Enabling or Disabling?  
Students’ Attitudes Toward Persons With Disabilities

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Key Words: education • handicapped • values

Persons with disabilities are devalued by society. Occupational therapists may be contributing to this devaluation through their attitudes. This study focused on the attitudes of undergraduate students. From a sample of 223 occupational therapy students and 326 business students at an Australian university, it was found, with the use of the Attitudes Toward Disabled Persons Scale–Form A (Yuker, Block, & Young, 1966), that the attitudes of freshman occupational therapy students did not differ significantly from those of their business-major peers. Furthermore, the occupational therapy students’ attitudes did not vary with the years of undergraduate education completed. However, those students who had bad bad contact with persons with disabilities beyond the context of a caregiver–care receiver relationship (i.e., those students who had assumed roles that emphasized valued attributes of the person with a disability) had significantly more positive attitudes than did those students without such contact. Educational curricula must address the issue of students’ attitudes and, in particular, the facilitation of valued social role contact with persons with disabilities.

Many persons with disabilities are recipients of rehabilitation and support services from paid staff, including occupational therapists. As such, they are often subject to the opinions and judgments of service providers in order to gain access to needed services. Hence, the attitudes of occupational therapists and other rehabilitation professionals are significant in shaping the life-style opportunities generated for persons with disabilities and the roles they are encouraged to adopt in society (Benham, 1988).

In the face of service systems that are becoming increasingly less responsive to the human needs of persons with disabilities, Yerxa (1983) reminded occupational therapists of their ethical responsibilities and urged them to examine the quality of their relationships with their clients and, by implication, their attitudes toward their clients. Persons who choose professions such as occupational therapy are usually assumed to have positive attitudes toward persons with disabilities (Benham, 1988). The results of more than three decades of research into rehabilitation professionals’ attitudes, however, are indeterminate (Chubon, 1982) and may even reveal that attitudes may be more negative than expected or than is considered desirable.

Students’ training plays an important part in the enculturation of rehabilitation professionals. Understandably then, attitudinal research has also been directed toward students as future professionals, with considerable attention being devoted to strategies for the enhancement of students’ attitudes toward persons with disabilities (Duckworth, 1988). The purpose of the present article is to reveal the findings from preliminary research into attitudes held by occupational therapy students in an undergraduate curriculum and to examine implications for occupational therapy education and services.

**Literature Review**

**Devaluation of Persons With Disabilities**

Persons who possess attributes that are viewed negatively by the prevailing group in a society tend to be devalued by that society (Wolfensberger, 1983). Such attributes might pertain, for example, to racial heritage, physical appearance, or intelligence. History has demonstrated that persons who are devalued are likely to be treated poorly, that is, rejected, segregated, or even persecuted. The group of persons who possess attributes that cause them to be labeled disabled are prime candidates for social devaluation—devaluation that is couched within negative attitudes held about them. They are often viewed as inferior, incompetent, and incapable of normal social functions (Warren, 1985).

The nature of negative attitudes, however, can vary considerably. At the extreme, the person with a disability may be viewed as sick, pitiful, or a social menace (Warren,
Such attitudes have resulted in extreme measures taken against persons with disabilities, such as their incarceration in institutions; their treatment for a lifetime as patients within a medical service framework; or their deprivation of many civil liberties, such as freedom of choice regarding accommodation, work, and relationships (Hastings, 1981).

A more subtle set of attitudes may be manifest in the community and among rehabilitation professionals. This refers to the view of persons with disabilities in terms of what Wright (1980) identified as the succumbing framework. Emphasis is placed on what the person cannot do, that is, his or her deficits, with no attention given to the person's capabilities and potential for growth. Consequently, educational, vocational, and life-style opportunities offered to the person are limited. This contrasts with the more positive coping framework that promotes an appreciation of persons with disabilities as capable and active participants in their own lives and in the life of the community (Wright, 1980).

**Formation of Positive Attitudes**

Concern with the widespread occurrence and debilitating consequences of negative attitudes has given rise to a body of literature on the formation of positive attitudes toward persons with disabilities. It would appear that the most effective vehicle to promote enhanced attitudes is that of direct contact with persons with disabilities (Donaldson, 1980). Contact per se, however, does not necessarily produce positive, nonstereotypic attitudes toward persons with disabilities. The interaction is much more likely to be successful when the person with the disability is of equal or higher status than the nondysfunctional person (Donaldson, 1980). Furthermore, when contact is voluntary and enjoyable, positive change can be expected. Contact that evokes aversion and fear, that reinforces negative stereotypes, or that is experienced as burdensome, however, results in negative attitudes (Wright, 1980). Thus, contact must be planned carefully so as to occur in a social climate in which the person's abilities will be appreciated.

Wolfensberger (1983) identified the social roles a person occupies as important to the way in which that person is regarded by others. The occupancy of a social role that is valued by others (e.g., professional athlete, high income earner) is likely to engender positive attitudes toward the occupant, even if that same person also possesses social characteristics that, on their own, are poorly regarded (e.g., member of a racial minority, person with a criminal record). For a person cast in the role of disabled person (a devalued role), in Wolfensberger's view, access to valued social roles (that is, social role valorization) will tend to offset the typical negative attitudinal response in favor of a more positive attitude.

**Attitudes of Rehabilitation Professionals**

Along with the recipient of rehabilitation services, the service provider is a key stakeholder in the rehabilitation process. As “gatekeepers of information and services” (Altman, 1981, p. 322), professionals hold considerable power in the professional-client relationship. Consequently, there has been a growing interest in the attitudes of professionals toward persons with disabilities.

According to Yuker and Block (1979), persons in helper roles tend to regard those whom they help as having inferior status. It is being recognized that negative community attitudes may in fact be shared by some rehabilitation professionals, with adverse consequences for persons with disabilities in their achievement of desired outcomes (Chubon, 1982).

Writing from personal experience, both as a physical therapist and as a person with a disability, Rousch (1986) observed that an imbalance of power and status may be perpetuated, to the detriment of the person with a disability, not only within but also beyond the rehabilitation setting. The ramifications, then, particularly for the person with a chronic disabling condition, may be profound in terms of personal and social outcomes. Yuker (1977) believed the consequences of negative attitudes to be so potentially devastating that he suggested that persons holding such attitudes should be prevented from entering professions that involve interaction with persons with disabilities.

**Occupational Therapists’ Attitudes**

Within the extensive body of literature on the attitudes of rehabilitation professionals and students, relatively few studies exclusively identify and examine occupational therapists’ attitudes. Benham (1988) investigated the attitudes of professionals and students who attended an annual conference of the American Occupational Therapy Association. Her results, based on a low (33%) response rate, indicated “a very positive attitude toward the disabled” (p. 307). The question is raised as to how representative of the profession at large are those persons who choose to attend a national conference.

Westbrook and Adamson (1989) surveyed Australian undergraduate occupational therapy students on their knowledge and attitudes concerning persons with disabilities. Regarding the students’ knowledge, the researchers expressed concern “that occupational therapy students tend to underestimate the normalcy of the lives that handicapped people are managing to live in a relatively prejudiced society” (p. 130). Although they did not draw any conclusions about the overall positivity or negativity of the students’ attitudes, Westbrook and Adamson found that the students displayed more positive attitudes the further they had progressed through their studies, that is, freshmen had less positive attitudes than did seniors. They concluded that occupational therapy education
has significant effects on students’ attitudes toward persons with disabilities.

It seems plausible that undergraduate education would exert at least some influence on occupational therapists’ attitudes. Of course, students entering an occupational therapy program will bring with them attitudes already formed by influences from home, school, and the wider community. To what extent, then, are occupational therapists’ attitudes the outcome of an academic and clinical education managed largely by members of the occupational therapy profession?

De Poy and Merrill (1988) investigated the acquisition of values by undergraduate occupational therapy students. They conceptualized values as beliefs about what is intrinsically good and desirable; such values guide behavior. Values might therefore be understood to be a significant influence on attitudes. In pursuit of this line of reasoning, it seems appropriate to review the values espoused by the occupational therapy profession, particularly as they pertain to the persons who use occupational therapy services.

**Occupational Therapy Values**

Along with other writers, Yerxa (1983) identified some values as fundamental to occupational therapy. These included the following:

- A deep sense of a person’s essential human worth, dignity, and rights, despite the presence of a disability that may be severe and unresponsive (or slow to respond) to intervention.
- A belief in the potential of all persons, regardless of their presenting medical problems, and a commitment to the facilitation of attainment of potential through individual and societal change.

In the study by De Poy and Merrill (1988), the students entering an undergraduate program espoused a variety of personal values, as would be expected. One value identified as held in common by all students, however, was that of “helping others, even though the word helping meant different things to different people” (p. 266).

It was found that as the students progressed through their professional education, they learned to articulate the humanistic values presented to them as the basis for occupational therapy practice (as defined by Yerxa, 1983). The students, however, did not necessarily apply these values when required to develop intervention plans. Furthermore, De Poy and Merrill (1988) found that many senior students believed that it was neither possible nor relevant to base their own practice on this set of values. It is notable, too, that the students perceived a discrepancy between the humanistic values that various faculty members espoused and the values that the faculty used in practice, particularly in their interactions with students.

What, then, can be concluded about the influence of occupational therapy undergraduate education on students’ values and their attitudes toward persons with disabilities? The study by De Poy and Merrill (1988) certainly raises some doubt about the extent of academic influence on students’ values. The same study, however, raised the question of the effect of clinical practitioners on students’ values, having noted a change in the values articulated by students following participation in fieldwork. Thus, to the extent that certain attitudes prevail among occupational therapy practitioners, there may be a predisposition to similar attitudes on the part of students.

In light of the current knowledge and concerns that have been articulated regarding the attitudes of rehabilitation professionals, Chubon (1982) maintained that there is a need to consider ameliorative measures with student professionals. This requires that the nature, extent, and consequences of students’, clinical practitioners’, and educators’ attitudes be better understood, to indicate if and where change is needed.

The purpose of the present study, therefore, was to investigate several questions regarding occupational therapy students’ attitudes toward persons with disabilities:

1. Do students enter the occupational therapy program with more positive attitudes than do their university peers not studying in a rehabilitation discipline?
2. Do students’ attitudes differ across the 4 years of undergraduate occupational therapy education?
3. Do students who have had contact with persons with disabilities in the context of valued social roles have different attitudes from those who have not had valued social role contact?

**Method**

**Subjects**

The study participants were 223 undergraduate students (freshmen through seniors) in the occupational therapy program at the University of Queensland, St. Lucia, Australia, and 326 freshmen in a business studies program at the same university. The latter were used as a comparison group in a discipline outside the rehabilitation field. The academic entry requirements for both programs are similar, and both programs attract a large number of female students. Demographic data on the participant subsets are shown in Table 1.

**Instrument and Procedure**

A questionnaire that combined the Attitudes Toward Disabled Persons Scale–Form A (ATDP–A) (Yuker, Block, & Young, 1966) with questions on the respondents’ age, sex, ethnic background, and extent and type of contact they have had with persons with disabilities was used in
the study. The ATDP-A is widely used and empirically validated. It is so constructed that, the more the respondent the score, thus, the more positive the respondent's attitudes are considered to be.

The survey was administered to subjects at the end of a scheduled class period, prior to or within the first week of the academic year.

Results

The data were analyzed with the Statistical Package for the Social Sciences. No significant difference in attitudes between students entering occupational therapy and those entering business studies at a freshman level were detected on the ATDP-A, t(70.12) = -0.07, p > .05. Furthermore, there was no significant difference in attitudes between the freshman men and women, t(324) = 1.69, p > .05. This is in accordance with the results of several prior studies (Chobun, 1982). An analysis of variance of the ATDP-A scores across year subsets of occupational therapy students indicated no significant difference in attitudes of students just entering the program and those in Years 2, 3, or 4 of the program, F(3, 219) = 1.21, p > .05.

The ATDP-A scores were analyzed for subjects grouped according to the type of contact they had had with persons with disabilities. Two categories of contact were considered: (a) valued social role contact (i.e., a close relative, friend, roommate or co-resident, co-worker or business associate, or club mate or teammate) and (b) other contact (this category was further broken down into contact in a service role only [e.g., as patient, client, or recipient of care], contact as a neighbor or distant relative, or no contact at all). These contact groupings were established on the expectation that certain contact situations are more likely than others to emphasize the social value of persons with disabilities. The groups contained approximately equal numbers of subjects (275 and 274, respectively). An analysis of variance revealed that the difference in attitudes between the two groups was highly significant, F(1, 547) = 10.22, p < .01. That is, subjects with valued social role contact had significantly more positive attitudes toward persons with disabilities than did subjects who had not had such contact.

Discussion

The failure to find a significant difference between attitude scores of freshman occupational therapy and business students was unexpected. I thought that aspiring occupational therapists would manifest more positive attitudes toward the persons with whom they will work than would aspiring business persons. Of course, this belief was based on the assumption that students who are drawn to a career in occupational therapy will stand out from their peers for the vigor of their humanistic concerns regarding persons with disabilities. The findings suggest the importance of the maintenance of a healthy skepticism in attributing to aspiring occupational therapists any particular set of beliefs concerning persons with disabilities. As much as one might want to believe that students electing to become occupational therapists are outstanding for the positivity of their perceptions of persons with disabilities, the reality may be that they are no different in this regard than students pursuing a business career. Is this cause for concern?

Evident in occupational therapy literature through the years is a strand of thinking that has consistently committed the profession to a strongly positive regard for the persons who receive our services (e.g., Gilfoyle, 1989; Yerxa, 1983). To the extent that present attitudes are linked with future behavior toward persons with disabilities, the finding that incoming students' attitudes are indistinguishable from those of their commercially oriented peers is of concern. A more crucial issue, however, is the nature of the attitudes of later-year students, particularly those about to graduate and enter the practice arena. Despite their progression through the occupational therapy program, the students in Years 2, 3, and 4 did not possess attitudes significantly different from those of incoming students. In recognition of the power vested in occupational therapists along with other health professionals as the gatekeepers of rehabilitation services, the question remains as to whether students who do not hold strongly positive attitudes toward persons with disabilities should be accepted into such professions as occupational therapy.

Occupational therapists must examine their feelings, beliefs, and behaviors (i.e., their attitudes) concerning those persons whom they have a professional mandate to serve. Are the attitudes of professionals, as reflected in educational curricula, professional literature, and clinical practice, so bland (and perhaps in some cases, so negative) that they do not challenge the students' incoming attitudes, which regard persons with disabilities negatively, indifferently, or prejudicially?

Clearly, there are many occupational therapists who, in their words and actions, demonstrate a high regard for
persons with disabilities in general and for their clients in particular. Yet there is also evidence in the occupational therapy literature and in practice of a less positive perspective, as can be seen in the common use of such terms as quadriplegic, quad, and arthritic to describe a person with a disability. Another example of this less positive perspective is reference to groups of people as geriatrics or the mentally retarded rather than as elderly persons or persons with mental retardation. As Cocks (1989) pointed out, “descriptive terms used for people can carry powerful images, convey clearly the social value attributed to that group, and create strong social expectations” (p. 39). The identification of persons with disabilities in such a manner does not highlight their individuality and humanness—only their medical condition with all of its negative, undesirable connotations.

What impressions of persons with disabilities are being conveyed to students in the journals they read and in their classroom and clinical experiences? If students do not possess strongly positive attitudes by the time they graduate, then the profession, through its educators and practitioners, must hold itself responsible for enculturation that has failed.

Rousch (1986) suggested that involvement with a person purely as a helper or caregiver is not conducive to the development of positive attitudes toward that person. The typical nature of the paid service-provider role, such as that of the occupational therapist with a client, therefore, may not be conducive to the development of strongly positive attitudes toward persons with disabilities, if that is the only context for contact. Donaldson (1980) proposed that for contact to be successful, the person with a disability must have at least equal status with the nondysfunctional person. Attitude ratings are likely to be less favorable when the person's inadequacies and differentness related to his or her disability are highlighted (Wright, 1980). Contact by occupational therapy students with persons with disabilities is most likely to occur within a clinical setting—one that may focus on disability and incompetence at the expense of recognizing personal qualities. Thus, current occupational therapy educational practices may not be creating a learning context that facilitates students' development of positive attitudes. Opportunities for contact outside the clinical setting should thus be incorporated into the curricula.

This proposition, coupled with those of Wolfensberger (1983), which concerned the significance of valued social roles for the images of persons with disabilities, makes the findings from the present research study regarding the type of contact between students and persons with disabilities interesting. The results revealed that students who had had contact with persons with disabilities in the context of social roles presumed to be valued (e.g., co-worker) had significantly more positive attitudes than did those 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.

Although it would be inappropriate to assume a cause-effect relationship from the present study, the existence of a clear relationship between valued social role contact and more positive attitudes cannot be ignored. This matter warrants further investigation. It is a result, however, that is consistent with the research findings on contact and attitude change. Furthermore, it supports the ideology and practice of social role valorization (Wolfensberger, 1983), which has been embraced by legislators and providers of disability services in many parts of the world not only because it is perceived to be morally sound but also because it is seen to work in practice.

A proportion of students will have nonclinical contact with persons with disabilities, regardless of curriculum content. This contact might occur of their own volition (e.g., development of a friendship on the basis of a shared interest) or because of factors beyond their control (e.g., when a family member incurs a disability or a student with a disability enters the person's primary or high school class). I propose, however, that the occupational therapy curricula include both the opportunity and the requirement for students to make contact over a period of time with persons with disabilities, within the context of social roles that the students regard as valued (e.g., sportsperson, club member, fellow student, college teacher, entertainer). The research shows that the contact will need to occur with some degree of support (at least initially) from experienced persons, such as curriculum coordinators or practitioners.

Educators concerned about this issue, however, will hardly be content to stop here. They will be drawn to reexamine the fundamental nature of their curricula. They will question whether their courses encourage students to conceptualize the state of order of people with disabilities beyond the perspective of the medical diagnoses. They will seek to incorporate in their courses more of the insider's view of living with a disability (as opposed to presentation of the professional's viewpoint only). Students need to hear persons with disabilities talk about their lives, their needs and perspectives, and their reactions to professional intervention. This can occur in various ways, including through lectures and tutorials given by persons with disabilities as well as through audiovisual and written firsthand accounts, a growing number of which are available.

Educators might then progress to asking themselves the following questions: (a) What opportunities or barriers exist in our programs for persons with disabilities who may wish to study to become occupational therapists? (b) Should occupational therapy schools be engaging in affirmative action in an attempt to recruit more students with disabilities into their ranks? and (c) What
might such action achieve, not only for persons with disabilities, but for the profession itself? What is being proposed here is a critical analysis of the principles and practices regarding persons with disabilities that underlie occupational therapy curricula.

In summary, professional attitudes toward persons with disabilities are a reflection of the social value with which such persons are regarded and are of grave concern for their perceived ramifications on professional behavior and rehabilitation outcomes. It has been argued that the enculturation of students by means of academic and clinical education should foster the development of strongly positive attitudes toward these persons. The studies performed thus far, however, have revealed that this is not necessarily the case.

Persons with disabilities have a right to expect that occupational therapy students will receive an education that prepares them to be professionals who are enabling rather than disabling by virtue of their attitudes.

References


