen minutes for visiting privileges daily. A medical social worker plays an important role of facilitating an intimate relationship

between an infant and the family; hospital administrations should be encouraged to change their policy from a technological orientated perspective to a more humanistic-based medicine. A community social worker might develop a community-based delivery system, making it possible for home deliveries through the medical profession and public health workers.

(B) Sense of Hearing

A fetus develops hearing the constant sound of mother's heart beating, the basic sound of human life, which registers deeply in the unconscious level. A newborn baby has a sense of security on hearing a mother's heart beating. When a mother holds her baby, she usually holds the infant's head on her left breast, which enables the baby to hear her heart beating. Observation at a postnatal unit in the hospital showed most mothers held their babies' heads against their left breast; while shopping, women tended to carry their shopping bags without any favouritism of the right and left arms. It would appear that the mother would consciously and unconsciously know the baby's auditory communication. A mother knows the sound of her baby's cry. On hearing the cry, the brain sends a message to the pituitary gland which starts producing a hormone which in turn stimulates the milk producing glands in her breasts.

God created the human body to communicate through the sense of hearing at the levels of id, super ego, as well as ego. The reaction of the baby's cry and mother's breasts is based on a symbiotic relationship. The fetus also hears the voices of other family members and other home activities such as cooking, and dish washing

sounds. A newborn infant may feel security with those familiar sounds in his/her home environment. Traditionally, a Japanese newborn sleeps beside the mother and is able to not only hear the mother's voice, but also, the voices of other family members and home activities.

A newborn baby with disabilities can be separated from his/her mother (for several weeks to months) immediately after delivery, a situation allowing the least communication possible between mother and child; rather the sounds of medical machines and staff's voices can be heard. Severely disabled babies are placed in incubators with only two round holes as access to the outside world. The mother is permitted about 5 - 15 minutes visiting privileges daily. In 1988, the newborn baby of my minister friend was diagnosed as having hydrocephalus. The infant died six months later in the hospital. My friend wrote a letter to me indicating how shocking it was for him to discover that, totally, he was able to hold his child less than two hours, even though he visited daily. In Japan, an infant with disabilities must live in an incubator in isolation. A hospital can provide good physical treatment with modern medical technology but the humanistic relationship is minimized. No research has been done on the psychological aspects of a newborn with disabilities in a hospital setting, but I feel it is important to consider the baby's psychological as well as spiritual needs.

(C) Visual sense

Immediately after delivery, an infant experiences postnatal alertness for 30 to 60 minutes, when he/she looks around the room, especially a dark room. Lorentz K

assumes it is the human imprinting phenomenon. The mother and family members' faces can be imprinted into the baby's unconscious level. However in the hospital a baby is born in a bright delivery room, and placed in a bright postnatal room. Generally the mother meets her baby approximately two hours after delivery, so there is less opportunity for imprinting. The hospital setting inhibits the relationship between the mother and newborn baby in the name of "medical technology". A newborn baby has enough visual ability to see a mother's eyes while breast-feeding, and can absorb her feelings.

The present Japanese hospital setting does not allow the father to meet his child, but only to see him/her through the window of the postnatal room; the mother is allowed to meet her baby when breast-feeding only. A parent has the human right to meet and hold his/her child but modern medical technology has greater power; technological values are separating and isolating human relations.

An infant with disabilities can see the inside of an incubator and many different faces of professionals but none close enough to recognize. Several weeks to months is a sufficient period of time to cause damage on the visual personality development.

(D) Skinship

Skinship is a very important relationship with a newborn baby. Traditionally, Japanese mothers held their babies most of the day and slept together at night. The fetus-mother relationship is one of physical unity; a newborn experiences radical separation at the time of delivery from his/her mother's womb. An infant feels deep

security being held by his/her mother. A mother gets a mother's instinct from a newborn baby's skinship. Klaus and Kennel's research (1980)[27] also proved that skinship between a mother and newborn differed according to the time element. A mother who had the opportunity to meet her infant between 90 minutes to 13 hours after delivery, begins by touching the hands and feet, the whole body, and then holds her baby in her arms against her breast. But mothers who met their babies more than three days after delivery, were remarkably slow to touch their babies. A baby with disabilities has the least opportunity to have a skinship relationship with the mother. An incubator cannot replace the mother. According to statistics of the Ministry of Health & Welfare, approximately one million premature infants were born in the past ten years. These babies had much less skinship opportunities, some of whom became disabled children.

The birth of a baby is a natural process, not an illness. However, the present medical system treats the mother and baby as patients; they are completely controlled by modern medical technology. The quality of medical technology is well developed and has high value in Japanese society; on the other hand, the quality of life is rather retrograded, especially in the quality of human relationships. The hospital is a very independent society, formed mainly by the medical profession. Patients are at the bottom of the hierarchical power structure. They are not allowed to express their own opinion. Medical doctors act like almighty authoritarians, and are sometimes regarded as gods; however, medical doctors are neither trained nor educated in the areas of human relations and personality development. Therefore, hospital administration needs

to make a balance between the needs of medical treatment and the patient's needs.

(iii) Infancy and early childhood stage

(a) Infancy stage

E.H. Erikson called the infancy stage, the "oral stage"; the mouth is an essential body organ to take in food, in terms of body nutrition. A baby's life depends on his/her mouth; love is also expressed in the same way. The mother also expresses her love for her infant through her breast. For the mother, the mouth-breast relationship is based on her way of life which is within her societal culture. Traditionally in Japan, the infant is constantly beside the mother, and on crying, is given the mother's breast. There is no feeding schedule. However, babies with disabilities are often placed in medical institutions, away from the mother, and nurtured on fixed feeding schedules. The breast-mouth relationship is the earliest cultural modality which means "to get"[28], not in the sense of "to go and get"; "to get" means receiving and accepting what is given. The mother learns how to give her breast which includes her way of communication with her baby. A good mother-baby relationship is the mutuality of relaxation; however, a mother with a disabled infant has difficulty adjusting to her relationship with her baby, since first she must adjust to the medical institution's rules and is often controlled by its relationship to the medical profession. A mother may lose her sense of confidentiality to establish a relationship with her infant; mutual relaxation may not happen, but rather some degree of tension and anxiety may exist. As a result, the mother may get frustrated, and the infant might experience a sense of basic loss; a loss of symbiosis, of the mother's breast, and

basic trust. The baby might develop acute infantile depression or a depressive undertone.

Infants in the hospital might experience a different culture than the homebound babies, since the basic cultural human relationship is dependent on the breast-mouth relationship. The cultural difference could push infants with disabilities outside society.

The traditional Japanese means of carrying an infant is on the back. The mother ties her baby on her back with a wide belt which securely holds the infant in place, and then wears a cotton-filled jacket to cover the infant and herself from the neck down. This enables skinship, with the infant's whole body touching the mother's back. The infant can hear the mother's heartbeat and voice; he/she can smell mother's body and even suck her neck and back. When the mother walks, the infant can feel the same rhythm as when he/she was in the womb. About the only time the infant is not on mother's back, is when the mother is sleeping. Japanese culture encourages a symbiotic relationship. However, homebound infants with disabilities are often put in a baby stroller made of metal and artificial materials, which are mechanical and impersonal. The infant can not smell, see, or touch his/her mother; rather he/she only feels a mechanical rhythm from metallic springs and rubber wheels. Strollers are especially popular for infants with disabilities. They are very convenient and functional, but at the same time, its technology comes between the infant and mother's relationship.

In the 1950's a large amount of powdered milk was imported from the U.S.A.

Many Japanese believed the powdered milk had vitamins, and was much more nutritious than breast milk. After W.W.II, the Japanese lifestyle changed drastically; many people wanted to adopt the American way of life, so they began to feed their babies powdered milk, expecting to have healthy tall children just like Americans. Dr. Spock's book was also translated into Japanese and soon became a Bible for mothers. Unfortunately, more than 12,000 babies became disabled and 133 babies died, because the Morinaga company's powdered milk contained arsenic. Those infants are now thirty years of age, and living in institutions.

Also in the 1950's there was a high ratio of depression among new mothers which was a new phenomena[29], many mothers were at a loss how to raise their babies, since the traditional methods were regarded as inferior to the American way. Babies were born in medical institutions; the nuclear family cut off the relationship with the extended family who also participated in parenting. The new Western values suddenly changed the traditional value system, creating great stress.

One of the characteristics of a person with disabilities is the lack of skill in establishing human relations. This trait begins to develop in the initial life stage, as the result of the medical technological system. A hospital might set up an infant care unit with a mother's living space, to enable the mother to live with her baby, or a home-based medical service could be studied. The degree of trust is not dependent on the quantity of food or demonstration of love, but rather on the quality of the maternal relationship. Mothers create a sense of trust in their babies through their sensitive cultural care of the baby's individual needs and a firm sense of personal

trustworthiness within the trusted framework of the mother's community lifestyle. A mother's attitude of trust, and way of living come from her religion which is a common faith in the community; the mother's need for restoration becomes part of the ritual practice of her religion.

(b) Early childhood stage

This stage is called the "anal stage"[30], cultural environment contributing a degree of "autonomy" versus "shame and doubt".

An anthropologist, Ruth Bennedict, called the Japanese culture a shame culture[31], indicating shame is the central trait. Samurai (warriors) often chose death instead of shame. The culture has a social system for "saving face", which maintains a balance between "saving face" and shame. When there is no opportunity to do so, he/she may choose death. A typical case is a criminal suspect, who attempts to prove his/her innocence by committing suicide when there is a lack of evidence or support from others.

Until half a century ago, Japanese did not use diapers. Parents ignored anal behaviour, expecting the older children or neighbour's children to lead the toddler out to the bushes so that his/her compliance in this matter coincided with his/her wish to imitate the older children.

Westernization was especially emphasized during the U.S. occupation after W.W.II. The diaper system rapidly eliminated the traditional method of training. Nowadays, all infants wear diapers, which have become a symbol of mechanized toilet training, the ability to control his/her anal muscles at a certain place and time.

Industrialization brought new values, "time is money", an idea about functioning efficiently in a mechanized world. The Japanese soon developed an orderly, punctual personality. However, the toilet training of infants with disabilities was often neglected, since medical treatment was regarded as a higher priority. Infants in medical institutions were unable to have proper toilet training, resulting in the possible development of a sense of shame and doubt, and a compliant behaviour towards staff, which in turn encourages an "institutionalized type of personality" (hospitalism). Moreover, some toddlers with disabilities were unable to stand or walk, since their environment did not encourage motivation to "stand on their own feet". These children may have had a sense of exposing themselves prematurely and foolishly, which E.H. Erikson called "shame, doubt".

A sense of autonomy also depends on the parents' dignity and sense of personal independence which they derive from their own lives. Just as a sense of trust is the reflection of a sturdy realistic faith, so is the sense of autonomy a reflection of the parents' dignity as an individual.[32] Therefore, present medical institutions might consider developing a parental teamwork approach, with the parents' role being supportive, to develop his/her child's autonomy.

(iv) Play age and school age stage

(a) Play age stage

This stage is a play-identity one. A child of four to five years of age must now find out what kind of person he is going to be. The child wants to be like his/her parents; a boy wants to be just like his father and fantasizes how to occupy his

mother; on the other hand, he may feel guilty towards his father and God. (Oedipus complex) A girl wants to be like her mother and also fantasizes about marrying her father; at the same time, she feels guilty towards her mother and God. During this stage, a child learns to move around more freely and violently, establishing a wider unlimited radius of goals. The child's sense of language becomes perfected to the point of comprehending and asking many questions. However, children with disabilities may lack locomotion and/or language, because of their disabilities. Because their physical development is very limited and a difficulty in developing a sense of initiative might exist, they may experience more of a sense of guilt.

During the past thirty years in Japan, there has been a remarkable increase in the number of nursery schools and kindergartens. In 1960, thirty-one percent of five year old children attended preschool (nursery schools and kindergartens); 1980 statistics show more than ninety percent of five year old children attend.[33] These children begin to associate with their peers. Under the guidance of preschool teachers and older children, they gradually enter into the infantile politics of nursery school or kindergarten. Erikson says, "it leads away from his/her own limitations and into future possibilities"[34]. However, the present Japanese preschool system does not permit children with disabilities to attend. The must stay at home or be hospitalized. Many Christian churches also administrate kindergartens and nursery schools; they try to accept children with disabilities in the community, but the number that can be accepted is limited due to finances available to make an integrated program, eg. accessibility and staff. Children with disabilities need their peer groups to extend their

world; physical impairment limits their locomotion, but with the community's help, they can participate in preschool.

The government should carefully examine and evaluate this area, since nursery school is under the control of the Ministry of Health and Welfare, which allows children with disabilities to attend. However, kindergartens are under the control of the Ministry of Education which does not permit children with disabilities to attend. The Ministry of Education has a separate school system for disabled children. These separate schools are only available from Grade one, not the kindergarten level. In 1946, Japan set up a compulsory education system from Grade one to Grade nine. But at the present time, over ninety-five percent of children attend preschool, which has already become semi-compulsory. Keeping children at home or in an institutional setting encourages them to be unsociable. This type of discrimination and segregation may cause a social handicap.

(b) School age stage

The Ministry of Education conducts physical and mental examinations prior to entering the public school system. The purpose is to identify children with disabilities and place them in a special school, according to the type and degree of disability. These are schools for orthopedically disabled children, the blind, deaf, and mentally retarded, etc.. Until 1979, the Japanese Government made an exception, that the education system was not compulsory for children with disabilities. After many parents of disabled children, social workers and civilians opposed this discriminative attitude, the government set a new school law which permits all children with

disabilities to attend school, but they cannot attend the regular community school. The government's explanation emphasized that special care was required, when in reality it was segregating children with disabilities.

The Japanese educational system is well correlated with the economic system. Most curricula were designed to contribute to economic development, with mathematics, science, chemistry, biology, technology, and English being heavily emphasized. The government and companies see disabled children as probable incompetent workers, and push them into the social welfare category; in other words, persons who cannot work, do not need an education. It is shocking to recognize the fact that until 1979 children with disabilities were denied their human rights for an education up to Grade nine, which is guaranteed by the Japanese Constitution, Article 26. Their human rights had been ignored for thirty-five years. In addition, disabilities are associated with sin (Buddhism) and imperfection (Shintoism); families with a disabled child were discriminated against and ignored by society as a whole. Even though Japan has one of the best educational systems in the world, it is not so for children with disabilities.

When children with disabilities attend a special school, they develop a great sense of inferiority. In this stage, a child generally learns how to get recognition by becoming industrious and productive. Able-bodied children learn basic systematic technology which is an essential skill to live in the real adult world. Elementary schools emphasize self-restraint, obedience and discipline. Companies want obedient loyal employees, and the Japanese educational system collaborates. The educational

system also teaches children how to be competitive by working hard; they learn at a early age how to adjust to a competitive economic society.

At this stage, children with disabilities are very segregated from able-bodied children. The special schools are organized to enable each school to meet the needs of a specific disability; eg. children with a visual disability go to a school for the blind; the orthopedically disabled child attends his/her school. The number of special schools are limited, and are usually not in the child's community; children must commute long distances by school bus and/or train. Since their school friends are not from their community, they cannot play with them after school, which is important in developing socialization skills. The school environment tends to have low morals, and attitudes of pity, sadness and apathy are commonly observed. Most classes have a ratio of one teacher to two or three children. Most teachers have not had any specialized training in teaching children with disabilities, are close to retirement age, or have been demoted.

When I conducted research on fifty clients in a training centre for the disabled,[35] 46 of them had practically the same classmates for their entire schooling, which indicates how extremely limited their socializing opportunities were. Since many of them have been protected and spoiled by their parents and teachers, they do not know how to go shopping, how to use public transportation, etc.; often they are afraid to speak in public. After graduating from the special education system for the disabled, in addition they are "socially handicapped" (multiple disabilities). On the other hand, able-bodied children are never given an opportunity to learn how to relate

to persons with disabilities; this creates a more negative attitude towards, and greater isolation of the disabled.

The present Japanese educational system segregates and discriminates against children with disabilities. It is very important to pursue an integrated educational system which introduces children with disabilities into mainstreaming. Now is the time to consider the quality of life in Japan, because the economic growth-centred society has failed to provide happiness, rather a quantitative way of life.

To effectively change attitudes towards persons with disabilities, the educational system and values must recognize the basic human rights and dignity of all.

(v) Adolescence stage

Japanese society is very group-oriented, forming groups at all levels, such as companies, schools (alumni), religious, labour unions, etc.. After the industrialization process and technological lifestyle, North America has reached an individual society.[36] But Japan has been rearranged into a fragmented group-oriented society. The fragmented group does not associate with other groups, is very exclusive, and is a closed society group. Each group provides a great degree of security to the other members. A company employs only freshmen from school, until their age of retirement, the company also assumes responsibility for the employee's family, housing, medi-care, recreation, children's education, etc.. An employee feels security being a member of the company. Therefore, Japanese youth study hard to pass the

entrance examination to a first class high school, and university, because only a first class university student would be employed by a first class company which provides first class security.

Youth are labelled according to the rank of the high school or university they attended. During this adolescent stage, youth are forced to have a group identity and may feel strong loyalty towards a school and/or company.

According to E.H. Erikson, a sense of ego identity comes from ego synthesis which contains the individual's basic drives, his/her endowment and his/her opportunities.[37] In Japan, the company or the school is the opportunity, with his/her endowment and basic drives being less influential in forming his/her self identity.

Adolescents with disabilities usually cannot have this ego synthesis, since he/she does not have any basic drives or opportunities, and his/her own endowment is regarded as poor, invalid and useless. Their self identity is well diffused and "crippled", or "handicapped". They are forced to form their own identity group, according to their type of disability by educational power and economic discrimination rather than arbitrarily choosing their own identity group according to their needs. They are forced to have an intra-personality as well as an inter-personality, as handicapped; they are pushed into the corner of, or outside of society. These adolescents usually do not have any close friends with whom they can share their life values. They are placed in very lonely situations or their parents treat them as children, denying their growth.

Most graduates from special schools are transferred to adult social welfare

institutions which are located outside of society, in mountainous areas with very poor access to public transportation. It generally requires visitors one full day travelling to visit them. This kind of systematic segregation ignores their civil rights and forces them into a humiliating situation.

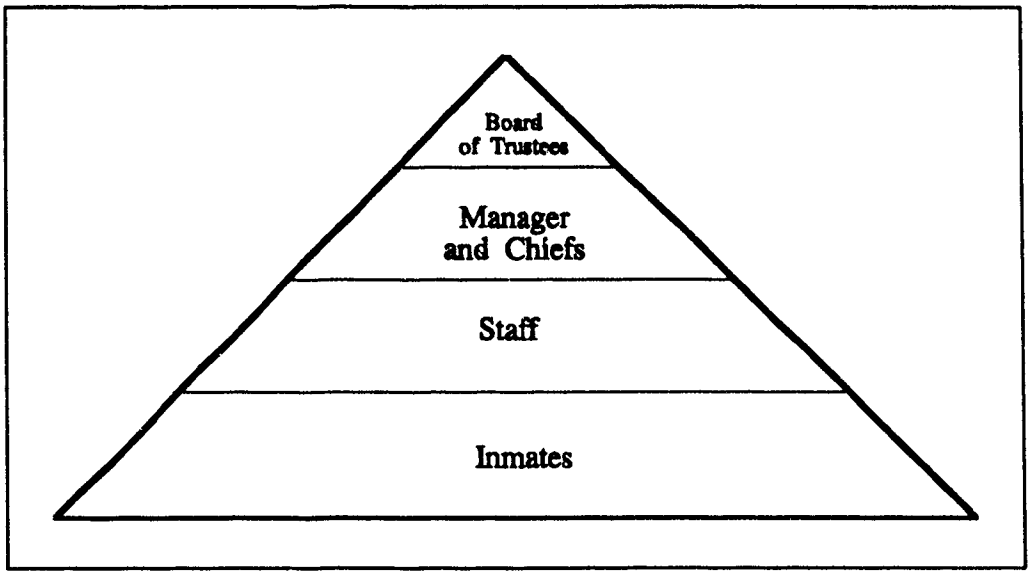
(vi) Young adult and adulthood stage

After the industrialization of Japan, there was a saying, that the "four important events of life" are: birth, employment, marriage and death. Two of the four significant events occur during the young adult and adulthood stages; employment and marriage. Since employment is a lifetime commitment, young adults work hard to get good employment. Japanese society is formed by an invisible hierarchy composed of economic companies. A typical self-introduction requires one to identify the company name first, followed by the family name; seldom does one mention his/her given name. Generally, this type of self-introduction is also practised outside of the working situation. Most men carry their name cards, which identifies them with the company. If a person does not have a name card, he/she would be regarded as an outcast, since he/she doesn't belong to any company. Persons with disabilities are institutionalized after graduating from special schools; they do not have name cards, but rather become objects of social welfare. In the social welfare institutions, staff have their name cards, since they are employed, but the inmates unemployed, are labelled "handicapped". The Japanese term, "障害者 (shogaisha: handicapped)" means an obstacle, which is discriminative terminology, and identifies persons with disabilities

as invisible outcasts of society; they are segregated and isolated from society, including their families.

The inmates are called "園　生 (ensei: children of the garden)", which is commonly used for kindergarten children; they are also treated like small children. Many institutional workers relate to them in a childish manner. All are placed at the bottom of the organizational structure or outside of it.

Figure 6 Institutional structure



Inmates are expected to act like dependent children; their daily schedule is set up by the institutions, in terms of mealtimes, bathtime, bedtime, etc.. Institutional life limits their individual needs, with the self-determined inmates regarded as undesirable or rebellious. As long as inmates behave like children, they will be well-treated by the staff.

To deny recognition of a person as an adult is to discourage an independent spirit and dignity as a citizen of society. It is taboo to love the opposite sex; in fact inmates have great difficulty developing an intimate relationship with anyone since the institutional staff intervene between them. Staff generally see inmates as a different class of people, such as patients, handicapped, clients, etc.; the staff-inmates relationship is based on an institutional relationship, not a personal one. Therefore,

persons with disabilities are forced into isolation and self-absorption.[38]

Of course, the relationship with their family is cut off through institutionalization; marriage is almost impossible, so most cannot have a family of their own. Generativity is denied, and persons with disabilities are stagnated.[39]

One resident of our institution, who is a quadriplegic, married a staff member in 1983. The director and other staff opposed their marriage, including both of their families. I encouraged them to marry, so they left the institution. Their families did not participate in the wedding ceremony. They lived on social welfare and found many friends in the community. On the birth of their baby girl, their families reconciled to celebrate the occasion of their grandchild. Now the husband is studying theology by correspondence, since he hopes to become a minister. His marriage opportunity provided him with intimacy and generativity.

Unfortunately, the Japanese community is not yet accessible for persons with disabilities to live in; people's attitudes towards disabilities are very discriminative, but my hope is for the integration of persons who have been isolated and are discriminated against. Christian social work should be based on the integration principle since quality of life is based on social living.

During this stage, many people experience their parents' retirement and death. Today some people with disabilities have begun to live with their parents in the community. However, depending on the aging and retirement of the parents, they are unable to look after their children with disabilities, with the losses of economic and physical strength. There is no community or company support. The family itself is

easily isolated from society as a whole. Family suicide, caused by a disability, has begun to appear as a new phenomenon in Japan.

(vii) Old age and termination of the life stage

In the past, many people with disabilities had a shorter than average life span, but modern technology has extended it considerably. Every human being becomes disabled during the aging process, which decreases the visibility of disabilities, in that a disability is a common phenomena for aging persons. However, persons with disabilities cannot carry on a conversation with non-disabled aging people, since they have lived in isolation, away from society. Some senior citizens' homes accept a few persons with disabilities from institutions where new life begins with a limited degree of integration with other seniors from society. However, most of the residents suffer from senile dementia or Alzheimer's disease, which again puts them in an isolated position. They experience great difficulty in coping with the stress of adjusting to their new environment. On the other hand, aging clients who remain at institutions become more isolated within the institution, because their physical and mental aging prevents them from actively participating in institutional activities; they stay in bed almost twenty-four hours a day.

According to E.H. Erikson, only a person who in some way has taken care of things and people, and has adapted oneself to the triumphs and disappointments of being by necessity, is the originator of others and the generator of things and ideas, only he/she may gradually grow fruit from the seven stages. Therefore, persons with disabilities cannot bear fruit in the last stage, but rather experience despair and disgust.

They may no longer have their parents who may have at least kept in contact, and related to them in a human way. Most institutions experience that inmates' siblings generally cut off their relationships.

One of our residents at a nursing care home for severally physically disabled persons,[40] mastered the program of ADL (Activities of Daily Living), such as dressing, bathing, toileting, cooking, cleaning, etc.. Since she was unable to use her hands, she used her feet. I then contacted her brother, since her parents had died, but he refused to accept her as a family member; he even refused to allow her to visit his family, since his wife and children were unaware of her existence. She lost final contact with her kinship.

Institutionalized persons with disabilities usually die in a very isolated way in an institution; there is no family or true friends. The fear of death is very strong since their physical impairments already signify a partial physical death; they can feel their gradual death, but cannot talk about their fear in the institution, because a conversation about death is taboo in Japanese culture; in addition, institutional staff have never had an education dealing with death and dying.

In Japan, a gravestone is for the whole family, an individual's does not exist. Below the gravestone, is a small chamber with several shelves for ceramic jars which contain ashes from cremation. Our family gravestone is in Tokyo. When my father died, his brother wanted some of his ashes for his ancestor's gravestone also, which is located two hundred and fifty kilometres from Tokyo. So his ashes were divided between the two gravestones. Aged persons with disabilities are so disassociated from

their families that their ashes may not be wanted for the family graves. Institutions have designated places for keeping their ashes, since nobody claims them. In Japanese culture, ashes are regarded with respect and dignity; the family grave signifies family identity, a sense of belonging. This is a source of great pain for those with disabilities who are aging, to realize their soul will also be rejected by their family and community; a spiritual and physical denial of their existence.

Institutional living conditions are very confining for persons with disabilities, to develop their quality of life. Therefore de-institutionalization is essential to liberate them for full integration into society.

The next chapter will discuss future considerations, and how to liberate persons with disabilities from their present isolation and discrimination.

IV Summary

Since liberation theology is an orthpraxis, and practical ethics is actual participation in the liberation process, this chapter will discuss praxis and the quality of life for persons with disabilities, which may contribute towards my missionary work with the Japanese social services in the area of social rehabilitation.

The majority of Japanese Christian social work is in the area of childcare, (infant and childcare institutions) which is one of the reasons the previous chapter focused on the infant and childhood stages.

Jesus Christ, the Liberator demonstrates the way to achieve the goal of liberation; Jesus said "I am the way, the truth, and the life; no one goes to the Father except by me", John 14:6. Jesus clearly defined disability as grace in John chapter 9. When the disciples asked Jesus, "whose sin caused him to be born blind? Was it his own or his parents' sin?", Jesus answered, "His blindness has nothing to do with his sins or his parents' sins. He is blind so that God's power might be seen at work in him (John 9:1-3). Jesus' teaching liberated his disciples from intra-personal sin. Society and religion stigmatize people with disabilities as being sinful, leading an unworthy existence, and expect them to behave in an incompetent, incapable, and

inferior manner.

Christian ethics can contribute to liberating people with disabilities from Buddhist and Shintoist discrimination.

Jesus met the man with a visual disability and healed him (John 9:6-7). The man was economically poor, since he was a beggar (John 9:8). Jesus asked him to participate in the community - to integrate into society. Liberation of people with disabilities is not only physical, but also psychological, economic, and political. The man who was liberated, did not need to act like a beggar, inferior, or sinful. However, society continued to reject him even though he was no longer blind, because his liberation process demanded a change in the societal system on all three levels - intra, inter and meta-personal. The Jewish authorities said, "You were born and brought up in sin", and they expelled him from the synagogue (John 9:34). Individual liberation is associated with social change. Jesus' liberation threatened the power structure, especially people who held power. Religious power had been a central problem until last century; however, the age of technology is creating materialistic power. The struggle for superiority has pitted the strong against the weak, generated disparity between the rich and the poor, the able-bodied and the disabled. Thus, distributive justice has become an intractable problem for the technological world. Those in control of technology and capital, control society. The inequality in distribution of power has become an intractable problem for technological society. A Japanese liberation theologian, Keizo Yamada[41], categorized the characteristics of Japanese society as the "9 C's":

1. Consciousness of a middle class

2. Competitive 3. Company oriented

4. Controlled 5. Closed capsule

6. Consumerist 7. Commercialist

8. Computerized 9. Capitalist

Yamada emphasizes that the Japanese church should analyze the social situation and take action for its liberation, otherwise the Japanese church will become a closed capsule in a technological and capitalist society. Japanese society has economic power ethics in terms of rich peoples' ethics which further oppress the weak and poor. Yamada proposes the church develop the "9 C's of liberation": 1. Community 2. Common goal 3. Communication 4. Contribution 5. Collaboration 6. Cooperation 7. Commitment 8. Coordination 9. Conscientization.

The Japanese church tends to exist in a cocoon, close its eyes to society, and seek God's love and justice only within the church. But God lives in society and is asking people to participate in His justice through love.

Jesus' rehabilitation is a liberating process, with the goal of integrating persons with disabilities into society, with human dignity and justice.

Jesus healed a person with paralysis (Mark chap.2), because Jesus saw his friends' faith, who had made a hole in the roof, directly above the place where Jesus was standing; they lowered the man lying on his mat. So cooperation and collaboration among people is the basic method of rehabilitation. Then Jesus asked the man to get up, pick up his mat, and go home; in other words, become independent,

and join your family, friends and community.

St. Paul describes God's society in the First letter to the Corinthians, chapter 12. The body of Christ, in terms of society is formed by many parts. If the foot were to say, "Because I am not a hand, I don't belong to the body", that would not keep it from being a part of the body.

Japanese society eliminates people with disabilities, and the social welfare system segregates them according to their disabilities, such as visual, auditory, physical impairment, etc..

St. Paul continues to emphasize,

> "On the contrary, we cannot do without the parts of the body that seem to be weaker; and those parts that we think aren't worth very much are the ones which we treat with greater care; while the parts of the body which don't look very nice are treated with special modesty, which the more beautiful parts do not need. God himself has put the body together in such a way as to give greater honour to those parts that need it. And so there is no division in the body, but all its different parts have the same concern for one another. If one part of the body suffers, all the other parts suffer with it; if one part is praised, all the other parts share its happiness. All of you are Christ's body, and each one is a part of it."
>
> (I Corinthians 12:22-27)

Therefore all types of disabilities should be part of society. The present Japanese social welfare system should change from segregation in an institutional setting to integration into society. All areas of rehabilitation such as, medical, educational, vocational, social, engineering, and psychological should communicate, cooperate, and collaborate with a common goal, with conscientious coordination, since Jesus'

rehabilitation was a wholistic (holistic) approach.

Ethical praxis in Jesus' rehabilitation is not only for people with disabilities, but also for non-disabled persons, in terms of society as a whole. Its praxis can simultaneously perform on the intra, inter and meta-personal levels.

1. Intra-personal level of rehabilitation

A human being has some degree of discriminatory ethics towards disabilities at the unconscious level. Nursery rhymes and children's stories are a good example of those ethics. A well known Japanese fairytale is, "The Monkey's Marriage to a Girl".[42]

> "A monkey married a poor girl and loved her dearly. The monkey worked very hard so he could buy gifts for his wife. One day, when the monkey was carrying a stone mortar on his back, he fell into the river. The monkey sang the song, 'I love you, my wife, I will work hard to make you happy. Please help me'. His wife sang a reply to him, 'I pray, the stone mortar will keep you down in the water'".

The monkey is a metaphor for a person with disabilities. The ethics of this fairytale is that a person with disabilities is not a human being, a subordinate class, that his/her life can be ignored by society.

Education plays a very important role in liberating peoples' intra-personal level of discrimination. Children's nursery rhymes and stories in Japan should be examined to eliminate the discrimination; at the same time, new rhymes and stories should be created to provide healthy attitudes towards children with disabilities. Childrens'

curricula in Christian schools should be revised to create a positive attitude towards disabilities.

The Japanese Bible uses discriminatory terminology against people with disabilities; 不具者 (Fugusha) (Luke 14:13) means useless person which means a person with physical disabilities; 足なえ (Ashinae) (Matthew 15:30) means crippled; 唖 (Oshi) (Matthew 12:22) means dumb. Since there are many discriminatory terms in the Bible, the Japan Bible Society and all Christian publishers should change all those terms towards people with disabilities. The Bible is a living God, language is culture, and the discriminatory symbols should be changed for the purpose of God's liberation.

Christian seminaries should provide a course about disabilities and God's liberation, to enable an understanding of new positive ethics regarding disabilities. A church organization should publish teaching material regarding disabilities, conduct seminars and workshops for church leaders to liberate themselves from their discriminatory attitudes, and encourage commitment towards liberation.

According to the United Nation's World Health Organization (WHO), ten percent of the world's population have disabilities. If ten percent of the church congregations do not have disabilities, the church is not fully accessibl ɔ persons with disabilities. The church's functions towards people with disabilities have been based on charity given to the poor and disabled; they are not seen as legitimate members, so persons with disabilities have been oppressed, made to feel like lesser persons in the areas of capability, class and even faith.

Mary J. Owen[43] described her experience in her church:

> "For the most part though, disabled persons were not accepted as peers and equals in the church. Often, even in our churches today, disabled people are viewed as not having enough faith to be healed. Thus, they are disabled as a result of their own sin - - God is punishing them. Someone who knows nothing about me except that I use a white cane as a mobility aid will startle me by approaching unexpectedly and hissing in my direction, "If you truly believe in the Lord, He could make you see before you get to the end of the block."

We must liberate ourselves from our discriminatory attitude.

2. Inter-personal level of rehabilitation

We ought to respect persons with disabilities and relate on the same level as with other people. The main theme of this level is "Love your neighbour as you love yourself". Therefore, communication to know and accept a person, is the basic tool to love our neighbour with disabilities. Sign language and lip-reading can develop in the community. Also braille and a tape library are basic communication methods for persons with visual disabilities.

Society should recognize sign language and braille as human rights.[44] The church should be accessible to sign language interpreters, the braille Bible, hymnals etc.; it can promote basic communication rights in the community by conducting workshops and supporting existing services. A tape library is a very useful communication tool not only for persons with visual disabilities, but also physical etc.. The contents of the worship service and liturgy can be modified to enable meaningful

communication with everyone, including persons with disabilities. Music is an excellent communication tool for intellectual disabilities[45]

All persons should be entitled to baptism and confirmation. In the past, persons with intellectual disabilities were not permitted to receive them, since they could not communicate Christianity, the church creed, and Christian dogma in intellectual methods. But they can feel Christianity, do understand a Christian way of life, and have a Christian spirit. Even though several years ago, the United Church of Christ in Japan decided to baptize and give confirmation for persons with intellectual disabilities, other denominations continue to be reluctant to do so. The Catholic Church especially refuses.

A Catholic theologian, Walter Kern[46] challenges the Catholic Church policy regarding people with disabilities. He addresses the adminstration of the sacraments of baptism, confirmation, communion, penance, anointing of the sick, matrimony and holy orders to persons with disabilities; he says the issue is the communication barrier, and insists on giving the first five sacraments to persons with intellectual and communicative disabilities, since the Catholic Church has been offering these same five sacraments to infants. A Swiss Catholic priest, E. Marte,[47] proved persons with intellectual disabilities do understand the Holy Sacrament by pictorial communication but not written or verbal.

Communication is the universal tool to relate to other persons; it does not have to be limited to only the verbal and written methods but rather utilize all the body senses such as smell, auditory and visual. Since all the senses are important in

infancy and early childhood, medical and social services should provide these humanistic communication opportunities. Institutional care can be limited to a minimum, enabling infants and children with disabilities to live at home with their families. Therefore, home-based treatment can be researched and should be practised.

Inter-relationship level has a direct influence on personality development. Christian nursery schools, kindergartens, elementary schools, as well as middle and high schools should invite children with disabilities into the community, so their personality development could be modified, and become similar to the other children.

At the social service agencies, staff should respect their clients as equals, and assume a supportive role as opposed to controlling. Persons with disabilities may be encouraged to go out from the institutions to meet people in the community including their own families. In the community, the systems of transportation, housing, employment, and education should be accessible to persons with disabilities, so they can participate as a full citizen in the community.

Jean Vanier's[48] L'Arche community is founded on Christian principles. He sees persons with disabilities as God's gifts to modern society which is based on competitive and self-centred principles. Their crying and screaming are asking for the liberation of the human heart. Most peoples' values are to become rich and successful; but if one listens to the voices of persons with disabilities, it would mean changing one's values and participating in their liberation.

Yahweh said to Moses;

> 'I have indeed seen the misery of my people in Egypt. I have heard their outcry against their

> slave-master. I have taken heed of their
> sufferings, and have come down to rescue them
> from the power of Egypt,...'
> (Exodus 3:7-8)

Therefore, Yahweh sent His Son, Jesus Christ to liberate them.

The L'Arche community is not an institution, but a family, home, and security. This is a new community of Christ, liberating persons with disabilities from their oppression and isolation. Members do not need to be traditional Christians who were recognized by the traditional church. All people are God's children; there is no distinction between Christians and non-Christians. The L'Arche family members are formed by persons with and without disabilities. Non-disabled persons are willing to give up some social status and property to liberate themselves. The professional workers are not L'Arche family members, but visitors, and community people are L'Arche friends.

Vanier uses a pedagogical method of conscientization (consciousness-raising) in which a small group of people read the Bible, discuss its meaning, and share their common problems. His approach is liberation theology which he has been practising since the mid 1960's.

3. Meta-personal level of rehabilitation

A large institution requires many regulations for maintenance, but they restrict the inmates' freedom, often violating their human rights, since the nature of an institution is hierarchical and legalistic, with its own ethics, which often practices a closed system; the public is unaware of their actual situation.

In 1983, Utsunomiya Psychiatric Hospital[49] was criticized by a national newspaper reporter who entered the hospital as a patient to get information about the isolation of patient's human rights. His report was shocking for the public; the death rate was three times higher than other hospitals and the medical director touched each patient's head with his golf club every morning, reporting it as his treatment. When an inmate resisted his treatment, or made a special request such as a different meal, the inmate was put in solitary confinement, tortured and often killed. Because of public pressure concerning this news report, the government was forced to investigate the hospital. As a result, over eighty percent of the patients were diagnosed as not requiring hospitalization. Since then, the government made a policy that all hospitals for mentally ill persons should provide telephones accessible to inmates, and give freedom to write and receive correspondence.

Society has been segregating people with disabilities and putting them in institutions outside of the community. Societal segregation and isolation commits meta-personal sin, therefore people should liberate at the meta-personal level. In North America, the consumer movement by people with disabilities began in the mid 1960's. J.F. Kennedy[50] guaranteed consumer rights in 1963 as civil rights.

People with disabilities and their supporters formed a consumer association to liberate themselves, since they were consumers of social and medical services as well as regular goods. The consumer movement provided an opportunity for an association of oppressed, weak and isolated persons with disabilities to be formed; they found fellowship and were delivered from isolation. Their consumer education liberated

them and extracted other people. Members had a sense of belongingness, and gained some social status; peer counselling encouraged the liberating process for other people.

One of Saul Alinsky's[51] liberation methods is maximizing the number of people to create power against oppression. According to the growth of the consumer group, they obtained enough power to go against social illness.

Allan J. Simpson[52], a Canadian Consumer movement leader in Winnipeg, says:

> "Dear disabled friends and supporters, let's get together with our unique and limited resources, and challenge the institutions, charity ethics, and medical models which society praises. Let us replace historical charity-based dependence with self-expression, equal employment, respected income, a human rights and support system based on civil rights, and restructure the present professional-centred rehabilitation and establish an independent living model."

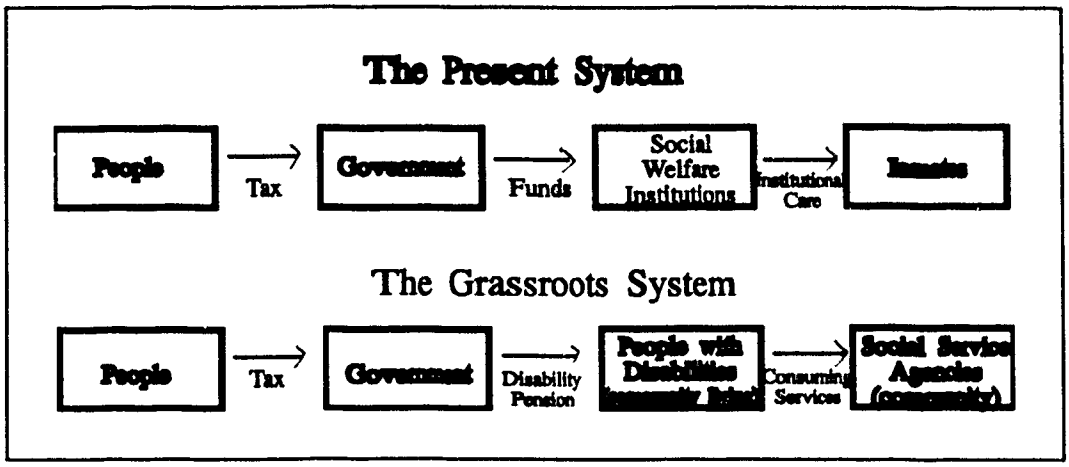
The consumer movement provided an independent living movement.[53] THe independent living model is a new type of rehabilitation in which a person with disabilities is the centre of this process compared to the traditional rehabilitation in which professionals are the centre of power. Traditional rehabilitation defines disabilities as a problem, but Independent Living Rehabilitation (ILR) sees the problem as dependence on professionals, family and others, an inadequate support system, architectural barriers as well as economic barriers. Therefore, the focus of the problem is not the person with disabilities, but in the environment, and the traditional rehabilitation process. ILR sees a person with disabilities as a consumer, not as a patient or inmate. The rehabilitation process is not in the institution, but in the

community, making civil life the same as other citizens possible.

The consumer and independent living movements promote de-institutionalization, de-medicalization, education for liberation from a de-humanizing situation, and finally try to gain full human rights, human dignity, and civil rights. These movements are based on the grassroots method and community-based approach. Churches and their members should liberate themselves and participate in these movements, since Jesus Christ, the Liberators method was also a grassroots movement, in terms of people's power against political, religious, and economic authorities.

This grassroots movement might request that the government's present institutional social welfare system change to a disability pension service system in which persons with disabilities could receive a pension and buy necessary social services in the community; in this way, persons with disabilities would become customers of the social services agencies. Therefore the present unbalanced power between social workers and social welfare recipients would be modified to create justice.

Figure 7 Distribution system of social services[54]



It is estimated by the World Health Organization, there are more than 500 million people with disabilities globally. Of the total disabled population, 80 percent live in developing countries. Liberation theology has been mostly concerned with the poor rather than people with disabilities; however, liberation theology can be adapted to all persons who have been oppressed, and persecuted. Therefore, this paper might contribute to new aspects of theological reflection on the issue about disabilities. Also, liberation theology has focused on the sociological aspect, in terms of economics and politics. But because it is equally important to focus on the psychological aspect, this paper has dealt with psychological personality development as well as social dynamics. Human politics are not only deeply rooted in society, but also the

psychological areas such as the unconscious and conscious levels. The life cycle theory is a useful method to analyze a person in a holistic way, with the quality of life, as measurement to analyze its ethics.

Japan Christian Social Work League[55] is seeking a new direction for their praxis, since JCSWL is losing its Christian spirit due to government control and the movement of integration and human rights. This paper could contribute to a future direction for them. Liberation theology and its ethics are very beneficial for Christian social work praxis.

Endnotes

1. Aisei-en is a Christian social work centre for severely physically disabled people, where Akiie is a chaplain and supervisor.

2. Gregory Baum, "Religion and Alienation; A theological reading of sociology". p.193-226.

3. Gustavo Gutierrez, "A Theology of Liberation", p.10.

4. Akiie Ninomiya, "Basic Principles of Quality of Life Concept", Byoin, Igaku Shoin Vol. 47. No. 9, 1987. Tokyo Japan.

5. Shuncho Hanada ed., "Mou Hitotsu No Sensou" (Another War), Asahi pub. Tokyo. 1980.

6. Erik H. Erikson, "Childhood and Society", W.W. Norton, 1965.

7. Akiie Ninomiya, "Japanese Attitudes Towards Disabled People", The Japan Christian Quarterly, Fall 1986.

8. Kojiki (the Records of Ancient Matters) written in A.D. 712 and Nihon-shoki (the Chronicles of Japan) written in A.D. 210, relate mythological stories and historical events of ancient Japan, with the express purpose of establishing a clear line of descent for the Emperor's family.

9. Nihon Ryou Iki is a collection of the early Buddhist missionaries' preaching from 6th century to A.D. 823. Keikai, a Yakushi temple priest was an editor in the 9th century.

10. Gyogi, a Buddhist missionary in 8th century Japan, who worked in Western Japan.

11. Erving Goffman, "Stigma; Notes on the Management of Spoiled Identity". Prentice-Hall, 1963.

12. Ferdinand Toennies, "Community and Society", Harper & Row, N.Y., 1957.

13. Ministry of Health and Welfare, 1988.

14. Akiie Ninomiya, "Gerontological factors and QOL", Byoin Vol. 47 #5, 1988. Igakushoin, Tokyo.

15. Talcott Partson, "The Sick Roles".

16. Ivan Illich, "Limits To Medicine: Medical Nemesis: The Expropriation of Health", McClelland and Stewart. 1976. p.7.

17. Ibid. p.40.

18. Erik H. Erikson, "Childhood and Society", W.W. Norton. 1963, p. 247-274.

19. Erik H. Erikson, p. 273.

20. Akiie Ninomiya, "Personality Development and QOL", Byoin, Vol.47, #2, 1988. p. 172. Igakushoin, Tokyo.

21. Asahi Newspaper on May 22, 1988. Dr. Hiroya Tada's medical report on congenital abnormality and DNA test.

22. Ministry of Health and Welfare in Japan. "Statistics of the Japanese population", 1988.

23. Akiie Ninomiya, "Psychological Factors and QOL", Byoin, Vol. 46, #12, 1988. p. 1048. Igakushoin, Tokyo.

24. Akiie Ninomiya, p. 1050.

25. Erik H. Erikson, "Childhood and Society". p. 247-251.

26. Akiie Ninomiya, p. 1051.

27. Akiie Ninomiya, p. 1052.

28. Erik H. Erikson, "Identity and the Life Cycle", Norton, 1980. p. 60.

29. Kunio Maruyama ed. "Story of Birth and Death; Japanese and High Economic Development", Japan Editor School, Tokyo, 1985. p.
30. Erik H. Erikson. p. 68.

31. Ruth Benedict, "The Chrysanthemum and the Sword: Patterns of Japanese Culture", Houghton Mifflin, Boston, 1989.

32. Erik H. Erikson. p. 75.

33. Ministry of Education in Japan, "Statistics of pre-school in 1980".

34. Erik H. Erikson. p. 80.

35. Kobe Seiseien, Training centre for Mentally Disabled People in Kobe City, Japan, 1986.

36. William Glasser, "The Identity Society", Harper & Row, N.Y. 1971.

37. Erik H. Erikson. p. 94.

38. Erik H. Erikson, "Childhood and Society". p. 263.

39. Erik H. Erikson, p. 266.

40. Shinsei-en, The nursing care home for severely physically disabled people with 50 beds, located in Wadayama, Hyogo Prefecture, Japan, where 120 km north of Kobe City.

41. Keizo Yamada, "Theology of Liberation and its Questions to Japan and Asian Issues", Joshi Paul, Tokyo, 1986.

42. Akiie Ninomiya, "Pastoral Guidance IV: Persons with Disabilities", The United Church of Christ in Japan, Hyogo Conference, Kobe, 1989. p. 8.

43. Mary Jane Owen, "What's so Important About the Wrapping Paper on Our Souls?". Rehabilitation Gazette. Vol. 27, 1986.

44. Midterm Evaluation for the International year of Disabled Persons' Action Plan, recommended, in 1986, sign language and braille are human rights, and recommended that governments and communities make them accessible to people in need.

45. Intellectual disabilities: since mentally retarded is a discriminatory term, this new term was introduced to the United Nations Community.

46. Walter Kern, "Pastoral Ministry with Disabled Persons", Alba, N.Y., 1985.

47. E. Marte, "Education of Holy Sacraments for Mentally Handicapped: Partners in Life - the Handicapped and the Church", ed. by Geiko Muller Fahrenholz, World Council of Churches, The Faith and Order Commission, 1979.

48. Jean Vanier, The founder of the L'Arche community which exists in more than 70 communities globally, his writings include, "Community and Growth", "Eruption to Hope", etc.

49. Utsunomiya Psychiatric Hospital was associated with the National Medical

College, Tokyo University, Medical College, and provides cadavers for medical research. The hospital is located in an isolated place north of Tokyo.

50. J.F. Kennedy (1917-1963) the 35th U.S. President of the United States of America (1961-1963).

51. Saul Alinsky, "Rules for Radicals; a Practical Primer for Realistic Radicals", Random House N.Y., 1971.

52. Allan J. Simpson, "Consumer Groups; their Organization and Function", 1980, Winnipeg.

53. Independent living movement was developed in California; the first independent centre was established in Berkley city; the first director was Mr. Ed. Roberts who was a paraplegic and wheelchair user.

54. Akiie Ninomiya, "Independent Living System and Social Service", p. 29. Hyogo Prefectural Social Service Council, Kobe, 1984.

55. Japan Christian Social Work League was founded in 1947, associating with over 200 social welfare institutions, from infant to senior citizen care.

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