Perceptions of Disability: The Impact of Visibility

By Robert M. Matchett
Indiana University of Pennsylvania
B.A. Sociology and B.S. Disability Services

Introduction

History has been riddled with instances of oppression and discrimination against individuals with disabilities, in 1990 the Americans with Disabilities (ADA) act was implemented within the United States to create equal rights and opportunities for individuals with disabilities. We have come a long way since then but there are still instances of environments not being accessible, and individuals not being accommodated. One area where you see this is in the post-secondary setting. Colleges and Universities are required by law to accommodate individuals with disabilities but the overall quality of these accommodations varies from university to university. This research project is aimed at examining how the degree of visibility of disability affects the perceptions of faculty and staff in the collegiate setting.

Purpose and Goals

The purpose of the study is to explore the relationship between the degree of visibility of student's disability and relative stigma of the disability in terms of perceptions among college faculty and staff. The study is framed by sociological theories of deviance, such as labeling and stigmatization.

Research Question and Hypothesis

Does the degree of visibility of college students' disabilities relate to faculty and staff's perceptions of their abilities?

I hypothesized that the greater the visibility of a person's disability the less positively the person is perceived in the collegiate setting. making them more susceptible to negative attitudes that can cause a hindrance in their academic achievement, and daily objectives.

Review of Literature

There is a important distinction to be made between the terms "Disability" "Impairment" and "Handicapped" that are noted in several of the sources that I reviewed in preparation for this research. According to Introducing Disability Studies by Ronald Berger:

– Disability—the inability to perform a personal or socially necessary task because of a impairment or the societal reaction to it (Berger, 2013)
– Impairment—refers to biological or physiological condition that entails the loss of physical sensory or cognitive functioning (Berger, 2013)
– Handicap—used to refer to the social disadvantages that accrue to the individual due to an impairment or disability (Berger 2013)

These concepts are further broken down into visible and invisible disabilities:

– Visible Disability—Are disabilities that are able to be seen and easily recognized by individuals. These disabilities can range from moderate to sever, and can have a limited or substantial impact on the individual (Berger 2013).
– Invisible Disability—Are disabilities that are not able to be seen, or easily recognized by others. These disabilities can range from moderate to sever, and can have a limited or substantial impact on the individual

There are two models within the field of disability studies that attempt to explain deviance.

– Medical Model—"disability is property of the individual body, rather than the social environment" (Berger, 2013). "the medical model is constituted by a set of disciplinary practices aimed at producing passive individuals…who are expected to adjust to their impairments and comply with a prescribed regimen administered by a medical professional" (Berger,2013).
– Social Model—makes claims that it's not an individual's impairment or adjustment, but rather it is barriers that are socially constructed that construct disability as the lower social status and undervalued life experience (Berger, 2013).
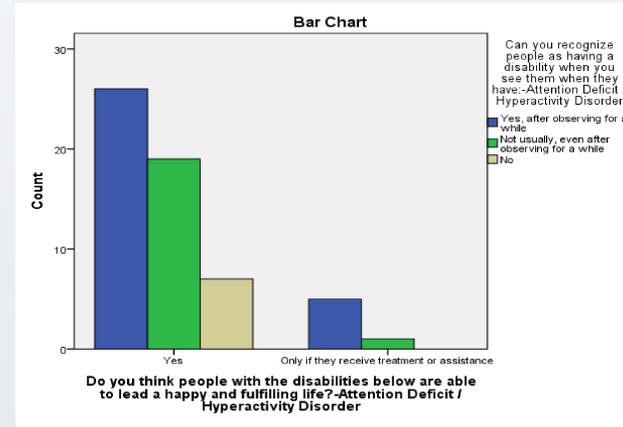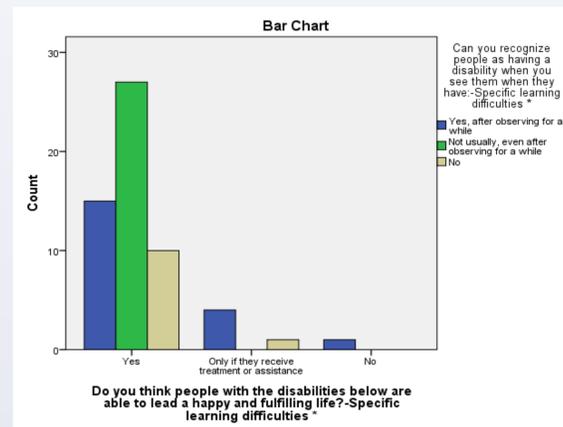
Results

Table 3. Paired T-Tests Comparing of Perceptions of Persons with Low versus High Visibility Disability (scale from 1 -lowest to 5-highest)

Characteristic	Low Visibility Means (s.d.)	High Visibility Means (s.d.)	t value (n pairs)
Simple (scale: 1 -lowest to 5-highest)	2.79 (1.23)	2.51 (1.18)	2.39* (43)
Anxious (scale: 1 -lowest to 5-highest)	1.72 (.70)	1.54 (.71)	1.84† (42)
Intelligence (scale: 1 -lowest to 5-highest)	3.83 (.86)	3.90 (.83)	-1.36 (41)
Attractiveness (scale: 1 -lowest to 5-highest)	3.68 (.82)	3.54 (.77)	1.96† (37)
Enthusiasm (scale: 1 -lowest to 5-highest)	3.85 (.83)	3.73 (.81)	1.71† (40)
Trustworthiness (scale: 1 -lowest to 5-highest)	3.75 (.87)	3.75 (.84)	0.00 (40)
Success in Academics (scale: 1 -lowest to 5-highest)	3.85 (.86)	3.83 (.87)	0.30 (40)
How visible is disability? (scale 1=not to 3=very)	1.81 (.53)	2.33 (.55)	-6.14*** (52)
How likely to succeed in a college class? (scale 1=very to 3=not)	1.43 (.50)	1.38 (.49)	0.81 (42)

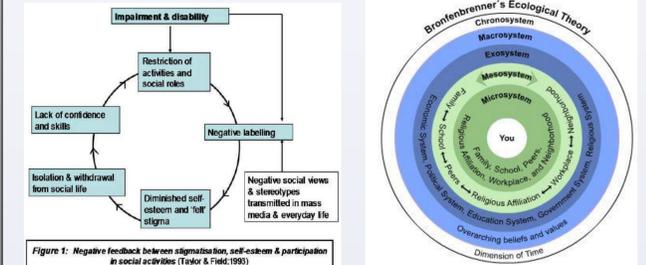† p < .10, * p < .05, *** p < .001

Key Findings

The key findings were as follows:

(a) Key staff that worked closely with students were more likely to see prejudice towards individuals with disabilities, than members of the faculty

(b) faculty and staff who believed they could identify an individual with a disability without any form of disclosure from the individual were likely to say that those individuals were going to be dependent on others and they would have a less fulfilling quality of life

(c) In the vignettes that had a high visibility and low visibility section, it was found when comparing the means that there was a significant difference between the high visibility and low visibility scenario that was in alignment with our hypothesis.

Limitations

(a) Perceptions and attitudes of disability can be a very touchy subject, especially in politically charged environments such as a college campus.
(b) My study was done at small Mid-Atlantic university
(c) Sample size was relatively small
(d) With the population being professors, they are academics and they are more aware of what I was trying to accomplish with the style of survey questions.
(e) some of them chose the most politically correct answers.

Review of Literature (cont.)

Figure 1: Negative feedback between stigmatisation, self-esteem & participation in social activities (Taylor & Field:1993)

Methods

To collect my sample, I will used a stratified random sample of faculty and staff at a Mid-Atlantic University. Using a table to randomly generate numbers I choose every nth member of a department on campus. This process will gave me a list of faculty and staff that I could electronically send an invitation to participate in the study, which series of two vignettes, as well as questions about definitions and understanding of disability and demographics.. To assure that each college and office that is being studied is equally represented I extended invitations to three to four members of each department until I collected 100 responses.

Discussion

Labeling and social stigma is dangerous, particularly to individuals with disabilities in the college setting because the label impacts them on several levels, which can be seen in the negative feedback model. Their self-esteem becomes diminished, they isolate themselves from their peers, their confidence takes a critical hit, and they are restricted from social activities. In the colligate you cannot receive services through the disability support services center unless you identify as having a disability, you are for the first time in your academic career your own advocate. Which is a difficult transition for some people.

This is further reinforced by Bronfenbrenner's Ecological Model, Classroom interactions and everything within the school all fall within the mesosystem and microsystem. This is because they are the closest to the individual who are the center of the model. By looking at something such as attitudes and perceptions that have an impact on the macro system we can then positively impact the other systems within the model and ultimately change how disability is viewed within society

References

Berger, R. (2013). Introducing disability studies. Boulder, Colorado: Lynne Rienner.

Brown, L. (2013). Stigma: An Enigma Demystified. In The disability studies reader (4th ed., pp. 147-160). New York, New York: Routledge.

Crinson, I. (n.d.). 4a - Concepts of Health and Illness and A Etiology of Illness. Retrieved April 04, 2016, from http://www.healthknowledge.org.uk/public-health-textbook/medical-sociology-policy-economics/4a-concepts-health-illness

Crossman, A. (2014, December 18). What Is the Labeling Theory? Retrieved April 04, 2016, from http://sociology.about.com/od/L_Index/g/Labeling-Theory.htm

Davis, L. (2013). Introduction: Disability, Normality and Power. In The disability studies reader (4th ed., pp. 1-13). New York, New York: Routledge.

Eriks-Brophy, A., & Whittingham, J. (2013). Teachers' Perceptions of the Inclusion of Children with Hearing Loss in General Education Settings. American Annals of the Deaf, (1), 63.

Esmail, S., Darry, K., Walter, A., & Knupp, H. (2010). Attitudes and perceptions towards disability and sexuality. Disability & Rehabilitation, 32(14), 1148-1155. doi:10.3109/09638280903419277

Findler, L., Vilchinsky, N., Werner, S,. (2007) Multidimensional Attitudes Scale Towards Persons With Disabilities

Ko, B., & Boswell, B. (2013). Teachers' perceptions, teaching practices, and learning opportunities for inclusion. Physical Educator, (3), 223.

Lowney, K. (n.d.). Sociological Theories to Explain Deviance. Retrieved October 21, 2015. http://ww2.valdosta.edu/~klowney/devtheories.htm

Shippen, M. E., Crites, S. A., & Houchins, D. E. (2005). Preservice Teachers' Perceptions of Including Students with Disabilities. Teacher Education & Special Education, 28(2), 92-99. doi:10.1177/088840640502800202

Simmeborn Fleischer, A. A., Adolfsson, M. A., Granlund, M. A., Högskolan Jönköping, H. O., & Högskolan Jönköping, H. O. (2013). Students with disabilities in higher education - perceptions of support needs and received support: a pilot study. International Journal of Rehabilitation Research, 330.

Vance, T. A., & Weyandt, L. (2008). Professor Perceptions of College Students with Attention Deficit Hyperactivity Disorder. Journal of American College Health, 57(3), 303-308. doi:10.3200/JACH.57.3.303-308