CAPTAIN

Capitalization of Transport Models
in Adriatic-Ionian Network
for supporting EUSAIR Development

Let's grow up together
Adriatic IPA
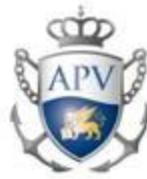Cross Border Cooperation 2007-2013

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WP3.3 - Harmonisation of services for passengers with special needs in Port System of Adriatic-Ionian area

Training Slides

Trieste, November 15, 2016

PASSENGERS WITH DISABILITY ASSISTANCE

Culture and Interculture about Disability

Trieste (Italy) - november 15, 2016

WELCOME

INTRODUCTION

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the one **UMANISTIC**, meaning individual education that allows to cultivate its own mind, including the features that identify a person as more or less cultured;

the other **ANTHROPOLOGICAL**, meaning as the totality of customs and traditions, convictions and certainties, attitudes and behaviors, values and ideals that each human group situated in a specific social and geographical context, accomplishes daily to regulate interactions and relations among singles and through groups.

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2. represents the **totality** of the social and physical ambient created by man;

3. is **shared** inside a group or a society and it is distributed homogeneously inside.

Therefore, *culture* is not an exterior dimension of life: it is **practical consciousness** connected to personal experience, that becomes also theory through a conceptual network always more complex according to supply coming from external world, from experiences of others and from how much we were able to transmit personal interior and exterior world of the reference epoch.

This day **is not and doesn't want to be** just a meeting of information and/or training more or less ritualistic about disability; this day has the ambition *to make culture*, that is to train and to attract interest about how to improve assistance to disability, putting on the table this question: if I would be disabled, what could be my needs or how I would react in this situation?

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In the current "global village", characterized by societies always more multiethnic and then multicultural, intercultural communication is the most crucial instrument of cooperation and social peace.

As a consequence of what just said, each individual belonging to a specific ethnic , social, linguistic or any other kind of community has developed and continue to develop a *mental software* properly conformed for better living inside the belonging community and to remain connected with any other individual of the same community.

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Besides, this *mental software* contains also information and instructions to better engage with the disability world.

DISABILITY

Disability is the personal condition of an individual that, following one or more impairment, has a reduced capacity of interaction with social ambient compared what is considered a rule, therefore is less self-governing in making daily usual activities and often disadvantaged in participating to social life.

The process of insertion of disables in the society of normal people has been step-by-step refined up to become a real process of integration.

The term "social integration" means something profound, as the insertion of different identities in a unique context where there is not any discrimination inside.

Disability is not a universal concept, but very often its definition is in relation with the seeker and/or the kind of social research in progress. At the present time it doesn't exist, at international level, a unique definition of the term, even if the concept of disability has been debated during United Nations Organization (ONU) convention for the rights of people with disability, to drawn up a final document approved by General Assembly on august 25, 2006.

ICIDH classification

The ICIDH classification (International Classification of Impairment Disabilities and Handicap) distinguished through:

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- **disability**, or any limitation of capacity to act, natural consequence of a state of impairment/disablement

- **handicap**, disadvantage lived by someone following disability or disablement

This means that while **disability** is agreed like the **disadvantage** that the individual shows at **personal** level, **handicap** represents the **social disadvantage** of a person with disability.

Usually we talk about handicap to describe a physical disadvantage, without taking into account the intimate emotions that arise when this word is used, word that can cause in the disable a feeling of inconvenience and anger for the situation.

Even in television very often use the term handicap to describe the situation of a person disable, without taking into account the situation of inconvenience that can arise in a person.

The aforesaid classification has shown a series of limitations along the time.

For instance, it does not consider that disability is a dynamic concept, as it just can be only temporary.

Moreover, it is difficult to establish a limit further that a person can be considered disable.

It must be also pointed out that a person can be impaired without being disable.

In the ICIDH only pathological factors are considered, while as far as limitations or facilitations about autonomy of the person is concerned, a decisive role is played by environmental factors.

In the '90 years, World Health Organization (WHO) has commissioned to a group of experts to reformulate the classification taking into account these concepts.

The new classification, denominated **ICF** (International Classification of Functioning) defines the state of health of people rather than limitations, declaring that healthy individual is identified as an "individual in state of psychophysical health", capsizing the concept of health.

Furthermore, it introduces a classification of environmental factors.

ICF: the new standard

The concept of disability changes according to the new classification (approved by almost the totality of the states adhering ONU) and becomes an umbrella word under that identify le difficulties of functioning of the person both at personal level and at social participation.

In this classification, biomedical and pathological factors are not the only token into account but it is considered also the social interaction: the approach, in this way, becomes multi prospective: biologic, personal, social. The same used terminology indicates this change of prospective, as the word impairment, disability and handicap (that attested the mainly medical approach) are substituted by the terms body structures, activity and participation. S a matter of fact the standard becomes more complex, as also the social factors are taken into account and not only those organic.

Differences between the two perspectives

The **ICIDH** was coherent with an organicistic perspective and the starting point was always the unhealthy state (congenital or turned up disease, accident) which origins an impairment, agreed as functional, physical or psychic loss (or abnormality), that get involved the body.
This impairment can become a disability, agreed as a limitation of the person during usual daily activities, while this can carry to handicap, in other words to social disadvantage that appears in the interaction with ambient.

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The perspective of **ICF**, instead, is multidimensional and is not limited only to organic factors, defined "functions" and "bodily structure". Effectively the whole ICF method is fundamentally a repartition in two macro categories, further on subdivided:

Part 1 - Functioning and disability, including organic factors

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Part 2 - **Contextual factors**

1 - Ambient factors (relative to physical-social ambient)

2 - Personal factors, consisting in the capacity of interaction

with the physical-social ambient

Differently able : a new paradigm

For

In 1999 the WHO has published the new "International Classification of Impairments, personal Activities (ex Disability) and social Participation (ex handicap or existential disadvantage)" (ICIDH-2).

In particular, with "personal activities" are considered limitations considering nature, duration and qualities that a person suffers during his activity, at every level of complexity, due to a structural or functional impairment.

Based on this definition each person is differently able. A person is relatively handicapped, in other words handicap is a relative not absolute fact, just on the contrary of what we say about a deficit. In other words, an amputation cannot be denied and therefore is absolute; the disadvantage (handicap) instead is relative to life and work conditions, therefore to the reality where the amputated is collocated. Handicap is therefore an encounter between guy and situation.

On may 22, 2001, WHO reaches a statement about an innovative instrument of classification, multidisciplinary and with a universal approach: International Classification of Functioning, Disability and Health denominated ICF. 192 governments that constitute Heath World Assembly have participated at the elaboration of that classification.

The first innovative aspect of the classification can be founded just in its title. The universal application of ICF emerges from the fact that disability is not considered as a problem of a minority group inside a community, but an experience that everybody can go through during the whole life. WHO, by way of ICF, submits a model of universal disability relevant for whichever normal or differently able person.

Against

Some years ago, some disable persons had the acute and proud intuition to underline how, even suffering an important impairment, are able to produce, realize and be competitive with the rest of the world. And sometimes that is true. To define this condition they have coined the neologism "differently able". In that context and at that time that neologism could have a sense. Perhaps. That because it has been emphasized the concept of ability at any effort, competition, running towards an homologate normality with all the paradoxes there contained.

But there are people, much more than what you think, whose principal and vital need isn't to find a work or an aimed collocation, but that of get assured a service of assistance that can help in alleviate the unbearable everyday heaviness for their relatives to which social services have delegated their survival. They are people very seriously handicapped and if this term hurts some sensibility we could call them people "differently hospitalized".

People that cannot be interested to the accessible tourism, or at the possibility to drive or at the telematic services or at participation at civil battles. Their worries are, banally, to survive, sometimes nevertheless public social-assistance services. And if those services will be cut off they will not say anything because they don't have a representative voice. Nothing but "differently something".

Possible synthesis

The expression "differently able" emphasizes the qualitative difference in the use of abilities and is used to specify that through different modalities is it possible to reach the same goals. There are situations of disability where this use can be adequate. For instance, students non sighting or less sighting can reach just the same appropriate educational and social results using residual visual resources (increased with special instruments) or compensative abilities (for instance those verbal). There are other situations, as those regarding the two third of all certificated students, that is those with mental diseases, in which the terminology differently able can conduce out of way.

Let's consider a case of a typical student affected by Down syndrome. From the quality of life standpoint perhaps you can also say that using his own abilities he can anyway reach goals compared to those of all other people. In other words he can reach a wellness that cannot be considered lower. If this is the reference point, the expression differently able could even be used. Instead, if the reference point becomes that of scholastic, social and independence performances, the expression differently able can results, misleading, because it hidden the fact that really these performances are lower comparing to those typical of normality.

MOVEMENT IMPAIRMENT

Usually descends from a traumatic or congenital event and produces a reduction about the capacity to move a specific part of the body.

The consequence is the necessity to be helped in making some maneuvers, taking into account that this people can see, speak and hear, so the real barriers are those architectural.

Anyhow, to facilitate movements and maneuvers they can make entrustment on the following supports:

Supports

Autonomy

The supports are instruments not necessarily designed for people with movements impairment, useful to prevent, compensate or mitigate an impairment, a disability or an handicap.

They can be a simple expedient or a sophisticated device that contributes to the autonomy of people disabled, to improving the quality of his life, to facilitate assistant and assistance.

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Integration

The supports are instruments useful to integrate disables in the work, school and culture world and often constitute a very important prerequisites to prosecute a project of independent life.

Which support?

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1) Technical supports

They are most of the supports useful to facilitate relocation and activities of disable in domestic ambient and on external.

They can be divided in:

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- _wheelchairs_: used when deambulation is impossible or seriously compromised, to allow autonomy relocation; this category includes manual or electric wheelchairs.

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c) Supports for transports: they facilitate the numerous transports to cope with the many usual needs of the daylife, like from wheelchair to bed or to wc or to shower or to car. And vice versa. One example for all, elevators or charging device to put the wheelchair into the car.

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d) Supports for everyday life: they facilitate managing of domestic activities with less effort and more safety, especially as far as domestic objects and personal hygiene are concerned.

2) Information technology supports

They help to facilitate communication, autonomy and social integration generally speaking. They include personal computer and relative hardware, educational and rehabilitative software and detectors.

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3) Domestic accessibility supports

To better organize the domestic spaces, accordingly with proper functional capacities.

Proper electronic instruments may contribute to enjoy the domestic everyday life

4) Communicators

Communication difficulties generate problems that especially with children can cause inconveniences to their personality and cognitive development.

There are two kind of communicators:

alphabetic, where the prerequisite is the capacity of reading and writing

symbolic, where is sufficient associate icon to message to communicate.

These supports must be intended as instruments to facilitate human relations and to better express the quality of the person independently of his functional limits.

PERCEPTION

Sensation and **Perception**

Sensorial experience (visual, auditory, tactile, olfactory, gustatory, coenesthetic, proprioceptic) descends from the reaction to internal and external, physical and physiological stimulus, recognized by senses.

Perceptual experience, instead, descends from subjective processing of data furnished by senses, based on studies, works, passions, interests, uses and everything being part of personal past up to that moment.

For instance, with experience #1 we can learn that a given food is toxic; with experience #2, on the basis of experience #1, we can choose an alternative food.

To be converted in perceptions, sensations must be integrated with information coming from passed experiences (i.e. complaints due to toxic food), on the basis of prevalent interests (i.e. to continue to eat), predicting a new action (i.e. to select a more healthy food) .

Perception

It's an interpretation process of the given data that is of help to give a meaning to the situation we are living. The resulting meaning is the truth of the *perceiver* and, even if various persons possess the same information and observe the same situation, the perception can change extensively by person to person.

The basic element of the perceptual process is the selection guided by our personal characteristics, the features of the object and the situation where the perception occurs.

For instance, Inuit people doesn't have the concept corresponding to what other peoples call "snow". Inuit, really, perceive many different kind of snow, depending on its particular characteristics and its possible applications and have different concepts for it.

There is a good reason for this: **their survival depends on the snow**. Many stimulus reach the persons but **only some pass beyond the first stage**, becoming part of their **experience** and then used to express opinions, the rest is left out.

Another fundamental element is the **organization of the perceptions**. While we receive information from ambient, we assemble certain stimulus in schemes that give significance to all, instead of proceeding randomly. The way how these information are assembled depends from personal reference scheme. An example is the words you are reading. The single letters are ignored to favour the whole word.

Even physical and emotional **interior events** can modeling and so determining the perception of reality . When a person is hunger, sight and sounds indicating food become the principal elements of perception. But, emotional situations can distort the perceptions. It has been widely demonstrated, for instance, that the perceptions of ocular witnesses of a crime very often aren't accurate and that is just related to the emotional state at the moment when they attend at a crime scene. Some ocular witnesses report facts never happened and give excessive attention to very little or very particular details.

Space perception

Our space perception is three-dimensional (length, height and depth). It depends on the exact representative schemes that we have made about the space occupied by our person: this space is the constant reference point between us and the objects around us.

An object is perceived in the space because it has a position in the ambient and is oriented towards a direction respect to us and other object (left/right, forward/behind, high/low). The object, in other words, is at a certain distance, has a certain shape, a color and have a certain movement.

To perceive space means to perceive the geometric characteristic of the things.

However, the bright stimulus produce on the retina two-dimensional imagines, so that we ask: the three-dimensional perception of space is a natural disposition or acquisition of experience?

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Familiar size:

the size of an object that belongs to a class of familiar objects, on the basis of a past experience give us an indicator of its distance (i.e. if we see a faraway car, we percept it not as a toy model or more little than normal one but as a normal car just far from us).

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Interposition:

if the image of an object covers partially the image of another object, the first is perceived as nearest than the second one.

Linear perspective:

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Aerial perspective:

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Light, shadow and color:

different brightness intensity furnish distance indicators.

Time perception

The only time that we can really perceive is the **present**.

Past, entrusted to memory, and future, entrusted to imagination, are representations deduced through analogy and always connected with the present (i.e. it's impossible to imagine a future completely different from present, as it's impossible to describe the past in a faithful way).

Age influences the perception so that for a teenager time pass too much slowly (because he wants to reach in a hurry the independence promised by maturity), while for an adult time pass too much in a hurry (because he has the perception that his life is finishing).

In addition, sentimental and emotional feelings make the passed time long or short lasting (i.e. boredom makes it long, pleasure makes it short)

Object perception

Our daily experience teaches us that we don't perceive single stimulus (whose sum bring us to recreate the object), but we see immediately the objects in their permanent unity (i.e. we perceive immediately that a book is a book without open or leaf through it and we see these objects as distinct from other objects adjacent (i.e. a pencil placed on a paper sheet, we see the pencil distinct from sheet).

But the facts demonstrate that the physical world of the objects not always corresponds exactly with the world that we can perceive (phenomenal world).

A phenomenon can be perceived also without being present or, on the contrary, being present but unable to see it or even we see a thing different by what really is (i.e. war and animal camouflage, optical illusion, mirages). Often senses mislead us and only experience help us to catch the truth.

Illusions have internal, psychic, subjective origin. Sometimes an illusion is due to an emotional state (i.e. if at home we are alone and have fear, any little noise will make us suspicious).

This what teach us? That perception is not a photographic copy of external reality but is a psychic function that processes data furnished by sensorial receptors, subordinating the single sensations to a certain "totality", so that the particulars take different meanings accordingly with the belonging "totality".

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Perception of totality always discloses that of single parts. In other words, the more common way to perceive an object is that of global perception. The analysis of logic connections comes later and this allows to really posses an object.

Perceptual constancy

It's the tendency of perception to maintain constant characteristics along time and space.

The perceptual constancy allows to take decisions always based on real objects and environmental characteristics, even if the situations around are changed.

In other words, constancy phenomenons permit to recognize objects even in the more different and bad situations (i.e. loss of brightness).

Constancies can be of four types: the following.

1. Bulk

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4. Clarity

Observing a black paper at a window light, it will continue to appear black even if reflected light is very considerable.

SIGHT

Visual impairment and its consequences

Blindness or limited sight is a sensorial impairment; this means that visual information cannot be used to percept reality or that it can be used only partially, because of problems during reception and transformation of the bright stimulus and due to problems during conduction and processing of nervous pulses.

Loss of sight is particularly serious, because the eye, with its about 130 millions of photoreceptors, is the more important sensorial organ , not only at quantitative level but also at qualitative one.

The most quantity of photoreceptors is concentrated on a very little surface called "retina", so offering a sensorial sharp superior to any other sensorial organ. Therefore it's comprehensible the dominant role of the sight in the perception of reality.

Almost all our activities and interactions with the world around us are controlled by sight. Ambient where we live, instruments and materials that we use have been adjusted accordingly to our visual perception. Learning process during developmental age is based on more than 80% of visual information.

Partial or total loss of sight reduces reception and processing of information. Absence of perception of light reduces the information flow of the five senses from 11 mega bit/s a 1 mega bit/s.

Total blindness produces a loss of 90% of information. In the world conceived by a seeing and adapted to visual needs, the loss is not only quantitative but also qualitative.

Visual impairment implicates cognitive, psychic-motor, emotional, social interferences that create for the individual a series of psychic and physical difficulties as far as autonomy and freedom of acting are concerned.

In most cases the visual impairment causes a total dependence from others and obstacles the process of social equalization.

Perception of reality of blind people

For a blind the great obstacle should be the space; but blind even if cannot use the visual space, uses the tactile space, acoustic space, olfactory space and also proprioceptive space (kinesthetic and motoric).

Perception of reality of a blind is enriched by sensations coming from the movements of hands and body and from the sounds that allow the blind to percept the presence of obstacles just in front of him and the difference between full and empty spaces.

More particular is the use of the sense of smell for recognition of different spaces like environmental atmosphere very large and different as salty smell of sea, wet ground after rain, perfume of vegetable world, smell of animals, thermal variations of air around, air movements, everything can be useful to recreate the reality rejected by loss of sight.

Sensorial organs identify object in its totality and in its parts; sensations stimulate brain so that the nervous system can coordinate the sensations themselves. This determinates an analytical and fractional processing to satisfy the needs of the blind. Therefore even if in our society the 80% of information reach the brain through the visual channel, the blind can live serenely with his residual capacities.

Conversion and coding of visual information in alternative sensorial languages

The most famous example is the Braille system.

Use of sensorial channels alternative to sight

In the absence of sight, a crucial role is taken by sound, so that the auditory channel becomes the most important sense.

Blind uses the sound as an alternative decoding in the following 5 ways:

1. Sound discrimination

For sound discrimination is intended the capacity to recognize the auditory source.

Each sound is distinguished by frequency, intensity and tone color and these represent the identification code of that sound.

During the learning process different tones are associated to the source of sound and memorized, so it is possible to recognize objects or situations without hand or see them.

i.e. if a coin fall on ground, the blind get information about the value of the coin, the kind of surface where the coin has fall down and the height from where has felt down.

The same happens with the end of the white stick.

The not visual reality starts to enlighten with sounds and noises.

2. Sound locationing

It's very important to percept the direction where sounds come from.

Through localization the blind can control his walking direction.

Neurons located in the upper part of the brain are fitted to measure sound differences between left and right ear.

This allows not only to localize the direction ofsound comes but also its distance.

3. Echo localization and sound reflection

The blind uses echo and sound reflection i.e. to walk in the middle of a sidewalk without having lateral contacts or to localize an open door.

Some blinds have abilities that were considered *paranormal*, because they stopped in front of a wall or any other obstacle just having no contact.

Today we know that they are used to *percep obstacles* just using the echo.

The reflection of sounds create modification on the parameters of the sound wave that the brain processes alerting the bllind to stop before bumping.

4. Auditory shadow

When we light an object a shadow appears rear the object itself.

The same happens to sound when an auditory wave hits a big size object.

Part of the wave is reflected and absorbed by object. Laterally the wave is flexed creating in this way a shadow area where the sound is less strong and acute.

The blind uses the auditory shadow to locate objects among the sidewalk and the street as a kiosk or a call box.

But they use this sound feature also on the contrary.

Between two auditory shadow there is an area where the sound is clean. In this way, when the blind needs to cross thye street, locate the free space between two parked cars.

5. Interpretation of the movement of auditory sources

Localization and discrimination make it possible to predict pattern and behavior of an auditory source while moving, mentally drawing the possible trajectory.

Noise of vehicles is extremely important to have information about the surrounding and this changes the relation between the blind and his reality: ambient with traffic is very rich of information, **silence is like the fog**.

How to behave with BLIND people

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- Never seize a blind for a harm to guide him. Instead, offer him your harm that he will grab just upwards the elbow. In that way you don't need to suggest him the direction: he will be oriented by your guide. Precede him only where the way becomes narrow. Remember that he cannot see a smile or a movement of head, therefore you must talk to him.

- Alert him when you intend to cross a street or to descend or climb a sidewalk.

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- To help a blind to climb on a public transport bus, it's sufficient to put a hand on the grip or handrail and alert him if the step is particularly high. Being a starway, let him known the first and the last step.

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- If you desires to offer him a sitting place, make him touching the seatback of the seat. If it's an armchair, it's better to accompany his hand on the armrest, specifying how the armchair is oriented.

- When he has to enter in a car, put his hand on the upper edge of the open door. With the other hand the blind will touch the top of the car and then he will seat. If he loose the orientation simply indicate what is just in front of him, backward, on left and on right.

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- When you are at table with a blind, ask him if you can help him. Depict him which foods are in the dish and where foods are located, taking as reference the quadrant of the watch. So for instance you can say: beans at 9 hour, salad at 4 hour and so on. Describe him where is the glass and don't fill it up too much. Giving him something call him by name and touch him lightly.

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- To blinds speak always naturally and with your usual tone of voice.

HEARING

What's Deafness?

Deafness is the reduction more or less serious of the hearing.

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Medium: between 40 to 70 decibel;

Serious: between 70 to 90 decibel;

Profound: equal or more than 90 decibel.

The different degrees of deafness influence in many way the acquisition and development of the vocal language.

Who is the DEAF

To identify a person affected by deafness many different ways are used like:

deaf, deaf-mute, with hearing disorders, hypacusic, hearing handicapped, weak of hearing, bad hearing, not hearing and also deaf with hearing aid, speaking deaf, bilingual deaf and also in other ways.

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The law 95/2006 has substituted the term "deaf and mute" with the term "**deaf**".

N° 2 article states the following:

«*According with the present law it is considered **deaf** the hearing sensorial disable afflicted by congenital deafness or acquired during evolutive age that had compromised the normal learning of the spoken language, as long as deafness hss not an exclusively psychic origin or depending by war, work or service causes*».

Prejudices

Difficulties in communication with a deaf descend from a series of prejudices about deafness. For instance, they think that a deaf is also mute.

The vocal apparatus of a deaf is completed but he doesn't have the feedback of what is saying and so he cannot modulate the voice.

Another prejudice consists in believing that deaf has a mental disease, but his deficit is sensorial not cognitive.

From architectural barrier to communicational barrier

The attention toward the world of disables is increasing continuously, thanking to the more sensibility of single people and institutions regarding solidarity for the more social weak category of population.

When one get in touch with the world of disability, a great attention is dedicated to the architectural barriers that obstruct passages or obstacle movements or more generally the use of essential services.

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But inside this world, however, lives another world, not so known, **unimaginable**, **unnoticed** because this world is referring to an **invisible** disability that can be detected only when you get in relation with the disable, **incomprehensible** because governed with proper rules and with its own language and communication system usually unknown.

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It is the **silence zone**. The ***world of the deaf***.

When you talk about deaf, generally you don't have an accurate perception of the real communication difficulties that they encounter during the common everyday life, as it is the only disability that can be detected only at the moment of relation and therefore invisible.

In a world designed by hearing people for hearing people, deafness represents a real structural barrier, overtaken only by learning an adequate language.

Deafness is the most frequent sensorial disability.

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- Clear concepts and simple phrases are more advisable.

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- Don't talk about a deaf with others when this deaf is present. As he can't hear, he observe very causciously any movement and any glimpse and could arrive to wrong conclusions.

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- Each person with loss of hearing enjoy if you try to get involve him in a conversation: try!

- Be sure the weak hearing individual has understood all quite well. This is very important in case of agreements. If necessary repeat what just said with other words or using other phrases.

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- Don't forget that the deaf makes a great effort to remain concentrated to follow the conversation, so he becomes tired sooner than normal people.

MENTAL DISABILITY

Mental disability descends from a brain compromising due to genetic and prenatal causes, for suffering during birth or for morbid or traumatic neonatal causes.

In the mental disability we observe the incapacity of the subject to take on and resolv new problems, even extremely simple, difficulties that can be overcome only through a wide familiarization with the things and a specialized education.

Psychic disability shows the typical symptoms of psychosis and mental illness. Here they can be found, among others, delirious elements, hallucinations, paranoia, autism, uncontrolled aggressive behaviours against oneself and others, etc.

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Intellectual and relational disability is characterized by an irreversible intellectual and relational incapacity of a subject, that causes very heavy psychic and motor nerves pathologies. This particular kind of health state ican be caused by many factors of genetic nature, but not only. Among the more known we find Down syndrome and autism.

MINI GLOSSARY

IDIOCY (mental retardation)

Serious congenital mental insufficiency

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IDIOT

Stupid, short of mind, person rough and without education

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STUPID

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CRETINISM

Very often endemic illness characterized by developing interruption of the organism, by deficiency of mental capacities and by others secondary inconveniencies, usually due to tyroid gland malfunction

CRETINOUS

stupid, imbecile

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stupid, imbecile

IMBECILE

Afflicted by insufficient mental development, foolish, stupid, idiot

CRETINOUS

stupid, imbecile

IMBECILE

Afflicted by insufficient mental development, foolish, stupid, idiot

DEFICIENT (mentally)

Mentally disabled, con intellectual capacities not sufficiently developed, imbecile, stupid

THANKS TO EVERYBODY

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May the Force be with You