

# Attitudes Toward Disability: The Relationship Between Attitudes Toward Disability and Frequency of Interaction with People with Disabilities (PWD)

Jennifer Kim, Taylor Locke, Emily Reed, Jackie Yates, Nicholas Zike, Mariah Estill, Bridgette Graham, Erika Frandrup, Kathleen Bogart, PhD, Sam Logan, PhD, Christina Hospodar

## Introduction

The **social and medical models** of disability are sets of underlying assumptions explaining people's beliefs about the causes and implications of disability.

- The **medical model** is the predominant model in the United States that is associated with the belief that disability is an undesirable status that needs to be cured (Darling & Heckert, 2010). This model focuses on the diagnosis, treatment and curative efforts related to disability.
- The **social model** is preferred by disability activists and researchers which focuses on society's involvement in disability, such as stigmatization, discrimination and the interpersonal barriers that are features of one's disability. The social model suggests that society disables individuals and is the cause of impairment (Olkin, 2003).

**Allport's contact hypothesis** states that increased contact with people with disabilities (PWD) will reduce prejudice through relationship building and social connection (Allport, 1954).

- **Pettigrew's Intergroup Contact Theory**, similar to **Allport's contact hypothesis**, argues that essential conditions must be met in order to reduce feelings of prejudice. These conditions include learning about the outgroup, changing behavior, generating affective ties, and in-group reappraisal (Pettigrew, 1998).

Based on these theories, increased interaction with PWD should result in more favorable attitudes about PWD. We further propose that contact may serve to alter the **medical and social models** of disability orientation, which in turn may affect attitudes. This is the first large-scale study that examines how the models of disability influence the relationship between contact and attitudes toward PWD.

It was hypothesized that participants with more frequent interactions with PWD would have more favorable attitudes towards PWD. This would be mediated by models of disability.

## Methods

### Participants

The **Assessing Attitudes About Ability** survey was distributed over five sections of a required health class, majority of the participants were in their first year (n=1506).

- Ages ranged from 17-45 ( $M=18.67$ ,  $SD=1.812$ )
- 55% identified as male & 44.8% identified as female

## Methods Continued

### Participants Continued

- 7.9% identified as Hispanic/Latino & 91.5% did not identify as Hispanic/Latino
- 2.6% identified as Black/African American, 1.7% identified as American Indian or Alaska Native, 23.3% identified as Asian, 2.2% identified as Native Hawaiian or Pacific Islander, 76.7% identified as White, & 2.1% identified as Other
- Average frequency of contact was about once a month
- 9.9% identified as having a disability

### Measures

The **Assessing Attitudes About Ability** survey consisted of:

- **Attitudes Toward Disabled Persons scale** (Yuker, Block, & Young, 1970)
- A single item assessing **frequency of contact with PWD**
- "How often do you interact with PWD?"
- The **Darling (2013) social and medical model scales**

### Analysis Procedures

A mediation and path analysis was conducted using bootstrapping

## Results

A partial mediation was found. There were significant indirect effects for both medical model,  $b = -.01$ , 95% CI [-.0145, -.0066], and social model,  $b = -.004$ , 95% CI [-.0080, -.0017].

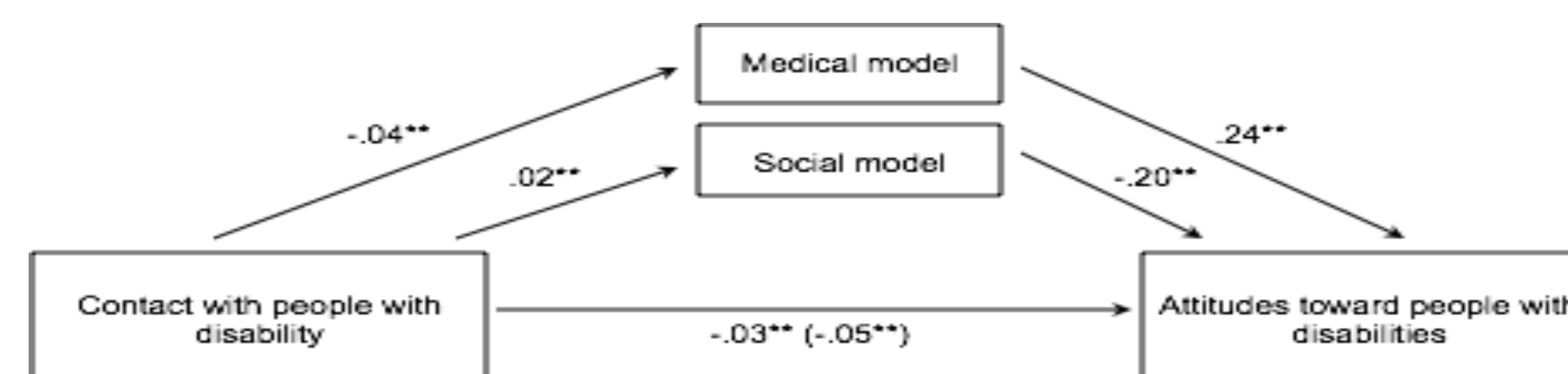


Figure 1. Model testing mediational role of medical and social model of disability in the relationship between contact with disability and attitudes toward people with disabilities. The coefficient in parentheses is the total effect and the adjacent number is the direct effect. Values are  $b$  coefficients. Higher ATDP scores denote more negative attitudes, while higher scores on all other measures denote greater amounts of each construct. †  $p < .1$ , \*\*  $p < .01$ , \*\*\*  $p < .001$

## Conclusion

Supporting our hypothesis, the **medical and social models** partially mediated the relationship between contact and attitudes towards PWD.

- Compared to the **social model**, the **medical model** was more strongly associated with contact and attitudes.
- This suggests that more contact with PWD can help decrease **medical model** beliefs in general, but may be slightly less effective at promoting the **social model** beliefs.

### Limitations

- Large proportion of Caucasian participants
- Large proportion of higher socioeconomic status (\$40,000 and up)
- Our survey consisted of a single contact item

### Implications

Average frequency of contact with PWD was about once a month

- 19% of Americans have a disability (Brault, 2012)
- 10% of undergrads have a disability (U.S. Census Bureau, 2012)
- Only 2% of psychology faculty have a disability (Andrews & Lund, 2015)

Implications of this study may suggest that institutions need to accommodate to more PWD and provide education about the subject. Underrepresentation of PWD in institutions, such as universities, are caused by institutional and social barriers, which essentially creates insufficient opportunities for people to interact with PWD.

### Future Studies

Future studies might focus on asking more questions that assess how certain types of contact or interactions with PWD change attitudes towards disability. This could serve as an alternative to the single item assessing frequency of contact with PWD.

- **Allport's contact hypothesis** suggests asking questions regarding relationship building and social connection (Allport, 1954).
- **Pettigrew's Intergroup Contact Theory** suggests asking questions that involve creating emotional ties with PWD, along with how increased education about the disability community might influence attitude change (Pettigrew, 1998).

