The Implications of Sociocultural Perceptions of Disability in Rural Highland Guatemalan Towns

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“The best index of a person’s character is (a) how he treats people who can’t do him any good and (b) how he treats people who can’t fight back.” Abigail van Buren

ABSTRACT

The perception and treatment of the disabled is intimately linked with a culture’s archaic or progressive view of humanity and society. This research project is concerned with understanding the cultural perception and treatment of the disabled and the services offered in rural highland Guatemalan Maya communities on the shore of Lake Atitlán. I examine the concept of living with disability in these areas by using a case study approach of several of the disabled people living in the towns Santa Catarina and San Antonio, two Kaqchikel, Maya communities on the northern shore of Lake Atitlán. Furthermore, I explore the cultural perceptions of disability through conducting formal interviews with professionals at three programs for disabled individuals, a guide of Mayan culture, an Evangelic preacher, a Mayan priest or ajq’ij, and the director of a Santa Catarina public school. As the world has become increasingly sensitive to providing for the needs and care of disabled people, it is important to research the sociocultural perceptions of disability in places that have not yet developed such progressive treatment of the disabled.

INTRODUCTION

According to the National Disability Council in Guatemala, around 12-14% of the population of Guatemala has some type of disability, and the majority of them are living in impoverished areas. In attempt to address this issue and improve the quality of life for the disabled population, Guatemala ratified the United Nation's Convention on the Rights of Persons with Disabilities in 2009, which protects the rights and ensures the just treatment of persons with disabilities. However, Guatemala has yet to implement them because the changes are so sweeping and resources so scarce that it would take years to make the necessary changes. One of the first obstacles in addressing disability is creating an extensive and unified definition of disability. For the purposes of this paper, I will use the World Health Organization's International Classification of Functioning, Disability, and Health (ICF) that describes disability as an umbrella term for...
impairments, activity limitations, and participation restrictions. However, the term disability is defined locally in relation to contextual cultural factors. In a broad sense, cultural factors describe tradition, ethnicity, and religion (Thomas 1998). As cultural factors influence most everything in the world around us, it is important to take these into consideration when studying disability. Some information is known about disability in rural Guatemala, however, the research and the voices of the disabled population are largely unheard. Recently, the services available to the disabled people of Guatemala have increased, but there has yet to be a social mentality shift accepting the validity of these programs. While the infrastructure and services to marginally support the disabled are in place, the sociocultural perceptions of disability are a crucial limiting factor in the population's willingness to access the support.

METHODOLOGY

During my three weeks of field work from February 8th to March 4th, living in Santa Catarina, Polopó, I employed a variety of techniques including formal interviews, participant observation, and a case study approach. Because the goal of my research was to understand the perceptions of disability in Guatemala, a difficult topic to discuss, a portion of my research was dependent on forming strong relationships with disabled members and their families of the Santa Catarina and San Antonio communities. I often formed these relationships by offering to assist the family of the disabled individuals by working in their house and spending time with the disabled individual.

I was able to gather information for six case studies of disabled individuals. In three cases, I talked to family members of disabled children, two disabled individuals, one former classmate of a mentally disabled man, and one maid who works in the home of disabled child. Of these six participants, four are mentally disabled and two have physical impairments. I was able to work in the house of one of the participants in order to help the family and gain a better understanding of living with disability.
In addition to case studies, I also conducted formal interviews with members of the communities about the cultural perceptions of disability and the services available. I conducted two formal interviews with a guide of Mayan culture and Mayan priest, or *ajq’aj*, to gain an understanding of the basis for modern beliefs of disability. I also spoke with an evangelical preacher and the sub-director of a public school to understand non-formalized services available for the disabled. Finally, I was able to interview four professionals at programs for disabled individuals.

During my time, I conducted my research around the following questions: A). What are the cultural perceptions of disability? B). How do the families of people with disabilities support themselves? C). What services are offered in the surrounding area for the disabled? D). What is it like living in rural highland Guatemala with a disability? E). What can I do to help?

**CULTURAL PERCEPTIONS OF DISABILITY**

My initial perception was that there was a lack of services available to the disabled people of Guatemala due the lack of funding by the Guatemalan government. I came to that conclusion because the majority of the preexisting private schools and rehabilitation programs have been started by the parents of disabled children. However, my personal experience with families and service providers in my case studies has demonstrated the opposite. There are a multitude of services in the area. Over the past 20 years, the Guatemalan Government began assisting in programs in the private sector and began providing their own services (Couch 1991: 3-5). However, most disabled children are not receiving services due to the sociocultural perceptions of the parents.

Juan Carlos is 24 years old and severely mentally disabled. He is unable to speak and can only crawl to move about. Around 10 years ago he received physical therapy treatment at rehabilitation center in Panajachel, a city 20 minutes away. However, his parents stopped sending him after three weeks because they explained that they did not see the need for him to learn to walk or to ease the pain of his condition. They instead made the decision to confine him to a child-
sized play pen area for the majority of the day. When I offered the services of a rehabilitation center in Panajachel, Fundabiem, his parents simply shook their heads and refused to discuss it further.

In Maya cosmovision, mental disability is perceived as caused by witchcraft. After speaking with an Aq’ikh and a mayan spiritual guide, I was able to gain an understanding from where modern beliefs of disability are derived. Dolores Ratzun, a mayan spiritual guide, explains that “mental disabilities from birth or mental diseases are people bewitched. We must pull the witchcraft from their head, we must remove their bad blood. It usually starts by having bad dreams that plague them – this is how brain diseases begin” (Ratzun, Field notes Feb 29th 2012). She continues by describing that to cure these bewitched people, they must attend multiple ceremonies conducted at midnight in the presence of a holy grandfather (a mayan saint) where they are bled from their heads using either a knife or a broken glass bottle.

A mentally disabled man living in San Antonio has become a local legend based on the mayan cosmovision beliefs of disability. If you stop any person on the street and ask about “Loco,” or the man who wears a towel, you can hear some variation of his story. I talked to children and a former classmate of Rodulfo’s, the man usually referred to as “Loco.” The general tale that I learned is that Rodulfo was always a bright student as a child, who could speak Spanish and Kaqchikel. This was until he bought the black book of dark arts and began to use a Ouija board. Then God got very angry and punished him by taking away his sanity instantly. Now he only speaks Quiche, but the children warn all people not to speak to him because God will be angry and you could go mad as well. At night he turns into an animal that sneaks into homes in the area and steals and breaks things, just as the bad Mayan priests, or the Akh’itz, do.

Each town on the shores of Lake Atitlán has a different view of disability. After visiting Centro Maya Servicio Integral, one of the largest centers for disabled people in the area, and speaking with the psychologist of the center, Ishi Sicay, I gained a better understanding of people’s modern perception of disability. One of the most prominent views is that disability is a punishment from God. Whether that be the punishment of the parent if their child has a disability or of the
disabled individual themselves. Thus the feeling of shame is very often associated with disability. Parents hide their children in their homes to escape the condemnation of their perceived previous wrongdoings. Ms. Sicay says "I worked with the mother of a paraplegic boy. He fell from a tree when he was 15 years old and the mother knew it was her punishment. She abandoned her first child when she was younger. She was convinced that the church had done it to punish her" (Sicay, Field notes Mar 2nd 2012).

Another common perception of disability is it that is a contagious disease. Parents often do not let their children out of their homes in fear of infecting others or being subject to exclusion in social settings. Ms. Sicay explained that this view is common in the aldeas, or towns, north of San Juan la Laguna, where Centro Maya Servicio Integral is located. Every Monday, a physiotherapist, psychologist, language therapist, and a medical assistant travel to the aldeas to provide services to the disabled poorer population who do not have the time or the means to travel to San Juan la Laguna. One of the physiotherapists had announced the birth of her child to one of the families she worked with and they immediately responded asking whether or not the child was disabled and had caught the disease of those with whom she worked. After saying that her new daughter seemed to be perfectly healthy, the family replied that God had sent her good luck.

In addition to the specific perceptions of disability prevalent in these areas, another common limiting factor for people to receive services is poverty. Alfred Berg, a volunteer and benefactor of Centro Maya Servicio Integral, states that "people's views of disability here is backward. You cannot focus on helping your blind son when you are sharing an egg between seven of your family members at night. First you focus on living and then maybe, maybe in the future you can help your child" (Berg, Field notes Mar 2nd 2012). The word for disabled person in Kaqchikel is sha la lesh ya wah, which directly translates to mean malnourished person. My host father explained that all disabled people were seen as to be malnourished in some way, often resulting from the effects of poverty.

Initially, I expected that in areas such as Santa Catarina where there are no services available for disabled people, there might have been some support offered by the church. However,
after speaking to an evangelical preacher in the area, Miguel Perez Cumez, and learning that there were none, I asked him his opinion on why there are few services available. He stated “there aren’t services because there is incredulity. No one believes that anything can be done. 25 years ago no one here spoke Castellano Spanish; 40 years ago there were no roads and no light. There is no support because ignorance exists and most don’t yet see the point to help. Maybe in the future because people here are studying and all are in school. But not now.” (Cumez, Field notes Feb 22nd 2012) Whether people are forced to think only of their survival or that compassion and humanity for disabled people are too modern thoughts, very primitive perceptions of disability remain.

ECONOMIC REALITIES OF DISABILITY

The majority of research on disability in developing countries establishes a relationship between poverty and disability. The study by Grech, “Living with Disability in Rural Guatemala: exploring connections and impacts on poverty,” states that “it was immediately established that an intricate relationship existed between poverty and disability...the consequence was that disability impacted household assets, and hence intensified poverty for both participants and their families. This supports the belief by Ingstad (1997) that a family with a disabled member may be considered a ‘disabled family’ (Grech 2001: 2-4).

My personal experiences with families with mentally disabled members does not corroborate with this research. I have not found that a mentally disabled person leads to a disabled family. I worked in the home of Miguel Angel who is 19 years old and severely mentally disabled as well as physically handicapped. His mother, Magdalena, has a store in Santa Catarina selling traditional Guatemalan weavings and his father owns his own business selling different types of paper. He has three other siblings, including a younger brother who works as a painter in Guatemala City. The family would be considered wealthy by standards in the town and is able to enjoy many luxuries. The floors in the bedrooms are marbled, they have a new camera and television prominently on display, and a maid works in the house the majority of the week. However, while the rest of the family seems to prosper, Miguel Angel is abandoned. He sits
in a wheelchair that seems to be at least 30 years old and the house is filled with photos of the children, except Miguel Angel, their eldest son. The days that the maid does not come, Miguel Angel will go all day without any human interaction except for at meal times.

Until the age of three, Miguel Angel attended much needed physical therapy at a rehabilitation center in Panajachel, Fundabiem. When I asked Magdalena why he stopped attending, she replied that it became too expensive and difficult to transport him when he was confined to his chair. Looking for a way to help Miguel Angel, I visited Fundabiem and nearly pleaded with the director, Mercedes Cullen, to extend their services to Santa Catarina, explaining that I would raise funds in the United States to pay for the therapy. Mercedes explained that while they did offer their services in Santa Catarina and while it is suggested that each patient gives five quetzales for each session they receive, they know that families may not have that and therefore do not require it. I stood confused for a moment and she asked me the names of the disabled children that I was hoping to help. Mercedes replied “Miguel Angel, Juan Carlos, yes I already know them. We have been trying to get their parents to commit to sending them to therapy their whole lives. And, no, it is not an issue of money, I can assure you that these families have more money than I do” (Cullen, Field notes Feb 27th 2012). I came to the conclusion that the families I have known through my research are not “disabled families” because they are not impacted economically by their child’s disability. They simply do not care for their children so much as just provide minimum basics for them. When I returned from Fundabiem and asked Magdalena if she would consider sending Miguel Angel back to therapy, she replied that he did not like the car and it was not worth the trouble.

I did, however, find when a physically disabled family member is a leader of the household, there is often a correlation to their standard of living. Nicholas is a middle aged man living in Santa Catarina who hurt his back around five years ago and has been unable to work since. He lives with his wife and have what they are pretty sure are 11 children, including a one-month-old baby. His eldest son, Pedro, has some type of mental disability that keeps him from working. Pedro never made it through the most elementary of schooling and now stays in the
house, afraid of people and the prospect of working. About eight members of the family live in a home best described as a shack with tarp ceilings. The floors are packed dirt and there is one mattress. Nicholas used to be a brick layer and but due to his back injury, he is currently in the business of purchasing small poorly manufactured handicrafts to sell. His ten-year-old son, Joseph, provides the sole income for the family by selling these items on the streets of Panajachel, after attending public school in the morning. Joseph is unable to make enough each day to support himself alone, and the family is instead surviving on money sent semiannually by an Australian couple who met the family while they were visiting as tourists. When asked if he hopes to find work in the future, Nicholas stated “in this life we need to struggle and fight and work. I thank God for what we have now, without being able to work. God is giving” (Nicholas, Field notes Feb 26th 2012).

I also had the opportunity to speak with Lydia, a 30-year-old single mother who had polio as a child. She only has the use of one of her hands and can barely walk. Around seven years ago, she was raped by a man who does not live in San Antonio and she bore a child. Lydia’s story corroborates with the research conducted by Couch, “Living with Disability in Guatemala” that states “close family units care for and even overprotect their family members who are disabled” (Couch 1991: 2). Lydia has had a member of her family caring for her at every stage in her life. Before her father died, he owned farm land and could help provide for his crippled daughter. She was never allowed to attend school due to her father’s hesitance and over protection. Her brother still tends to the land occasionally, but he has a family of his own to care for. She now works and lives with her sister by selling her sister’s weavings to provide for herself and her son. She also benefits from the kindness of Jay Levi, an anthropology professor, who became the godfather of her young son.

DISABILITY AND SCHOOLING

Previous research in developing countries has shown that youths with disabilities are almost always substantially less likely to be in school than those without disability (Filmer
According to The National Disability Council, 86% of students with disabilities are not receiving an education (2005). Of the participants in my case study, none had completed the most basic level of schooling for ages 6-11. However, one of the factors that Guatemala agreed to in adopting the United Nation's Convention on the Rights of Persons with Disabilities is to provide special education for children with disabilities in public school.

Curious about the accessibility of public schooling for disabled children in the area, I visited two public schools, one in Santa Catarina and the other in Panajachel. I was able to speak with the sub-director of the public school in Santa Catarina, Carmela Raxton, about the lack of educational services available for disabled children. Although Ms. Raxton was aware that there was a law stating that disabled children were allowed to attend public school, she assured me that there never has been one. When I asked why, she explained that the parents lack any desire to send their children to school, something I had already witnessed in my case studies. However, as the law was passed only three years ago, I asked if parents in the area even knew that this was a possibility and she replied that they did not because of the hassle to go track down every family with a disabled child and alert them of the law. If a parent were to be informed of the law and had the desire to send their child, the school would not have the capabilities to educate them as a special education teacher would need to be hired. This may take years to find, as in 2005 there were only 135 special education teachers in the country. If by chance a teacher could be hired in Santa Catarina, the child would attend the same classes and only receive the assistance of this one teacher. In the case of physical limitations, most schools in Guatemala, private and public are physically inaccessible for people with disabilities (The National Disability Council). In Santa Catarina, half of the classrooms are located on the second floor and the bathrooms are located on a lower level, all only accessible by stairs.

Ms. Raxton believes that it is better if disabled children have their own schools. She states "it is better because disabled children require delicate attention and love in order to learn. Kids in this school are restless and agitated and it is better if they are kept separate. I don't know how it would work if they could learn together" (Raxton, Field notes Feb 23rd 2012). Ms.
Raxton does, however, believe in a future for the education of disabled children. She believes that before programs first started arising, people did not believe that disabled children could better themselves and learn. But the programs have shown that disabled children are able to benefit from the programs and that they should be continued.

In Panajachel, I visited a public school that does have special education classes and physical accessibility. Escuela Capulin is generally a primary school, but allows special education classes for children of all ages. During my visit, I was able to attend classes for five to seven-year-old disabled children and speak with their teacher, Sicily Perez, and the mothers of the students who often attend the classes. There are seven children in the class that I had the opportunity to visit and there are 30 in the whole special education program, living in towns all around the area. There are four other public schools in the area that offer special education classes and all of them were started in the last ten years. Escuela Capulin began their special education program four years ago and, at first, it was terribly disorganized. It had not yet been divided by age or disability and there were four teachers attempting to teach the whole class. However, parents organized a meeting early on and the classes have continued to improve each year. Now two of the four teachers are mothers of disabled children in the class. The entire school has recess and snack time together and the children in special education classes are now able to play and eat with the rest of the students.

SERVICES AVAILABLE

Other than Escuela Capulin, I had the opportunity to visit Fundabiem, a rehabilitation center in Panajachel, and Centro Maya Servicio Integral, a center for disabled people in San Juan la Laguna. Fundabiem is the center where I spoke with the director, Mercedes Cullen, about Miguel Angel and Juan Carlos. I learned that Fundabiem does offer its services to all towns surrounding Panajachel including in many cases providing transportation to bring people to the center. There are 24 other Fundabiem centers in the country and they are all funded by an annual Teleton, telephone fundraising drive. This year, they aim to earn 25 million quetzales, approximately
3,500,000 U.S. dollars. Each Fundabiem site offers different services including multiple types of therapy, special education, social work, and sessions with a psychologist. When I visited the Fundabiem in Panajachel, I was able to observe and even assist the speech therapist with four of his patients.

Centro Maya Servicio Integral is a privately funded organization for disabled people located in San Juan la Laguna. It offers nearly the same services as a Fundabiem, but acts more as a community for disabled individuals as people stay the majority of the day, are fed and receive assistance from volunteers. Centro Maya Servicio Integral is funded by over 6 different countries and has volunteers from all over the world. There is another similar program located in Santiago on Lake Atitlán. During my visit, I was able to talk with members of the center, a volunteer and benefactor, and the psychologist, Ms. Sicay.

CULTURAL PERCEPTIONS OF SERVICES

Despite my initial belief that the lack of services was the limiting factor in providing help for the disabled, I have found quite a few services in the area to assist the disabled. The rehabilitation center and an organization for disabled individuals as well the public school were all started by people living in Guatemala, although in some cases the funding comes from other countries. The research conducted by Maya Thomas and M.J. Thomas, "Influence of Cultural Factors on Disability and Rehabilitation in Developing Countries" discusses the importance of determining cultural factors when beginning community based development programs in developing countries. Culture defines attitudes, perceptions, and nearly all aspects of a society. Therefore, when an outside force is addressing the problems of another culture, it is necessary to recognize the cultural factors and understand them when implementing community based rehabilitation programs. It is most important in many cases to understand a country's view of human and individual rights. Thomas states that in "many developing countries, 'individual rights' as expressed in industrialized nations, do not exist. Traditionally in these countries, an individual is born to kinship group with a network of relationships that involve mutual obligations with regard
to religious and economic factors. People look to their kin for welfare and help, rather than the traditional western types of formal services.” (Thomas 1998: 1)

My experience working and meeting families with disabled members correlates to Thomas’ study as I observed that parents and family members are more likely to look to their kin for help because of shame. Although there are plenty of services that have the potential to help the disabled, people turn to their families as a way to avoid confronting the perceptions of disability. As I approached these families, I introduced myself as a student from the United States who is an instructor and teacher of disabled children, due to my experience working with an NGO in Boston. I, unknowingly, was presenting myself as a quintessential westerner swooping in to “save” them. I had initially thought that by presenting myself in this way, I would be able to validate myself as qualified to speak with them and help them. However, I have later since realized that this may have been the exact way to push the families away from me. Magdalena, a successful well known woman in the town of Santa Catarina, may consider that she has done a very good job of protecting her family from the shame of her disabled son, Miguel Angel, by keeping him shut away in their home. My arrival, curiosity about the life of her disabled child, and peculiar questions wondering if she would be interested in talking to other mothers of disabled children, were exactly the situations she had been trying to avoid.

After realizing that my approach was counterproductive, and after getting to know the families, I would tell them that I was interested in finding ways of helping the disabled people of rural Guatemala and that was why I wanted to talk to them. My main goal, however, was to find a way to either find rehabilitation or special education for the disabled individuals who, I felt, did not have access to those services. However, after having a couple conversations with the parents, I realized that I needed to form relationships with the families and I offered to help with caring for their disabled family member in their home. When I initially proposed this idea to Magdalena and she agreed, I thought that she understood that I wanted to help her with Miguel Angel. I assumed that she would be very interested in my helping her son because of my knowledge as an instructor. I was under the assumption that she and others would be interested in my still very formal
westernized view of help. However, I began to realize that the help that they expected was more akin to the welfare and help as described by Thomas in his research. I learned I had to work to earn time to spend with Miguel Angel. I would spend at least an hour with the maid Petrona, washing clothing and dishes, cleaning the children’s rooms, wiping the cobwebs from the ceilings, and organizing the piles of wood. Then when the work was done, I was allowed to do the services that I thought were important, such as reading to Miguel Angel and working on simple tasks such as gripping pens and picking up cups.

And, yet, despite these cultural perspectives, there are still people receiving help in the areas where the programs are established. Have the people changed their approach to disability and embraced the programs available or has the availability and infrastructure of the services changed the perceptions of the people? Ms. Sicay, the psychologist working for Centro Maya Servicio Integral, believes that both forces are at work. She explained that the presence of the center has definitely had an effect on the town of San Juan la Laguna, but the center was started in 2001 and it takes years to change ideas. In the beginning of the program, Ms. Sicay recalled that the parents who were willing to send their children to the center viewed it as a babysitting service. Volunteers would be forced to pick up the children at their homes because the parents would not take the time out from their days.

Now at Centro Maya Servicio Integral, the parents bring and retrieve their children and Ms. Sicay highly suggests meetings with the parents. She states that as a psychologist she worries about acceptance; “I work to create acceptance, with both parents and children. If a mother can accept that her son is not a sign of shame and punishment, the child can begin to believe it as well. I want to empower these children to learn that they are not people to be pitied and ignored.” (Sicay, Field notes Feb 27th 2012)

Ms. Sicay told me about her work with a man I had met earlier in the day named Manuel. He is confined to wheelchair and has a mouth piece to control it as he has no use of his arms and legs. He was born with this condition and had been living with shame his entire life. When he began his sessions with Ms. Sicay he would explain how he continually felt people
watching and judging him everywhere he went. Manuel needs a physically accessible bathroom to be built for him, and his father, a construction worker refused to help. After the generous donations of volunteers from Centro Maya Servicio Integral and the acceptance of his mother, a bathroom was built for him and he gained independence. Ms. Sicay and Manuel are now reading together *Life without Limits: Nick Vujicic*, the story of a man born without arms or legs who leads as fulfilling a life as anyone. By becoming more independent and learning that being disabled is nothing to be ashamed of, Manuel has begun to shed his old feelings of shame.

CONCLUSIONS

The majority of the disabled population living in rural Guatemala needs help. However, it is not a simple issue that can be fixed with a large donation or the care of other countries. For more humane and civilized treatment of disabled people, a drastic mental shift has to occur. People will have to view disabled individuals as humans instead of punishments from God to be shameful of and hidden away. In many places, it is crucial to mitigate the poverty levels to allow people to be able to gain independence from subsistence living so that they care about other problems than providing food each day for their family. For the disabled people of Guatemala to get the respect they deserve, a change of perspective needs to occur.

During my three weeks of field research, I tried to help the disabled families that I encountered in any way possible. After getting to know the families, I found that the most effective way that I could help was to give them my time. I worked as a maid in the home and ultimately became a friend to their disabled family member. In the case of Miguel Angel and Juan Carlos, I believe I was their first friend. They have spent their entire lives hidden away in their homes, only able to interact with their family members. But as I witnessed, this interaction is usually minimal and simply to provide for their daily needs. Their parents did not understand my desire to spend time with their children: reading to them when they cannot comprehend the words or the language, or practicing simple hand motions that they don’t need as everything is already given to them in the name of speed and convenience. However, I noticed significant changes in Miguel Angel during my
time with him, indicating that attention and care can make a big difference and is the first step in providing any type of care.

On the first day that I visited Miguel Angel’s house, I witnessed snack time after cleaning the kitchen. Petrona, the maid, heated his ground tortilla and protein meal beverage on their round stone stove. She then yanked Miguel Angel’s head back from the front of his hair to pour the hot food down his throat. I nearly screamed, but instead I grabbed a spoon from the kitchen, and politely took the cup from her hands so that I could feed him the rest of the drink. From then on, at least when I was there, Petrona fed Miguel Angel with a spoon and a great deal more care. On the day before we left Santa Catarina, I went to say goodbye to Miguel Angel, whose wheelchair had been placed in front of the television. Petrona explained “I can’t read to him like you can, so I thought maybe he would enjoy the television instead” (Petrona, Field notes Mar 3rd 2012). I don’t believe Petrona was ever a mean spirited or uncaring person when she dealt with Miguel Angel, she just never knew how to treat him with the proper respect. Although I was unable to help Miguel Angel by getting him access to the therapy services he so desperately needs, I believe that my presence alone made a positive impact on the way that his family treats him.

I think one of the most productive ways to bring about change in sociocultural perceptions is to raise awareness and educate the population. Much more research needs to be done about why there are misconceptions and how to address them in the most productive way. I do not believe that my research studying the treatment and perception of disabled individuals in rural Guatemala is by any means completed. One of the difficulties I struggled the most within my research was having the time to develop relationships that allowed me to discuss disability, such a taboo and uncomfortable subject. I believe that I learned the most about the families that I had time to repeatedly visit and get to know during my home-stay in Santa Catarina. With more time, I would have been able to learn more about their treatment and, therefore, help more disabled people by gaining the trust of their families and spending more time with the disabled individual. Another obstacle that I encountered was a language barrier. In the majority of the interviews that I conducted, whether with the disabled person or the parent of a disabled child, the
person had a minimum level of Spanish. Thankfully, in most cases there was a family member or friend that was willing to assist with a Kaqchikel translation.

However, my biggest regret in finishing my research and leaving rural highland Guatemala was that I was unable to help and provide more support to the disabled people that I have come to know and love. I believe that with time and education to dispel old perceptions of the disabled and the implementation of more services and programs, disabled people can gain the respect that they deserve and so desperately need. People must first understand why the disabled have been treated so poorly in rural highland Guatemala so that their treatment and the sociocultural perceptions about them can be changed through education and acceptance.
Works Cited


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