

Other Research

Correlates of Professional Attitudes Towards Inclusion and Towards Persons with Mental Retardation

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Introduction

The 1990s have seen a major ideological shift favoring full inclusion and choice for persons with mental retardation (Meyer, Peck, & Brown, 1991). As a result pre-service education and in-service training to promote provider value change towards this humanistic paradigm have been developed. These educational efforts are based on the assumption that knowledge about new ideas and interventions will contribute not only to individual change in attitude, but to systemic change (Salend, 1994). Unfortunately, follow-up evaluations of education and training (Depoy & Miller, 1995) and an examination of changes in intervention reveal that educational programs are not always effective in promoting attitudinal change and concomitant practice change. This paper begins to examine possible reasons for that phenomenon and seeks to identify complex correlates of professional attitudes towards persons with mental retardation that can inform future in-service and pre-service educational efforts.

To begin an examination of the correlates of attitudes towards persons with mental retardation and towards the contemporary ideology of full inclusion, the literature on what influences professional decision making and attitudes was reviewed. Of particular importance was the influence of the "ideological environment" in which one lives and works on intervention choices. Based on this principle this inquiry sought to ascertain the complex relationship between discipline, professional setting, ideology, and attitudes towards persons with mental retardation and their full inclusion in all aspects of community life.

Literature Review

As stated by Reznek (1987), "concepts carry consequences: classifying things one way rather than another has important implications for the way we behave towards such things" (p. 1). Moreover, how one defines and classifies concepts is dependent on knowledge, ideology, and the context in which one experiences the concept (Wilson, 1991). Considering this notion from philosophy along with the increasingly accepted tenet that disability is a socially constructed category that engenders varying professional responses (Hahn, 1993; Pfeiffer, 1994), it is no surprise that research regarding professional attitudes towards persons with disabilities has been advancing (Chubon, 1992). However, it is curious to note that among the attitudinal research in disability studies few inquiries have identified cultural or ideological correlates thereof. In the fields of psychiatry and medicine, however, there has been acknowledgment of the influence of ideology and institutional culture on attitudes towards clients/patients in the mental health system, and on concomitant intervention (Strauss, 1964). The literature informing this study therefore begins with a discussion of the existing work on attitudes towards persons with disabilities and

then moves to an examination of analogous bodies of literature that have begun to identify correlates of attitudes and professional decision making.

Research on attitudes towards persons with disabilities

The research on attitudes towards persons with disabilities has proliferated in professional journals over the past ten years (Chubon, 1992; Antonak, 1994; Salend, 1994; Linkowski, 1994). Examination of this topic has been justified by the strong relationship between attitude and approach to professional practice. Descriptive studies have revealed a range of attitudes towards persons with disabilities while comparative studies have examined group differences among professionals including physicians, nurses, allied health professionals, social workers, and others (Trawick, 1990). Several studies have supported a positive association between knowledge of disability and favorable attitudes (Trawick, 1990). The correlate of degree of contact has also been shown to be important in predicting attitudes towards persons with disabilities (Antonak, 1994).

Unfortunately, two major difficulties seem to be inherent in the work on attitudes: social desirability of responses and the vagueness of the actual construct that is being measured (Chubon, 1992; Antonak, 1994; Linkowski, 1994). Much of the measurement of attitudes towards persons with disabilities relies on the use of the Yuker's Attitude Towards Disabled Persons scale (ATDP) (Antonak & Livneh, 1988). As indicated by Yuker (1988) himself, this measure is threatened by the potential to ascertain and give socially desirable responses. Makas and associates (1988) and Antonak (1994) have addressed the inherent difficulties in disability attitude research in differing ways. Related to the second concern mentioned above, according to Makas et al., a distinction between attitudes towards disability and towards persons with disability must be made. Makas et al. therefore developed a scale to make this distinction, but were left with the social desirability factor. Antonak (1994) solved the problem of social desirability through indirectly measuring attitudes towards person with mental retardation through the error choice method. Although somewhat deceptive, the error choice method seems to be the most viable method of measuring attitudes without the interference of social desirability. Attitude in this context is defined as converting observations of a person's behavior toward a referent into an index representing presence, strength, and direction of the attitude that underlies the behavior (Antonak, 1994).

In general, the research on attitudes seems to be fraught with measurement difficulty related to bias introduced through social desirability. Efforts to mediate against this problem such that accurate understandings of professional attitudes can be ascertained are in their infancy (Chubon, 1992; Antonak, 1994; Linkowski, 1994).

Research on the correlates of attitudes towards professional practice

The field of psychiatry has been in the forefront of identifying influences on approaches to practice and intervention. The work began with the debate on the meaning of mental illness. Proponents of psychiatric disorders as a medical diagnostic category positioned themselves conceptually against those who viewed mental illness as a set of behaviors that placed persons with mental illness in a deviant cultural-social role. Building on that work is the contemporary work of Strauss (1964) and Szaz (1983) who acknowledge the cultural, political, and social influences on one's conceptions of mental illness and attitudes towards those individuals who display it. Of particular importance in understanding psychiatric practice is the influence of

personal and contextual ideology on how professionals frame attitudes and practice approaches. Strauss (1981) was one of the first authors to fully depict the process through which institutional ideology dominated professional judgments and practice.

Application to the current service delivery climate for persons with disabilities

The current context of service delivery to persons with disabilities is shifting from an institutional, deficit model to an inclusive strengths based model. However, professional attitudes and behaviors are not necessarily consistent with this ideological shift. Given the evidence for factors not directly associated with professional knowledge and skill exerting extensive influence on how professionals approach their clients and formulate attitudes towards them and towards appropriate intervention, inquiry into the correlates of professional decision making, perspectives on inclusion, and attitudes towards persons with disabilities is essential.

Methodology

The following research questions were answered through a one-shot, non-experimental, survey design:

1. What are the attitudes towards persons with mental retardation held by providers and students in professions of health and social services?
2. What differences in attitudes towards persons with disabilities are discernible among professional groups?
3. What differences in attitudes towards persons with disabilities are discernible between pre-service and provider groups?
4. To what extent are attitudes towards persons with mental retardation associated with personal ideology, attitude towards inclusion, and self-rated and actual knowledge of persons with mental retardation?

Sample

A sample of convenience was selected for this part of the study. Because we were interested in testing the viability of the method before conducting a large scale study, volunteers were recruited from pre-service allied health and social service programs in a New England state and from the health and social service provider community in that state to respond to a battery of instruments. A total of 65 respondents representing physical therapy, nursing, occupational therapy, and social work comprised the sample for this study. Twenty one were students and 44 were providers. The mean age of the total sample was 39.73 with a standard deviation of 10.828.

Instrumentation

Three instruments were used for this study: Knowledge About Mental Retardation (KAMR) (Antonak, 1994), Attitudes Toward Inclusion (Wilcensky, 1992), and the Political-Economic Conservatism Scale (Adorno et al., 1950).

The KAMR, developed in 1994, is a 40 item scale relying on the error choice method to assess both knowledge and attitudes towards persons with mental retardation. Antonak (1994) chose this disability group as the basis for his instrumentation because it is the most prominent and most frequently researched developmental disability in the literature. Moreover, attitudes towards this group are often held towards other disability groups. This scale was selected due to its elimination of social desirability as a threat to internal design validity. In addition to item scores, two index scores are derived, a total attitudinal score ranging from 1-4 (1=least favorable,

4=most favorable) and a total knowledge score with values from 1-4 (1=least knowledgeable, 4=most knowledgeable).

The Attitudes Towards Inclusion Scale (Wilczenski, 1992) is a twelve-item scale with a six point Likert-type response set for each item. Score values denote a range from least favorable, 1, to most favorable, 6. The scale yields a total attitudinal score and three indices; attitudes towards including behavioral disabilities, attitudes towards including social disabilities, and attitudes towards including physical disabilities. These three subscores suggest that attitudes towards inclusion are not homogenous for all disabilities, but rather can be diverse for differing types of disabling conditions. The researcher therefore can use the subscores to measure differences in attitudes related to nature of disability.

The Political-Economic Conservatism Scale (Adorno et al., 1950) is a 12-item scale testing political conservatism. It is scored from least to most conservative on a six point Likert-type scale with 1 being the least conservative and 6 being the most conservative. This scale was selected because it was well established, short, and not grounded in an unfamiliar historical context.

Procedures

The battery of measures was distributed through several methods including mailed packets, handouts in class, distribution in mailboxes, and snowball distribution. A total of 65 completed batteries were received. Data analytic techniques included univariate and bivariate descriptive statistics and inferential measures of group differences.

Hypotheses

It was hypothesized that knowledge and favorable attitudes would be positively associated, that favorable attitudes towards inclusion would be positively associated with favorable attitudes towards persons with mental retardation, and that liberal political and ideological attitudes would be positively associated with favorable attitudes towards persons with mental retardation and towards inclusion.

In addition to the above queries group differences related to pre-service or provider status were examined, but no specific hypotheses were formulated.

Findings

Descriptive statistics are presented in Table One. In general, the total sample held favorable attitudes towards persons with mental retardation, but there is a wide dispersion of scores with one standard deviation below the mean falling into the unfavorable category. Both knowledge and frequency of contact with this population was moderate. Interestingly, attitudes towards inclusion for the total sample were in the somewhat favorable range with the behavioral disabilities index revealing the least favorable support towards inclusion (See Table Two). Overall, the sample was moderate in its political-economic ideology.

TABLE ONE

Variable	Scale	Mean (sd)
Attitude towards persons with mental retardation	4 very favorable 1 very unfavorable	2.502 (0.514)

mental retardation, and between knowledge about persons with mental retardation and attitudes towards persons with mental retardation or towards inclusion (See Table Three). The strongest association was revealed between self-rating of knowledge and frequency of contact. Curiously, however, the relationship between self-rating of knowledge and actual knowledge was minimal ($r=0.163$). Even more curious was absence of an association between attitudes towards inclusion and attitudes towards persons with mental retardation, and between political-economic ideology and attitudes towards persons with mental retardation. The relationship between political ideology and attitudes towards inclusion was the only finding that supported one of the hypotheses. A moderate negative association ($r=-0.532$) was found indicating that those with more conservative attitudes favored inclusion the least.

TABLE THREE

Pearson r Correlations

Self-rated knowledge and tested knowledge, 0.163

Knowledge about persons with disability and attitude towards inclusion, -0.088

Attitude towards inclusion and attitudes towards persons with disability, 0.083

Attitude towards persons with disability and political-economic ideology, -0.046

Attitude towards inclusion and political-economic ideology, -0.532

Knowledge about persons with disability and attitude towards persons with disability, -0.056

n = 65

Conclusions

Before discussing the conclusions some methodological issues require discussion. First and most important, this is a preliminary study with a sample of convenience in a rural state. While external validity cannot be claimed, the results are intended to generalize to theory for

future testing in large cohorts. Second, the KAMR, while solving the problem of social desirability, raised other problems. Respondents expressed a dislike for the scale and some even wrote about it on the actual instrument. The instrument was particularly problematic for providers who believed that they held significant knowledge about mental retardation, but were unable to demonstrate it on the questionnaire. It appears as if the instrument may be more appropriate for students who have minimal confidence in their knowledge of mental retardation than for providers who are expecting to respond to an actual knowledge scale.

Turning to the conclusions, it is clear from the findings that this area of inquiry is essential to educators and to systems change efforts related to new paradigms moving away from institutionalization and towards serving persons with mental retardation in their communities. The results reveal complex and unexpected relationships among knowledge, attitudes, and ideology that require further testing.

First, the low association between self-rating and actual knowledge is remarkable. This finding suggests that the sample overrated their knowledge and may be operating under uninformed conditions when addressing issues related to persons with mental retardation.

Second and most important, it seems from the study that educating providers and students about disability in itself may be insufficient for assuming favorable attitudes towards persons with disabilities and towards inclusion. Unexpectedly, the associations between knowledge and attitudes towards persons with mental retardation and between knowledge about mental retardation and attitudes towards inclusion were minimal. Additionally, the limited association between favorable attitudes towards inclusion and attitudes towards persons with mental retardation was surprising. One cannot assume that if one holds a high degree of knowledge and favorable attitudes towards persons with mental retardation that support for inclusion follows. However, the discernible relationship between ideology and inclusion suggests that inclusion is a political and economic concern more than an issue related to what one knows and how one approaches persons with disabilities. This finding has important implications for further research and education. Ascertaining the correlates of attitudes towards persons with disabilities is not the same as examining the correlates of professional decision making and intervention choice. Attitudes towards persons seems to be a human concern while one's chosen approach to where, when, and how to address the needs of persons with mental retardation seems to be a function of how one views economic resource distribution and of one's political leanings. Attitudes towards persons with disabilities and views about intervention paradigms need to be fully explored if the rights of persons with disabilities to live quality lives in their communities are to be advanced and supported by professionals.

Bibliography

Adorno, T., Frenkel-Brunswick, E., Levinson, D., & Sanford, R. (1950). The authoritarian personality. New York: Harper and Row.

Allport, G.W. (1935). Attitudes. In C. Murchison (Ed.), A handbook of social psychology (pp. 798-844). Worcester, MA: Clark University Press.

Altman, B. (1981). Studies of attitudes toward the handicapped: The need for a new direction. Social Problems, 28(3), 331-337.

Antonak, R. (1994). Development and Psychometric Analysis of an Indirect Measure of Attitudes Toward Individuals with Mental Retardation using the Error Choice Method. Mental Retardation, 32(5), 347-355.

Antonak, R., & Livneh, H. (1988). The measurement of attitudes toward people with disabilities. Springfield, IL: Thomas.

Buttery, T. (1978). Pre-service teachers' attitudes regarding gifted children. College Student Journal, 12, 288-289.

Campbell, D. (1963). Social attitudes and other acquired behavioral dispositions. In S. Koch (Ed.), Psychology: A study of science (pp. 96-109). New York: McGraw Hill.

Campbell, D., & Damarin, F. (1961). Measuring leadership attitudes through an information test. Journal of Social Psychology, 55, 156-159.

Chubon, R. (1992). Attitudes toward disability: Addressing fundamentals of attitude theory and research in rehabilitation education. Rehabilitation Education, 6, 301-312.

Chubon, R. (1982). An analysis of research dealing with attitudes of professionals toward disability. Journal of Rehabilitation, 18(1), 25-30.

DeFleur, M., & Westie, F. (1963). Attitude as a scientific concept. Social Forces, 42, 17-31.

Depoy, E., & Miller, M. (in press). Positive supports: Training evaluation. Maine Journal of Health.

DePoy, E., & Miller, M. (in press). Social Work Practice with Developmental Disabilities: Are Students Adequately Prepared? Mental Retardation.

Fishbein, M., & Ajzen, I. (1975). Belief, attitude, intention, and behavior: An introduction to theory and research. Reading, MA: Addison-Wesley.

Geskie, M., & Salasek, J. (1988). Attitudes of health care personnel toward persons with disabilities. In Yuker (Ed.), Attitudes towards persons with disabilities (pp. 187-200). New York: Springer.

Gottlieb, J., Corman, L., & Curci, R. (1984). Attitudes toward mentally retarded children. In R. L. Jones (Ed.), Attitude and attitude change in special education: Theory and practice (pp. 143-156). Reston, VA: Council for Exceptional Children.

Greer, B. (1975). Attitudes of special education personnel toward different types of deviant persons. Rehabilitation Literature, 36(6), 182-184.

Hahn, H. (1993). The potential impact of disability studies on political science. Policy Studies Journal, 21(4), 740-752.

Hammond, K. (1948). Measuring attitudes by error choice: An indirect method. Journal of Abnormal and Social Psychology, 43, 38-48.

Harth, R. (1977). Attitudes and mental retardation: Review of the literature. In C.J. Drew, M.L. Hardman, & H.P. Blum (Eds.), Mental retardation: Social and educational perspectives (pp. 4-14). St. Louis, MO: Mosby.

Horne, M. (1985). Attitudes toward handicapped students: Professional, peer, and parent reactions. Hillsdale, NJ: Erlbaum.

Jacobs, J. (1972). Teacher attitude toward gifted children. Gifted Child Quarterly, 16, 23-26.

- Jones, R., & Guskin, S. (1984). Attitudes and attitude change in special education. In R. L. Jones (Ed.), Attitude and attitude change in special education: Theory and practice (pp. 1-20). Reston, VA: Council for Exceptional Children.
- Kelly, E. (1955). The consistency of the adult personality. American Psychologist, 10, 112-118.
- Kidder, L., & Campbell, D. (1970). The indirect testing of social attitudes. In G.F. Summers (Ed.), Attitude measurement (pp. 333-385). Chicago, IL: Rand-McNally.
- Kubany, A. (1953). A validation study of the error choice technique using attitudes on National Health Insurance. Educational and Psychological Measurement, 13, 157-163.
- Linkowski, D. (1994). A reaction to "Indirect Methods to Measure Attitudes Toward Persons with Disabilities." Rehabilitation Education, 8(2), 141-143.
- Makas, E., Finnerty-Fried, P., Sigafos, A., & Reiss, D. (1988). The Issues in Disability Scale: A new cognitive and affective measure of attitudes toward people with physical disabilities. Journal of Applied Rehabilitation Counseling, 19(1), 21-29.
- McDaniel, J. (1976). Physical disability and human behavior. Elmsford, NY: Pergamon Press.
- Meyer, L. (1991). Why meaningful outcomes? The Journal of Special Education, 25(3), 287-289.
- Meyer, L., Peck, C., & Brown, L. (1991). Critical issues in the lives of people with disabilities. Baltimore: Brooks.
- Mueller, D. (1970). Physiological techniques of attitude measurement. In G.F. Summers (Ed.), Attitude measurement (pp. 534-552). Chicago: Rand-McNally.
- Osgood, C., Suci, G., & Tannenbaum, P. (1957). The measurement of meaning. Urbana, IL: University of Illinois Press.
- Oskamp, S. (1991). Attitudes and opinions. New Jersey: Prentice-Hall.
- Parrish, J., & Campbell, D. (1953). Measuring propaganda effects with direct and indirect attitude tests. Journal of Abnormal and Social Psychology, 48, 3-9.
- Pfeiffer, D. (1994). Issues of politics and practice in disability policy. Policy Studies Journal, 22(1), 110-112.
- Plummer, J. (1976). Projective techniques. In B. Bolton (Ed.), Handbook of measurement and evaluation in rehabilitation (pp. 117-132). Baltimore: University Park Press.
- Prillaman, D. (1981). Acceptance of learning disabled students in the mainstream environment. Journal of Learning Disabilities, 14, 344-368.
- Randolph, A., & Harrington, R. (1981). Fifth graders projected responses to physically handicapped classmates. Elementary School and Guidance Counseling, 16, 31-35.
- Rankin, R., & Campbell, D. (1955). Galvanic skin response to Negro and white experimenters. Journal of Abnormal and Social Psychology, 51, 30-33.
- Reznek, L. (1987). The nature of disease. London, England: Routledge and Kegan Paul.
- Salend, S. (1994). Strategies for assessing attitudes toward individuals with disabilities. The School Counselor, 41, 338-342.
- Strauss, A. (1964). Psychiatric ideologies and institutions. New Brunswick, New Jersey: Transaction Books.

Szasz, T. (1983). Primary values and major contentions. Buffalo, NY: Prometheus Books.

Thistlewaite, D. (1974). Impact of disruptive external events on student attitudes. Journal of Personality and Social Psychology, 30, 33-38.

Trawick, S. (1990). Attitudes of baccalaureate nursing students and faculty toward persons with physical disabilities. Miami, FL: Florida State University Press.

Weschler, I.R. (1950a). A follow up study on the measurement of attitudes toward labor and management by means of the error choice method. Journal of Social Psychology, 32, 63-69.

Weschler, I.R. (1950b). An investigation of attitudes toward labor and management by means of the error choice method. Journal of Social Psychology, 32, 51-62..

Weschler, I.R. (1950c). The personal factor in labor mediation. Personnel Psychology, 3, 113-133.

Webb, E., Campbell, D., Schwartz, R., & Sechrest, L. (1966). Unobtrusive measures: Nonreactive research in the social sciences. Chicago, IL: Rand-McNally.

Wilczenski, F. (1992). Measuring attitudes toward inclusive education. Psychology in the Schools 29(4), pp. 306-312.

Wilde, G., & deWit, O. (1970). Self-report and error choice: Inter-individual differences in the operation of the error choice principle and their validity in personality questionnaire tests. British Journal of Psychology, 61, 219-228.

Wilde, G., & Fortuin, S. (1969). Self-report and error choice: An application of error choice principle to the construction of personality test items. British Journal of Psychology, 60, 101-108.

Yuker, H. (1988). Attitudes toward people with disabilities. New York: Springer.

The History of Disability: Perspectives and Sources

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During the past decade and a half, the emergence of disability studies as an academic discipline has led to a call for the application of new research paradigms within the field. In 1990, Michael Oliver, in the introduction to his Politics of Disablement, wrote of the "urgent need" for scholars in disciplines other than medicine and psychology to apply their research methods to the "issue of disability and the experiences of disabled people." (p. x) He noted that, on the rare instances in which other disciplines (among which he included sociology, anthropology, and history) had addressed disability, they had typically adopted the dominant perspectives of medicine and psychology. For the purposes of this paper, his comment on history of disability is particularly telling: "On the experience of disability, history is largely silent, and when it is discussed at all, it is within the context of the history of medical advances." (p. xi)