Student Perceptions of Persons With Psychiatric and Other Disorders

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Policy shifts toward fostering community inclusion of persons with disabilities have brought community attitudes (including attitudes of professionals) into sharper focus as a cause for concern. Using a social distance scale, this study examined the attitudes of cohorts of occupational therapy and business students toward persons with psychiatric and other disorders. Contrary to expectations, occupational therapy seniors did not demonstrate significantly different attitudes from occupational therapy freshmen. Although freshman occupational therapy students expressed a desire to maintain less social distance from persons with various disabilities than did freshman business students, there was nonetheless a hierarchy of preference for persons with certain disabilities over others. This order of preference had only weak stability between cohorts, with persons with psychiatric disabilities consistently ranking among the least favored. It is proposed that occupational therapy curricula attend to students’ attitudes toward persons with psychiatric and other disabilities. To this end, certain strategies to enrich students’ education are suggested.

Why the Concern With Professionals’ Attitudes?

Health professionals have been described as “gatekeepers of information and services [for persons with disabilities]” (Altman, 1981, p. 322). As such, their attitudes are important in shaping life-style opportunities for persons with disabilities and roles they are encouraged to adopt in society (Benham, 1988). Furthermore, the attitudes manifested by health professionals may greatly affect a person’s response to professional intervention (Potts & Brandt, 1986).

Why the Focus on Attitudes Toward Persons With Psychiatric Disorders?

Gibson (1984) expressed concern about the dearth of research by occupational therapists in psychiatry. Furthermore, there have been problems with the recruitment and retention of occupational therapists in psychiatric practice (Bonder, 1987; Haiman, 1990; Scott, 1990). One reason advanced for this declining presence has been concern over the stigma associated with psychiatric illness (Burnett-Beaulieu, 1982; Ezersky, Havazelet, Scott, & Zettler, 1989; Hargrove, Fox, & Goldman, 1991). Without research into such issues as occupational therapists’ attitudes, the quality of our services to persons with psychiatric disorders will be less than they have a right to expect.

Why the Interest in Students’ Attitudes?

Understanding more about the socialization process of students into the occupational therapy profession, including the acquisition of values and attitudes, has been identified as important to improving the quality of education and practice (Sabari, 1985). Indeed, concern has been expressed about the disparity between educational preparation of occupational therapists and the expectations they must meet in practice (Wittman, 1990). Questions have been raised about the adequacy of undergraduate education in psychiatry, in particular, and about its
effect on the attitudes of occupational therapists and other health professionals (Kelly, Raphael, & Byrne, 1991; Scott, 1990).

Literature Review

Community Placement

Shifts in public policy over the last three decades have seen large scale deinstitutionalization of residents of psychiatric institutions. The deinstitutionalization movement has proceeded in the face of a number of major obstacles including inadequate provision of community support services (Deveson, 1991; Peterson, 1982) and adverse community reaction to persons with psychiatric disorders (Best, 1985; O'Sullivan & Brody, 1986).

There is a lack of appropriately trained rehabilitation and support staff to assist people in dealing with the problems they confront in their daily lives (Duckmanton, 1987; Mechanic, 1986). Occupational therapists, with their focus on performance of daily occupations in work, leisure, home, and community domains, are a necessary part of the network of services for persons with psychiatric disabilities who wish to return to or remain in the community (Hayes, 1989).

Within a general climate of negative community attitudes toward persons with any type of disability, it appears that the greatest stigma is attached to those conditions in which the person's behavior is perceived as unpredictable (Schneider & Anderson, 1980) or potentially dangerous (Torrey, 1988). The lack of resources devoted to tackling the widespread misinformation, suspicion, and fear in the community has contributed to the social rejection, isolation, and abuse of persons with psychiatric disabilities (Deveson, 1991).

Professional and Student Attitudes

There has been a growing recognition that negative community attitudes toward persons with disabilities may be shared by some rehabilitation professionals (Chubon, 1982; Roush, 1986). Tringo (1970) found that, in his sample, rehabilitation students and practitioners did not differ significantly from nonrehabilitation students in their attitudes toward persons with a range of disabling conditions including psychiatric disabilities. A study of attitudes held by student health professionals' (physical therapy, nursing, and medicine) about arthritis found that, although persons with arthritis were judged as being slightly less normal than persons without disabilities, they were judged to be significantly more normal than persons with a history of alcohol abuse or persons with psychiatric disabilities (Potts & Brandt, 1986).

Studies of occupational therapy practitioners' and students' attitudes toward persons with disabilities have yielded conflicting results. Benham identified "a very positive attitude" (1988, p. 307) among delegates at an American Occupational Therapy Association (AOTA) conference (based on a 33% response rate). Estes, Deyer, Hansen, and Russell (1991) found that occupational therapy students held more positive attitudes toward persons with disabilities than did students in a medical technology program. It has been suggested that occupational therapy students' attitudes become more positive as they progress through their studies (Estes et al., 1991; Westbrook & Adamson, 1989). On the other hand, a study by Lyons (1991) of occupational therapy and business students showed no difference between these two groups in their attitudes toward persons with disabilities. Furthermore, occupational therapy students' attitudes did not vary with years of undergraduate education completed. Westbrook and Adamson have expressed concern "that occupational therapy students tend to underestimate the normalcy of lives that handicapped people are managing to live in a relatively prejudiced society" (1989, p. 130).

None of these studies has considered differential attitudes to various types of disability, in particular psychiatric disability. Only one study (Gordon, Minnes, & Holden, 1990) was located concerning occupational therapists' attitudes to persons with specific disabilities (amputation, blindness, epilepsy, and cerebral palsy). It found that the attitudes of student health professionals (occupational therapy, physical therapy, medicine, nursing, clinical psychology) varied according to the social context. For example, students were more favorably disposed toward working with than toward dating or marrying someone with a disability. Of the four groups, persons with epilepsy were most preferred by students.

Prompted by the declining occupational therapy presence in psychiatry, Scott (1990) identified the need for research into various issues, including students' attitudes toward persons with psychiatric disabilities. It could be that more adverse attitudes held by occupational therapy students about persons with psychiatric disorders, relative to their attitudes to persons with other disabilities, contributes to a preference by graduates not to work or conduct research with persons with psychiatric disability.

Attitude Measurement

A variety of methods has been used to measure attitudes toward persons with disabilities. From a substantial body of literature, Altman (1981) identified and critiqued three general methodological approaches: (a) picture ranking, in which photographs or videotapes are ranked to measure individual reaction to the visual effect of disabling conditions; (b) sociometric methods that measure subjects' behavioral responses in situations that may involve contact with persons with disabilities; and (c) paper-and-pencil survey methods that require subjects to respond in oral or written form to a series of questions about persons with disabilities or other anomalous conditions. Survey
methods have been the most commonly used (Altman, 1981) – most notably, various forms of the Attitude Toward Disabled Persons scale (ATDP) (Yuker & Block, 1986) and measures of social distance (e.g., Bowman, 1987). One advantage of the latter is that they attempt to explore differential attitudes toward persons with various disabilities, whereas the ATDP makes no such distinction among types of disability.

The concept of social distance was defined by Bogardus (1925, cited in Tringo, 1970) as “the degree of sympathetic understanding that exists between persons” (p. 296). Bogardus devised a Social Distance Scale from which Tringo (1970) developed his Disability Social Distance Scale (DSDS). The DSDS contains nine categories of social distance that are scaled with Thurstone and Chave’s (1929) method of successive intervals. Disability Social Distance Scale respondents are presented with a taxonomy representing degrees of social intimacy, from which they indicate their preference for social contact with persons with various anomalous conditions.

Using preferred social distance as an indicator of attitudes, studies have found that those anomalous groups regarded as least acceptable/most rejected are persons with psychiatric disorders, along with those with mental retardation, a criminal record or a history of alcohol or substance abuse (Bowman, 1987; Goldstein & Blackman, 1975, cited in Schneider & Anderson, 1980; Shears & Jensen, 1969; Tringo, 1970). Tringo (1970) maintained that consistent findings of prejudice against these groups reflect a firmly fixed hierarchy of preference in relation to a range of disability groups. He found that the six most preferred groups of persons were those identified by various physical disabilities.

Research Questions

The presumed relationship between attitudes held by students toward persons with psychiatric disorders and the quality of occupational therapy services in psychiatry has prompted this study. Our purpose was to investigate the attitudes of occupational therapy students toward persons identified by different disability labels, in particular toward persons with psychiatric disorders. Our five guiding questions were

1. Do freshman occupational therapy students express a desire for significantly less social distance from persons with disabilities than do freshman business students?
2. Do senior occupational therapy students express a desire for significantly less social distance from persons with disabilities than do freshman occupational therapy students?
3. Do students express a preference for persons with certain disabilities over others in terms of desired social distance?
4. If there is a hierarchy of preference, is this stable across all cohorts of students?
5. If there is a hierarchy of preference, where are persons with psychiatric disorders placed on it?

Furthermore, because we were aware before we commenced the study that the gender profile of the business students (52% male) was dramatically different from that of the predominantly female occupational therapy group (8% male), we judged it important to compare male and female responses overall before investigating the above questions.

Method

Subjects

The study participants were 223 undergraduate occupational therapy students (freshmen through seniors) and 326 freshmen in a business studies program at an Australian University. The business studies students provided a comparison group outside the rehabilitation field. Despite the difference in gender profiles, both programs have a large number of female students and both require a similar academic entry level. Demographic data on the participant subsets are shown in Table 1.

At the time of the study, the freshman occupational therapy students had had no course contact with persons with disabilities. Senior occupational therapy students had completed three full-time, supervised fieldwork affiliations, each of 6 weeks’ duration. For the majority of these students, one such affiliation would have been within a psychiatric setting.

Instrument and Procedure

A questionnaire containing both the Disability Social Distance Scale (DSDS) (Tringo, 1970) and questions on respondents’ gender and age was administered to subjects at the end of a scheduled class period, before or within the first week of the academic year. The DSDS is a measure of a person’s feelings about how closely he or she would choose to be associated with persons with various disabilities. The scale’s list of 21 disabilities and anomalous conditions were presented with a taxonomy representing degrees of social intimacy, from which they indicate their preference for social contact with persons with various anomalous conditions.

Table 1

<table>
<thead>
<tr>
<th>Subjects’ Course, Year of Study, and Age</th>
<th>Group</th>
<th>Women</th>
<th>Men</th>
<th>Total</th>
<th>Age (X)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year 1</td>
<td>126</td>
<td>200</td>
<td>326</td>
<td>18.4</td>
<td></td>
</tr>
<tr>
<td>Occupational therapy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year 1</td>
<td>62</td>
<td>4</td>
<td>67*</td>
<td>18.4</td>
<td></td>
</tr>
<tr>
<td>Year 2</td>
<td>51</td>
<td>6</td>
<td>57</td>
<td>19.0</td>
<td></td>
</tr>
<tr>
<td>Year 3</td>
<td>50</td>
<td>3</td>
<td>53</td>
<td>20.6</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>330</td>
<td>218</td>
<td>549*</td>
<td>21.1</td>
<td></td>
</tr>
</tbody>
</table>

* One respondent failed to specify gender.
lous conditions "represents the major types...in the United States in the terms by which they are most commonly known" (Tringo, 1970, p. 297). For the purpose of this study, one term that is not commonly used in Australia, *ex-convict*, was changed to a more commonly used term, *person with a criminal record*. Respondents were required to rate persons with each of the conditions on a scale from one to nine, with 1 (would marry) being the most intimate and 9 (would put to death) the most extreme. Each rating was converted to a Thurstone-type scale value as follows: would marry (0.33), would accept as a close kin by marriage (0.57), would have as a next door neighbor (0.85), would accept as a casual friend (1.06), would accept as a fellow employee (1.21), would keep away from (2.95), would keep in an institution (3.14), would send out of my country (3.65), and would put to death (4.69) (Tringo, 1970).

Results

The statistical analysis of data took three forms: (a) analyses of variance of the DSDS scores of different groups (males and females, female business and occupational therapy students, and female freshman and senior occupational therapy students), (b) rank ordering of the mean score of each disability variable for three subgroups of subjects, and (c) correlation coefficients of all disability variables for three subgroups of subjects.

Variability in Students' Attitudes

An analysis of variance revealed a highly significant difference in attitudes between male and female subjects. The males chose much greater social distance from persons with disabilities, \( F(1,499) = 92.31, p < .001 \).

The close association between gender and attitude led us to exclude males from comparative analysis between occupational therapy and business students because the substantial difference in the proportion of males in the business and occupational therapy groups would have been a confounding variable, and because the small numbers of male occupational therapy students spread across 4-year cohorts would have meant that they could not provide meaningful data as a separate group.

However, the male business students were included in the rank ordering and correlation coefficient analyses as a separate cohort. It was felt that their group had sufficient numbers (200) to contribute useful data to the examination of attitudes toward persons with disabilities, particularly in relation to the stability of hierarchy.

The DSDS scores of female freshman occupational therapy and business students were significantly different, \( F(1,171) = 33.23, p < .001 \). The occupational therapy students expressed a desire for much less social distance than did the business students. However, there was no significant difference in desired social distance between female freshman and senior occupational therapy students.

Students' Hierarchy of Preference

To assess whether the relative position of persons with a certain disability on a hierarchy of preference is stable across groups, Pearson's correlation coefficients were determined between female freshman occupational therapy students and female freshman business students and between female and male business students. Correlation coefficients of 0.39 and 0.22 respectively suggest that the order of preference is weak; therefore, the rank ordering of disability variables was considered separately for each subject group. The mean score of each disability variable was calculated to give a hierarchy of preference for each of three subgroups: female occupational therapy students, female business students, and male business students. The most and least preferred on these hierarchies are presented in Table 2.

Despite only weak correlation between overall group preferences, the choice and order of disability groups at both ends of the different hierarchies are relatively uniform. For all groups, the same six conditions were most acceptable, namely asthma, diabetes, arthritis, ulcer, amputation, and heart disease, with just one variation between occupational therapy and business students in the ranking of these. Similarly, all groups identified the same six least acceptable conditions, namely criminal record, alcoholism, mental retardation, and mental illness.
alcoholism, mental illness, mental retardation, cerebral palsy, and hunchback, with several variations between male business students and female occupational therapy and business students in the ranking.

**Clusters of Preference**

Further analysis was conducted to help interpret the thinking behind the social distance rankings of persons with various disabilities, in particular the low ranking of persons with psychiatric disorders. Pearson correlation coefficients were calculated for all disability variables for the three subgroups of subjects in an attempt to identify clusters of disabilities perceived similarly by students.

The only disability group that correlated highly with the mental illness variable was the mental retardation variable and this was so only for business students (for both male and female business students, $r = 0.77$). There was insufficient variation in the correlation coefficients to warrant factor analysis.

**Discussion**

**Comparisons With Other Studies**

The result that females expressed significantly greater acceptance (that is, desired less social distance) toward persons with various disabilities than did males is consistent with findings from other studies revealing more positive attitudes among females (e.g., Tringo, 1970). The finding that among female freshman students, those in occupational therapy expressed significantly more positive attitudes toward persons with various disabilities than did those in business was gratifying but surprising to us. In a concurrent study conducted with the same sample of students and using the Attitudes Toward Disabled Persons Scale–Form A (ATDP-A) (Yuker & Block, 1986), Lyons (1991) identified no difference in attitudes between freshman occupational therapy students and business students. Two factors that may account for the difference in findings from the two instruments are that (a) in framing questions for respondents, the DSAS differentiates among disabling conditions rather than using the generic term disabled people as the ATDP–A does and (b) the DSAS asks respondents for their personal preferences regarding their degree of social contact with, as opposed to their beliefs about various characteristics of, persons with disabilities.

**Regard for Persons With Psychiatric Disorders**

Overall, the correlation between hierarchies of preference for different conditions identified by occupational therapy and business students is weak. However, it is notable that occupational therapy students do not differ from business students in their ranking of the relative social undesirability of persons with psychiatric disorders (expressed as mental illness on the scale). There is a consistent preference for persons with physical disorders and, in particular, those with physical disorders that are largely invisible, namely asthma, diabetes, arthritis, stomach ulcer, and heart disease. The same consistency of ranking at the bottom of the hierarchy is apparent for persons with what might be considered as disorders of the mind, namely mental retardation, psychiatric disorders, alcoholism, and criminality.

Although occupational therapy students expressed more positive attitudes than business students, they still resemble them in their poorer regard of persons with psychiatric disorders relative to other conditions (Potts & Brandt, 1986). Female occupational therapy students’ social distance scores on the mental illness variable ($n = 202$, with 2 missing cases) were $\bar{X} = 0.845$, $SD = 0.520$, $min = 0.338$, $max = 3.140$. We must ask: Is it good enough that occupational therapy students score significantly better than business students in their attitudes toward persons with psychiatric disorders? Is it important that some occupational therapy students near the end of their course would choose to avoid all social contact with any person in their community labeled as mentally ill, that they, in fact, would seek to exclude any such persons from their neighborhood and, at best, would confine them to an institution? In a profession that espouses a proactive stance in support of the rights as citizens of all persons, no matter how severe their disability (Yerxa, 1983), the harboring of such views by some of its future practitioners is of grave concern. Can the best interests of persons with whom we work be served by therapists holding such beliefs? Would we countenance employing a civil rights worker who believed that segregation was the best option for all nonwhite Americans?

**Socialization of Students**

It is notable that these occupational therapy students did not manifest a difference in attitudes between freshman and senior cohorts. This is consistent with the findings of Lyons (1991) that used the ATDP–A, and at variance with suggestions from other cross-sectional studies that occupational therapy students’ attitudes change in a positive direction as they proceed through their undergraduate training (e.g., Estes et al., 1991). These findings raise the question of whether the socialization process of graduate training has any appreciable effect on students’ initial attitudes toward persons with psychiatric disorders. In other words, students’ knowledge and therapeutic skills may be developed, but not their beliefs and feelings toward such persons.

Yerxa (1983) articulated certain values she identified as being fundamental to occupational therapy, including a deep sense of every person’s essential human worth and dignity and a belief in every person’s potential regardless of the nature or severity of his or her disability. Our
findings prompt the question: Do current educational practices pay sufficient attention to students’ attitudes and values and to conveying effectively the fundamental principles of occupational therapy and how they will be applied in good practice? A study by DePoy and Merrill (1988) found that occupational therapy students learned to articulate the values described by Yerxa as they progressed through their education. However, the students perceived a discrepancy between the values their teachers espoused and the values their teachers actually operated on in practice, including values exercised in their interactions with students. The net result was that many graduating students believed it was neither relevant nor possible to base their own practice on these values.

This leads us to question what attitudes toward persons with psychiatric disorders students encounter in their training. Are the attitudes of the academics and clinicians with whom they come in contact different from those attitudes prevailing in the community? As practitioners or academics, we are agents of professional socialization. It is important that we create a culture that is conducive to the development of positive attitudes in students. To do so we must examine our own attitudes concerning persons with psychiatric and other disabilities (Mitchell, 1990).

**Effect of Contact on Attitudes**

Contact with persons with disabilities has also been recognized as a powerful influence on attitude formation (Donaldson, 1980). However, as this study found, contact per se is not automatically beneficial. In a number of studies, unguided contact with persons with disabilities has resulted in either no change or change toward more negative attitudes (Gething, 1982). For example, subjects who experienced simulated physical disabilities reported almost exclusively negative insights into the feelings of persons with disabilities. Such contact, which highlights what persons with disabilities cannot do, presents them as “passive victims of fate, devastated by difficulties” (Wright, 1980, p. 275) evoking aversion and fear and reinforcing negative stereotypes. In our view, much of students’ clinical contact with persons with psychiatric disabilities occurs only in situations where, as patients, their problems, deficiencies, or distress are highlighted.

We consider that such a climate for contact will do little to engender positive attitudes in students, a viewpoint shared by Rousch (1986). We believe that students could benefit from an occupational therapy curriculum that provides opportunities for them to have contact with persons with psychiatric disorders beyond the clinical setting, for example, in recreational and other social settings.

When contact with persons with disabilities is voluntary and enjoyable and between persons of equal status, positive change can be expected (Gething, 1982). In accordance with the principles of social role valorization (Wolfensberger, 1983), Lyons (1991) found that students who had had contact with persons with disabilities in the context of a valued social role (e.g., co-worker, friend) had significantly more positive attitudes than students whose contact had been, for example, only in a service role (e.g., patient) or who reported that they had had no contact with persons with disabilities.

Gething (1984) devised and implemented a program that has successfully fostered positive attitudes toward persons with disabilities. Her program comprises accurate information to challenge negative myths and stereotypes about disability, carefully controlled disability simulation exercises, personal contact with persons with disabilities who “can talk about life experiences in a frank manner” (p. 48), and discussion.

**Future Directions**

The content of occupational therapy curricula (and possibly even the recruitment process for students) needs to attend more to the attitudes and values that shape the complexion of our future professionals (Sabat, 1985). This is the case if occupational therapists are to meet the challenges of future psychiatric practice in roles such as forming alliances with consumer groups to (a) fight the stigma and oppression associated with psychiatric disability, and (b) advocate for improved mental health services, training, and research (Council on Long Range Planning & Development, 1990). Also, for dealing most effectively with professional and community attitudes, further research is needed regarding conditions in the social and physical environment that lead to the development of certain attitudes toward persons with psychiatric disorders.

We believe that psychiatric occupational therapy could benefit qualitatively and quantitatively from a proactive approach to fostering positive attitudes among graduating students toward persons with psychiatric disability. Some areas of curricular innovation that could be evaluated include the following:

- The opportunity and the requirement for students to have guided contact over an extended period (to allow for development of relationships) with persons with psychiatric disorders, within the context of nonclinical roles.
- Facilitation of student reflection on their feelings and what they have learned through such contact, by means such as diary keeping and discussion with their teachers and other students (Smith & Delahaye, 1987).
- Complementing professional experience with educational input from persons with psychiatric disorders and their families for more of the insider’s view of living with a disability (Hargrove et al., 1991). Students have much to learn from these
persons as they talk about their lives, their needs, their perspectives, and their reactions to professional intervention (Deveson, 1991). This contact can occur in a variety of ways, such as lecture and tutorial presentations by persons with disabilities and family members and audiovisual and written first person accounts.

Methodological Issues

Attitudinal research, in general, is controversial as there are often marked discrepancies between the attitudes persons express and their overt behavior (Rabkin, 1972). Other personal and situational factors apart from attitudes must account for the variation in people's behavior. For example, MacNeil, Hawkins, Barber, and Winslow (1990) surveyed therapeutic recreation majors' preferences for working with persons from five different disability groups across three different age bands, youth (0–20 years), adult (21–54 years) and senior (more than 55 years). Although preference for working with most groups declined as the group's age increased, the relative attractiveness of each disability group varied for the different age bands. Of the youth group, persons with a psychiatric disorder were least preferred; in the adult group, they were ranked second, and in the senior group, they were ranked second to those with chemical dependency as the least preferred group.

Another variable found to influence attitudes toward persons with mental illness is the perception of dangerousness associated with psychiatric hospitalization. Link, Cullen, Frank, and Wozniak (1990) found a desire for a great social distance by a subgroup of respondents who perceived psychiatric patients as dangerous. Conversely, respondents who did not see the patients as a danger chose a small social distance.

It appears that the term mental illness evokes different perceptions for different persons. Gove (1990) suggested that the stereotype that laypersons associate with mental illness is one of a severe disorder with bizarre behavior, quite different from the behavior of most people with a history of mental illness. Once discharged from psychiatric hospital, persons are perceived as ex-mental patients. Being labeled a former mental patient has been found not to bear the same stigmatizing and exclusionary reaction as the label mentally ill (Olmsted & Durham, 1976).

Future research needs to consider the more complex equation of how variables such as the age and perceived dangerousness of persons with mental illness, when combined with attitudes of laypersons and health care providers, affect others' behavior toward persons with mental illness.

Summary

In this paper, we have explored the attitudes of undergraduate occupational therapy students and their peers. Our results suggest that, although occupational therapy students begin their course with more favorable attitudes toward persons with disabilities than do business students, some still view persons with disabilities unfavorably, especially those with disorders of the mind. Evidence that these attitudes do not improve through the duration of the occupational therapy course raises concern about the socialization of students through their academic and clinical experiences. Given the general plight of persons with psychiatric disorders and the problems of staff recruitment and retention in psychiatric occupational therapy, we need to explore innovations in occupational therapy curricula that will enhance student attitudes toward persons with psychiatric and other disabilities.

References


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