

unusual stress placed on surviving nerve cells. With initial infection, motor neurons are damaged or destroyed, resulting in muscles with no functioning or limited functioning. Usually, other motor neurons survive polio attack and establish new nerve connections to the muscle cells. These motor neurons take over the function of the destroyed nerve cells. This process often enables a person to regain at least some use of the affected muscles. But years later, the overburdened nerve cells may begin to fail, resulting in new muscle weakness (Kramasz, 2005). Additional proposals link immune inflammatory issues and even perhaps residual polio virus reactivation to post-polio syndrome (Tiffreau et al., 2010).

PREJUDICE, STEREOTYPING, AND DISCRIMINATION

Whether a mobility-related disability is acquired before or at birth or time afterward, persons with mobility disabilities experience prejudice, stereotyping, and discrimination. From the 1960s and earlier, scholars explored the socially constructed myths and misconceptions of disability. The stereotypes and prejudices about persons with mobility disabilities are numerous and varied. Hahn (1988), citing the work of Livneh, points out that persons who have disabilities that affect their mobility are commonly negatively viewed. Particularly in a culture that defines beauty in a narrow and restrictive sense, persons with mobility disabilities are seen as particularly unattractive aesthetically; they create an apprehension of difference—a kind of aversion or bias of nonaesthetics. In addition, because of the cultural inculcation of certain mores from the Judeo-Christian heritage, Western society has developed an “existential anxiety” toward persons with mobility disabilities (Hahn, 1988, p. 39). Similarly, other cultures and societies have developed negative attitudes as a result of views of disability as being out of order with or against the natural order of the world. This feeds the perception that when an individual acquires a mobility disability, that individual's life ends. Along with the stereotype that persons with mobility disabilities are dependent, it promotes the idea that persons with mobility disabilities should be universally dependent.

Other assumptions or prejudices feed the discrimination by persons with disabilities. Fine and Asch (1993) list five applied by researchers, practitioners, and people in general to disabilities, including those with mobility disabilities. First, people assume that disability is rooted in biological dysfunction and that dysfunction is the primary driving force in their lives; they are "victims of" their disabilities. For example, Johnny cannot go to school because he has spina bifida. Sam has trouble making friends because he is "confined to" a wheelchair. Sandra, who seeks counseling for depression, is depressed because she was a "victim" of polio at six and has used crutches ever since. Second, people generally

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Death is portrayed as a natural wish of persons