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Peer Acceptance and the Emotional Well-Being of Disabled Individuals

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ABSTRACT

This study is about how knowing someone with a disability affects an individual's level of acceptance for others who have a disability. In addition, this paper will also look at previous research on how different levels of peer acceptance affect the emotional well-being of those with disabilities. Under the supervision of our professor and the university staff, my classmates from Methods of Sociological Research at the University of New Hampshire (UNH) and I compiled a list of research questions pertaining to our individual studies and sent the link to our Qualtrics survey to approximately 300 other UNH students via Facebook messages and emails. I measured respondents' acceptance of those with disabilities by asking respondents how likely they thought they were to become friends with someone who has a disability. My findings regarding contact with someone with a disability and one's general acceptance toward others with a disability show a significant relationship between knowing someone with a disability and being more accepting of disability in general.

INTRODUCTION

The topic of this study is about peer acceptance of people with all different forms of physical, intellectual, and developmental disabilities and how knowing someone with a disability of any kind affects one's attitudes toward others with a disability. This paper will also look at data from previous studies that measured effects of peer acceptance on the emotional well-being of students with disabilities. Emotional well-being refers to whether or not the person with a disability has been diagnosed with depression, or if they have normal levels of various emotional states.

The Americans with Disabilities Act (ADA) (2013) defines physical disabilities as "any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, skin, and endocrine." The ADA defines an intellectual disability as "a disability that involves significant limitations both in intellectual functioning and in adaptive behavior. Adaptive behaviors include many everyday social and practical skills such as interpersonal and communication skills, social problem solving and responsibility, the use of time and money, as well as daily personal care and safety." They also define developmental disabilities as "chronic mental and/or physical disabilities which manifest before age 22 and result in functional limitations in at least three of the following areas of life activity: self-care, language, learning, mobility, self-direction, independent living and economic self-sufficiency" (Americans with Disabilities Act 2013).

Understanding the levels of acceptance between these groups is sociologically relevant and interesting because it looks at how two different groups of people (those with a disability and those without a disability) interact with each other. It also looks at how the attitudes of the individuals of one group (those without a disability) are affected by the members of the other group (those with a disability) and how their environment and experiences (knowing someone with a disability) have helped to shape those attitudes. Knowing how peer acceptance affects the emotional well-being of those with disabilities is also important because an individual's perceptions of their own inclusion or isolation can lead them to either thrive or become depressed. Creating an environment where everyone involved has an equal chance to thrive is very important for the success of our society.

REVIEW OF LITERATURE

Many of the studies cited in this paper were done using adolescent research subjects (high school students; around ages 14-18 years old), while others used adult subjects (over 18 years old), and my study used college students (around the ages of 18-22 years old) from the University of New Hampshire (UNH). Even though the studies were conducted using participants of different age groups and in different places around the world, they all pertain well to my topic. They will help to explain how knowing someone with a disability affects one's acceptance of others with disabilities, as well as how that acceptance affects the emotional well-being of those with disabilities and why the acceptance and support from others is beneficial for these individuals. These articles bring in many social theories and terms such as the social integration theory, intergroup threat, stigmatization, and the contact hypothesis, which will be further explained later.

Effects of Knowing Someone with a Disability

Bogdan and Taylor (1989) studied the family members, friends, and hired caretakers (I will refer to all of them as only "caretakers" from now on) of people with severe intellectual and developmental disabilities (referred to as "mentally retarded" in their article) who cannot care for themselves without assistance. They found that the caretakers in their study had a much different mentality when it came to their friend, relative, or patient than most people do who do not work with someone with a disability this closely or at all. The caretakers mostly reported that they see the person with a disability who is close to them as being an independent person who can think, reciprocate actions and emotions, and hold their own social identity and their own role in society. Being able to see them in this way allows caretakers to be accepting of people with disabilities in general.

Bogdan and Taylor (1989) personally interviewed approximately 100 caretakers of people with intellectual and developmental disabilities with open-ended questions to encourage detailed answers. Their open-ended interviews resulted in about 1,000 pages of detailed field notes, transcribed interviews, and their observations. They chose to travel to programs and agencies all over the country that were well known for their work with people with severe intellectual and developmental disabilities; especially if that program worked with children. Prior to this article, Bogdan and Taylor (1989) had been conducting similar studies on people with intellectual and developmental disabilities and their family members and hired caretakers for more than 15 years. These researchers found that the extremely high levels of acceptance that the caretakers had for those they cared for stemmed from the bond and affection between them. This relationship shows us that, because the caretakers knew and had such a close relationship with someone with a disability, they were much more accepting of other people with disabilities and saw them as complete and independent human beings.

General Acceptance

Several studies have researched the overall acceptance levels of people toward their peers and neighbors with all types of disabilities (Li & Moore 1998; Blau 1960; McDougall *et al.* 2004; Van Alphen *et al.* 2012; Tak-fai Lau & Chau Kiu 1994). The study by Li and Moore (1998) was conducted at the Rehabilitation Research and Training Center on Drugs and Disability at the Wright State University of Medicine in Dayton, Ohio. They gave surveys to a sample of people who were actively involved in "state-provided vocational rehabilitation services in Ohio, Michigan, and Illinois" (p. 15). To obtain their sample they used a computer-generated sampling method. Li and Moore over-sampled African American subjects in order to have a more accurate representation. Their main finding was that the acceptance of family members and others close to the individual with a disability were extremely important to the emotional and mental well-being of the person with the disability.

The articles by Blau (1960) and McDougall et al. (2004) both have to do with social inclusion and integration of those with disabilities. The study by Blau (1960) focused on social integration. The social

2

integration theory has to do with including minority groups (in this case, those with disabilities) into the society of the majority group. This article looks into how social integration partially depends on the "desirability" and "attractiveness" of the minority group as seen by the majority group, which is why integration is often difficult. The "desirability" and "attractiveness" of a group has to do with the approachability of its members and the "quality of their traits" as well as some other factors (Blau 1960). McDougall et al. (2004) used a longitudinal study to survey 1,872 ninth grade students from 18 different schools in Ontario, Canada about their acceptance level of their peers with disabilities. The main results from this study showed that the majority of the students surveyed held positive attitudes ranging from "slightly above neutral to very positive" whereas about 20% held "very positive" attitudes.

The study by Van Alphen et al. (2012) used a sample of about 400 participants from an online Dutch panel of people from the general public who are "regularly invited to participate in online survey research projects" (p. 42) and asked them about their feelings toward getting hypothetical new neighbors who have an intellectual disability. This study uses the terms intergroup threat and stigmatization to help explain the reasoning behind their findings. Intergroup threat is when a group of people feel that their social identity is being threatened by another group that is encroaching on them; the neighbors without a disability felt threatened by the incoming of the new neighbors who are changing the dynamic of the neighborhood. Stigmatization is the act of negatively branding a group of people, usually inaccurately; the neighbors without a disability have a predetermined idea about those with disabilities that might be clouding their judgment about their hypothetical new neighbors.

Van Alphen et al. asked the respondents to imagine three different hypothetical scenarios in which they were getting various numbers of new neighbors who had varying severities of intellectual disability. First, they had a scenario where there was a large group of new neighbors with slight intellectual disability. Then, they had a small group of new neighbors who had a severe level of intellectual disability. Finally, they had a medium sized group of neighbors with a medium level of intellectual disability. They found that in general, if the group was large or the individuals had severe intellectual disabilities, the participants tended to have more negative emotions and give more negative responses. Respondents had more positive emotions when it came to the mid-sized group with somewhat mild disabilities. Participants also expected that there would be a hired caretaker who they could "deal with" in the scenario with more severe levels of disability.

The article by Tak-fai Lau and Chau-kiu (1994) uses the contact hypothesis to explain how knowing someone with a disability increases an individual's general acceptance of others with a disability. The contact hypothesis says that personal contact and familiarity with a condition or situation helps to reduce one's stigma and preconceptions toward the particular condition or situation and helps lead to openness and acceptance. Although they say that contact and familiarity are major factors, they also say that age, sex, and education could also be factors in determining one's acceptance for those with disabilities. For this study they used a random stratified sample to conduct phone surveys by stratifying to four different regions of China and then using an updated phone directory to randomly select individual households. They would call the selected household asking for the family member whose birthday had most recently passed, as long as they were between the ages of 18 and 60. The researchers found that people were generally fairly willing to interact with people who had an intellectual disability and they were very accepting of their desires to enjoy normal everyday activities out in public. However, a somewhat high number of participants said that they thought that centers for those with intellectual disabilities should be kept at a distance from other public facilities. They found that respondents who said that they had frequent contact with someone who has a disability generally scored as being more accepting of those with intellectual disabilities all around.

3

Emotional Well-Being

The articles by Antle (2004) and Turner and Noh (1988) look into the effects that a lack of societal acceptance can have on emotional well-being of those with disabilities. Antle looks at how the onset and severity of the disability as well as the age at onset, one's gender, and one's social support affects the emotional well-being of an individual with disability. There were 85 participants in this survey who were either born with spina bifida or had acquired a spinal cord injury at some point in their life (the average age for acquiring a disability was 15 years old). Participants ranged from third grade to college-aged. She found that most of the respondents had similar levels of self-esteem and perceptions of self-worth as their peers without disabilities. She also found that many of them had good social support networks, and that this was the main factor leading to their healthy emotional states.

Turner and Noh (1988) used a cluster sample to do a longitudinal survey study of 967 participants who identified as having a physical disability. They surveyed the participants twice with a time interval of four years in order to gauge their emotional well-being. These researchers found that individuals who have physical disabilities are at a significantly increased risk for depression than those who do not have a disability. In addition to having a disability, they found that age and sex were also factors in being at a higher risk for depression: males and those 65 years and older were at an even higher risk than females and younger people.

A potential limitation of these studies as well as my own is their generalizability. I do not know what population the other researchers wished to generalize their findings to, but I do not think that any of the studies were large enough to generalize them at a national level. I think it would be interesting to conduct a global study, which would eliminate another potential limitation: cultural differences. Each of these studies was fairly small and conducted in different parts of the world (China, Canada, Holland, United States, etc.) which I think makes it hard to generalize to any population outside of the community due to different methods, cultures, and slightly different topics.

Also, the findings of some of these studies are contradictory to each other. For example, the articles by Antle (2004) and Turner and Noh (1988) both examine how having a disability affects having depression. Antle found that having a disability does not have a significant effect on having depression, while Turner and Noh found that people with disabilities are at a far higher risk of depression than those without a disability. One possible reason for the different findings is the time difference between when the two studies were conducted.

HYPOTHESES

The null hypothesis of my study is that there is no relationship between knowing someone who has been diagnosed with a disability and being generally accepting of others with a disability. The alternative hypothesis for this study states that knowing someone who has been diagnosed with a disability of any kind will lead an individual to be more generally accepting of others with a disability.

RESEARCH METHODS

As previously stated, my classmates from Methods of Sociological Research at UNH and I compiled a list of all of our individual research questions into an online survey by using the program, Qualtrics under the supervision of our professor and university staff. Participants were not compensated for their time in any way and the survey was completely anonymous. Participants gave consent for participating in our survey by checking a small box at the bottom of the first page of the survey that briefed them on our study. The data from our survey was analyzed using quantitative methodologies in Qualtrics, the same program that was used to make the survey.

The risks posed to respondents of our survey were minimal, including only potential emotional and psychological risks. The majority of the 30 or so questions within the survey touched upon topics such as alcohol and drug use, sexual behavior, parents' marital status, and other potentially controversial topics.

4

These topics could provoke negative emotions in the participants, but were very unlikely to do so. There were no direct benefits to the participants of our survey; however, learning more about our topics could help us know more about specific societal relationships, which could benefit society in the future. In particular, with regard to my study, knowing more about general societal acceptance levels of those with disabilities could help individuals who work directly with people who have a disability, as well as those who work to integrate people with disabilities into the larger community.

In order to collect our sample we used convenience sampling, where we each sent the link to our survey to approximately 10 of our friends who are all also students at UNH via Facebook messages and emails. A total of 308 people responded to our survey. A benefit of using convenience sampling for our study was that we were be able to fill any categories that we wished to fill (such as year in school, gender, etc.) as well as get a good number of respondents because we could send the link to people who we thought would respond to the survey seriously and in a timely manner. A limitation of convenience sampling is that our sample is probably not representative of a larger population outside of UNH, which means that we will not be able to generalize our findings outside of UNH.

The independent variable in my study is knowing someone who has been diagnosed with a disability of any kind, while the dependent variable is one's general acceptance toward people with a disability. To measure my independent variable, I asked respondents if they know anyone who has been diagnosed with a physical, intellectual, or developmental disability. I also asked them how much they agreed with the statement "I am likely to become friends with someone with a disability" in order to measure my dependent variable. I measured the dependent variable by asking respondents if they were likely to become friends with someone with a disability, because accepting someone into your life in such a meaningful way as a friendship usually means that you are generally accepting of who they are – having a disability is usually a fairly large part of one's identity.

RESULTS

Table 1.

To what extent do you agree or disagree with the following statement: "I am likely to become friends...		What is your gender?			
		Female	Male	Not Specified Above	Total
	Strongly Agree	24 13.87%	12 17.14%	0 0.00%	36 14.75%
	Agree	83 47.98%	29 41.43%	0 0.00%	112 45.90%
	Neither Agree nor Disagree	57 32.95%	27 38.57%	0 0.00%	84 34.43%
	Disagree	9 5.20%	2 2.86%	1 100.00%	12 4.92%
	Strongly Disagree	0 0.00%	0 0.00%	0 0.00%	0 0.00%
	Total	173 100.00%	70 100.00%	1 100.00%	244 100.00%

To what extent do you agree or disagree with the following statement: "I am likely to become friends...		What is your gender?
	Chi Square	21.25*
	Degrees of Freedom	8
	p-value	0.01

5

Table 1 shows a cross tabulation for gender and how likely respondents said they were to become friends with someone who has a disability. The table shows that many more females took our survey (or at least answered this particular question) than did males, and also that females reported being more likely to become friends with someone with a disability. These findings are significant at a probability value (p-value) of 0.01 meaning that there is a 99% chance that there is a relationship between gender and the self-reported likelihood of becoming friends with someone who has a disability. Approximately 48% of female students at UNH agreed that they are likely to become friends with someone who has a disability while 41.4% of male students at UNH agreed.

Figure 1. Do you know anyone who has been diagnosed with a physical, cognitive, or developmental diability?
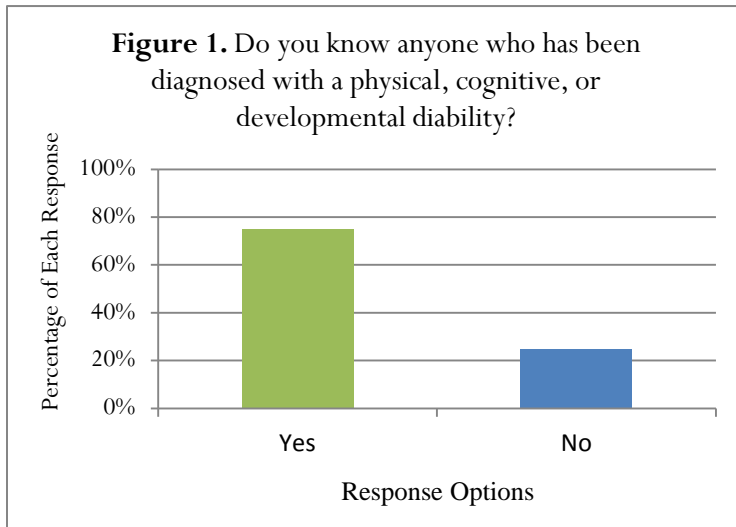
Figure 1 is a graph showing my independent variable, whether or not respondents know someone who has been diagnosed with a physical, intellectual, or developmental disability. It shows that 75% of UNH students know someone who has been diagnosed with any kind of a disability while 25% do not know anyone who has any form of a disability.
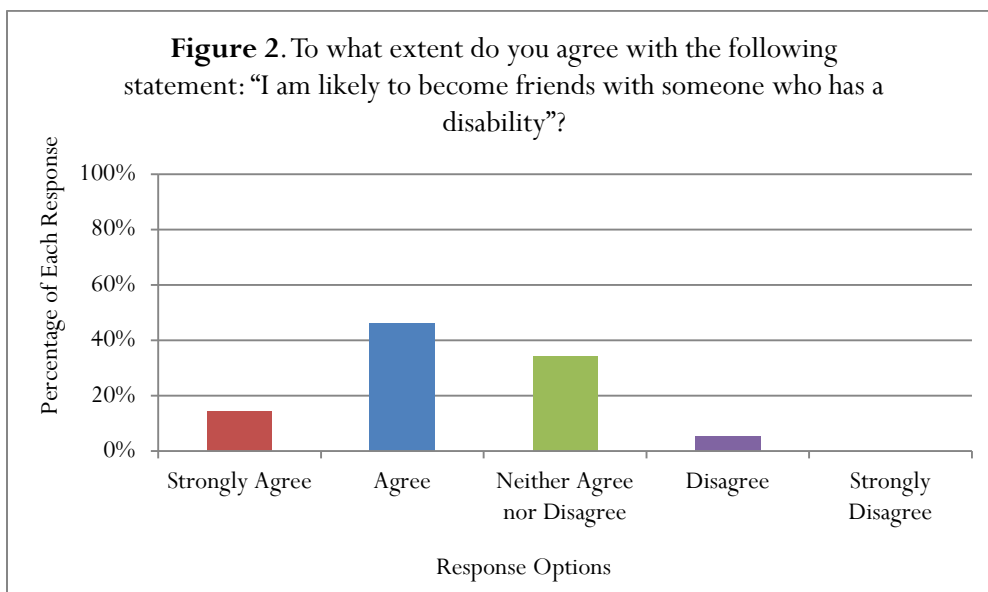
Figure 2. To what extent do you agree with the following statement: "I am likely to become friends with someone who has a disability"?

Figure 2 is a graph showing my dependent variable, the degree to which respondents agreed with the statement "I am likely to become friends with someone who has a disability." It shows that about 14% of respondents strongly agreed with the statement, 46% agreed, 34% neither agreed nor disagreed, 5% disagreed, and 0% strongly disagreed. These results mean that students at UNH are much more accepting of those with disabilities than not.

Table 2.

		Do you know someone who has been diagnosed with a physical, cognitive, or developmental disability?		
		Yes	No	Total
To what extent do you agree or disagree with the following statement: "I am likely to become friends...	Strongly Agree	35 18.23%	2 3.13%	37 14.45%
	Agree	97 50.52%	21 32.81%	118 46.09%
	Neither Agree nor Disagree	55 28.65%	33 51.56%	88 34.38%
	Disagree	5 2.60%	8 12.50%	13 5.08%
	Strongly Disagree	0 0.00%	0 0.00%	0 0.00%
	Total	192 100.00%	64 100.00%	256 100.00%

		Do you know someone who has been diagnosed with a physical, cognitive, or developmental disability?
To what extent do you agree or disagree with the following statement: "I am likely to become friends...	Chi Square	27.43*
	Degrees of Freedom	4
	p-value	0.00

Table 2 shows a cross tabulation of the main findings of my study. This table shows that in a sample size of 256 participants, most of our respondents know someone who has been diagnosed with a physical, intellectual, or developmental disability and that most of the respondents agree that they are likely to become friends with someone who has been diagnosed with any kind of disability. 192 respondents (75%) said that they know someone with a form of disability and 132 (68.75%) of them said that they agree or strongly agree that they are likely to become friends with someone with a disability in the future. Sixty-four respondents (25%) said that they do not know anyone with a disability and 23 (35.94%) of them said that they still agree or strongly agree that they are likely to become friends with someone who has a disability. Five respondents (2.6%) who know someone with a disability reported that they disagree that they are likely to become friends with someone with a disability in the future. A slightly larger number of respondents, 8 (12.5%) who do not know anyone with a disability disagreed that they were likely to become friends with someone with a disability.

With a p-value of 0.00, at any alpha level I can reject my null hypothesis that there is no relationship between knowing someone with a disability and being likely to become friends with someone who has a disability in the future. I can reject my null hypothesis because this table shows that there is in fact

7

a significant relationship between knowing someone with a disability and being likely to become friends with someone with a disability.

CONCLUSION

My findings suggest that most students at UNH are likely to become friends with someone who has a diagnosed disability of any kind. This means that UNH students in general are fairly accepting of people who have disabilities. According to the previous studies mentioned above, this level of acceptance means that the students on campus who have a disability should be about as happy and emotionally stable as their non-disabled peers, at least while at school, because they are generally accepted by their peers at UNH.

My study could be improved with a slightly larger sample size that steps away from surveying only UNH students, and instead surveying other college students around the United States (US), thus allowing my findings to be generalized to all college students around the country. Along with my increased sample size, I would apply a new sampling method. I would use a cluster random sampling method so that my data is more representative of the larger population than is the convenience sampling used in this study. Since we used a convenience sample when sending out the link to our survey, my findings are hardly reflective of the UNH student body, never mind all college students in the US.

For future research, I would take my revisions from the above paragraph and apply them to my study to learn about the acceptance levels of people with disabilities by college students all over the US. This will be a somewhat accurate representation of the American societal view on people with all types of disabilities. I would also break "disabilities" down into the three categories I mentioned previously: physical, intellectual, and developmental in order to see if one category is more widely accepted than the others. I would do this by asking many more questions relevant to this topic, since it would be my own survey and not one made up of a compilation of many different topics. Also, as I mentioned before, I would be interested to see, and maybe try to work on, a global-scale project to see how culture might affect participants' responses about their acceptance of people with disabilities. Although this would be a very difficult, expensive, and time consuming project, I think the results would be very interesting and insightful.

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8

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9