

The Effects of Labels On Reported Attitudes
Toward Persons With Handicapping Conditions:

A Literature Review

William Slingsby

Algoma University

1993-1994

Running head: LABELS

Abstract

Research on the topic of attitudes toward the handicapped is examined, and the argument is presented that the method of evaluating attitudes toward persons with handicapping conditions is inappropriate in much of the literature. A defense of this position is presented based on the findings of previous researchers and theorists. A contrast between attitudes toward people and attitudes toward labels is presented. In the conclusion a method of making more accurate evaluations is proposed.

The Effects of Labels On Attitudes

Toward Persons With Handicapping Conditions:

Many significant changes have occurred in the past few decades that affect the status of persons with handicapping conditions. With the government's current de-institutionalization policies, the laws concerning individual rights and the appearance of numerous rights advocacy groups, more and more persons with handicapping conditions are becoming a visible part of the social community (Altman, 1981).

The study of attitudes toward these persons, has been diverse, and researchers have used a number of methods to gather information. They have used surveys (Kent, Cartwright & Ossorio 1984), rank ordering (Abroms & Koderer, 1979; Antonak, 1980; Horne & Riccardo, 1988), between group comparisons that rate one disability against others (Christman, Lewis & Slaten, 1991; Jaffe, 1967; Socall & Holtgraves, 1992) or against non-handicapped persons (Foster, Ysseldyke & Reese, 1975; Link, 1982), as well as observation (Newberry & Parish, 1987) and experimental manipulation (Langer & Abelson, 1974; Pollan & Turkat, 1984).

The results of these studies, most of which use labels as a method of identifying the target, remain controversial. Furthermore, what is reported in attitude studies does not readily correspond with what people with handicapping conditions report as being their experience (Kent et al, 1984).

At least part of the contradiction can be accounted for by taking into account the proposition that what is being measured in many of these attitude studies is not actually attitudes toward persons with handicapping conditions, but rather attitudes toward the labels associated with those conditions. For example, hierarchies of acceptability and correlational research that make between group comparisons tend to rely on one word descriptions or labels such as mentally retarded, alcoholic, paraplegic, etc. to identify the target groups. In those studies that use more than single word identifiers, researchers tend to embed labels into the descriptions of persons with handicapping conditions (ie. John is a mentally retarded 21 year old...).

Experimental manipulations tend to use this method as well. By using labels as a dependent variable and applying them directly to targets who do not have the

condition, they can then make comparisons based on those labels imposed (mentally ill vs job applicant). I would therefore argue that what is being assessed is the attitude toward the label, not toward the person.

The Difference

Psychologists have generally agreed on a three part structure of attitudes; AFFECT - the emotional response like/dislike, trust/mistrust, BEHAVIOR - the tendency to respond in certain ways such as associate with or avoid contact, and COGNITION - our experience, knowledge, and education about the target. It is the interaction of these elements that develops into an attitude set. As any one of these elements changes, so too the attitude set is affected (Allport, 1967; Doob, 1967; Eiser, 1984; Fishbein, 1967; Halloran, 1976; Rajewski, 1990).

Ordinarily we develop our attitudes about a particular person or group through our experience with them. The knowledge we gain helps us to determine the similarity or difference between them and our acceptable standards. If our experiences are positive, we become more open, tolerant, and accepting of individual differences. If our experiences are negative, we become critical, defensive, and cautious

in our relationships with that person. According to Allport (1967):

An attitude is a mental and neural state of readiness, organized through experience, exerting a directive or dynamic influence upon the individual's response to all objects and situations with which it is related.

Labels seem to provide a shortcut to this knowledge by reducing complex individuals with many attributes to single descriptive traits (Nieradzik & Cochrane, 1985).

Labelling provides a method by which information can be organized. Labels serve as categories or sets that, in addition to structuring the previous input, determine what further information is attended to (Langer & Abelson, 1973). For example, identifying a person by the use of labels facilitates access to the traits that are associated with the group label. If a person is a stranger, it is likely that the person will be thought to possess the characteristics of the prototypical member of the group. The advantage to labelling is that it allows people to believe that they have a basis for interaction: the disadvantage is that they may be wrong (Miller, 1982).

Another danger with labels is that once we have

categorized people or groups, we may exaggerate the differences between them and ignore their similarities, or conversely, once we have categorized two people into the same category, we may exaggerate their similarities and ignore their differences (Miller, 1984). Moreover, once we have categorized or labelled a person, we often infer additional characteristics for which we have no evidence (Altman, 1981; Rajecki, 1990).

The literature on labels, and labelling theories, is generally consistent with the idea that stereotypes have the same base components as attitudes, but on closer examination, they are very different. According to Rajecki (1990);

labels create stereotypes that are over-generalized attitudes based on too little information and experience about individuals Even without accurate information about that individual a person may be willing to make assumptions about that person on the basis of group membership.... the mental picture portrayed is usually negative and disparaging in nature.

The stereotypes created by labels present a predetermined behavior set that is highly resistant to

change (Bootzin, Bower, Zajonc & Hall, 1986; Doob, 1967).

When we use labels to describe people with handicapping conditions, the label becomes a starting point that activates an array of beliefs about the designated person, which may or may not be true, but will ultimately affect the level of acceptance or rejection the person experiences. Since the labels we use tend to emphasize the difference between the target and ourselves, they tend to be seen as negative and disparaging (Rajecki, 1991).

The beliefs that we have about a person who is labelled tend to influence our affective orientation, which in turn determines our behavior around that person. If our beliefs are negative, we may selectively attend to the negative behaviours that fit our stereotypical view, because that is what we expect to see, or ignore positive behaviours that are deserving of attention because they don't fit the stereotype.

When we dislike or feel negatively about someone we tend to avoid or minimize our contact with that person. Consequently, the opportunity to have positive experiences that could potentially change our

perceptions of the labelled person are also reduced. This in turn leads to a self-fulfilling prophecy in which the handicapped person assumes the expected role (Link, Cullen, Frank & Wozniak, 1987; Scheff, 1984).

Research in the field of special education demonstrates this negative influence imposed by labels. Several studies have shown that teacher's perceptions of student abilities are negatively influenced by the presence of labels (Field, Hoffman, St.Peter & Sawilowsky, 1992; Foster, Ysseldyke & Reese, 1975) These studies indicated that when teachers were supplied with the label "learning disabled" or "emotionally disturbed", they perceived a child's failure at a task to be the result of an inability to learn rather than a lack of knowledge, enthusiasm or other variable. As a result, they spent less time pressing the child to try than they did with "normal" children. The result for the labelled child is that once the difficulties cumulate, he or she begins to feel stupid, and begins to act in accordance with the educator's perceptions.

Psychologists have been shown to be susceptible to the negative influence of labelling as well. Langer and Abelson (1974) found that clinical psychologists

assessments of a subject's mental health were significantly more negative when the target was identified as "patient" than when target was identified as a "job applicant". Yet in the same study, behavioral psychologists who restricted their evaluations to observable behaviour, made no such error.

The general public also misuse labels. Kent et al (1984) reported in their survey findings that people equate physical disability with mental impairment. Furthermore, they found that "normal" people tend to believe that "physically handicapped" persons are unable to be spontaneous. As the previous examples show, once a person is labelled with a handicap, he/she not only has to deal with the handicapping condition, but must also deal with society's perception of what that handicap means (Altman, 1981).

The Solution

In order to examine the effect of labels on attitudes toward persons with handicapping conditions, it is necessary to compare attitudes in the presence and absence of labels as applied to people who are afflicted with those handicapping conditions: not the reverse. To accomplish this there must be a balance

created in which the only variation is the presence or absence of the "label". All other variables must be held constant. Even this is not enough. To ask subjects to rate their response to a "label" may invoke nothing more than their knowledge of the "word", if there is not a context in which to make their judgment.

Since we are morally and ethically restricted from imposing handicapping conditions onto subjects, the use of descriptive sketches seems to be the most logical approach to the problem. If a sketch is designed in such a way as to be equally descriptive of the anomaly to which the label is applied, whether the "label" is present or not, the context of the evaluation can be established and support for the hypothesis "The presence of labels describing handicapping conditions will have a negative influence on the reported attitudes toward persons with handicapping conditions." can be established.

References

Abroms, K. I. & Koderer, T. L. (1979). Acceptance hierarchy of handicaps: Validation of Kirk's statement, "Special education often begins where medicine stops" Journal of Learning Disabilities 12, 24-29.

This experiment reports on the rank ordering of disabilities ranging from social deviation to mental/physical impairment by 138 special education students. The results indicate that organic disabilities are perceived as more acceptable than mental impairment.

Of interest to this study is the use of single word identifiers for the target anomalies, and the interpretations that are based on same.

Allport, G.G. (1967). Attitudes, in Fishbein, M.

(1967). Readings In Attitude Theory and Measurement, New York, John Wiley & Sons, Inc.

This essay provides the reader with a historical preface of the concept of attitudes. Included is the historical foundations from which modern studies are derived, and an explanation of the complexity of the related issues.

Altman, B. M. (1981). Studies of attitudes toward the

handicapped: The need for a new direction, Social Problems 28 (3), 321-334.

This essay presents a review of the literature reporting on the study of the handicapped and the influence that labelling has had on perception of those who are handicapped. The author examines the research trends and theoretic differences in depth, categorizes and evaluates the different study methods into 3 major areas, and offers a critique of the findings. Most important is the authors criticism of the confounding variables and inconsistencies in present research methods.

Antonak, R. (1980). A hierarchy of attitudes toward exceptionality, Journal of Special Education 14 (2), 231-241.

This experiment supplies an over-view of ordering theory and its implications for the study of attitudes toward handicapping conditions. The author applies the model to social, physical and mental handicap labels. The responses of 122 university students were measured for 24 items based on 11 categories of disability. The results are translated into a number of hierarchies that include social acceptance and community

integration.

Of interest to this study is the use of labels as identifiers, and the inferences that are made about their real world applicability when in fact there is no support present.

Bootzin, R. R., Bower, G. H., Zajonc, R. B., & Hall, E. (1986). Psychology Today: An Introduction, (6th Ed.), New York, Random.

This is an introductory psychology text. It supplies an over-view of the theoretical perspective of attitudes and stereotypes from a variety of methodological perspectives.

Christman, L. A. & Slaten, B. L. (1991). Attitudes toward people with disabilities and judgments of employment potential, Perceptual and Motor Skills 72, 467-475.

This experiment reports on the findings of a study in which employers rated the employability of a woman presented as either normal, on crutches, or in a wheelchair. 120 subjects viewed a video tape of a potential employee. The results showed enhanced attitudes toward the person on crutches, and a positive attitude toward the woman in a wheelchair. The use of crutches is assessed by

the authors as an indication that the woman is perceived as dependant because of her incapacity, though no support for this argument is present. The results are contrary to other findings.

Doob, L. W. (1967). The behaviour of attitudes, in Fishbein, M., Readings In Attitude Theory and Measurement, New York, John Wiley & Sons, Inc. This essay relates the concept of attitude and attitude acquisition to the behaviourist perspective. Included in the text is an analysis of the components of attitudes, and the components of stereotypes.

Eiser, J. R. (1984). Attitudinal Judgment, New York, Springer.

This book examines the concept of attitude in its many dimensions. Several social psychological models of attitude acquisition and change are presented, and a discussion of the role of stereotyping is included.

Field, S., Hoffman, A., St. Peter, S. & Sawilowsky, S. (1992). Effects of disability labels on teachers' perceptions of students' self-determination, Perceptual and Motor Skills 75, 931-934.

This experiment presents an examination of student

responses to their teachers perceptions of their ability to learn. The study used 48 students with disabilities and 47 students without. There was little observable difference in behaviour between either group. Evidence is provided to suggest that teacher perceptions lead to a self-fulfilling prophecy when the teacher's perceptions of their learning ability are diminished by the presence of labels, even when there is evidence to the contrary.

Fishbein, M. (1967). Readings In Attitude Theory and Measurement, New York, John Wiley & Sons, Inc.

This textbook provides advanced readers with an examination of the current trends in the study of attitudes, and formulations of different models of attitude. It is very difficult to read, but presents strong argument to support the theories presented.

Foster, G. G., Ysseldyke, J. E. & Reese, J. H. (1975).

"I wouldn't have seen it if I hadn't believed it",
Exceptional Children 41, 469-473.

This experiment using 38 teacher trainees presents evidence that when teachers are presented with a label, their perceptions of a child's ability to

learn are negatively influenced. Furthermore, these perceptions persist even in the face of contradictory behaviour on the child's part.

Halloran, (1976). Attitude Formation and Change, Connecticut, Greenwood.

This book presents an historical over-view of the study of attitude, and then develops into a discussion of the process and purpose of attitude development from a sociological perspective.

Horne, M. D. & Riccardo, J. L. (1988). Hierarchy of response to handicaps, Psychological Reports 62, 83-86.

This experiment presented a list of handicap labels to 3 groups of elementary and intermediate grade school children and 1 group of adults. The resulting hierarchies of acceptability demonstrated that acceptability was related to the perceived degree of normalcy associated with the label, and that these perceptions were consistent over time.

Jaffe, J. (1967). "What's in a name"-attitudes toward the disabled, Personnel and Guidance Journal 45 (6), 557-560.

This experiment compared the effects of the

mentally retarded, mental hospitalization and amputee labels against sketches portraying the person and disability on 126 high school students perceptions of the person's functioning. The results indicate the use of sketches may be more accurate than labels per se in the study of attitudes.

Of interest to this study is the use of imbedded labels that are not accounted for in the results.

Kent, J., Cartwright, D. & Ossorio, P. (1984).

Attitudes of peer groups toward paraplegic individuals, Journal of Rehabilitation (summer), 41-45.

This 2 part experiment first identifies a number of ways in which normals perceive paraplegics through the use of survey and interview techniques, and then used the ATOP scale to assess the perceptions of 600 college students toward interactions with paraplegics.

NOTE: The findings of the first part of the experiment are particularly relevant to my hypothesis.

As part of the development of the second part of

their study, the authors developed a 12 item questionnaire which measure 2 levels not included in the ATDP :intimacy and fear.

Langer, E. J. & Abelson, R. P. (1974). A patient by any other name...Clinician group difference in labelling bias, Journal of Consulting and Clinical Psychology 42 (1), 4-9.

This experiment compared 2 disciplines of psychology for susceptibility to labelling effect(Clinical, Behavioral). When presented with video taped interviews, the interviewee was identified as either 'patient' or 'job applicant'. The results indicated that behaviourists were very accurate as assessing behaviour in either case, while labels consistently distorted clinical psychologists perceptions of the same target.

Link, B. (1982). Mental patient status, work, and income: An examination of the effects of a psychiatric label, American Sociological Review 47, 202-215.

This study examined the effect of labels on aspects of a persons life separate from that of assessing mental competency and its stigma. The authors found pervasive effects of labels in all

aspects studied, including personal and self acceptance.

Link, B. G., Cullen, F. T., Frank, J. & Wozniak J. F. (1987). The social rejection of former mental patients: Understanding why labels matter, American Journal of Sociology 92 (6), 1461-1500.

This paper presents numerous arguments that support Scheff's labelling theory; in particular the ninth element, which presents stereotypical behaviour as a result of the label rather than a source. This is consistent with Self fulfilling prophecy theory.

Miller, A. G. (1982). In The Eye Of The Beholder: Contemporary Issues In Psychology, New York, Praeger.

This book looks at the subject of stereotyping from a variety of perspectives, and offers sociological and social psychological explanations for the development and imposition of same.

Newberry, M. K. & Parish, T. S. (1987). Enhancement of attitudes toward handicapped children through social interaction. The Journal of Social Psychology 127(1), 59-62.

This experiment examined the effect exposure to a

handicapped peer has on the attitudes of normals. The study used 476 Boy and Girl Scouts who interacted with mentally retarded, physically disabled, deaf or hearing impaired, blind or partly sighted, and learning disabled children. The results indicate that in the absence of labels, attitudes toward physical and mental illness are generally improved. The exception to this was the learning disabled group. It is hypothesized that a label would justify the deviant behaviour when a visible source was not present.

Nieradzik, K. & Cochrane, R. (1985). Public attitudes toward mental illness- The effects of behaviour, roles and psychiatric labels, International Journal of Social Psychiatry 31, 23-33.

This experiment compared a number of previous experimental findings in a single study. It was found that reducing the severity of the label increased acceptability, that perceivers education was a mediating factor in acceptance, previous exposure to handicapped reduced labelling effects, and that diagnostic labels were strong predictors of behaviour perceptions.

Pollans, C. H. & Turkat, I. D. (1984). Effects of an insulin infusion pump and the label "diabetes" on observers' judgments of an individual's personality and social characteristics, The Journal of Social Psychology 122, 93-99.

This experiment used 30 male and 30 female college students to view photographs of a female wearing an Insulin infusion pump. Half were told that the subject was "diabetic", half were not. The results found that the label diabetic enhanced social acceptability. This is contradictory to most similar research. The authors contend that the subjects may have evoked an unexpected emotional response to the target that resulted in over-justification of the targets behaviour.

Rajecki, D. W. (1990). Attitudes: Second Edition.

Sinauer Associates Inc, Mass.

This book presents an in depth examination of the concept of attitudes. The author examines history, theory, discipline differences, etc... It is an insightful, well written, plain english text, with persuasive arguments and clear examples.

Scheff, T. J. (1984). Being Mentally Ill: A

Sociological Theory (2nd Ed.), New York, Aldine.

This book examines the labelling theory that the author has developed over the years, and applies it to current issues in the study of attitudes toward the mentally ill.

Socall, D. W. & Holtgraves, T. (1992). Attitudes toward the mentally ill, The Sociological Quarterly 33 (3), 435-445.

This experiment compared several identically behaving persons labelled either 'mentally ill' or a specific 'physical impairment'. 600 persons selected randomly from a Delaware phone directory were used as survey respondents. Results indicate that even though behaviour was identical, the 'mentally ill' target was perceived more negatively.

The Effects of Labels on Reported Attitudes
Toward Persons With Handicapping Conditions

Bill Slingsby

Algoma University

Running Head: ATTITUDES

Abstract

Research indicates that the use of labels may influence attitude measurement. Profiles describing four real and one fictional handicapping condition were distributed to 140 university students. The profiles were presented in one of two forms, either with or without an identifying label. Subjects viewed one randomly selected profile then filled out a twelve item label-free questionnaire followed by the Attitudes Toward Disabled Persons Scale. Results indicate that labelling had a negative influence on three of twelve questions for the "Mentally Retarded" group, and a positive influence on four of twelve questions for the "Dyslexia" group. A significant difference was also found between profiles on the questionnaire, but no significant differences were found on the ATDP scale. Results and implications for the use of labels in attitude research are discussed, and a direction for further research suggested.

The Effect of Labels on Reported Attitudes
Toward Persons With Handicapping Conditions

There is an extensive body of literature on attitudes toward people with different handicapping conditions. The conclusions drawn from this literature however are quite confusing. Although there is a great deal of research that shows that persons with handicapping conditions are seen as less important or valuable than others, (Altman, 1981; Link, Cullen, Frank & Wozniak 1987; Nieradzik & Cochrane, 1985; Scheff, 1974) there is also research that indicates that persons with these same conditions are perceived in a positive accepting way (Newberry & Parish, 1987; Pollans & Turkat, 1984). Furthermore, what is reported in attitude studies does not readily correspond with what people with handicapping conditions report as being their experience (Kent, Cartwright & Ossorio, 1984).

Part of the problem may be that what is being assessed in many of these attitude studies is not actually the subjects' attitude toward persons with handicapping conditions, but rather an attitude toward the labels associated with those conditions. For

example, most research on hierarchies of acceptability and research that makes between group comparisons tends to rely on one or two word descriptions or labels such as "mentally retarded", "alcoholic", "paraplegic", etc. to identify the target groups (Abroms & Koderer, 1979; Antonak, 1980; Horne & Riccardo, 1988). In studies that use more complete profiles, researchers tend to embed labels into the descriptions of persons with handicapping conditions (Foster, Ysseldyke & Reese, 1975; Link, 1982). In both cases, labels seem to play an important role in identifying the target.

Researchers have also compared attitude differences based on the presence or absence of the label by applying labels to targets who do not have the actual conditions, or varying the labels imposed on individuals (ie. John is retarded, John is gifted), to imply that the target is afflicted with some condition or another, and measuring attitude differences based on the label imposed. I would therefore argue that what is being assessed is the attitude toward the label, not toward the condition since the condition seems to be secondary to the label (Altman, 1981).

The Difference Between Individuals and Labels

An attitude is the culmination of our affective and behavioral disposition toward an individual or object, and is influenced by our knowledge, education and experience with it (Allport, 1967). These components are generally identified by psychologists through the acronym ABC's, which stands for, affect, behavior and cognition (Rajecki, 1990). Labels on the other hand reduce complex individuals to single descriptive traits (Nieradzik & Cochrane, 1985). These traits are then used to identify entire groups of people.

When we utilize a label it becomes a starting point that activates an array of beliefs about the designated group that may or may not be true for that individual, but will ultimately affect the level of acceptance or rejection that person experiences (Langer & Abelson, 1974; Rajecki, 1990). These beliefs tend to influence our affective orientation, which in turn determines our behavior around that person (Miller, 1982). If our beliefs are negative, we may over-emphasize negative behaviors that match our stereotypical idea of what to expect or we may ignore positive behaviors that are deserving of attention

because they don't fit the stereotype (Miller, 1982). Furthermore, since we tend to avoid things that we feel negatively about, we may avoid contact with labelled individuals thereby reducing the chances that our perceptions will be changed with experience (Rajecki, 1990). The problem that this creates is that once a person is labelled with a handicap, that person not only has to deal with the handicapping condition, but must now also deal with society's perception of what that handicap means (Field, Hoffman, St.Peter & Sawilowsky, 1992).

The study reported here was designed to test the hypothesis that labels have a negative influence on reported attitudes toward persons with handicapping conditions. To do so, profiles of individuals with handicapping conditions were used as attitude objects, the presence or absence of identifying labels was used as a dependent variable, and two measures of attitudes toward persons with handicapping conditions were used to compare attitude differences.

Method

Subjects

Subjects were 140 introductory psychology students at Algoma University. The pool consisted of both male and female students above the age of 18. Subjects participated in this experiment as part of their course requirements, and were given an hour of study credit for their participation.

Profiles

Five paragraphs, portraying people with different handicapping conditions were used. The conditions were Blindness, Dyslexia, Mentally Retardation, Paraplegia and a fictional condition named Identity Indecisiveness Syndrome. Each profile was presented in two forms, one using a label and one that was label-free, for a total of 10 possibilities. The only differences in presentation between the two forms were: (1) the title at the top of the profile was either the label used to identify the condition (eg. Mentally Retarded) or John, and (2) the inclusion or omission of the clause "and is/has label" at the end of the first sentence. In all other respects the two forms were identical.

Each profile presented a portrait of an individual that included enough information for the subject to

determine the type of handicapping condition that was present, without the aid of a label, as well as presenting the individual as a person with whom the subject might have social contact. The profiles contained personal and educational information, as well as other relevant information, including a list of hobbies. This allowed each subject to make an attitude assessment based on the characteristics of the individual as well as on group membership.

The Identity Indecisiveness Syndrome condition reported symptoms designed to reflect normal social transitions to which we are all subject (eg. fads in clothing and music). The purpose of this profile was to account for the possibility that a label may not require a stereotype or necessarily reflect knowledge about the group to have the power to influence attitudes.

Measures

Questionnaire 1. This questionnaire was developed as a label free measure of attitudes toward the handicapped individuals. It was made up of 11 questions adapted from 2 previously developed attitude investigations on mental illness (Nieradzick et al, 1985; Link, 1982), and 1 additional question introduced

by this author to form an even scoring base with equal numbers of positive and negative questions. All items were scored on a 7 point Likert type scale.

Questionnaire 2. The Attitudes Toward Disabled Persons (ATDP) scales was presented using form 0 of the test. The label "disabled" was used as the identifier in each of the 18 questions (eg. Disabled people are the same as anyone else). This test was included to examine the effect of introducing labels as part of the data collection process, after the target had been identified.

Design and Procedure

Each subject was presented with a randomly chosen packet containing (1) a covering instruction sheet that prevented the subjects from seeing the profile given to the person in the next chair, (2) one of ten possible profiles, (3) the label free questionnaire, and then (4) the ATDP scale. All subjects received the material in booklet form, and in the same order, so as to prevent the labels introduced in the ATDP from influencing the no-label groups prematurely.

The experimenter gave the subjects a single paragraph explanation of the reason for the study, and then asked them to read the material they were given

and answer the questions as honestly as possible. The experimenter also emphasized that there were no right or wrong answers, that responses would be completely anonymous, and indicating honesty in the answers as what mattered.

Results

Because the questionnaire measured different levels of attitudes, these items were subjected to individual t-tests for each pair of profiles. Powerfully significant differences on questions reflecting competence $t=-4.06$ $p<.0004$, social distance $t=-3.4$ $p<.002$, and capacity to succeed $t=-3.68$ $p<.001$ indicated that labelling had a negative influence for the Mentally Retarded profiles as shown in figure 1. At least 2 items on the questionnaires indicated that labels had a negative influence for each of the "blind" and "paraplegic" conditions as well, but these scores did not reach the criteria for significance ($P<.05$). These findings support the hypothesis presented here.

In the Dyslexia group, questions assessing employability $t=2.70$ $p<.01$, personal distance $t=2.16$ $p<.04$, social distance $t=3.16$ $p<.004$, and capacity to succeed $t=4.03$ $p<.0004$ were also significant. However, as figure 2 indicates, these values reflect a positive

influence, which is opposite to the direction proposed in the hypothesis.

Insert figures 1 and 2 about here

The scores for questionnaire 1 were then compared, to determine the levels of acceptability that each of the profiles was assessed (higher scores = higher acceptability). The results indicated that the profiles were rated with significantly different levels of acceptability $f(4,1)=19.51$ $p<.0001$, but no significant difference between pairs of profiles was found.

The ATDP scale scores were similarly compared to determine between group differences. No significant differences were found, between groups, or between pairs of profiles. This indicates that the label "disabled", as presented in the ATDP, had the power to displace the significant differences between the conditions that was noted for questionnaire 1 and impose a stereotypical image that was relatively consistent across all conditions as suggested by Miller (1982) and Rajewski (1991). Figure 3 shows how this would support the hypothesis presented in that the

label "disabled" negatively influenced attitudes by minimizing the differences recognized by the subjects, and imposing a generalized stereotype of a "disabled" person.

Insert Figure 3 about here

Discussion

The findings presented for the Mentally Retarded condition as well as for the use of the label "disabled" in the ATDP show support for the hypothesis that labels have a negative influence on reported attitudes toward persons with handicapping conditions. In particular this author is interested in the findings on the question which measures capacity to succeed. The score for the Mentally Retarded profile is consistent with studies in special education that report that when the labels "emotionally disturbed" or "learning disabled" are put on children, educators tend to see student failures as an inability to learn rather than as the student having difficulty. As a result, these educators spend less time pressing the child to try (Field, Hoffman, St. Peter & Sawilowsky, 1992;

Foster, Ysseldyke & Reese, 1975). The consequence for the child is that his or her difficulties cumulate, and eventually the child begins to believe that he or she is stupid, and behaves in accordance with the educators' perception.

A remedy to such perceptual errors may have come to light in this study. For this same question, the Dyslexia group showed an almost opposite effect. This may be because the label Dyslexia is related to a specific set of behavior and learning problems. If this proposition proves to be true, then the type of label used to identify a learning problem could be manipulated for the child's best interest. The use of more specific labels as identifiers to educators may improve the interaction between those educators and students with special needs. Further research should be done to examine this possibility.

The lack of significant findings on the ATDP scale also shows the influence of labels, though it is less obvious. Even though the sketches portrayed different people with very different conditions, and the subjects were asked to base their answers on the information presented, the label "disabled" included in the questions imposed a categorical perspective that

reduced the individuals to stereotypes; nullifying the information that the subjects had just received. This supports the idea that we selectively attend to the information consistent with our beliefs about stereotypes (Miller, 1982; Rajecki, 1991).

Though not supporting the hypothesis presented here directly, the questions that showed positive differences for the Dyslexia profiles present further support for the idea that labels influence attitudes. Labels like "Dyslexia", that explain a particular behavior/learning set or problem, may actually be beneficial, identifying a particular problem or set of problems that might otherwise be overlooked. They show that a person is not stupid, lazy or incapable of learning. On the other hand, more generic labels like "Mentally Retarded" and "Disabled", that identify an entire range of behavior, learning, and/or physical characteristics, are damaging because they are so vague, and may lead to counter-productive behavior by the people with whom that person must associate. The problem is knowing how to identify the differences, and where to draw the line.

References

- Abroms, K.I., & Koderer, T.L., (1979). Acceptance hierarchy of handicaps: Validation of Kirk's statement, "Special education often begins where medicine stops" Journal of Learning Disabilities 12, 24-29.
- Allport, G.G. (1967). Attitudes, in Fishbein, M. (1967). Readings In Attitude Theory and Measurement, New York, John Wiley & Sons, Inc.
- Altman, B.M., (1981). Studies of attitudes toward the handicapped: The need for a new direction, Social Problems 28 (3) 321-334.
- Antonak, R., (1980). A hierarchy of attitudes toward exceptionality, Journal of Special Education 14 (2), 231-241.
- Field, S., Hoffman, A., St. Peter, S., & Sawilowsky, S., (1992). Effects of disability labels on teacher's perceptions of student's self-determination, Perceptual and Motor Skills 75, 931-934.
- Foster, G.G., Ysseldyke, J.E., & Reese, J.H., (1975). "I wouldn't have seen it if I hadn't believed it", Exceptional Children 41, 469-473.

- Horne, M.D., Riccardo, J.L., (1988). Hierarchy of response to handicaps, Psychological Reports 62, 83-86.
- Kent, J., Cartwright, D. & Ossorio, P., (1984). Attitudes of peer groups toward paraplegic individuals, Journal of Rehabilitation (summer), 41-45.
- Langer, E.J., & Ableson, R.P., (1974). A patient by any other name... Clinician group difference in labelling bias, Journal of Consulting and Clinical Psychology 42 (1), 4-9.
- Link, B.G., (1982). Mental patient status, work, and income: An examination of the effects of a psychiatric label, American Sociological Review 47, 202-215.
- Link, B. G., Cullen, F.T., Frank, J., & Wozniak, J.F., (1987). The social rejection of former mental patients: Understanding why labels matter. American Journal of Sociology 92 (6), 1461-1500.
- Miller, A.G., In The Eye Of The Beholder: Contemporary Issues In Psychology, New York, Praeger
- Nieradzik, K. & Cochrane, R. (1985). Public attitudes toward mental illness- The effects of behaviour,

roles and psychiatric labels, International Journal of Social Psychiatry 31, 23-33.

Newberry, M.K., & Parish, T.S., (1987). Enhancement of attitudes toward handicapped children through social interaction. The Journal of Social Psychology 127 (1), 59-62.

Pollans, C.H., & Turkat, I.D., (1984). Effects of an insulin infusion pump and the label "diabetes" on observer's judgments of an individual's personality and social characteristics, The Journal of Social Psychology 122, 93-99.

Rajecki, D.W., (1990). Attitudes: Second Edition,
Sinauer Associates Inc., Mass..

Scheff, T.J., (1974). The labelling theory of mental illness, American Sociological Review 39, 444-452.

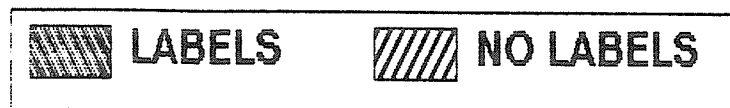
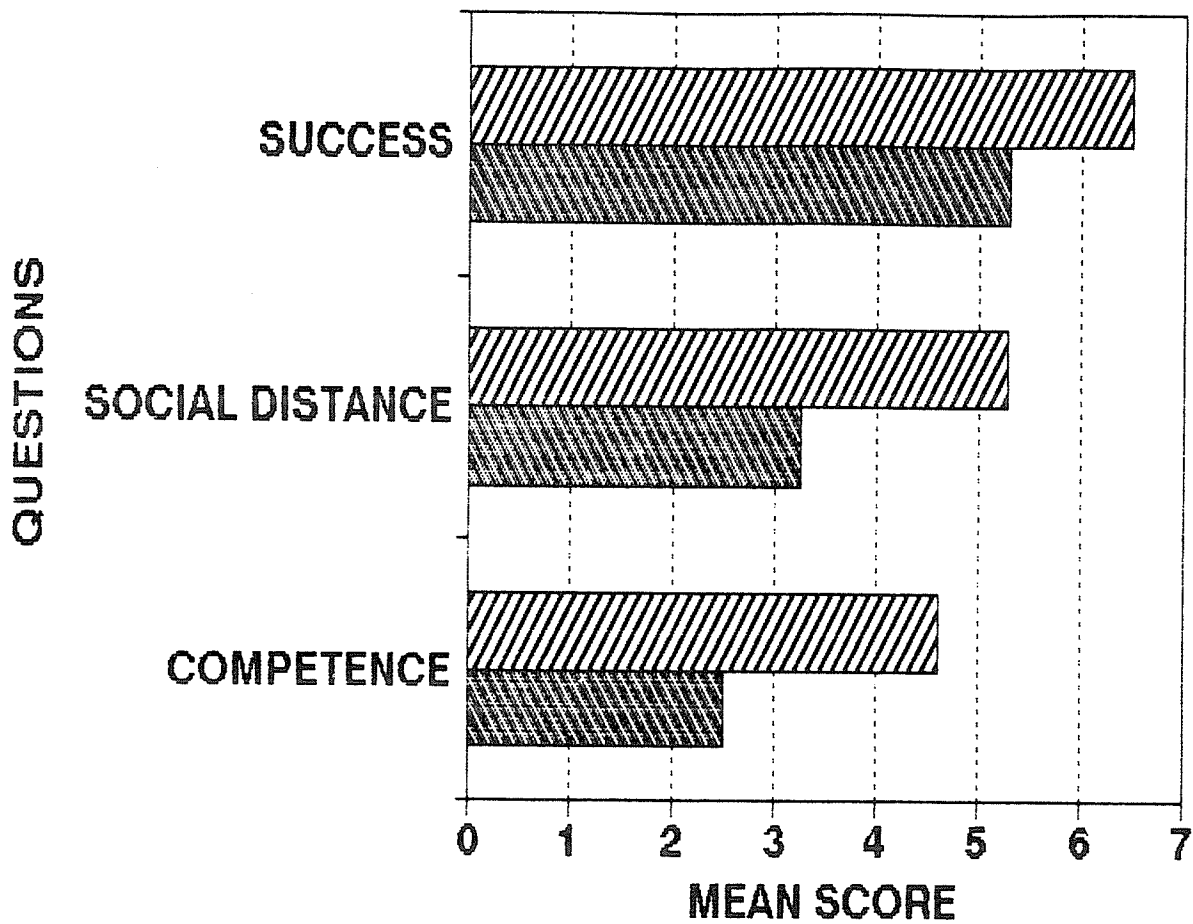
Figure Caption

Figure 1. The negative effect of the label Mentally Retarded on measures of Competence, Social Distance and Capacity to Succeed.

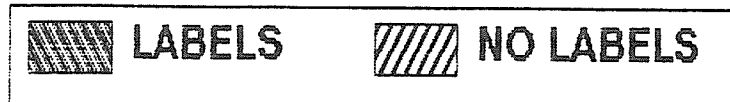
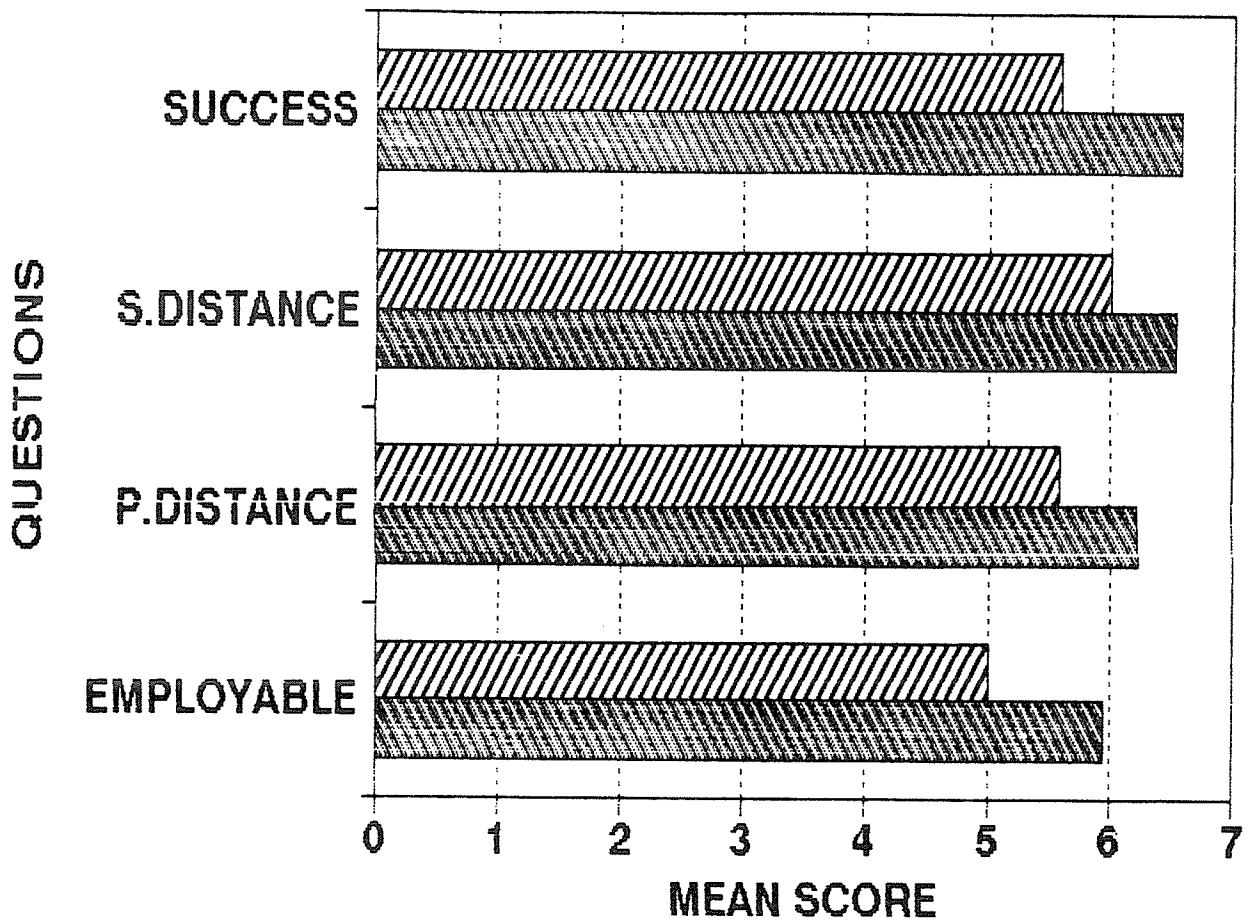
Figure 2. The positive influence of the label Dyslexia on measures of Employability, Personal Distance, Social Distance, and Capacity to Succeed.

Figure 3. The mean scores for questionnaire 1 compared to the mean scores for the ATDP indicating the power of the label "Disabled" to minimize differences between groups and impose a general stereotype.

MENTALLY RETARDED



DYSLEXIA



ATDP vs QUESTIONNAIRE

