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Attitudes Toward Disability in the Helping Professions

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Abstract

The purpose of this paper is to examine the ethnic and religious perspectives of people who are training for and working in the helping professions regarding disability and people with disabilities. An inference is that these perspectives effect the ways in which personnel in the helping professions react to and deal with people with disabilities. The Modified Issues in Disabilities Scale (MIDS) was administered to a sample of persons working in the helping professions and/or training to enter them. The scores on the MIDS can be viewed as a knowledge inventory about persons with disabilities or as a scale measuring attitudes toward persons with disabilities. A statistically significant association was found between ethnic and religious perspectives and the scores on the MIDS. The conclusion is that people preparing to enter and people presently in the helping professions, but more importantly teachers of people studying to enter the helping professions, must be aware of the influence of ethnic and religious perspectives and how to counter any negative effects which are to be found.

Disability is a complex phenomenon. It involves people (both disabled and non-disabled) and their relationships as well as the social and physical environment of the person with a disability. It involves assistive technology. It involves

social reaction to people with disabilities. It involves a myriad of impairments. It involves public and private programs and laws. And it involves a number of other things including people who work in the "helping" professions.

Many persons in the helping professions try to separate disability and people with disabilities, but such a separation is valid only if one looks at a specific person. The concept of a person with a disability embodies the phenomenon of disability and the two can not be separated. This study is about the phenomenon of disability and the social group called people with disabilities. They cannot be separated.

The purpose of this study is to judge whether ethnic and religious perspectives can influence views of disability and people with disabilities. The findings support an affirmative answer to that question. People in the sample who identify as religious and as caucasian have more affirmative views of disability and thus people with disabilities than the other people in the sample.

It must be kept in mind that many people in the helping professions are threatened if the sincerity of their actions relating to people with disabilities is described as hollow and their actions are seen as not helpful. Part of their identity is being a person who is seen as working hard to help unfortunate persons, people with disabilities. They feel threatened if such a basic part of their being is questioned. There are many ways to explain this feeling of being threatened, but that is not the purpose of this study. The purpose of this study is to investigate whether ethnic and religious perspectives can influence views of disability and persons with disabilities.

Literature Review

A review of the literature shows that no one likes people with disabilities. Every major religion in the world (Ingstad, 2001; Braddock & Parish, 2001; Barnes, 1996; Ingstad & Whyte, 1995; Miles, 1995; Abberley, 1987), every culture (Parmenter, 2001; Barton & Armstrong, 2001; Miles, 2000; Heyer, 2000a, 2000b; Westbrook & Legge, 1993) with a few exceptions (Barnes, 1996; Vash, 1995), every ethnic group (Van Ryn & Burke, 2000; Westbrook, Legge, & Pennay, 1995; Mardiros, 1989; Ryan & Smith, 1989), every nationality (Crystal, Watanabe, & Chen, 1999; Paterson & Jamieson, 1999; Ballard, 1996; Morrow, 1987) - everybody (it seems) views disability and people with disabilities in the most pejorative way possible. The literature has many, many illustrations of these attitudes. More examples can be found in literature reviews and bibliographies in Pfeiffer (2002), Wong-Hernandez & Wong (2002), Pine (1992), and Leong (1986).

Disability is variously viewed as a tragedy, a disgrace, shameful, the result of sin, and a punishment from God. People with disabilities are repeatedly seen as objects of pity which produce guilt feelings in their family members and associates. They are frequently viewed as a burden to others, to their family, to themselves, and to society. They are continually

perceived to be useless and to behave in inappropriate ways. The answer is segregation and discrimination. If the person with a disability is a woman, it is even worse. (Westbrook, Legge, & Pennay, 1995)

In the English language people with disabilities are often called invalid (not a valid person), handicapped (implying a beggar with a cap), or disabled (not able). In Japanese the term for a person with a disability is shoguisha: `sho' means harm, obstacle, illness; `gui' means loss, disaster; `sha' means person. (Iwakuma, 1988) A person with a disability in Japanese is one who is an obstacle and a disaster, who is ill, suffers harm, and experiences a loss. In other languages it is the same.

However, this negative view does not completely agree with the observations and experiences of the authors of this paper. One of them is a person with disability, one is the parent of a person with a disability, and the other four have extensive personal experience in the disability community although not disabled themselves. Nor does this negative view entirely agree with the observations and experiences of some colleagues with disabilities. (Miles, 2000)

As a possible explanation for this inconsistency it was proposed that ethnic and religious perspectives exert an influence on people's views in both a positive and a negative way regarding people with disabilities. To explore this proposition it was decided to examine the influence of ethnic and religious perspectives toward persons with disability using a test of knowledge and attitudes about people with disabilities known as the MIDS - the Modified Issues in Disability Scale which is discussed below.

Because the authors of this paper work in the helping professions and/or teach classes for persons who are working in or who intend to work in various helping professions it was decided to focus on these occupations. The helping professions were defined as nursing, medicine, social work, clinical psychology, public health, physical therapy, occupational therapy, education, and rehabilitation although there are others. There is no doubting the importance of this question. It is widely discussed (Miles, 2000; Schilder, Kennedy, Goldstone, Ogden, Hogg, & O'Shaughnessy, 2001; Kreps, 2000; Lee, Sobal, & Frongillo, 2000; Hassiotis, 1996; Rounds, Weil, & Bishop, 1994; Groce & Zola, 1993; Westbrook, Legge, & Pennay, 1993; Chan, 1992a, 1992b; Wang, 1992; Hoeman, 1989; Smart & Smart, 1992) and there is considerable debate on how ethnic and religious practices and perspectives can influence the success of service delivery (Byrd, 1997; Ahmad & Atkin, 1996; Kato & Mann, 1996; Barnes, 1995; Rogers-Dulan & Blacher, 1995; Priestley, 1995; Doyle, Moffatt, & Corlett, 1994; Wrigley & LaGory, 1994; Goodall, 1992; Olivarez, Palmer, & Guillemard, 1992; Longres & Torrecilha, 1992; Stuart, 1992; Hanson, 1992; Braden, 1991; Dewing, 1991; Rapp, 1991; Logue, 1990; Hanson, Lynch, & Wayman, 1990; Palmer, Olivarez, Willson, & Fordyce, 1989; Biklen, 1988; Zernitzky-Shurka, 1988). There is also discussion of this question within the

field of disability studies (Gilson & DePoy, 2000; Swain & French, 2000; Wong-Hernandez & Wong, 2002), within the disability community (Crisp, 2000), and in other fields (Pfeiffer, 2002; Wong-Hernandez & Wong, 2002; Pine, 1992; Leong 1986). However, general discussion and anecdotal examples are the only basis given for the conclusions presented in these various studies.

The reports in the literature fall into three groupings: descriptive studies of various perspectives, case studies examining specific perspectives, and calls for awareness of the influence of these perspectives. There is no testing of the proposition relating ethnic and religious views of disability with knowledge of and attitudes toward people with disabilities. Consequently, the hypothesis tested in this study is that there is a statistically significant relationship between ethnic and religious perspectives held by persons in or going into the helping professions and knowledge about and attitudes toward people with disabilities. An inference is that these perspectives influence personnel in the helping professions in the manner in which they react to and deal with people with disabilities.

Age and Contact

In some studies using the MIDS a relationship was found between attitudes toward and knowledge about people with disabilities and the age of the respondent and the amount of contact they have with people with disabilities. Although there is contradictory evidence about the influence of age and contact (Ingstad & Whyte, 1995; Heyer, 2000a, 2000b; Beckwith & Matthews, 1995; Brigham & Malpass, 1985; Altman, 1981; Makas, 1989, 1990), there is some support for the contention that both variables have an affirmative influence in the sense that they provide more knowledge about persons with disabilities and more positive attitudes toward persons with disabilities.

On the other hand, one of the authors who has used the MIDS often in other studies contends that the variables of age and contact are both surrogates for knowledge about and favorable attitudes toward people with disabilities. In other words, only people who tend to have favorable attitudes toward people with disabilities will have increasing contact with them and will have continued to have contact with them as the individual ages. Of course there are other possible explanations for the influence of the amount of contact, but it seems plausible that a positive attitude toward people with disabilities will be related to more contact as the person grows older. In addition, many persons who are older will have had a larger amount of contact with people with disabilities simply through the passage of time. These two variables appear to be autocorrelated to a high degree.

Nevertheless, the two variables, contact and age, are included in this analysis. Contact and age can shape attitudes, but as theoretical variables they are quite different from ethnic and religious perspectives and they have

less theoretical interest than ethnic and religious perspectives.

NEGATIVE VIEWS

Extremely negative views of people with disabilities and the experience of disability exist in various societies and they influence public policy and individual actions. (Mitchell & Snyder, 2001; Turner, 2001; Gill, 2001; Basnett, 2001; Ravaud & Stiker, 2001; Barnes & Mercer, 2001; French & Swain, 2001) In the US, for example, they underlie the calls for legalized euthanasia to `put them out of their misery.' As Dr. Jack Kevorkian believes (Kevorkian, 1991), the quality of life for a person with a disability is so poor that assisting such a person to die is a good thing. In a statement during court proceedings, Kevorkian said: `The voluntary self-elimination of mortally diseased or crippled lives taken collectively can only enhance preservation of public health and welfare.' (Russell, 1999) And Peter Singer, a bioethicist and the holder of a named chair at Princeton University, believes that the quality of life of many disabled infants will be so poor that it is morally right to kill that infant at birth. (Singer, 1991, 1995; Kuhse & Singer, 1985)

Most people who work in the helping professions do not go that far (Parmenter, 2001; Lollar, 2001), but holding negative views of disability and of the quality of life of a person with a disability will result in decision after decision leading to a self-fulfilling prophecy: to assume that things are bad will result in things being bad. Furthermore, negative attitudes lead to low expectations and failure. (Hassiotis, 1996; Beckwith & Matthews, 1995; Jones, Atkin, & Ahmad, 2001; Ahmad, 2000; Kalanpur, 1999; National Council on Disability, 1999; Robinson & Rathbone, 1999; Stone, 1999; Gold, 1980) Such prejudice harms people in many ways including lowering self-esteem and inducing stress. (Swim & Stangor, 1998)

There is evidence that personnel in the helping professions do hold negative views of people with disabilities and their quality of life. For example, in one study 86% of persons with high level spinal cord injuries said their own quality of life was and would be in the future average or better than average when compared to the population in general. Of the rehabilitation physicians, nurses, and technicians who treated them, however, only 17% held this view. (Gerhart, Koziol-McLain, Lowenstein, & Whiteneck, 1994)

In another study persons in a spinal cord injury rehabilitation unit were found by the researchers to be similar to the general population in their level of depression. At the same time the unit staff (as a whole and as individual occupations: physicians, nurses, occupational therapists, physical therapists, social workers, psychologists, therapeutic recreation specialists, and spinal cord injury education specialists) consistently misjudged the patients' level of depression and said that it was much worse than the general population norm. (Cushman & Dijkers, 1990)

A study done by the GINI Research Fund of St. Louis, Missouri, found that medical personnel viewed the use of a

mechanical ventilator as a burden and a way to correct a deficiency in a person with a disability. The users viewed them in a positive sense and as assistive technology which simply helped them in their daily life. (Stigma or Tool? 2002) It is another example of service providers using a deficit model of disability which leads to a stigma at best and a denial of needed services (the ventilator) at worst. The denial would be based on the incorrect assumption that the users really did not want such a burden.

There is no doubt that the perspectives held by persons in the helping professions can have a broad impact on the services received by people with disabilities. For example a woman with a disability who had a positive test result for pregnancy was asked by the agency person when she wanted to schedule her abortion. When given the reply that she would not have an abortion, the agency person said: `A woman with disabilities can not care for a healthy child or a child who has disabilities....' (Anonymous, 1999) Misperceptions about people with disabilities are to be found in the helping profession.

The Study

In order to study the views of disability and people with disabilities held by persons in the helping professions and to see how the views of ethnic and religious groups effect them, a convenience sample was obtained consisting primarily of college and university students (n = 391). Since there is no national data base of people in or going into the helping professions from which to draw a sample and because of differing definitions of the `helping professions' as well as the great variety of definitions of disability, it was necessary to use a convenience sample accepting all the problems it presents. (Barker & Strong, 1998) The respondents were all majoring in a helping profession discipline and/or working in a helping profession.

Half of the people in the sample (50%) were university students in Hawaii; 30% were students in California; 16% were students in American Samoa; 4% were non-students living in Honolulu and working in a helping profession. Many of the students (42%) also worked and of them (44%) worked in a helping profession.

The student body at the university in Hawaii is a good population to sample because it is very heterogeneous in terms of ethnicity: about a third of the University are of caucasian ancestry; another third are of Japanese ancestry; and the rest are a mixture of Pacific Islanders, Asians, and others. The respondents in California came from a student body with heavy concentrations of Hispanic and Asian people and 91% of the American Samoan respondents gave their ethnic identity as Samoan. In addition the three groups have a mixture of religious affiliations. They are an excellent population from which to draw a blend of persons from different ethnic and religious groupings for the study.

As a test of knowledge and attitudes about people with

disabilities the MIDS - Modified Issues in Disability Scale - was used. The MIDS, developed by Dr. Elaine Makas, is the only scale of its type which was developed in conjunction with people with all types of disabilities and with their close associates. It is unique in that it can be described as a scale measuring attitudes toward people with disabilities and, at the same time, measuring knowledge about people with disabilities. That is, if one knows very little about people with disabilities, then that person will respond according to the stereotypes which their ethnic and religious groups have about people with disabilities, usually negative ones. The more knowledge, the further they will be from the negative views. (Makas, 1985, 1987)

In addition, it is argued (Antonak & Livneh, 2000) that when people know that their attitudes are being probed, they will answer differently than when they are answering what they perceive as factual questions. For these reasons and others (including superior performance), the instrument chosen for the study was the MIDS. Its reliability and validity are well established. (Makas, 1991a, 1991b, 1993)

The MIDS is a set of 37 statements phrased in a factual manner such as: `It is logical for a woman who uses a wheelchair to consider having a baby.' The respondents are asked to indicate if they Strongly Disagree, Disagree, Somewhat Disagree, Don't Know/No Opinion, Somewhat Agree, Agree, Strongly Agree with the statement and the answers are coded from one (Strongly Disagree) to seven (Strongly Agree). A number of the statements are reverse coded. After allowing for those answers to be transposed, the higher the score the more the person knows about people with disabilities and the more positive is that person's attitude. The lowest score possible is 37 and the highest is 259. In this study the MIDS score ranged from a low of 107 to a high of 247. The mean was 173 (sd = 24.3), the median was 172, and the mode was 173. The scores had a normal distribution.

The Sample

In the sample used in the present study (n = 391) 75% were women, not surprising since most helping professions have a large proportion of women. The mean age of the sample was 26 (sd = 8.6), the median age was 23, and the ages ranged from 17 to 61. Persons who were employed comprised 46% of the sample and they were either studying to enter a helping profession (although not working in one) or presently working in one of them.

The respondents were asked how much contact they had with persons with disabilities. The scale ranged from no contact (3%), to very little contact (21%), to some contact (40%), to quite a bit of contact (20%), and finally to a great deal of contact (16%). Another question concerned whether or not they identified as a person with a disability and only 6% of the sample reported being a person with a disability.

The two variables of age and amount of contact were included in this study because of the findings of other

studies. They individually had a statistically significant, but low, relationship to the score on the MIDS. Age and the MIDS score had a Pearson's r = 0.32 (p = 0.01) and contact and the MIDS score had a Pearson's r = 0.14 (p = 0.001). However, age and contact themselves had a low association with each other, Pearson's r = 0.31 (p = 0.001), and therefore both were used in this study and included in the explanatory model presented below.

Two variables, religious perspective and ethnic perspective, are the focus of this study. In terms of religion, 71% of the sample identified with some variety of religion and 29% identified as not religious. In terms of ethnic groups, 37% identified as caucasian and the rest as some other group. After extensive analysis, the two variables were collapsed as follows.

The ethnic perspective variable was reduced to caucasian and other and for the explanatory model it became a dummy variable with caucasian coded as one and the rest as zero. The caucasians (n = 137) had a mean score on the MIDS of 182 (sd = 22.4) and the other (n = 233) had a mean score of 168 (sd = 24.3). The difference between the two groups was statistically significant (p < 0.0005) using a two tailed t-test.

The religious perspective variable was reduced to none and religious and for the explanatory model it became a dummy variable with religious coded as one and none as zero. The none group (n = 113) had a mean score on the MIDS of 177 (sd = 23.8) and the religious group (n = 278) had a mean score of 171 (sd = 24.4). The difference between the two groups was statistically significant (p = 0.04) using a two tailed t-test. In the explanatory model tested, however, the direction of the influence of the religious perspective variable changed.

The two recoded variables - ethnic perspective and religious perspective - did not have a statistically significant relationship with each other (using a chi square test with an alpha level of 0.05). Neither the recoded ethnic perspective variable nor the recoded religious perspective variable had a statistically significant relationship with the contact variable (using a chi square test with an alpha level of 0.05). And neither one of them had a statistically significant relationship with the age variable (using a two tailed t-test with an alpha level of 0.05).

In other words, after the recoding it was found that the ethnic perspective variable and the religious perspective variable were randomly related to each other. The recoded ethnic perspective variable, the recoded religious perspective variable, and the contact variable were randomly related, that is, statistically independent of each other. The recoded ethnic perspective, recoded religious perspective, and the age variables were also randomly related, that is, statistically independent of each other. The age and contact variables had a statistically significant, but low association. None of the other possible independent variables (working, disabled, and gender) was statistically related to the score on the MIDS

when controls for age, contact, religion, and ethnicity were used and therefore dropped out of the explanatory model.

An Explanatory Model

In order to measure the strength of the association which the two variables under scrutiny (religious perspective and ethnic perspective) and the contact and age variables have with the MIDS, an ordinary least squares regression model was tested with the line of best fit going through the origin in order to adjust for the disparity in measurement scales. The results are:

MIDS = 0.45AGE + 0.39CONTACT + 0.13RELIGION + 0.08ETHNIC
R Square = 0.95 Standard Error = +/- 41 n = 370
F = 1595.3 p < 0.00005

This model explains 95% of the variation in the MIDS scores. The variables age and contact were the most powerful ones and in a positive manner. The religious perspective and the ethnic perspective variables explained about 21% of the variation in the MIDS scores. Although age and contact with people with disabilities had high, positive effects upon the MIDS score (as was expected), the religious perspective and ethnic perspective also had a notable effect. The whole model is highly statistically significant.

It is interesting to note that by itself the recoded religious perspective variable had a negative relationship with the MIDS score. As stated above, those respondents who were not religious had a mean score of 177 (sd = 23.8) while the others had a mean score of 171 (sd = 24.4). This result could be interpreted as saying that being non-religious exerted a positive impact on the MIDS score. However, when the influence of the other three variables (age, contact, and ethnic perspective) was controlled for, the impact was reversed. Being religious (in the presence of the other three variables) has a positive impact on the MIDS score.

Conclusions

Earlier this question was posed: Do ethnic and religious perspectives on disability have an impact on persons in and going into the helping professions? Based upon the results of this study, being religious has a positive effect on how a member of the helping professions or a person studying to be a member of the helping professions view people with disabilities. Identifying as caucasian also has a positive effect on how they view people with disabilities.

The further research question which comes from these results is: Do the negative views of some ethnic and many religious groups result in poor treatment of persons with disabilities by people in the helping professions? Probably yes, but to test this contention one must go beyond the present data set which does not have a measure of quality of treatment.

What is the conclusion to be drawn from these results? The perspectives of religious and ethnic groups do shape the views of people toward disability and people with disabilities

to some extent. In other words, people in the helping professions, studying to enter the helping professions, and teaching persons about the helping professions must be aware of ethnic and religious perspectives of disability and people with disabilities. While it is not usually productive to strongly disagree with ethnic and religious perspectives, their implications must be discussed by people in the helping professions.

It is not unusual for one group of people (in this case some members of the helping professions) to be somewhat intolerant of another group (people with disabilities). Such a situation is consistent with the three dominant paradigms of disability: the social model, the social constructionist model, and the oppressed minority/political model. (Pfeiffer, 2001) In the social model this intolerance is seen as part of the social fabric which keeps people with disabilities disadvantaged. In the social constructionist model this intolerance is seen as the stigmatizing reaction to the constructed identity of people with disabilities. In the oppressed minority/political model this intolerance is seen as evidence of the oppression of people with disabilities. The intolerance tends to tie the three paradigms together.

However, one would hope that members of the helping professions would not be intolerant of the group they wish to help. It is up to people in the helping professions, studying to enter the helping professions, and their instructors to be aware of this possibility and to neutralize it.

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