

A CRITICAL ANALYSIS OF THE LITERATURE SURROUNDING
ATTITUDES TOWARD PEOPLE WITH DISABILITIES

by

Jessica R. Ziegler

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Investigation Advisor

The Graduate College
University of Wisconsin-Stout

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The Graduate College
University of Wisconsin-Stout
Menomonie, WI 54751

ABSTRACT

Ziegler

Jessica

R.

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Dr. David A. Rosenthal

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This review of the literature and critical analysis entailed an iterative process of accessing relevant literature, further conceptualization of this research, and subsequent access of additional research and literature. This process took approximately 1 year. Initial research focused upon the different types of disabilities and general attitudes toward inclusion. Later stages of the research investigation targeted negative attitudes and what having a disability means for the individual outside of the traditional visible barriers.

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I want to give a special thanks to my advisor, Dr. David A. Rosenthal, for his support and encouragement throughout this process. It was very much appreciated. In addition, the following quote inspired me to redefine my own attitude toward having a disability and helped to make this process possible:

I have never believed that my limitations were in any sense punishments or accidents. If I held such a view, I could never have exerted the strength to overcome them. We need limitations and temptations to open our inner selves, dispel our ignorance, tear off disguises, throw down old idols, and destroy false standards. Only by such rude awakenings can we be lead to dwell in a place where we are less cramped, less hindered by the ever-insistent External.

Helen Keller - 1927

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CHAPTER I

Introduction

Prevailing societal attitudes impact children from an early age. Specifically, negative attitudes toward children with disabilities are formed from strong cultural influences such as school, the media, our language and literature. The nature of the problem is that negative attitudes have been shown to present barriers to inclusion, and seem to be correlated with an adverse effect on the social, emotional, and intellectual development of children with disabilities. Evidence of such barriers was found in numerous studies (Gerber, Goodman, Gottlieb & Harrison; Horne, cited in Shapiro, 1999), that revealed “non-disabled students often demonstrated negative attitudes toward their disabled peers making them feel rejected and less accepted” (p. 4). Furthermore, Horne (cited in Olson, 1998) emphasized that negative peer attitudes represent a significant barrier to inclusion, and that in order for inclusion to be successful these children with disabilities need to experience acceptance by their peers.

A review of the literature confirms that considerable prejudice exists among school-aged children (Olson, 1998). It appears that students without disabilities tend to have less than favorable attitudes toward students with disabilities, and that stereotypes are often at the core of these negative attitudes (Yuker, 1988). Studies have also demonstrated that contact between disabled and non-disabled peers has improved negative attitudes (Olson, 1998). The rejection of students with cognitive disabilities has also been documented in a large number of studies. Students with mild cognitive disabilities are accepted less frequently than their non-disabled peers (Gottlieb & Gresham, cited in Schulz & Carpenter, 1995). Similar trends of rejection have also been documented with students with learning

disabilities (Bryan, cited in Schulz & Carpenter, 1995). Students with emotional disabilities have also been reported to be more socially isolated and to have lower self-concepts than their nondisabled peers (Gaylord-Ross & Haring; Nelson; cited in Schulz & Carpenter, 1995).

Children tend to be afraid of the unfamiliar. However, once children have the opportunity to interact and be educated with children with disabilities they will be exposed to a variety of differences and common fears can be overcome (Blaska, 1996). According to Trepanier-Street and Romatowski (cited in Olson, 1998), implementing programs to influence the acceptance of peers with disabilities at an early age is critical to the program's success. Research has shown that young children, including preschoolers, are aware of disabilities and favor non-disabled peers. Thus, it appears that negative attitudes develop early, and that these attitudes tend to be consistently predisposed across disabilities. In order to achieve success in efforts to change negative attitudes, educators must be willing to face these prejudices head on. There are several factors influencing negative attitudes.

The first strong cultural influence is school. Shapiro (1999) found the following:

The schools through their model of labeling and segregation often provided the bases of negative attitudes. Students viewed as different were banished, denied access, and received negatively loaded labels, which in turn, caused guilt, pain, and shame. Once labeled, they were treated as being somehow less than the others [due to being perceived as more different than the same]. (p. 9)

A second strong cultural influence is the media. Children's attitudes can be shaped by the words they hear or read. Keller, Hallahan, McShane, Crowley, and Blandford

conducted a national study of American newspapers and found that “48% of the references that described disabilities had negative impact, while only 1% had a positive impact” (cited in Blaska, 1991, p. 27). In broadcast and print media, communication about people with disabilities has often reflected either attitudes of helplessness or heroism (National Institute on Disability and Rehabilitation Research, cited in Marinelli & Dell Orto, 1999).

The third strong cultural influence is the language used to refer to persons with disabilities. The words or phrases one chooses to use when referring to persons with disabilities is a very subtle one. However, “when one considers that language is a primary means of communicating attitudes, thoughts, and feelings the elimination of words and expressions that stereotype become an essential part of creating an inclusive environment” (Froschl, Colon, Rubin, & Sprung, cited in Blaska, 1991, p. 27).

The final strong cultural influence is literature. Even as children, many first encounters with literature include stereotyped characters such as. childish dwarfs and the hump-backed wicked witch in Snow White, the evil giant in Jack and the Beanstalk, or the sly deformed dwarf, Rumpelstiltskin. According to Shapiro (1999), such images lead children to believe that “people with physical or mental differences are to be feared, pitied, trivialized or ridiculed” (p. 3).

Consequently, negative attitudes can result in missed opportunities for children with disabilities to participate in valuable socializing experiences throughout their development. This may then be followed by feelings of decreased self determination, or the loss of the “right” to have control over one’s life (Nirje; Williams; cited in Sands & Wehmeyer, 1996). Furthermore, teaching children to be tolerant of the differences of others is a worthwhile

venture because all children have the right to attend school without having to feel inferior. A question was posed, “how can a child develop a positive self concept if he or she is constantly receiving messages that he or she is laughable, pitiable, sad, abnormal, unfortunate and valueless” (Wahl, cited in Shapiro, 1999, p. 13). Also, strengthening social ties between peers with disabilities and those without helps affirm beliefs of similarity. Such identity work facilitates congruence between self-perception and social identity (Taub & Greer, 2000).

Times are changing, and schools need to focus on bringing diverse populations, traditionally divided, back together. The passage of the Individuals with Disabilities Education Act (IDEA), which has its roots in Public Law 94-142 (the Education of All Handicapped Children Act) enacted in 1975, requires schools to provide students with disabilities the “Least Restrictive Environment” in which to learn (Yell, 1995). The concept of the least restrictive environment requires that children with disabilities be educated within regular classrooms or educational environments that are as close to normal as possible depending upon the child’s needs (Horne, 1985). The New York State Board of Regents emphasized the importance of ongoing in-service education on attitude change as a prerequisite to the success of educating children classified as disabled in the Least Restrictive Environment. The Board stated, “the ability to promote increased student outcomes for students with disabilities in a Least Restrictive Environment will depend, in large part, on the skills and attitudes of general education and special education personnel” (cited in Shapiro, 1999, p. 28).

The board specifically recommended that the State Education Department require selected curriculum units to address the inclusion of special education students and the rights of persons with disabilities.

Several programs have presented students with a combination of contact experiences and knowledge in order to change their attitudes. One such program is using disability simulations to increase awareness. Simulations of disability have both advocates and critics. Those who favor the method believe that role-playing is a valuable method for creating more positive attitudes. Research has indicated a relationship between role-playing and both immediate and long-term attitude change in more positive directions (Janis & Mann; Mann & Janis; cited in Eiring, 1996). Additionally, role playing has been found to help individuals without disabilities in developing empathy and a sense of social responsibility toward persons with disabilities (Clare & Jeffery; Richardson; cited in Eiring, 1996). However, simulations have also been criticized for trivializing disabilities and narrowly focusing only on the problems, frustrations, and difficulties encountered by individuals with disabilities. This negative focus is regarded as one of the major problems with the traditional use of simulations, as they have been traditionally used thereby actually promoting more negative attitudes toward individuals with disabilities. (French; Wright; cited in Eiring, 1996) A six-year follow-up study of the effects of social contact between peers with and without severe disabilities concluded:

The non-disabled students interviewed had volunteered to participate in a structured interaction program with students with severe disabilities in elementary school programs six years earlier. Although this follow-up study found many positive results, the larger issue of promoting friendships and lasting, meaningful

relationships between persons with and without severe disabilities still remains.

(Kishi & Meyer, cited in Erickson, 1999, p.14)

In summary, negative attitudes toward children with disabilities are formed from strong cultural influences such as school, the media, our language and literature. The nature of the problem is that negative attitudes have been shown to present a barrier to inclusion, and seem to be correlated with an adverse effect on the social, emotional, and intellectual development of these children. Based on previous studies, it would seem that only when those children who exhibit negative attitudes become aware of the effects of their negative feelings do they develop a desire for change (Shapiro, 1999). Through a combination of education and positive experiences with children with disabilities, it is hoped that children and educators alike will become aware of the effects of disablism, thus increasing empathic understanding toward children with disabilities.

Definition of Terms

Attitude – ‘a tendency to act toward or against some environmental factor which becomes thereby a positive or negative value’ (Bogardus, 1931, p. 52) cited in Horne, 1985, p. 2).

Disabilism – Refers to discrimination toward persons with disabilities comparable to racism and sexism.

Self-esteem – Refers to how we assess our worth and competence, in terms of how we think, feel, and act (Leary & Downs, cited in Nosek & Hughes, 2001).

Self-efficacy – Refers to individuals’ beliefs about their ability to perform behaviors which may lead to desired outcomes in specific situations (Bandura; Maddux; cited in Nosek & Hughes, 2001).

Social Network – structure of an individual’s social relationships.

Social Support – the process by which the individual feels valued, cared for, and connected to a group of people.

CHAPTER II

Review of Literature

This chapter will review the literature in five domains. The first section will explore the origins of attitudes. The next section will explore negative perceptions of people with disabilities and associated biases. The third section will discuss the stages of attitude development followed by perspectives on inclusive education. The final section explores new directions for changing negative attitudes.

The Origins of Attitude

Negative attitudes tend to be a societal response toward disability and persons with disabilities. Pervasive social and cultural norms, standards and expectations often lead to the creation of negative attitudes. Among the frequently mentioned contributing factors are: an emphasis on concepts such as “body beautiful,” “body whole,” and “athletic prowess”. Other contributing factors include an emphasis on personal productiveness and achievement where individuals are judged on their ability to be socially and economically competitive. The “sick role” phenomenon can also lead to negative attitudes because the occupant of the “sick role” is typically seen as exempt from normal societal obligations and responsibilities. In general, it’s an overwhelming categorization and status of degradation attached to disability (Livneh, cited in Marinelli & Dell Orto, 1991).

According to Vash (2001), the most powerful attitudes are those paradigms that define entire cultures. Segregated schools for children with disabilities are declining in the United States as a result of disability-rights legislation that began in the 1960’s. Since then, the disability rights movement has followed the civil rights movement to astonishing legislative success, culminating in the Americans with Disabilities Act of 1990.

In Western culture, disability is often used as a symbol for sin and portrayed as punishment for it in this life. Similarly, in Eastern cultures disability is often assumed to reflect punishment for wickedness in a previous incarnation. In contrast, there are those who realize that accidents do happen or believe the spiritual idea that a developing soul may choose a disabled body to allow them to deepen their compassion towards others who are suffering.

Another view is that people with disabilities are victims. Other words synonymous or related to the concept of victim have also been associated with disability, such as “causality, sufferer, needed martyr, patient, and invalid” (Landau, cited in Marinelli & Dell Orto, 1999, p. 212). Furthermore, the concept of victim is entwined with the concept of the environment often implying helplessness, fate, and being at the mercy of the environment. There are several different models used to portray disability within the framework of developing attitudes. According to Clogston, “a traditional medical model emphasizes disability as illness and the person with a disability is portrayed as passive and dependant on health professionals and other well-meaning people” (cited in Marinelli & Dell Orto, 1999, p. 214). More progressive models, such as the cultural pluralism model, depict a person with a disability as multifaceted individual whose disability is just one personal trait among many.

Negative Perceptions of People with Disabilities and Associated Biases

It is often asserted the main consequence of having a disability is not the reduction of the person’s physical or mental capabilities, but rather the environmental and social barriers. When students with disabilities are included into general education classes and the community, they interact daily with peers, teachers and neighbors facing social

perceptions that are often shaped by the mass media. According to Hahn, movies are particularly influential for those with minimal contact with individuals with specific impairments, because they influence social acceptance so critical for educational and community inclusion (cited in Safran, 1998).

Understanding how disabilities are depicted in the movies can provide useful information for professionals in shaping more positive attitudes towards people with disabilities. First, movies can provide a barometer of social awareness and understanding, (Hyer, Gabbord, & Schneider), and likely reflect what the public has seen and believes about disabilities. Second, carefully selected films can be used to educate students about individual adjustment and the social barriers to independent living in an entertaining fashion (cited in Safran, 1998). Research suggests that there has been a significant increase in the number of Academy Award winning films involving disability-related issues from the 1970's until the present day. In fact, "fully 43% of Best Picture, Best Actor, and Best Actress awards during the 1990's involve disability-related films" (Safran, 1998. p. 231).

The impact of negative attitudes toward people with disabilities has frequently been examined. It has been asserted that "a fundamental, negative bias exists toward people with disabilities" (Wright, cited in Gilbride, 1993, p. 140). A number of studies have indicated that this negative bias is common in the myths and stereotypes held concerning the abilities, happiness, and adjustment of people with disabilities (Holmes & Karst, cited in Gilbride, 1993).

How people react and adjust to disability is partly determined by the mix of helps and hindrances they encounter in their lives. In order to understand why attitudinal

barriers exist, it is necessary to consider what qualities are valued by a culture and are found lacking in certain groups. In a landmark study, it was discovered that people develop attitudes because attitudes help increase understanding of the world by organizing and simplifying input. Attitudes protect self-esteem by making it possible to avoid unpleasant truths. Attitudes also serve to facilitate adjustment in a complex world by making it more likely that an individual will react so as to maximize their rewards from the environment, and allow expression of their own fundamental values (Triandis, cited in Horne, 1985). The concept of body image, as a “mental representation of one’s own body” (Schilder, cited in Marinelli & Dell Orto, 1984, p. 172) also helps in the understanding of attitudes toward people with disabilities. This is because seeing a person with a disability creates a feeling of discomfort due to the incongruence between an expected “normal” body and the actual perceived reality. Vash (2001) took it one step beyond and states that attitude development can be linked to our own egocentric level of development, in which personal security and self-esteem are important factors. She stated “included people who feel lacking in these regards tend to exclude anyone else who looks different, fails to display a sense of security and self-esteem, or whose inclusion might weaken the dependability of the support group” (Vash, 2001, p. 40).

In addition, numerous studies have attempted to show that people with disabilities are maladjusted, but the studies demonstrated problems with the instruments used. Just as bias exists in IQ tests there are biases in instruments used to measure adjustment. Furthermore, if the research expects to find maladjustment in disabled persons, that is what will be found. There is also a strong tendency in these studies to attribute any deviation from the norm to the existence of a disability. According to the authors, the truth

is that the assumption of general maladjustment is a gross oversimplification of the facts conditioned by prejudice (Bogdan & Biklen; Bodan & Taylor; Dearing; Longmore; Write; cited in Marinelli & Dell Orto, 1991).

Another factor contributing to the existence of negative attitudes is the assumption that having a disability is a tragedy. The existence of a disability appears to non-disabled individuals as an overwhelming tragedy, filled with suffering and frustration. While it's true that people with disabilities suffer and become frustrated, so do non-disabled persons.

Stereotypes resulting from these false assumptions are further magnified by language. There are a number of words that should be avoided because they create images of people to be pitied and perpetuate negative stereotypes of people with disabilities. For instance, using the term "normal" when referring to a person without a disability is the inference that a person with a disability is "abnormal" (Blaska, cited in Blaska, 1996). To demonstrate respect when talking about individuals with disabilities it's important to use "person first" language. This means that you refer to people first as individuals and then to their disability. According to the author, "if you use 'person first' language when you talk to young children about people with disabilities, they will learn to use appropriate words by modeling your language. This will help eliminate stereotypic language" (Blaska, 1996, p. 31).

However, for persons with disabilities, the discrimination and prejudice often experienced conveys the message that they are devalued and unworthy, messages that may become internalized; in essence becoming incorporated into their definitions and evaluations of themselves (Nosek & Hughes, 2001). The degree to which a person is persuaded to change his opinion depends on whether or not they are attending to the

communication, understanding the content of the message, accepting the message, retaining the new opinion, and acting in accordance with the new opinion (Horne, 1985).

One reason for such negativity is that people with disabilities are often perceived by society as damaged goods or categorized as devalued people (Wolfenberger & Tullman; Phillips, cited in Marinelli & Dell Orto, 1999). The vocabulary used to identify impairments is frequently used in terms of abuse. A person who appears unfamiliar with their surroundings or who misses some important piece of information may be ridiculed and called 'blind', a person who fails to listen is 'deaf', while a person who fails to understand something may be taunted with the term 'retard'. Such attacks feed back into our images of disabled people (Marks, 1999). Language is powerful. It reflects, reinforces and shapes our perceptions of people. Words about disability have been strongly affected by the legal, medical and political fields. Consequently, our daily language is filled with technical terms, which often do not convey our intended social message and which are further complicated by personal styles and preference. Language should accurately portray an individual or situation. It should emphasize the person rather than the disability (Pimentel, 1981).

Furthermore, the perception of a person with a disability as a "victim" is often times at the core of these negative attitudes. Children with disabilities typically experience indifferent attitudes and diminished interaction from classmates (Anderson & Clark; Brown & Gordon; Tackett, Kerr, & Helmstadter; cited in Taub & Greer, 2000). Oftentimes, seeing vulnerability in others triggers one's own security sense of survival since everyone believes that "there but for the Grace of God go I" (Vash, 2001). Compared to their able-bodied peers, these children are more often ostracized and viewed in negative ways (Cohen, Nabors, & Pierce; Hoenk & Mobily; Hundert & Houghton; Tackett et al.; cited in Taub &

Greer, 2000). Such rejection and withdrawal by peers engender feelings of loneliness for children with physical disabilities. Isolation and restriction from peers may inhibit socialization of disabled children through decreased social opportunities.

Another way negative attitudes are further perpetuated is through emotionally laden campaigns directed toward receiving donations for specific disability groups. It was reported that the 1992 Muscular Dystrophy Telethon, which raised \$46 million, received vocal protest for its use of a “pity” approach as a fund-raising tactic to solicit money from people (Aziz, cited in Blaska, 1991).

Still other ways society promotes negative bias is by reinforcing dependency of children and young adults with disabilities. They are frequently infantilized in their relationships with others. As a result, the child may in turn perceive themselves as helpless or less able, and this may actually facilitate the development of the phenomenon of “learned helplessness” (Romeis, cited in Marinelli & Dell Orto, 1999).

Lastly, society places enormous value and emphasis on having a perfect body. This message is taught and continuously reinforced in the early years by the presence of role models with perfect bodies and by the apparent lack of role models with disabilities. Consequently, by the time children even acquire language, he or she may have already learned that to be disabled is to be different, imperfect, and perhaps even unacceptable (Fine & Asch, cited in Marinelli & Dell Orto, 1999). According to one author, visible role models with disabilities are important to help dispel negative attitudes for two reasons: “to encourage those with disabilities, and to desensitize those without. People with disabilities need to see themselves reflected in a positive way to the general public, in order to develop a sense of value and self-recognition” (Levison & St. Onge, 1999, p. 25).

In addition to understanding why attitudinal barriers exist, it's important to consider how reactions to disablement effect overall acceptance both for the individual and for those around them. There seems to be four general classes of reaction determinants to disablement:

Those emanating from the disability itself, (2) those linked to the person who becomes disabled, (3) those present in the person's immediate environment, and (4) those that are part of the larger cultural context (Vash, 1981, p. 3).

Time of onset is an important aspect of peer acceptance. When the disability occurred affects the way one is perceived and reacted to by others and which developmental tasks may be interrupted during different life stages:

The person who becomes disabled in infancy or childhood may, like the person born with a disability, be subjected to isolation, unusual child-rearing practices (such as overprotection or rejection), and separation from the mainstream in family life, play, and education. (Vash, 1981, p. 9)

Furthermore, it is not only the actual, ongoing activities that can be interrupted by disablement that influence people's reactions to persons with disabilities, but the perception that activities never engaged in, but held out as goals for the future may never be fulfilled.

Finally, reactions to disablement are determined not only by characteristics of the disabilities and the people who have them, but also by what is going on in the environment. Both the immediate environment and the broader cultural context exert powerful influences on emotional and behavioral reactions to disability. Such immediate environmental variables as available community resources and the presence of loyal

friends have a great deal to do with how a person feels about being disabled as well as how others will perceive them (Vash, 1981).

According to the literature, fear is one of the most common feelings behind societies' negative attitudes toward persons with disabilities (Yuker, 1988). The person with the disability is like a mirror, reflecting an image of them in that position. Vash (1981), stated that typically, when nondisabled people are asked what disability they most dread, the majority respond, "blindness". However, blind people who have "been there" are much less apt to think that blindness is the worst disability that can happen. Fear also exists within the disabled person: they may frequently dread going into public places for fear of the response from strangers. Many people with disabilities learn to see themselves the way others see them, identifying with some of the same fears and attitudes they would like to see changed (Shapiro, 1999).

Although inclusion is becoming the norm in classrooms today, it does not mean that inclusive education is a common practice in school systems across the country. According to the literature, "most of the five million students with disabilities receiving special education services continue to be educated in separate settings" (NCERI, cited in Pierce, 2000, p. 2).

Attitudes Over Time: A Developmental Perspective

Researchers have found several common themes to attitude development. According to Antonak and Livneh, "attitudes are learned through direct and indirect exigencies and interactions with people, objects and events and are highly influenced by the child's primary social group" (cited in Favazza & Odom, 1997, p. 405). Both indirect

and direct experiences can be used in strategies to promote positive attitudes toward people with disabilities.

Children form attitudes about people with disabilities as early as four or five years old, (Gerber; Jones & Sisk) and those attitudes are usually negative or rejecting (Horne; Yaker, cited in Favazza & Odom, 1997). An intervention directed toward kindergarten-age children may help establish positive attitudes at an age when they are less resistant to change. Research suggests that attitudes of young children can be altered in a relatively short amount of time through social-contact experiences and the provision of information about people with disabilities. Findings seem to be consistent with previous research with older children. Limited research has demonstrated that social contact and the use of children's books, are effective strategies for promoting positive attitudes of younger children without disabilities (Kishi & Meyer; Voeltz; Salend & Moe, cited in Favazza & Odom, 1997).

Several components were used to promote acceptance in a study conducted with kindergarten children such as use of children's books, guided discussions, structured play, and parent involvement (McHale & Simeonsson; Salend & Moe; Voeltz; cited in Favazza & Odom, 1997). According to anecdotal notes from parent and teacher reports and observation, when kindergartners came to the structured playgroups they remained at a distance when playing with children with disabilities. As the intervention progressed, kindergarten children began to play in closer proximity (as close as face to face) and express affection toward children with disabilities (hugs, putting arm on a shoulder). Furthermore, teachers reported an increase in communicative attempts by some of the children with disabilities and that all of the kindergarten children increased communication

to children with disabilities during structured play. In addition, behavioral changes were noted outside of the intervention setting. Teachers reported that kindergarten children from the high contact group would come over to say hello, hug students in their class, and yell greetings across the lunchroom, hallway, and playground. Moreover, the parents of non disabled children reported spontaneously posed questions about people with disabilities, increased sensitivity and heightened awareness on seeing people with disabilities in the community, and demonstrated excitement and sensitivity about the children with disabilities in the study. However, research suggests that there is a need for a systematic observational system to collect such information to document the occurrence of these behaviors and the qualitative nature of the behavioral changes (Favazza & Odom, 1997).

Choice of playmates may be one indicator of acceptance of children with disabilities. Differences in levels of acceptance associated with social interaction styles of typical developing kindergarten children were examined. It was discovered that children who were identified as empathic and social were more responsive to programs designed to promote acceptance. In addition, children who were identified as leaders were more interacting with typically developing peers than with peers with disabilities. Therefore, it is speculated that leaders may best relate to children who can follow their lead. Children with disabilities may be perceived as less able to follow their lead, and thus decreases the likelihood of interactions (Favazza, Phillipsen, & Kumar, 2000).

Research suggests that through contact, children in grades 1 through 3 are more likely to improve their attitudes toward children with disabilities than are children in grades 4 through 6 (Towfighty-Hooshyar & Zwigle, cited in Van Hook, 1992). Although age

differences emerged in levels of acceptance toward specific groups of children, there was no general trend of increased acceptance, as children became older. According to Van Hook, elementary students did not appear more positively affected by inclusion than older students.

Perspectives on Inclusive Education

Mainstreaming is both the instructional and social integration of exceptional students in a regular education classroom. The affective, cognitive and behavioral components interact to determine the degree to which social integration of disabled and non-disabled students is actually achieved within the schools. The affective component of social integration focuses on feelings toward or perceptions of exceptional students. A perception that is essential for successful mainstreaming is the acceptance of and respect for human differences. The second component, characterized as cognitive, includes the knowledge and understanding of the various types of disabilities. The final component focuses on students' actions or behavior: verbal, nonverbal, and physical actions directed toward classroom peers (Schulz & Carpenter, 1995).

Students with disabilities face a unique challenge. They must cope with learning the policies, procedures, academic requirements, and social expectations of two programs: special education and regular education. In addition, these students must adjust to numerous changes including alternative scheduling, special education and regular education teachers, and interpersonal relationships with students in both the regular classrooms and in their special education classes. Add to all of these the stigma of being labeled and acquiring the necessary skills and behaviors to assist them in maximizing their potential (Kendall & DeMoulin, 1993).

The way in which students think about themselves and the degree to which they are accepted by others often are affected by the visibility of a condition (Heward & Orlansky, cited in Kendall & DeMoulin, 1993). These students' visible impairment often prompts a great deal of curiosity, which leads to frequent and repetitive questions from others. In addition, those students who must use adaptive devices must be ready to communicate to others the reason for the device, thus further calling attention to their disability. Furthermore, the additional pressures of trying to belong can cause students to become unsure of themselves or insecure. These students must learn each group's accepted behavior and adhere to the rules and policies of each classroom. It's not uncommon to see many students with disabilities acting as the liaison between their friends from regular education with those from special education. Often times these students are caught between two worlds. Thus, it is often difficult for students with disabilities to gain acceptance and show allegiance with all of the various groups that they must encounter (Kendall & DeMoulin, 1993).

The role of unfamiliar situations in creating anxiety and confusion was stressed by (Hebb; Heider; cited in Marinelli & Dell Orto, 1984). Similarly, upon initial interaction with a disabled person, the non-disabled individual is likely faced with an unstructured situation in which most socially accepted rules and regulations for interaction are not as well defined. These ambiguous situations tend to disrupt the cognitive intellectual as well as the more perceptual-affective processes (Marinelli & Dell Orto, 1984).

Moving inclusion into the schools can have many benefits for both students with and without disabilities. Some of these benefits include helping to reinforce the moral values of recognition, respect and responsibility. Shapiro (1999) went on to say that having students

with disabilities in their schools and classes helps those without disabilities develop the skills they need to effectively deal with others who are different from them. In addition, inclusion gives all students the opportunity to become friends with one another and is an important component for future successful integration into the community (Shapiro, 1999). Furthermore, all children have the opportunity to enhance their own self-confidence and self-esteem in learning to handle new situations with success. The need for including students with disabilities can be viewed from four different perspectives: the student with the disability, peers without disabilities, parents of students with disabilities, and the school staff.

First, inclusion can be very beneficial for students with disabilities both inside and outside of the traditional classroom setting. There is reason to believe that how a student perceives the school experience is related to how much learning takes place. The literature supports a positive relationship between learning and classroom climate factors such as class cohesiveness, establishment of formal rules, goal directives, and satisfaction with class relationships. Theoretically, people create their identities by taking in real or imagined audience feedback (such as feedback from their peers) about themselves (Fraser, Anderson, & Wailber; Schienker, cited in Kelly, Sedlacek, & Scales). Thus, how students with disabilities perceive that the salient, unavoidable audience of students without disabilities views them could potentially have a profound impact on their self-perceptions. Furthermore, in order for peer relationships to be constructive influences, they must promote feelings of belonging, acceptance, support, and caring, as opposed to feelings of rejection, abandonment, and alienation” (Johnson & Johnson, cited in Horne, 1985, p. 91).

In one study conducted to investigate perceptions of classroom environment between special education and non-special education students, no significant difference between how the disabled and non-disabled rate their classroom was found (Hanson, 1998). Inclusion can have profound benefits outside the traditional classroom setting as well. Physical activity is depicted as routine and expected for children and also plays a significant role in childhood socialization and organization of leisure time. According to one author, a shortage of suitable play opportunities often results in the child with a disability being "doubly 'handicapped'" by the physical disability and by the lack of accessible contexts. It is not too surprising then that along with societal stereotypes the competence, and abilities of individuals with physical disabilities are often questioned (Longmuir & Baror; Adler & Adler; Polgar; Higgins; Miller; Snyder; cited in Taub & Greer, 2000). Therefore, physical activity can be an opportunity for these children to socialize with able-bodied children in integrated contexts. Furthermore, "inclusive programs provide students with disabilities age-appropriate role models that can have a positive influence on their communication ability, dress, social interaction, behavior, motivation for learning, and self-concept" (Pierce, 2000, p. 13).

Second, inclusion helps children without disabilities by increasing their tolerance of others. People will experience reduced fear of the differences of others because they will not be secluded from these differences (Pierce, 2000). Probably the most often noted benefit for both groups of students is the possibility that natural peer supports and friendships will develop (Snell & Janney, cited in Pierce, 2000).

The third component to successful inclusion is parental involvement. Few studies have addressed the question of parental perspectives in inclusive education. Bennett,

Deluca and Burns (1997), found that the majority of parents had positive attitudes toward the concept of inclusion. They reported that their children benefited from inclusion in numerous ways, particularly in regard to increases in social, academic, and developmental skills, availability of appropriate role models for behavior, and friendships with peers.

Finally, teachers are in a key position to impact the acceptance of children with disabilities on at least two levels: their own knowledge of attitude formation which impacts the class environment they create, and the activities they choose in their classes. It has been proposed that teachers' attitudes toward their actual included students, rather than their opinions regarding the abstract concept of inclusion, is a better predictor of the quality of education for included students with disabilities. According to the authors, it has been repeatedly demonstrated that "student-teacher interactions and related educational opportunities are directly impacted by teachers' attitudes toward actual students" (Cook, Tankersley, Cook & Landrum, 2000).

The attitudes of the teachers and other staff have a significant impact on how they interact with students with disabilities. According one author:

It is our feelings with which we must deal: our attitudes, fears, and frustrations about the handicapped about something that is a little different. We can give skills and competencies, but our attitudes affect the delivery of them. In the design of our training programs, we must look at the attitudes of everyone involved--ourselves, the staff, administrators, secretaries, and presidents of the colleges and universities and make those attitudes the focus of our change efforts. (Martin, cited in Kendall & DeMoulin, 1993, p. 152)

Special education students are labeled according to their disability. Unfortunately, there are some people who will treat students according to that label. Labels shape teacher expectations and perpetuate the notion that students with mild disabilities are qualitatively different from other children. Thus, students with disabilities must constantly prove their individual needs, strengths and talents to people beyond the stigma or stereotypes of the disability (Henley, Ramsey & Algozzine, cited in Kendall & DeMoulin, 1993).

In a study conducted by Favazza, Phillipsen, and Kumar (2000), teachers had limited or no knowledge about attitude formation or programs or materials in this area. As they prepared for their classes, they made no plans to incorporate materials or programs that addressed this issue. This lack of knowledge and materials is thought to be a contributing factor to low levels of acceptance. In conjunction with school wide programs to promote greater acceptance of children with disabilities is the need to provide structures to support the social networks of young children with disabilities outside of the classroom. According to the authors, there appears to be a “spillover” from social contacts outside of school into typical social exchanges at school. These same social exchanges were not evident before the intervention began and were not observed in children from the same classes who did not participate in the intervention. Consistent with findings for other studies, teachers indicated that they play an important role in their students’ social development (Bradley & West; Hamre-Nietupski et al.; Page; cited in Pavri & Manda-Amaya, 2001). Teachers in this study viewed themselves as facilitators of social relations rather than as instructors of social skills.

According to the literature, it appears that teacher training and experience in inclusive procedures is critical to the program's success. Research suggests that when educators were trained in techniques for including students with disabilities and sharing responsibilities with other educators, they had a positive change in attitudes (Dickens-Smith, cited in Pierce, 2000).

Inclusion in the schools can have many benefits for both students with and without disabilities. Inclusion helps those students without disabilities develop the skills they need to effectively deal with others who are different from them. Inclusion also gives all students the opportunity to become friends with one another and is an important component to successful integration into the community in the future. Previous studies conducted confirm that positive attitudes must be taught. One way to do this is through planned social contact. Planned social contact as described in this study can result in the development of positive relationships and increased empathy between peers with and without disabilities (Johnson & Johnson, cited in Shapiro, 1999).

Changing Negative Attitudes Toward Persons with Disabilities

In order to change attitudes the concept of victim must be replaced with that of empowerment. The process of empowerment involves giving back the power or authority to an individual. The empowerment model is incompatible with a victim model because empowerment focuses on providing the individual with skills. According to Shapiro (1999), "empathy develops only when typical children gain an understanding of the causes, origins, handicapping effects and consequences of disabilities and feel comfortable interacting with those who have them" (p. 267). Shapiro (1999) further states, "attitude change does not occur just because integration has occurred" (p. 29). Although strategies

of inclusion have been implemented for some time, positive social interaction has been a difficult goal to achieve. This is because “positive attitudes cannot be mandated; they must be taught” (Shapiro, 1999, p. 29). With the passage of the Individuals with Disabilities Education Act, a need to prepare non-disabled students for the process of inclusion arose. What seems to be most effective is planned social contact between the students and appropriate teacher training. A study conducted by Johnson and Johnson found that placing students with disabilities into the mainstream without proper support and preparation could be extremely harmful:

If things go badly, [students with disabilities] will be stigmatized, stereotyped, and rejected. If things go well, however, true friendships and positive relationships may develop between the non [disabled] and [disabled] students. . . What is needed is an understanding of how the process of acceptance works in the classroom setting and an understanding of specified teaching strategies that help to build positive relationships. (Shapiro, 1999, p. 30)

When those children who exhibit negative attitudes become aware of the effects of their negative feelings they seem to develop a desire for change. In a theory presented by Bowe (cited in Shapiro 1999, p. 29) “attitudes appear to be heavily dependent upon contact with and information about what the attitudes concern.” Bowe goes on to say that true integration can only be achieved through planned interaction.

Disability simulations can be defined as “models or imitations of the disabling condition” (Carroll, cited in Collins, 1995). A simulation of a disability involves more than just role-playing. It also involves an awareness of the functional and emotional problems associated with a particular disability (Stevens & Allen, cited in Houston, 1990). Often, the

main rationales for utilizing disability simulations have been: “(a) to know what another is feeling; (b) to feel what the other is feeling; and (c) to respond with compassion to another’s distress” (Chafin & Peppher; Janis & Mann; Richardson; cited in Eiring, 1996, p. 87). A review of literature indicates several benefits to using disability simulations. One is that they provide an opportunity to sample the experience of living with a disability. Non-disabled students assumed a disability, stating this experiential technique had ‘immediate and long-term effects on interpersonal attitudes toward (the) disabled’ (Clore & Jeffrey; Maurer; cited in Collins, 1995, p. 25). According to Collins, another potentially beneficial aspect of disability simulations is that studies report changes in perception and attitudes on the part of an active observer of the participant engaged in a disability simulation. A study conducted by Sharon confirmed that, “for both boys and girls, the more contact a sixth grade student had with individuals with disabilities, the more favorable attitudes he or she had toward other children with disabilities” (cited in Shapiro, 1999, p. 29).

Early attempts at attitude change often focused on increasing the amount of contact between people with and without disabilities (Gething; Yuker & Block; cited in Gilbride, 1993). It was believed that “the attitudes of people without disabilities would become more positive if they merely had more contact with people with disabilities” (Gilbride, 1993, p. 140). However, found that “contact increased acceptance but did not increase the perception of competence” (Shafer, Rice, Metzler, & Haring cited in Gilbride, 1993, p. 140). Research investigating the effectiveness of disability simulations on fourth-graders discovered some interesting findings. According to the author, it is possible that the children in the study did develop a sense of what it is like to be disabled and did not enjoy what they experienced. The negative change in attitudes may reflect a degree of

understanding of what it means to be disabled without any attendant empathy or concern for the disabled. Furthermore, during the simulation activity, several of the subjects reported either a fear of being teased, or actually were teased. Embarrassment, rather than empathy, could have been the predominant emotion felt (Houston, 1990).

According to Houston (1990), some deficiencies in the experiment design that might have led to possible attitude change include:

There was not long enough time period being disabled (one day is hardly enough to feel what a lifetime of disability is like). The subjects were not disabled enough (they could still perform most school activities, help themselves and perform social functions with ease). The sample size was too small. There was no discussion of what it means to be disabled. There was no positive contact with people who are truly disabled. (p. 19)

Suggestions for improving research on attitudes, in general and on simulations of disabilities in particular, have been offered. First, a clear definition of the term attitude and selection of appropriate measures of assessing the different components of attitudes are needed. It's recommended that a multidimensional assessment approach be used rather than the traditional unidimensional approach. Second, the term empathy needs to be clearly defined and differentiated from attitude. According to the author, more research is needed in regard to the relationships between role-playing and attitude change (Livneh & Antonak; Towner, cited in Eiring, 1996).

CHAPTER III

Methodology

This chapter describes the procedure used in this review of literature.

Procedures

This review of the literature entailed an iterative process of accessing relevant literature, further conceptualizing this research and subsequently accessing additional research and literature. This process took approximately 1 year. Initial research focused upon the various types of disabilities and general attitudes, which support and hinder successful inclusion of students with disabilities.

Research used in this review of literature was accessed via library investigation, inter-library loan, the Internet, personal discussions with professors, persons with disabilities and practitioners. Given initial findings, subsequent sources were accessed. These consisted of reviewing master's theses, journal articles, and related materials. Within the final analysis literature was critically analyzed in regard to existing trends and/or predominant themes.

Finally, areas of further study and identified needs are provided (see discussion). More specifically, the following questions were fundamental in the review of literature:

Does it [literature review] show thorough knowledge of the research, theory, concepts, ideology, and opinion related to this topic? Is the reader made aware that the review has been selective and are the criteria for selection and relevance explained? Is there any critical assessment of the viewed literature? Does the review reveal the relation between what has previously been done by others and what is proposed in this study? Are suitable headings used to help the reader sort

out the sections of the review? Is each section summarized? Are transitions provided from one section to another? Is there a final summary that clinches the need to the study, including gaps in the literature this study fills? (Mauch, 1998, p. 238).

CHAPTER IV

Summary

Assumptions:

Based on this review of literature, it can be assumed that many negative attitudes toward people with disabilities do exist and present barriers to inclusion. These negative attitudes seem to be correlated with adverse effects on the social, emotional, and intellectual development, especially in children with disabilities. There seems to be agreement that attitudes toward children with disabilities are formed at an early age and are influenced by strong cultural influences such as school, the media, our language and literature. The schools through their model of labeling and segregation often provided the bases of negative attitudes. The media and literature have also been a source of negative attitudes because children's attitudes can be shaped by the words they hear or read. Furthermore, it is agreed that language is a primary means of communicating attitudes, thoughts, and feelings and that with the heightened awareness of words and expressions that stereotype is an essential part of creating an inclusive environment.

Researchers also agree that attitudes appear to be heavily dependent upon planned social contact with coupled with information about what the attitudes concern and that either element alone is not enough. Ultimately, in order for inclusion to be successful, children with disabilities need to experience acceptance by their peers. By strengthening social ties between peers with disabilities and those without it is felt that a belief of similarity can be achieved.

Limitations

The literature seems to lack a clear definition of what constitutes attitudes, how attitudes are formed, and how they can be objectively measured. Another limitation is that the term empathy is not clearly defined and differentiated from an attitude. More research is also needed with regard to the relationship between role-playing and attitude change. Simulations don't currently provide an individual with the experience of adapting to a disability. In addition, studies that have attempted to show that people with disabilities are maladjusted also demonstrated problems with the instruments used. If the research expects to find maladjustment in disabled persons, that is what will be found. There is also a strong tendency to attribute any deviation from the norm to the existence of a disability.

Recommendations:

1. A clear definition of the term attitude and selection of appropriate measures of assessing the different components of attitudes are required.
2. The term empathy needs to be clearly defined and differentiated from an attitude.
3. More research is needed in regard to the relationship between role-playing and attitude change.
4. A clear definition of the term adjustment and selection of appropriate measures to assess the different levels of adjustment to disability are required.
5. Longer simulations that allow for experiencing the process of adapting to a disability are needed.
6. More research is needed on how attitudes develop and change over time.

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