DOCUMENT RESUME

ED 125 209 EC 090 443

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TITLE Teacher and Pupil Disability Attitude Congruency.
PUB DATE Apr 76
NOTE 19p.; Paper presented at the Annual International Convention, The Council for Exceptional Children (54th, Chicago, Illinois, April 4-9, 1976)

EDRS PRICE MF-$0.83 HC-$1.67 Plus Postage.
DESCRIPTORS Attitude Tests; Elementary Secondary Education; Exceptional Child Research; *Handicapped Children; *Peer Acceptance; *Teacher Attitudes

ABSTRACT

Evaluated were the attitudes of a total of 1,678 grade school teachers, college students, high school students, and grade school students toward 20 disability group labels. Ss were administered either the General Social Distance Scale or the Perception of Social Closeness Scale. Results indicated that disabilities were accepted in the following preference order: physical, sensory, psychogenic, and social. Results were consistent transcending time (over a 7-year period), age, and particular measuring scales. Findings suggested the need for study of the effects of teacher and student attitudes toward the integrated handicapped pupil. (DB)

TEACHER AND PUPIL DISABILITY ATTITUDE CONGRUENCY

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ABSTRACT

The purpose of this investigation was to study the attitudes of teachers and students toward 20 disability group labels. A sample of 1,678 subjects including grade school teachers and high school and grade school students were included in the study which spanned seven years and used two separate instruments. A highly stable hierarchy of preference was found for the teachers and students indicating similar values toward group labels. The preference order was physical, sensory, psychogenic and social.

INTRODUCTION

Education of the student with special needs has been a long standing concern of educators. In an effort to provide optimum opportunity for the student with special needs to maximize his potential, special classes, curriculums and methods of instruction have been developed. Recently, however, researchers have questioned the efficacy of segregated placement for the handicapped. Deno (1973) suggests that this current thrust to maintain the special needs student within the regular classroom is not based on conclusive research evidence which indicates the superiority of the integrated setting but rather on evidence which suggests that children in the special classes do not perform better that those in regular classrooms and on legislation which supports integration.

Although the controversy of research findings as to the efficacy of integrated vs segregated placement of the handicapped is far from being resolved, the pendulum of feeling seems to be swinging from a segrated viewpoint toward integrated placement. A variety of models have been suggested which would facilitate a successful integration of the special needs children into the regular classroom (Deno, 1973). Such models include teacher training components,

(both classroom and special education) revision in teacher training programs and new approaches to the delivery of services to the special child. An additional important factor to be considered in planning for integrated instructional services are the attitudes of classroom teachers and pupils toward integration and disabled pupils. It is quite possible that their attitudes could either facilitate or hinder successful implementation of integrative programs and play an influential role in the overall educational process.

While a number of researchers have studied the attitudes of the non-disabled general public toward disability groups (Siller et al., 1967, Wright, 1960), Conine (1969) found that teachers also share such prejudicial feelings. Thus, teachers seem to prefer to have the non-disabled achieving pupil in their classes. Similar preferences are also found in children (Marge, 1966, Billings, 1963, Centers and Centers, 1963) who like their teachers select the non-handicapped achieving pupils for friends. Such prejudices do not seem to be unique to these groups, even professionals specifically trained to work with the disabled are not necessarily always positive in their attitudes (Tringo, 1968, Muhlenkamp, 1971, Janicki, 1970).

Since attitudes have a behavioral component (Triandis,

1961, p.3) It seems that the responses of individuals toward the disabled may be reflective of their feelings (Good & Brophy, 1972, Silberman, 1969) and could ultimately bear upon the progress made by a disabled individual. Thus the handicapped child in the classroom subjected to the possibly prejudiced attitudes of teachers and peers, might be more prone to arrive at a lower self evaluation which in turn could lead to lowered work output and further decrease self evaluation. This cyclical and mutually reinforcing system of devaluation could consequently impair future growth since individuals often behave in a manner consistent with their self appraisal. A student who has the self perception of "failure" is less likely to continue striving, is likely to be discouraged and succomb to and accept the evaluation of others, thus precluding continued self development and growth.

Allport (1958) theorizes that the organization of society has a large influence on the position of the disabled, prejudice being more prevalent in societies which are marked by such factors for example as competition, rapid social change and a homogeneous social structure. It seems reasonable to propose that the stereotyping behavior observed in societal members may be their attempt to achieve some degree of stability through a clarification of their relative status in the group. The assignment of the

disabled to a lower status position consequently provides an initial reference point for both children and adults. Thus, this paper addresses itself specifically to the question of stereotyping of disability groups by children and teachers.

METHOD

A sample composed of 1,678 subjects gathered in different sampling settings over a seven year period was analyzed for the purposes of this study. Subjects were tested with one of two social distance scales: the eight-item General Social Distance Scale (GSDS), (Harasymiw, 1971), or the five-item form of the Perception of Social Closeness Scale (PSCS), (Horne, 1975). The eight sample subgroups used were: Group#1 - 340 high ability high school juniors (sampled in 1969 with GSDS), Group#2 - 431 high school students (32% Black - sampled in 1969 with GSDS), Group#3 - 243 rehabilitation and special education personnel and students (sampled in 1969 with GSDS), Group#4 - 170 high school students (sampled in 1971 with GSDS), Group#5 - 352 regular classroom teachers (sampled in 1974 with GSDS), Group#6 - 48 third and fifth grade students (95% Black - sampled in 1974 with PSCS), Group#7 - 72 college special education majors (sampled in 1974 with GSDS), Group#8 - 22 third grade students sampled in 1975 with PSCS).

The GSDS has a test-retest reliability of r=.65, a concurrent validity of rho=.54 with rankings of disability and an r=.49 with the ATDP (Yuker et al., 1970). It contains eight scaled social distance items (Thurstone and

Chave, 1929) ranging in degrees of acceptance from "would accept as an intimate friend" to "would allow to mix only with their own group" or "be tetter off dead."

The PSCS has a test-retest reliability of r=.78 and concurrent validity varying between rho=.78 and rho=.97 with sociogram rankings. It contains five scaled social distance items ranging in degrees of closeness from "would like to invite to my home" to "would like to leave me alone."

RESULTS

The eight subgroups' rank intercorrelation matrix is presented in Table 1. Of the 28 interrelations computed, 27 are significant ($p<.01$). Half of the correlations are sufficiently high to account for 70% or more of the variance.

Insert Table 1 about here

The non-significant correlation was between elementary school teachers and the third and fifth grade pupils. Since the sample of teachers was predominately white and less than 5% of the pupils were white in this sample group, the low correlation may be resultant from this factor (the correlation between the teachers and the white suburban pupils was significant). In general, however, the correlations computed in both groups of grade school children (#6 and #8) were lower. Since several of the disability group labels were not clearly understood by some children (requiring examiner clarification), the lower correlations may in part be due to an ambiguity of meaning. Three other differences, however, may also be considered as

accountable for the findings: 1) the use of a different instrument (PSCS), 2) the use of a young population (grade school children), 3) the small samples (n=48, n=22). Although the relative effect attributable to these factors is not clear cut, even in these two samples more than half of the intercorrelations are still sufficiently high to account for over 50% of the variance.

Mean disability group acceptance scores for six of the samples appear in Table 2 for comparison. The acceptance order seems to be physical, sensory, psychogenic and social.

Insert Table 2 about here

CONCLUSION

Since the disability group acceptance hierarchy in this study seems to transcend the various sampling group differences: time (1969-1975), age (pupils and teachers), measuring scales (GSDS, PSCS), it seems relevant to consider a global explanation for this phenomena. One possible explanation might be that the hierarchy is a reflection of a need societal members have for status localization. Thus to achieve clarification of their relative status or position in society and within their subgroup, such internalized societal values as conformity (e.g. appearance, sociability, behavior) and productivity (e.g. work output, achievement) are used as indicators. The extent to which an individual produces and conforms determines his status. Consequently, the disabled individual would be assigned a status position based in part upon the extent to which he is perceived as meeting the societal standards of conformity and productivity.

The elementary school teachers and pupils, reflecting the overall values of society, would thus be most accepting of those disability groups seen as productive and conforming. Within the classroom environment the non-conforming emotionally disturbed pupil and the minimally

productive retarded pupil would be less accepted by teachers and other pupils than those disabled pupils who are maximally productive and conforming. The hierarchical ordering may be seen in Table 2. Disabilities which seem least damaging to efficient work production (e.g. ulcer, asthma) are most accepted while those most damaging to productivity and conformity (e.g. mental retardation, drug addiction) are least accepted.

It may be relevant to consider some of the implications of such attitude congruency. 1) The stability and congruence of disability group acceptance should be recognized by educational planners. Since teachers and students seem to share a common acceptance hierarchy, may indicate that such attitudes are already well established by the time the child reaches teen age. The general societal values of conformity - productivity shared by teachers may be reinforced by the classroom environment. Schools, after all, are concerned about the "behavior" and "production" of pupils - their goal is a productive citizenry.

2) Since seemingly similar prejudiced categorizations are evident in both teachers and students, the integrated handicapped pupil may be encountering a school environment which is not entirely accepting of physical, intellectual, social or emotional exceptionalities. It seems essential

that the attitudes of teachers and children be studied more closely and that their impact on integrated instructional programs be considered. Appropriate and genuine attempts at attitude modification would seem relevant for assuring the success of the handicapped within the regular school setting.

3) Since rehabilitation and special education students and professionals seem to share some of the prejudices of teachers and students and, as some studies indicate, the general public as well (Lewis, 1975), despite their specialized training, may possibly indicate that: a) "affective" training should be a component of professional training, b) the accepted disabilities are in effect easier and more pleasant to work with, c) acceptance hierarchies serve as reference points for societal members to localize their relative status, d) that some combination of a,b,or c is in operation. It is hoped that future research will address itself to such questions.

4) Since acceptance attitudes seem to be well established at an early age and possibly maintained for a long time, it may be that grade school curriculum planners ought to consider the issue of "co-existence" to decrease prejudice and increase awareness of "all Gods little children."

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Table 1. Spearman Correlation Coefficients

Group Number	2	3	4	5	6	7	8
1	.88 n=20	.94 n=20	.93 n=20	.91 n=10	.74* n=10	.89 n=20	.64 n=20
2		.87 n=20	.91 n=20	.85 n=10	.72* n=10	.80 n=20	.72 n=20
3			.91 n=20	.84 n=10	.69* n=10	.93 n=20	.68 n=20
4				.85 n=10	.78* n=10	.84 n=20	.70 n=20
5					.20 n=5	.97 n=10	.72* n=10
6						.75* n=10	.66* n=10
7							.56* n=20

unmarked = p<.001
* = p<.01
__ = not significant

Table 2. Mean Social Distance Scores Assigned Disability Categories by Groups Sampled

Disability Category	GROUP NUMBER 2 (n=431)	3 (n=243)	5 (n=352)	6 (n= 48)	7 (n= 72)	8 (n=22)
Alcoholic	2.48	2.10	1.05	1.81	1.63	2.27
Amputee	1.85	.88	--	1.47	.81	1.43
Arthritis	1.69	.82	.32	--	.74	1.47
Asthma	1.67	.84	.32	--	.74	1.25
Blindness	1.78	.87	--	1.37	.89	1.28
Cancer	2.44	1.05	--	1.33	.86	1.71
Cerebral Palsy	2.10	1.15	--	--	1.16	1.64
Deaf	1.76	.91	--	1.38	.87	1.33
Diabetes	1.69	.81	.31	--	.68	1.72
Drug Addict	3.70	2.58	1.47	2.17	1.63	2.24
Epilepsy	2.20	1.10	--	--	.85	1.78
Ex-Convict	2.30	1.97	.95	1.53	1.32	2.45
Heart Disease	1.94	.81	.33	--	.80	1.53
Hunchback	1.93	1.13	--	--	.99	1.65
Mental Illness	2.49	1.50	.70	2.09	1.13	2.07
Mental Retardation	2.45	1.63	.60	1.85	1.15	1.69
Old Age	1.94	1.02	--	1.28	.86	.60
Stroke	2.04	1.08	--	--	.90	1.71
Tuberculosis	2.32	1.24	--	--	.97	2.09
Ulcer	1.76	.84	.31	--	.70	1.60

-- = not used in study