

ORIGINAL RESEARCH

Stereotypes about Adults with Learning Disabilities: Are Professionals a Cut Above the Rest?

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ABSTRACT

Purpose: *The study examined the differing perceptions of professionals and the public (non-professionals) regarding life success for adults with learning disability (LD).*

Method: *The sample (N = 342) consisted of 175 professionals (P) and 167 non-professionals (NP), with a mean age of 30.02 years and S.D. = 12.42 years. Their perceptions about life success of an individual with learning disability were studied with the help of four vignettes that provided hypothetical information about the age, class, and hobbies of a college student. The four vignettes were identical in describing the student and only differed in terms of gender (M and F), and presence and absence of learning disability (LD and NLD).*

Results: *No significant difference was found between attitudes held by professionals and non-professionals. Both the groups showed significantly greater negative attitudes about perceived life success for adults with learning disability than for those without learning disability. The results have been discussed with the help of social psychological theories in the areas of attitude, bias, and stigmatization.*

Conclusion and Implications: *It is clear that a negative bias exists toward individuals with learning disability in the urban Indian milieu. The fact that not only the public but also professionals were biased against individuals with learning disability regarding their life success implies that negative stereotypes are deeply embedded. This research may provide the impetus to address issues like prevalence of stigma against learning disability in society, its effective attenuation as well as equality and inclusion for individuals with learning disability.*

Key words: *learning disability, attitudes, bias, labelling, stereotypes, stigma*

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INTRODUCTION

Learning the three Rs (i.e., reading, writing, and arithmetic) is essential in the civilized world. As soon as a child turns three years old, he/she is introduced to symbols that denote language and arithmetic of his social milieu. Parents proudly announce to their family and friends that their little one has gained mastery over reading and writing the alphabet and numbers. Learning to read and write seems effortless, a necessary but natural developmental milestone for most children; however, to some it becomes an insurmountable task, a battle lost! Sooner or later such children are diagnosed with a condition known as 'Learning Disability'.

Ignorance is **not** always bliss; rather, awareness about the condition that one is suffering from, enables one to take the necessary steps to alleviate it. In this regard, one can say that the field of Learning Disability with its ever-growing knowledge base (perhaps the fastest in special education) has been able to put forth diagnostic criteria and remedial programs to help a number of people suffering from this condition (Aaron & Joshi, 1992; Abu-Rabia et al, 2003; Fletcher et al, 2005; Berends & Reitsma, 2006; Gupta & Jamal, 2007). However, the problems of people suffering from learning disability are far from over with a diagnosis, because diagnosis is usually followed by quick labelling such as 'slow learners', 'dyslexic' and 'learning disabled'. The diagnosis of learning disability is embedded in the medical model of 'disability' (Wang et al, 1987; Doris, 1993); hence once they are labelled, individuals have to grapple with a tag of disability throughout their lives.

Historically, societies across cultures have discriminated against people with disabilities (Munyi, 2012). According to Lippman (1972), the most consistently prevailing attitude across societies, regarding people with disabilities, is that they are "deviants" rather than "inmates". Research on attitudes towards individuals with disabilities has shown that negative attitudes held by many people act as barriers to the equality of such individuals (Deal, 2007). Misconceptions and lack of awareness or knowledge are some of the reasons cited by Deal (2007) for negative attitudes that may manifest in explicit vilification or direct/indirect discrimination.

Some of the factors that affect the strength with which people hold attitudes are values (Rokeach, 1973), direct experience (Fishbein & Ajzen, 1975), situational context (Calder & Ross, 1973), modelling (Bandura, 1977), and exposure to other people (Zajonc, 1968). Attitudes are not only held at an individual level, but are

also experienced, reinforced, and formed at the community level. For example, Devine (1997) has suggested that society constructs knowledge which is assumed to be reality. Social behaviour, attitudes, and language are reflections of such social constructions. Thus, negative attitudes and denial of rights of people with disability may result from the way society makes sense of disability.

Unfortunately, the negative attitudes towards a disability extend to the other realms of an individual's personality, so that he/she is viewed as more incompetent than the disability makes him/her so (Jaffe, 1965). This extension of a disability beyond its specified area into other individual characteristics leads to stigmatization (Munyi, 2012). Wright (1960) says that when society extends its view of disability of a person beyond the specific area of disability to other aspects such as his/her personality and adjustment, it leads to stigma extension. In *'Everybody Belongs'*, Shapiro (2000) has discussed how negative myths and stereotypes continually create prejudices against people with disabilities. These prejudices are projected as negative attitudes and behaviour which may bar the participation of people with disabilities in educational, vocational, and social contexts (White et al, 2006). Several research studies have reported the discrimination against individuals with disability in all walks of life, such as education (e.g., Deane, 2007; Genesi, 2007; Burge et al, 2008; Scior et al, 2015), workplace (e.g., Brostrand, 2006; Snyder et al, 2010), and interrelationships (e.g., Chen, 2002; Hewstone, 2003). There is also research evidence about differing attitudes towards people with disabilities regarding gender that often leads to more disadvantages for women in situations like the workplace (Meekosha, 2004; Simkhada et al, 2013). Furthermore, it has been reported that people are less comfortable with people with psychiatric disabilities than with people with physical disabilities (Wallace, 2004). This can be explained in terms of 'visibility quotient' of disability. It finds an echo in a study by Upton et al (2005) which showed that individuals with greater level of visible disability were accommodated with greater ease as compared to those whose disabilities were not as visible. Based on their study, Upton and colleagues (2005) suggested that visibility of a disability plays an important role in the way it is perceived by people. Unlike other forms of physical disabilities, a person with learning disability hardly betrays any signs of a disability. Due to its latent nature, people without prior knowledge of learning disability fail to understand the effect it has on the life of the diagnosed individual.

Often, an individual is diagnosed with a learning disability in the educational set up at the behest of teacher/s. So, not only is the teacher the first person to know

about the student's status, but he/she is also the one who has to work closely with the student. According to Turkington and Harris (2003), studies have shown that teachers have strong negative misconceptions of students with learning disability who are often stereotyped. Several researchers have shown that teachers may base their judgment on the label of learning disability rather than the individual characteristics and specific requirements of students with the disability, thus leading to misperceived notions about them (e.g., Tournaki, 2003; Lackaye & Margalit, 2006).

Stereotyping students with learning disability leads to "a host of pre-packaged expectations that have very real consequences for the beliefs and behaviours of both the user of stereotypes and for those being stereotyped" (Reyna, 2000). Weiner (1993) discussed the "sin versus sick" dilemma to explain the effect of a label of 'LD' which, according to him, conveys internal, stable and uncontrollable causes to teachers. He stated that there are certain causes in life that are under the label 'sickness' (such as disability) and other causes in life that are under the label 'sins' (such as drug abuse). Those that are under the label of 'sickness' are often conceptualised as causes that are internal to the individual, stable and uncontrollable.

Learning disability can be seen as rooted in the traditional medical model of disability due to its label. Hence, teachers view it as a sickness which is internal, stable, and not under the control of the student. As a result, they have low expectations from a sick (learning disability) child. Clark's (1997) research on attribution about learning disability showed that teachers responded with the belief that students with learning disability are sick and consequently would fail more often than other students, they deserve more sympathy and less anger, and should be rewarded more and punished less than those without learning disability. Clark concluded that the attribution message teachers send out to students with learning disability is that they are less competent than their peers without learning disability and should expect to achieve less as a result. Other studies (e.g., Tournaki, 2003) showed that stereotyping students using labels such as lazy, troublesome or unachievable, may affect the blame and amount of assistance offered to such students. When stereotyping learning disability as an internal, stable and uncontrollable condition, teachers are inadvertently affecting students' own beliefs about the cause of their behaviour and achievements, with dire consequences for the child's subsequent motivation and performances in school (Ellis, 2002). Such stereotyping by teachers can cause them to suffer

feelings of shame, lowered self-esteem and, over time, to withdraw more from tasks (Reyna, 2000).

Since the past few decades, the mainstreaming of special education has contributed to heterogeneity in the regular classroom. The largest subgroup of mainstreamed students has been identified as students with learning disabilities. Hence, teachers have been facing the ever-growing challenge of meeting the demands of diverse student groups in their regular classrooms. This has resulted in many classroom teachers questioning their knowledge and skills for adequately planning and instructing students with special learning needs (Schumm & Vaughn, 1992). The general education teachers are burdened with providing an appropriate education for students with learning disability in the general education classroom (Vaughn et al, 1993).

Once considered a routine job, today teaching has become increasingly complex and stressful, with accountability, fast changing roles, and increasingly diverse responsibilities (Fimian et al, 1986). Students' educational experiences are influenced by teaching practice, which in turn is affected by teachers' beliefs (Gutierrez, 1994; Brantlinger, 1996; Stanovich & Jordan, 1998). According to Pajares (1992), for most teachers, beliefs are formed early, remain highly durable, and acquire emotional dimensions. Bryan and Sharman (1980) have reported that children labelled as children with learning disability are held in relatively low esteem and are likely to be rejected by both their peers and adults who work with them in classrooms. Therefore, it becomes important to examine the nature of teachers' attitudes towards the child with learning disability, as Clark (1997) argues that, "the way in which general education teachers perceive the achievement of children with learning disabilities in comparison to that of their peers without disability is of great significance".

Unfortunately, bias against people with learning disability exists outside the educational set up as well. According to McDonald et al (2007), the disability status of individuals with learning disabilities does not become apparent in general situations; as a result, people may be skeptical about it. They may doubt that a 'disability exists', or that the person is fooling them. Nonetheless, individuals with learning disability may face social exclusions in the form of segregated classrooms on account of being misperceived as less intelligent and incompetent. They may be ridiculed about avoiding hard work by hiding behind the label of learning disability (e.g., Kruse, 1998; Beilke & Yssel, 1999). According to McDonald et al (2007), individuals with learning disability have reported that

their disability is viewed in society as an “illegitimate condition, an indication of an individual’s lack of intelligence, a mark of the individual’s differentness, and as a basis for exclusion.” These views are grounded in misperceptions and convey negative cultural stereotypes about learning disability. Due to the less visible nature of their disability, and the disbelief and ridicule shown by society, individuals with learning disability may avoid their disability status and may choose not to avail of the special services provided to them.

According to Munyi (2012), attitudes prevalent in society towards individuals with disabilities influence other people’s expectations and behaviours toward them. Furthermore, such social expectations as to what an individual with disability can or cannot do, not only affect his/her self-image but also determine his/her behaviour. Franzen (1990) has suggested that parents treat their child with disability according to their perceptions of disability. So, if they see their child as “different”, they are likely to treat him/her differently, thus leading the child to view him/herself as “different” and to behave accordingly. Parsons (1951) has called this process the internalization of role expectancy, so it can be said that the child internalizes the role that is expected of him/her. In the broader context, society also acts in a similar way with individuals with disability, leading to internalization of role expectancy at individual and group level (Munyi, 2012). According to Triandis (1971), most of the members of society who are without disability do not have any direct contact with individuals with disabilities, hence they depend heavily upon stereotypes while interacting with such individuals. Triandis (1971) further says that, “Each group of people learns the stereotypes that others have on it and then develops its auto-stereotypes to match it”.

Individuals with disabilities, as a group, learn the stereotypes that society has for them, which in turn negatively affects their self-concept. Self-concept has been described as a “social looking glass” by Wright (1960). The ideas and feelings reflected in this looking glass are a product of interaction with others. So, the persons with disabilities develop a self-image which reflects social stereotypes. Thus, societal attitudes play a significant role in the case of individuals with disabilities as these negatively affect self-perception (Jaffe, 1965). For example, a person with learning disability may face rejection and ridicule that would lead to a negative self-concept, thereby limiting his/her opportunities to develop into a successful and responsible member of society.

According to McDonald et al (2007), some people with learning disability have reported that others overlook the fact that there is a person living with the label

of disability; rather they reify the disability so that it overshadows the individual and the humanity that all have in common. Negative perceptions of learning disability exist in society, as evidenced by cultural narratives that question whether learning disabilities exist. Those with learning disability often report being perceived as dumb rather than in need of information about the facilities offered to them and remediation for their disability. Lisle (2011) conducted a study in USA to identify the negative stigma associated with having a learning disability in the general population. Lisle hypothesized that when given a hypothetical description of a person that included information indicating that the individual has a learning disability, the participants, regardless of their gender, would rate that individual less favourably. Consistent with the hypothesis, results showed that participants perceived the hypothetical individual with learning disability as being less attractive, less successful, less emotionally stable, and more open to new experiences when compared to those participants who were given the non-learning disability description. These results showed a level of negative bias in the general population towards those with learning disabilities.

It is clearly evident from the research studies conducted in Europe and USA that stigma and negative attitudes towards individuals with learning disabilities exist among students, instructors, and professors (e.g., Yazbeck et al, 2004; McDonald et al, 2007; Hornstra et al, 2015; Scior et al, 2015). However, barring a few studies such as Lisle (2011) in USA, the prevalence of negative attitudes towards learning disability and its effects on individuals who have learning disabilities, especially among the general population, have not been explored much.

As aforementioned, although a large body of research exists in the developed countries about attitudes towards learning disability, it has been largely confined to the educational institutions, the professionals (teachers, professors, instructors) working in those institutions and their attitudes specifically towards academic performance of people with learning disability. The attitudes of the general population towards learning disability and the attitudes of professionals towards the various aspects of life such as life success and the personality of an individual with learning disability, remain underexplored. India does not fare any better in this regard. In India, the prevalence of learning disability has been reported to be 4-5% among school going children, and UNESCO's Education for All (EFA) has made a strong case for inclusive education, due to which all the government schools and most of the private schools have inclusive classrooms. Hence, the issue of learning disability and attitudes towards it among the professionals as

well as the general public has an academic and social relevance. However, the research on social stigma towards disabilities has remained limited to the area of physical disabilities. Exhaustive review of Indian research in the area of learning disability found some studies that were conducted in the fields of screening, diagnosis, and intervention; some were in English, others in vernacular languages (Das et al, 1996; Gupta et al, 1997; Nehru et al, 1997; Karanth et al, 2004; Mehta & Swarup, 2004; Padakannaya & Mohanty, 2004), but no study on attitudes towards learning disability could be found. A study by Gitanjali (2004) examined the personality characteristics of male and female primary school students with learning disability, in urban and rural Andhra Pradesh, India. Results showed the significant effects of gender and disability, as male children with learning disability demonstrated greater problems in social and emotional adjustment. Such paucity of research is surprising, as India can boast of both public and private institutions of higher learning that offer Diploma and Degree courses in teachers' training, such as junior teacher training (JTT; DIET), Bachelor's in Education and in Elementary Education (B.Ed. and B.El.Ed., respectively) as well as B.Ed. in Special Education, that are internationally recognised. Examination of the syllabi of these courses on the official websites of the Universities, such as University of Delhi, Jamia Millia Islamia, and Indira Gandhi Open University, have indicated that topics such as children with special needs, mental health, inclusive education, and human rights to education, are a compulsory part of the course curriculum. Students are duly evaluated on these subjects through written exams, dissertations, practical and viva voce. Furthermore, many Indian Universities offer Honors as well as programme courses in Psychology. The curricula of these courses include social, clinical, developmental, educational and counselling Psychology - where topics like attitudes, prejudice, stereotypes, empathy, intellectual and learning disabilities, etc., are extensively taught and discussed (e.g., <https://www.doe.du.ac.in>; <http://www.du.ac.in>; <https://jmi.ac.in>; <https://www.ignou.ac.in>).

Despite adequate knowledge and government policies on inclusive education, there is a lack of research in the area of attitudes towards learning disability among professionals as well as the general population in India. Thus, the present study is an attempt to examine the differences between attitudes held by professionals and non-professionals about the perceived life success of hypothetical individuals (male and female) with and without learning disability. The attitudes will be measured with the help of ratings obtained from professionals and non-professionals on a measure of perceived life success for the hypothetical

individuals with and without learning disability. The study hypothesized that irrespective of participants' gender (professionals and non-professionals), in comparison to professionals a significantly greater negative attitude would be shown by non-professionals towards the perceived life success of a hypothetical individual with learning disability, rather than towards an individual without learning disability.

METHOD

Study Design

A mixed methods approach was employed, where quantitative and qualitative data were collected and analysed. The quantitative component involved a cross-sectional study. Participants were taken from across sections of society and included professionals (P) and non-professionals (NP) with professional and lay person's knowledge about learning disability, respectively. The difference between professionals and non-professionals as guided by research hypothesis were then examined. The qualitative component involved a qualitative description of an individual with learning disability, where 100 participants (50 each of professionals and non-professionals) were asked to complete a statement that started as, *"According to you an individual with Learning Disability is....."*. Their responses were recorded for content analysis. Results from the two data sets were integrated at the interpretation stage.

Participants

Initially approximately 700 people were approached through the snowballing technique. They were informed that the study was about learning disability and they would be required to respond to questions regarding individuals with learning disability. Of these, approximately 370 were professionals (P) who were identified on the basis of their professional knowledge about learning disability, and included schoolteachers, special educators, counsellors, students of B.Ed., and students of final year B.A. Psychology. The remaining 330 were people who had lay knowledge about learning disability acquired from magazines, newspapers and, in most cases, from a Bollywood movie, *"Taare Zameen Par"* (*"Stars on the Earth"*), based on the story of a young boy with learning disability. This group of general public was identified as non-professionals (NP) who had awareness about learning disability but no professional knowledge about it. Unfortunately, only about 50% (i.e., 342) of the people initially approached agreed to participate

in the study; of these 175 were professionals (males = 29, females = 146) and 167 were non-professionals (males = 105, females = 62). So the final sample consisted of 342 adults with mean age of 30.02 years and S.D. = 12.42 years. Informed consent was taken from all the participants.

Measures

Demographic questionnaire - The demographic questions included: name or initials, age, gender, occupation; in the case of teachers: teaching experience and personal experiences with learning disabilities.

Vignettes – The vignettes were devised on the lines of the one used by Lisle (2011) in a study to study the attitudes about LD. These included four hypothetical descriptions of an individual. Each description varied in terms of the stimulus person's gender, name, and presence of a learning disability. In addition to the manipulation (in terms of presence of learning disability), each description was four sentences long and provided the reader with information about the individual's hobbies, age, course and year in the college.

Life Success Measure - The Life Success Measure was obtained from Dion et al (1972). Participants had to rate eight items, namely, intelligence, attractiveness, friendliness, enthusiasm, trustworthiness, future success, future parenting, and as a future mate, on a 7-point Likert scale which served as a measure of the successful life of the hypothetical individual described in the vignette. The score of '1' was given to the lowest rating, indicating "not very successful", and the score of '7' was given to the highest rating, indicating "very successful".

Marlowe-Crowne Social Desirability scale - The scale has ten items (Strahan & Gerbasi, 1972; Reynolds, 1982). The present research used an explicit measure in the form of a questionnaire to examine the attitudes held by professionals and non-professionals towards the perceived life success of hypothetical individuals with and without learning disability. Explicit measures are used to measure an individual's conscious response to a question or a situation. According to White et al (2006) explicit measures are subject to self-presentational manipulation. Since modern society despises conscious discrimination, it may influence their actual response while measuring participants' perception about a minority group. Therefore, the Marlowe-Crowne Social Desirability Scale is used along with the explicit measures to assess distortion of responses (White et al, 2006). This measure helps to determine how much is the true opinion and how much is the social influence in the participants' responses. In the present study it allowed the

researcher to gauge the degree of social influence in the participants' responses obtained on the questionnaire.

Qualitative Description of an individual with learning disability - Participants were asked to complete a statement that started as, *"According to you an individual with LD is....."*. Their responses were recorded for content analysis. The content analysis allowed the researcher to divide the responses of the participants into categories, such as the way learning disability was viewed, for example, as due to moral or medical reasons, success in life, etc., as this could provide corroboration for the quantitative result analysis.

Procedure

There were four vignettes, (female with LD; male with LD, NLD female; and NLD male). To ensure that all the four vignettes had an equal opportunity to be distributed among the participants, these along with the questionnaire were distributed in equal numbers to each main group, thereby making it a total of eight groups in all, namely, PFLD, PMLD, PFNLD, PMNLD, NPFLD, NPMLD, NPFNLD, NPMNLD, with 50 participants in each group.

Based on the vignette given to them, the professionals and non-professionals were divided into four groups each, namely, PFLD = 51, PMLD = 51, PFNLD = 37, PMNLD = 36, NPFLD =50, NPMLD = 45, NPFNLD =37, NPMNLD = 35, respectively. All of them could read and comprehend English and were graduates at the minimum.

Time and venue for data collection was fixed with those who agreed to participate in the study. Since it suited the researcher as well as the participants, data was collected at the participants' respective workplaces at a time convenient to them. The participants were asked to read the instructions before they filled in the test booklet. Also, they were told that since there were no right or wrong answers, they could give whichever response they believed was correct. Each participant took between 10-15 minutes to complete the test booklet. At the end of data collection, participants were thanked, and any further queries were answered.

Precautions

- Consent was taken from all the participants before data collection was started.
- It was ensured that they had understood the instructions given in the test booklet before they began to fill it in.

RESULTS

The study hypothesized that irrespective of the participants' gender, in comparison to professionals (P), a significantly greater negative attitude would be shown by non-professionals (NP) about the perceived life success of a hypothetical individual with learning disability (LD) than an individual without learning disability (NLD). There were three independent variables in the study with two levels each: 2(Awareness about LD, i.e., Professionals and Non-Professionals) \times 2 (Learning Disability Status of the Stimulus Person) \times 2 (Gender of Stimulus Person). The dependent variable was perceived life success of the stimulus person, measured in terms of intelligence, attractiveness, friendliness, enthusiasm, trustworthiness, future success, future parenting, and as a future mate. Significant main effects for awareness and disability, as well as significant interaction between awareness and disability status, were expected according to the hypothesis. To test the hypothesis, a multivariate analysis of variance (MANOVA) was computed for the measures of perceived life success. A 2 (Awareness) \times 2 (Disability) \times 2 (Gender of Stimulus Person) MANOVA revealed no significant main effect of awareness, $F(8, 325) = 1.80, p > .01$, a significant main effect of disability, $F(8, 325) = 37.17, p < .01, ES = 0.48$, and a significant main effect of gender of stimulus person, $F(8, 325) = 3.29, p < .01, ES = 0.08$ on perceived life success of the stimulus person. Furthermore, no significant interactions were found between awareness and disability, $F(8, 325) = 2.54, p > .01$; among awareness, disability and gender, $F(8, 325) = 1.12, p > .05$; between awareness and gender $F(8, 325) = 1.54, p > .05$; and between disability and gender $F(8, 325) = 1.13, p > .05$. Also, no significant covariate effects of social desirability, $F(8, 325) = 1.85, p > .05$; and gender of participants $F(8, 325) = 2.31, p > .01$ were found (Table 1).

Table 1: Participants' Responses on Measure of Life Success for LD and NLD

Male and Female Stimulus Person

Variables			Females		Males	
	Awareness	Disability	M	S.E.	M	S.E.
Intelligence	P	LD	4.29	0.16	4.36	0.16
	P	NLD	5.49	0.18	4.89	0.19
	NP	LD	4.12	0.16	3.34	0.16
	NP	NLD	5.14	0.19	5.09	0.19

Attractiveness	P	LD	4.85	0.17	4.78	0.17
	P	NLD	5.22	0.19	4.99	0.20
	NP	LD	4.69	0.17	4.15	0.18
	NP	NLD	5.39	0.20	4.51	0.21
Friendliness	P	LD	6.21	0.15	5.97	0.15
	P	NLD	6.29	0.17	5.69	0.17
	NP	LD	5.73	0.15	5.55	0.16
	NP	NLD	6.07	0.17	5.58	0.18
Enthusiasm	P	LD	5.69	0.17	5.58	0.17
	P	NLD	6.10	0.19	5.73	0.19
	NP	LD	5.32	0.17	4.96	0.17
	NP	NLD	5.83	0.19	5.54	0.20
Trustworthy	P	LD	5.00	0.16	5.25	0.16
	P	NLD	4.98	0.18	4.88	0.19
	NP	LD	4.73	0.16	4.97	0.17
	NP	NLD	4.91	0.19	5.00	0.19
Future Success	P	LD	4.95	0.16	4.91	0.16
	P	NLD	5.65	0.19	5.44	0.19
	NP	LD	5.13	0.16	4.40	0.17
	NP	NLD	5.52	0.19	5.39	0.20
Future Spouse	P	LD	5.32	0.17	5.25	0.16
	P	NLD	5.17	0.19	5.16	0.19
	NP	LD	5.00	0.16	4.80	0.17
	NP	NLD	5.35	0.19	5.53	0.20
Future Parent	P	LD	5.29	0.16	5.39	0.15
	P	NLD	5.14	0.18	5.21	0.18
	NP	LD	5.19	0.15	4.73	0.16
	NP	NLD	5.50	0.18	5.33	0.19

Note: P = Professionals; NP = Non-Professionals

Overall, the main effects for disability and gender of the stimulus person were found to be significant with moderate and small effect size, respectively. Since a small effect size for gender of the stimulus person implied no practical significance, only the effect of disability on perceived life success of the stimulus person was further analyzed with the help of univariate analysis of variance (ANOVA).

ANOVA for measures of perceived life success revealed a significant main effect of disability for intelligence, $F(1,332) = 286.83$, $p < .01$, $\eta^2 = 0.46$; attractiveness, $F(1,332) = 16.63$, $p < .01$, $\eta^2 = 0.05$; enthusiasm, $F(1,332) = 10.57$, $p < .01$, $\eta^2 = 0.03$; and future success, $F(1,332) = 27.65$, $p < .01$, $\eta^2 = 0.08$. From Table 2 and Figure 1 it is evident that in comparison to stimulus persons with NLD (M and F), significantly lower scores were given to stimulus persons with LD (M and F) on intelligence, attractiveness, enthusiasm, and future success, by both professionals and non-professionals.

Figure 1: Comparison of Responses of Professionals and Non-Professionals for LD and NLD on Measure of Life Success

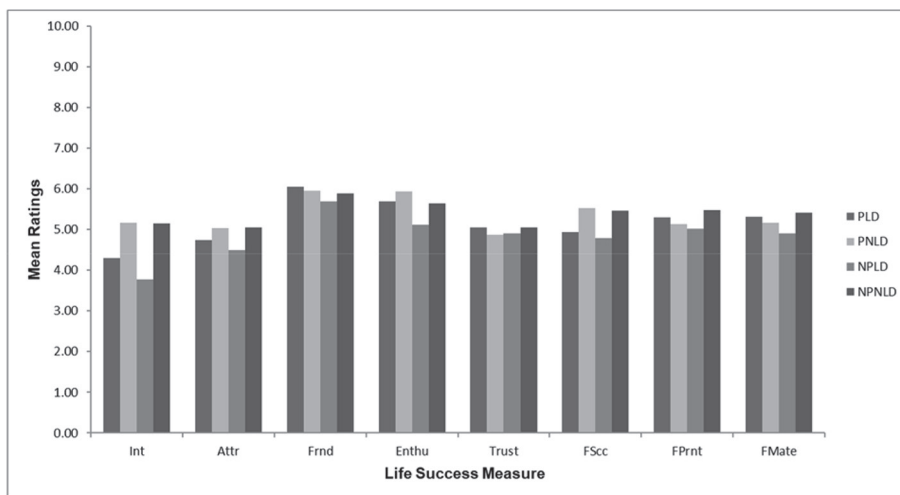


Table 2: Main Effect of Disability Status on Participants' Responses on Measure of Life Success for Stimulus Persons

Variables	LD		NLD		F(1,332)	Eta ²
	M	S.E.	M	S.E.		
Intelligence	4.03	.08	5.15	.09	83.75**	0.20
Attractiveness	4.62	.08	5.03	.10	9.94**	0.03
Friendliness	5.87	.07	5.91	.09	0.13(ns)	0.00
Enthusiasm	5.39	.08	5.80	.10	10.57**	0.03
Trustworthy	4.99	.08	4.94	.09	0.14(ns)	0.00

Future Success	4.85	.08	5.45	.09	27.65**	0.08
Future Spouse	5.09	.08	5.30	.10	2.78(ns)	0.008
Future Parent	5.15	.08	5.30	.09	1.52(ns)	0.005

* $p < .05$; ** $p < .01$

The findings from statistical analyses were further corroborated by content analysis of the qualitative descriptions of an individual with learning disability that were provided by the 100 participants (50 each of professionals and non-professionals). The responses given by professionals and non-professionals were divided into six categories: learning disability as a normal or abnormal condition, destiny/God's Will or a disease, academic performance, successful career, personality, and personal relationships. A far greater percentage of negative comments than positive remarks about people with learning disability were obtained from both professionals as well as non-professionals. Only 11% professionals and 10% non-professionals viewed people with learning disability as normal. While approximately 90% of the professionals viewed learning disability as a disease, 20% of the non-professionals viewed it as destiny or due to the Divine hand, and the rest viewed it as disease. Only 2% of professionals believed that learning disability is not a stumbling block in successful careers, whereas 42% of professionals and 56% of non-professionals believed otherwise. Furthermore, 36% of professionals and 66% of non-professionals believed people with learning disability were introverts. Difficulty in personal relationships was also perceived by both the groups, as 38% of professionals and 44% of non-professionals remarked that people with learning disability are likely to face difficulties in personal relationships.

The statistical and content analyses revealed that despite their knowledge about learning disability, professionals still held negative perceptions about people with learning disability. Most alarming was the finding that only a small percentage of professionals perceived individuals with learning disability as "normal" with respect to life success. In other words, not only non-professionals but even many professionals viewed individuals with learning disability as "not normal" in various aspects of life.

Based on these findings the research hypothesis was rejected, as not only non-professionals but even professionals showed significantly greater negative

attitudes about perceived life success of individuals with learning disability as compared to individuals without learning disability.

DISCUSSION

The study hypothesized that in comparison to professionals, a significantly greater negative attitude would be shown by non-professionals towards the perceived life success of a hypothetical individual with learning disability than of an individual without learning disability. Hence, significant main effect for awareness of participants and disability status of the stimulus person as well as significant interaction between awareness and disability status was expected. However, the obtained results were not fully consistent with the hypothesis as, except for the significant main effect of disability status, no significant effects for either awareness or for interaction between awareness and disability were found. A significant effect of gender of the stimulus person was found, but due to its small effect size it had no practical significance. Furthermore, gender of the participants and their scores on the measure of social desirability as covariates were not found to be significant, thus ruling out the influence of participants' gender and social conformity on the present findings. Overall, the findings implied that disability status had a significant effect on the attitudes of professionals as well as non-professionals towards individuals with learning disability. Further analysis had revealed that disability status had a significant effect for intelligence, attractiveness, enthusiasm, and future success, as both professionals and non-professionals gave significantly lower ratings to individuals with learning disability than to their counterparts without learning disability.

These findings clearly indicate that in respect of attitudes towards individuals with learning disability, disability outweighs awareness in this society. That is, not only non-professionals with their layman knowledge but even professionals, despite their professional knowledge, showed bias against individuals with learning disability. While these findings are in line with the existing research evidence in the case of non-professionals (Lisle, 2011; Furnham, 2013), it strikes a disconcerting note in the case of professionals. Non-professionals have lay knowledge that does not provide them with a correct picture of an individual with learning disability, hence they rely more on traditional viewpoints and stereotypes about disability. Thus, they show a bias against people with learning disability, which supports the previous research that has suggested the existence of negative bias towards people with disability in the general population, e.g., most Indians approach disability as a "tragedy" (Chandramukhi et al, 2012).

In the present study, professionals' biased responses against people with learning disability are disturbing, as examination of their syllabi (detailed mention in the introduction) has revealed that during training, professionals such as teachers, psychology students and special educators are imparted with knowledge about people with learning disability and issues related to them (e.g., <https://www.doe.du.ac.in>; <http://www.du.ac.in>; <https://jmi.ac.in>; <https://www.ignou.ac.in>). Ideally, they should not show negative bias towards people with learning disability, though the past research across cultures has shown that biases against people with learning disability do exist in the professional community, such as teachers and special educators. For example, Zigmond et al (1985) reported that teachers prefer not to have students with special needs in their classrooms. Leyser and Tappendorf (2001) also found a non-supportive attitude of teachers to inclusive classrooms. However, reasons provided by teachers for negative attitudes toward inclusion of students with learning disability in their classrooms are: lack of time, large number of pupils, and lack of support from society as well as government agencies (e.g., Anati, 2012; Alborn & Gaad, 2014). Hence, similarity between professionals and non-professionals in their negative attitudes about life success of individuals with learning disability suggests the presence of some other powerful factor that negates the beneficial effects of training. Presence of such a factor and the plausible reasons for it can be explored in the light of existing disability research studies.

Drawing on the work of various scholars in the field of disability (e.g., Oliver, 1996; Barnes & Mercer, 2003; Olkin, 2003), Goodley (2011) has identified moral and medical visions as two complementary worldviews that place the disability within the individual. Disability is viewed as a sin (God gives punishment that can only be forgiven through divine intervention) and as pathology (physical/sensory/cognitive that leads to handicap) by the moral and medical views, respectively. According to Snyder and Mitchell (2001), "moral views included disability as a reflection of God's dismay (ancient Greece), as evidence of an intimacy with God (medieval Europe), and as a divine response to parental wrongdoing (Renaissance period)". In India, a prevalent view about disability is grounded in the 'Karma' philosophy, according to which good deeds are rewarded whereas bad deeds are punished. One can get this reward or punishment either during the present birth or during one of several rebirths. Disability is seen as a punishment meted out to one due to his/her bad deeds or that of his/her parents, either in the present birth or in past births. As Bacquer and Sharma (1997) have put it, "At a profoundly serious and spiritual level, disability represents divine justice". Since

disability is seen as a punishment for sins, it entails feelings of guilt and shame in the sufferer, and an unrelenting feeling of rightly accorded treatment by God (in other words, “*you deserved it*”) in the eyes of other people. Such behaviour understandably may lead to far more discrimination as it is not merely based on stereotypical thinking at a social level, but is more deeply embedded in the religious and cultural beliefs. Supporting studies for this reasoning have been found, e.g., Rao et al (2003) reported that around forty percent of people in rural and urban Andhra Pradesh believed that disability is a punishment or curse of God. The rate of such belief increased with participants’ age (greater the age, greater this belief); gender (more females had this belief); socio-economic status (higher belief for lower socio-economic group) and literacy level (higher in the case of illiterates). Surprisingly, urban respondents did not differ from their rural counterparts on this belief. Additionally, the researchers found that children with disabilities were not easily accepted in regular schools. A disturbing trend was also reported that attitudes of families of people with disabilities were very similar to those of families without such members. It means that people with disabilities do not get familial support, which may be taken as an index of their marginalization in the society. Although these findings were about people with physical disabilities, nonetheless it allows one to make an accurate prediction about social attitudes towards cognitive impairments like learning disabilities.

On the other hand, the medical model has a modern outlook (Sachs, 2008). While the moral position finds favour with religious groups and the public, the paramedical professions benefit from the medical model. In the early 20th century, the eugenics movement situated the burden of disability in the unproductive flawed individual (Fernald, 1912). Naidoo (2009) has suggested that rather than taking a salutogenic (a place on a continuum of disease) or a fortigenic (capacities and strengths) approach, medicine has taken a pathogenic (disability as a distinct pathology) approach. The pathogenic view has made the medical model hegemonic that frames the disability in terms of loss of human worth, antenatal termination, and euthanasia. In the words of the first professor of disability studies, Oliver (1996):

“The medical profession, because of its power and dominance, has spawned a whole range of pseudo-professions in its own image – physiotherapy, occupational therapy, speech therapy, clinical psychology – each one geared to the same aim – the restoration of normality. And each of these pseudo-professions develops its own knowledge base and set of skills to facilitate this, organizing interventions

and intrusions into disabled peoples' lives on the basis of claims to discreet and limited knowledge and skills."

Irrespective of the views (moral/medical) adopted by non-professionals and professionals in the present study, as can be seen from content analysis they seem to converge on one point regarding learning disability, i.e., labelling. While the non-professionals may label individuals with learning disability in layman terms, e.g., 'abnormal', 'dull', 'slow', the professionals label them scientifically in terms of 'number of deviations below normal'. Thus, both professionals and non-professionals are prey to stereotypical thinking. There is a predisposition in society to view disability as a personal tragedy that is damaging to mind and body, and which requires treatment, rehabilitation and even cure (Barnes, 1990). This is followed by multiplication of various life events with the disability leading to several disabled 'products', that is, childhood, learning, personal relationships, sex lives, parenting, all are seen to be disabled. These 'disabled' people must adjust to a lacking mind and/or body and are dependent on state policies and professionals for interventions (Morris, 1993).

Many professionals believe that persons with disabilities will be unable to achieve a reasonable quality of life because of the traumatic physical or psychological impact of the disability (Barnes, 1991). According to Linton (1998) and Sherry (2006), professionals' view of the people with disability as 'objects' and their emphasis on 'person fixing' interventions leads to a manifold increase in the power of professionals and the tyranny of normality. McRuer and Wilkerson (2003) have contended that people with disability are socially constructed as infantile, helpless and asexual. Abberley (1987) has pointed out that by defining disability as a 'biological flaw', exclusionary society is let off the hook. Disability is not only a biological but a cultural concept as well (Goodley, 2011). Garland-Thomson (2002) has defined disability as a sign system that differentiates and marks bodies and minds, hence producing 'disabled-bodies' and maintaining the ideal of the inherently stable body or mind without disability. Jung (2002) says that, "disability is a label, a signifier that inaugurates consignment to an identity category which signifies disadvantage and oppression."

In the present study, the belief held by the participants that individuals with learning disability are not only less intelligent and have less successful futures but are also less attractive and enthusiastic, points toward social construction of disability and its maintenance as suggested by Higgins et al (2002). A single cue of a disability activates the schema of a totally helpless and hopeless person

whose learning disability encompasses him/her in totality and consigns the competencies and potentials to oblivion. As soon as the participants in the present study came to know about the learning disability status of the stimulus person, a loop of stereotypical thinking began: first, that the stimulus person was deemed intellectually inferior (a stereotype based not even on an iota of truth); second, that he/she would show low academic achievement; third, would be unattractive; fourth, would be unsuccessful in future. Since it is a loop, people are unable to come out of such stereotypical thinking, and it becomes a vicious circle. An illustration of this social construction of disability was presented by Higgins et al (2002) with the help of a concept that they called "master status". As per this concept, the label of disability given for incompetence in one task spreads to all the other abilities. In other words, all other positive qualities of an individual are ignored due to the individual's label of learning disability. For example, an individual who cannot read properly is considered intellectually inferior by a society that considers reading a criterion for intelligence.

Several researchers have noted that on becoming aware that their students suffer from learning disability, many teachers start to pity them, have doubts about their level of intelligence and their ability to follow instructions (e.g., Gersten et al, 1988; Frymier & Wanzer, 2003). Some of the earliest ethnographical accounts as well as recent action research and autobiographical descriptions have contended that individuals with learning disabilities have always been misunderstood (Gerber & Reiff, 1991; Rodis et al, 2001; Roer-Strier, 2002). The misunderstandings appearing at both intrapersonal and interpersonal levels have led to demotivation and discrimination (e.g., Gerber et al, 1996; McNulty, 2003; Ferri et al, 2005).

In the present study, perceptions about individuals with learning disability as less attractive and enthusiastic also showed the influence of "spread effect", that is, presence of a negative aspect in one area works as a signal for people to look out for negative aspects in other areas. In the case of individuals with learning disability, non-professionals took a negative aspect (presence of learning disability) in them as a sign that they would possess other negative qualities and so they misperceived individuals with learning disability as suffering from multiple deficits because of "spread effect". In a study by McDonald et al (2007), individuals with learning disability have reported that they feel excluded from society as other people do not give them attention and respect as complete humans. Such misperceptions may decrease the attractiveness of a person. Morris (1993) has suggested that in terms of stereotypes pertaining to gender, men with disabilities may be viewed

as less masculine, capable and strong, and women with learning disabilities may also face misperceptions. Studies show that women are viewed as weaker and these cultural views are exacerbated with the presence of a disability (McDonald et al, 2007). Presence of learning disability may lead to misinterpretation of gender expectations that would help to understand why the level of attractiveness for individuals with learning disability gets diminished.

Moreover, presence of learning disability may reduce people's willingness to converse and have relationships with individuals with learning disability and can be seen to negatively affect their perceived attractiveness. For example, the researcher in the present study came across a case narrated by a psychologist in Delhi, where an educated woman in her mid-30s refused to marry an otherwise successful businessman after learning about his learning disability status. In her own words, *"I am a well-educated, intelligent person, why should I marry such a person? What if tomorrow my children take after my husband? I know I am running out of time as far as marriage is concerned, but I can't take the risk of marrying such a person!"* This narrative is further substantiated by a research carried out by Kranz et al (2009), in which they examined the willingness of individuals to engage in personal relationships with those with disabilities. These researchers found that people showed significantly greater willingness to have relationships with individuals who had physical disabilities as compared to persons with cognitive impairments. This study also explains the difficulty that individuals with learning disability face in making friends and forging romantic relationships.

As mentioned earlier, both professionals and non-professionals perceived individuals with learning disability as having less successful futures, which can be explained with the concept of stereotypical thinking. Dion et al (1972) conducted a series of experimental studies and came up with a very interesting and still prevalent stereotype, *"What is beautiful is good"*. In line with this stereotype, ample research has suggested that perceived attractiveness and perceived success go hand in hand (e.g., Cash & Duncan, 1984). Thus, those who are attractive are also believed to possess other positive qualities, such as success in education, careers, and interpersonal relationships, which make them desirable in society. In other words, *"Attractive people are also successful people"*. The present study, in line with other research findings, has found that individuals with learning disability are perceived as less attractive, and hence are seen as less likely to be successful in future.

CONCLUSION

It is clear from the present findings that a negative bias exists toward individuals with learning disability in the urban Indian milieu. Regardless of social desirability and participants' gender, a mere tag of learning disability caused a difference in participants' perceptions of the life success of those with learning disability and those without it. Both professionals and non-professionals in this study perceived individuals with learning disability as significantly less intelligent, less attractive, less enthusiastic and less likely to be successful in their careers. Though the label of learning disability does not say anything about the individual in terms of these characteristics, yet professionals as well as non-professionals in the present study held perceptions based on stereotypes that have no valid evidence. It is unfortunate that professionals, despite their professional knowledge and training, were prey to stereotypical thinking. It shows that knowledge and training imparted at present is not effective vis-a-vis reducing the biases against individuals with learning disability. It could however be used as a stepping-stone towards minimizing the bias against persons with learning disability who face a constant struggle in society due to their 'disability' status.

Implications

- Although a label of learning disability can have many benefits, in the sense that appropriate treatment and extra support may be attained (Riddick et al, 2002), such a label may also place the same individuals at risk of stigmatization. Hence, caution should be exercised with regard to labelling practices and group stigmatization.
- In the present findings, along with the general public even professionals were shown to have biases against individuals with learning disability, which implies the extent to which negative stereotypes are deeply embedded, and thus the challenge to change these societal attitudes is very real.
- '*Charity begins at home*' is especially true in this context. Families are the basic unit of a society and developing positive attitudes towards people with learning disability among family members will help in propagating the same in society at large.
- It is not possible for every member of society to have personal experience and contact with an individual with learning disability, hence the media can play a major role by providing a canvas on which the various issues, attitudes and

knowledge about individuals with learning disability can be projected and society can be educated on these aspects.

- The present study, with its comparison of the attitudes of professionals and general public towards individuals with learning disability, is the first of its kind in the urban Indian milieu and needs to be replicated with larger and more diverse samples.

Limitations and Suggestions for Future Research

- Sample selection bias may have occurred as a result of the response rate of the participants. Participation was voluntary and out of 700 people initially approached, approximately 400 agreed to participate; among these, many refused to participate due to reasons such as lack of interest, time constraints, etc., so the response rate was approximately 50%. In future research, steps can be taken to increase the response rate of the participants through motivation.
- Despite the best intentions and efforts on the part of the researcher, due to unwillingness of many participants, the professionals' group could not be differentiated into various subgroups, such as psychology students, B.Ed. students, general education teachers, special educators, and counsellors. Future research could make comparisons among these various subgroups of professionals themselves, as well as with the general public.
- Individuals with learning disability were not included as participants. Future research studies could include individuals with learning disability as participants and their responses could be compared with other groups of professionals and the public.
- The actual level of contact by participants, particularly professionals, with individuals with learning disability could not be ascertained and hence could not be statistically examined. In future, research studies can be designed to consider the professionals' characteristics, such as their work experience, number of individuals with learning disability that they have worked with, and their work set up (government/private).
- Due to time constraints and participants' unwillingness to engage for more than 10-15 minutes in the study, within group design could not be used where responses for all the four hypothetical descriptions were collected from the same individuals. Theoretically, there is no better control than within group,

since all possible independent variables associated with the participants' characteristics are controlled.

- Although care was taken to get honest responses from the participants, and some forms were rejected on the basis of not having been filled in seriously, the extent of accurate and honest participation remains doubtful.
- Only English-speaking individuals were taken as participants. Future research can aim to include a wider circle of participants by using questionnaires in Hindi and other vernaculars to make the study truly representative of the Indian population.

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