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國人對殘障者的認識調查

THE PHYSICALLY DISABLED--IN THE JUDGMENT OF 510 EDUCATED CHINESE

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The more disabled a person looks, the more obviously different from other people, the more he feels himself set apart and the more other people expect him to be different from themselves, Bernard Kutner in a review of literature about the social psychology of disability cites many studies which focus on the stigma of being disabled and on the tendency of people to jump from the bare evidence of a disability, which is only an observed deviation of just one part of a man, to negative judgment about the whole man.

The disabled, naturally, resent this, They want to be accepted as normal, ordinary people who just happen to have a disability or two.

How do educated people in Taiwan look upon the disabled? What kind of pre-judgments, if any, do they have? What sort of expectations do Chinese disabled have to live up to or have to live down? To help answer these questions, 510 Chinese living in Taipei--hospital personnel, rehabilitation staff, members of the Chinese Physical Medicine Association, college students and the disabled themselves--were asked to compare the disabled with the non-disabled on a variety of different points.

Hypotheses. It was expected that the following statements would be verified:

1. In respect to undesirable qualities, those normally considered negative, the disabled will generally be judged unfavorably, that is, people will say that they have a greater degree of these qualities than the non-disabled do.

2. In respect to more positive qualities, the disabled will still fall short of the non-disabled, but less so.

3. The disabled will judge themselves more favorably than the non-disabled do.

4. The same will be true but to a lesser degree for those work with the disabled.

Methodology. A pilot questionnaire was devised in which people were asked to compare disabled persons in general with non-disabled persons in general on a list of 56 items. After being given to over 200 hospital personnel and to some disabled people, it was revised and shortened to 48 items, one of which was misprinted, leaving 47 items to be reported on.

Each item was to be marked on a scale of 1 to 5 as follows: please say how much more or less you believe the quality (item) in question is possessed by the non-disabled in comparison with the non-disabled: 1. very much more (1.00), 2. somewhat more (.75), 3. equally (.50), 4. somewhat less (.25), 5. very much less (.00). The number in the parentheses above, which were not printed on the questionnaire sheet, are the numerical weights given to each answer so that averages could be compiled for comparisons.

Definition of disability. The term "disabled" was deliberately left unspecified, except for saying that it was the physically disabled as a general class that were to be compared with the physically non-disabled as a class. Only five or six of the 510 subjects expressed any difficulty in pinning down what the term was supposed to mean. The very fact that 500 persons felt comfortable enough with such a general classification to sit down and quickly make many judgments about disabled people is itself a sign of how readily judgments are made about others on the basis of physical condition.

Subjects. It was impossible in the circumstances to get a representative cross section of all the Chinese in Taiwan, but we tried to get as many rehabilitation and hospital personnel as possible along with some college students and the disabled. Of the 510 subjects 153 were men and 353 women, 65 were themselves disabled, 184 were nurses of the Veterans General Hospital, 29 were therapists or doctors of the Physical Medicine Department of the same hospital, 29 were members of the Chinese Physical Medicine Association working at other hospitals and 167 declared they had no contact with the disabled in their work.

Findings. All the variables that were considered have been grouped into categories and the average values given for each group of subjects are reported in the eight Tables. In interpreting the weighted values, keep in mind that the nearer to .50 the less the difference seen between the disabled and the non-disabled, the closer to 1.00 the more the disabled were considered to surpass the non-disabled in possessing the quality in question, and the nearer to .00 the more the disabled were thought

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to fall short.

A. Seven "positive" personal qualities (Table 1). In the opinion of everyone the disabled were more intelligent, creative, religious and serious, but also more pessimistic, more lacking in self-confidence and emotion control. Being religious was their strongest point in this category, lack of optimism their weakest. The disabled agreed with everyone else, but gave themselves slightly more favorable scores for optimism, self-confidence, emotional control and intelligence. Members of the Chinese Rehabilitation Medicine Association (CRMA) were the most pessimistic in their evaluations, the nurses and rehabilitation staff of the Veterans General Hospital the most optimistic.

B. Six "negative" personal qualities (Table 2). The disabled were overwhelmingly judged to be depressed, discouraged, aloof, stubborn, and sensitive with an inferiority complex. The disabled were in agreement here, too, but marked themselves slightly better on every item except inferiority which they said they had more of. This time it was the nurses who judged them most unfavorably, while the rehabilitation staff was still the most favorable.

C. Six various other personal qualities (Table 3). In the view of everyone the disabled are not easily understood and expect others to give them help and like to get sympathy. Their interest in life is lower. There was little difference on the points of pleasure seeking and being easily satisfied. Except for the last two items, the disabled judged themselves the same as others did, though slightly more favorably on liking sympathy and being easily satisfied. The C.R.M.A. members and the V.G.H. rehabilitation staff were again the least pessimistic.

D. Sufferance of pain. (Table 4). The opinion of all was that the disabled are more sensitive to pain, but at the same time more tolerant and acceptive of it. The disabled differed from the others by putting themselves more sensitive yet, but slightly less tolerant and acceptive. The C.R.M.A. members somewhat less than the others thought they were tolerant and acceptive of pain.

E. Interpersonal relationships. (Table 5). Nearly everyone thought the disabled were somewhat more kind, generous, friendly, and fair, but less good-natured and trustful of others. No one thought they enjoying being in crowds. On every point the disabled had a slightly more positive estimation of themselves. On each point it was the rehabilitation staff that scored them the most favorably.

F. Action oriented qualities (Table 6). The disabled were seen by everyone as more ambitious and enthusiastic, but considerably less energetic and active with less initiative and flexibility and more fear of risk taking. The disabled scored themselves higher on each point but were in basic agreement. The C.R.M.A. members again scored them the least favorably.

G. Suitability for work. On sense of responsibility, cooperation with others and perseverance the disabled came out better than the non-disabled, but when it came to doing the work itself, they were seen to have less ability, endurance and efficiency. The disabled had the most positive opinion of themselves, the C.R.M.A. staff the least.

H. Getting along in the world. Each group was unanimous in declaring that the disabled have more problems, meet success less often, and have fewer opportunities for work and social life. The C.R.M.A. staff was the most pessimistic in assessing their chances for work and social life.

Summary. The following is a general profile of how the disabled appear in the eyes of others. They are more intelligent, creative, religious and serious, more kind, generous, fair and friendly, more ambitious, enthusiastic and persevering with a greater sense of responsibility. These are all qualities that should make them good employees, provided they can be physically rehabilitated. These points, however, are balanced by a number of negative opinions which made them less acceptable to others. They are more depressed, discouraged, aloof, stubborn and sensitive. They are pessimistic, lack self-confidence and emotional control, do not like crowds, like sympathy and expect help from others. They are not very active or energetic and deficient in work endurance and efficiency.

The above items all depend upon the personalities of the disabled. On points which do not depend entirely upon the person himself, but upon the opportunities for rehabilitation that society offers him, the disabled were considered to be at a great disadvantage, with more problems, less success and fewer opportunities for finding work and for social life and their work skills are less.

As hypothesized the disabled did tend to see themselves more favorably than others did, but contrary to expectations, professional contact with them did not always result in more favorable views. While nurses and especially the rehabilitation department staff did look upon

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them more favorably, the members of the C.R.M.A. were the least positive of all, even less so than those with no professional experience. But the differences between groups were only in degree. In all but a few cases, there was agreement about the differences and the direction of the differences. Only on items not connected with emotions or physical strength, did the disabled appear superior to the non-disabled and better than had been hypothesized.

Observations. The results are very clear. People, including the disabled themselves, do actually consider the disabled to be different from the non-disabled and, more often than not, the difference is not complimentary. Naturally, this report shows only how the disabled looked in the eyes of certain others and not necessarily how they actually are. It does indicate the existence of a set of expectations that can influence behavior toward the disabled.

True or not, this is a view of themselves that the disabled have to live with. All those who work in the field of rehabilitation should be aware of these possible prejudices, lest they be too quick in their judgments about their clients.

Finally, this study raises several important issues which need to be explored further.

1. How much of the apparent bias against the disabled is not prejudice at all, but a reflection of fact?
2. How many of the apparent differences were created and imposed upon the disabled by their environment with its lack of proper rehabilitation programs and social opportunities?
3. How much of the agreement of the disabled with the rather negative opinions of themselves is conformity to what is expected of them by others?

If the disabled really want to be accepted and treated just like the non-disabled, they must first of all think of themselves as the same and show by their behavior that they act and react the same.

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