

Social stereotypes and attitudes towards disability

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Disability has many meanings to others. The disabled person often does not know when he enters a social situation whether he will be an object of curiosity, pity, sympathized with, helped, patronized, exhibited, praised for his abilities, avoided or actively rejected.

The attitude of person with disability towards his own disability, towards other disabled persons and towards the members of his society as well as the attitude of society towards him are determining factors for the development of his personality and for his integration in society.

The feelings of inadequacy and anxiety combined with insecurity and frustration among the person with disability may result in withdrawal, introversion, aggressiveness etc. Whether or not these negative feelings, behaviours and personality maladjustment would take place in the case of a particular individual will largely depend on the society's attitudes and behaviour toward him.

The person with disability who considers himself stigmatized due to his disability condition may be more vulnerable to anxiety than a non-disabled person. High level of anxiety may reduce his ability to cope realistically with his environment and he may tend to react impulsively, compulsively and rigidly. The individual may develop defenses, which may restrict his activity and maintain low level of aspiration.

A person's level of aspiration is intimately related to his self-concept. The kind of a person he considers himself to be is an important determinant of what he thinks he is capable of doing, what he expects himself to do, and what he tries to achieve. A person's self concept is largely a product of other people's evaluation of him. Individuals can be more handicapped by their self-concept than by the disability itself (Telford & Sawrey, 1995). Because so many disabled persons' lives tend to revolve around their disabilities rather than abilities, their self-concepts are unrealistically low. Consequently

their self-expectations, levels of aspirations and general motivational levels are unnecessarily diminished. Therefore, those who give up easily owing to their disability condition may not significantly contribute, on the other hand those who refuse to accept disability as a handicapping condition and constantly strive for higher goals, outshine others including those without disability. There are several such examples.

Handicapped individuals often tend to be isolated with regard to their social contacts. Status in the family, neighborhood and at work place is important, however, for many the possibility of achieving or maintaining such status is impaired (Gokhale, 1995).

The non-disabled majority tends to maintain a certain social distance, often treating the disabled as outsiders. Many non-disabled people feel uncomfortable in the presence of a disabled individual. They find it very difficult to accept and mingle with the disabled as they do with other people, and since they have greater prestige and power, they can restrict the opportunities of the handicapped. The handicapped are often forced either to associate with each other or become socially isolated. They are frequently segregated – physically, psychologically and socially. The disabled person, sensing social discrimination gravitates to his own kind who can accept him without reservations. He also resents his group identification even though he feels more comfortable there (Telford & Sawrey, 1995).

Non-disabled treat persons with disabilities as different. They are not included in the competitive cliques that form among active adolescents. In a sense, they are treated as an out cast whom people may like but exclude from their inner circle for sports and leisure activities. They live with their disabilities in the community but they are never fully accepted by the teen age peers.

Attitude towards persons with disabilities

Attitude is a state of readiness, a tendency to respond in a certain manner when confronted with certain stimuli (Oppenheim, 1992). Attitude towards disabled people have been predominantly negative in direction and the intensity of beliefs and behaviours appears to vary according to not only factors such as culture (Ingstad & Whyte, 1995; Stone, 2001), but also impairment.

Parental attitude

Some of the more common reactive pattern to the advent of a disabled child into a family are: realistic coping with the problem; denial of the reality of the handicap; self pity; ambivalence toward or rejection of the child; feelings of guilt; shame and depression; and patterns of mutual dependence (Telford & Sawrey, 1995).

The presence of a handicapped child in the family constitutes an additional stress. Defensive reactions are likely to occur more often and to a greater degree in such

families than in families where all members are non-disabled. There are powerful social and personal forces motivating a parent to deny evidences of the disability of the offspring. The cultural stereotype of the ideal child, the parents' expectation that their offspring will successfully play the roles that society and his parents assign to him, the parents' hopes that their child will attain or surpass their own accomplishments all these contribute to their "it just – can't be so" reaction when the child is apparently unhealthy. Because parents identify themselves with their children, participate in their success and failures, bask in their reflected glory, and are belittled by their shortcomings, they inevitably experience a loss of self esteem when one of their offsprings is less than expected. Disability in the child is partly that of the parent (Telford & Sawrey, 1995).

The parents may reject the disabled child because of resentment and guilt. As a result the child may resent the parents. But, being dependent upon the parents, the child is forced to suppress his blame, which produces self hostility, guilt and anxiety. On the other hand some parents whether from genuine sympathy or guilt reactions, may tend to over protect the child, with equally harmful results. In either instance, the child's ego and social status needs are frustrated.

Coughlin (1941) selected a group of 51 children from the files of the Detroit Orthopaedic Clinic. In all cases the parents of the children were living and the researchers knew the attitude of the parents. Coughlin finds four broad categories of parental attitude. "The attitude considered most constructive was that of the relatively small number of parents who had sufficient intellectual insight and were so well adjusted personally that they were able, while fully realizing the implications of the orthopaedic problem, to accept it and turn their attention and energies toward finding means of compensating for it". A second generally positive attitude was expressed by some parents who apparently had a "complete acceptance of a handicapped child on an emotional level with very little or no intellectual insight". A number of parents had an adequate intellectual understanding of the child's problem, but emotionally were unable to provide him with complete acceptance. Thus these parents demonstrated such feelings as over anxiety, over protection, and "over-stimulation of the patient to accomplish more than he was capable". Finally, a group of parents were observed who neither intellectually nor emotionally were able to accept the child. These parents possessed both a lack of understanding on the physical condition of the child and "destructive attitude" toward the child. Included among these latter were such factors as fear of surgery, fear that the child might get worse, fear of what society would think, and fear of inability to be economically independent.

Societal attitude

An individual is part and product of his social environment and so is a person with disability. His relationship, attitude and behavior patterns are vitally affected by the nature and extent of the harmony or disharmony of his relationship with the family

members, relatives, friends, community members, workplace colleagues and employers etc. Tragically enough, the persons with disabilities are “less handicapped by their own disability than by the social attitude” (Silver, 1957) meted out to them in every walk of life (Shrivastava, 1970).

A disabled person, like every other person, is a ‘social being’ and is, therefore, no different from other able bodied persons. It is an irony, however, that he is not accepted by the society as he is, for it invariably focuses its attention on his disabilities rather than on his abilities, victims of disease, accident or negligence, they have been further victimized by their peculiar and irrational prejudice of the society.

Social Scientists have known for decades that able-bodied people tend to avoid interacting with people with disabilities, because they are uncertain about how to behave in their presence (Thompson, 1982; Yamamoto, 1971).

“Most non-disabled people I know are so driven by their own fears of damage and death that they dread contact, let alone interaction, with anyone touched by affliction of any kind” (Berube, 1997)

Tringo (1970) in his study found that, if a general prejudice exists toward disabled people, then a hierarchy toward specific groups should also be present, suggesting that those ranked as least preferred will have the most difficulty in being accepted by society. By using a nine-point social distancing scale, ranging from ‘would marry’ to ‘would put to death’, with 21 impairments, it was found that mental retardation, alcoholism and mental illness were the ‘least preferred’ by the non-disabled subjects (n-455), with ulcer, arthritis and asthma ranked as most accepted. Tringo’s hierarchy has been found to be relatively stable 30 years later, with only people with cancer showing a change in position (Thomas, 2000).

Harasymiew et al (1976) found that stereotypes and negative attitudes exist not just in the general population, but also amongst the health professionals.

Children are generally regarded as holding more positive attitudes towards disabled people than the adult population (Townsend et al, 1993).

Harper (1999) views culture as a significant factor in influencing attitudes toward different impairments, citing how an obese child was ranked as least desirable in the United States, while in Nepal and New Zealand this child was ranked more highly.

In the US during the upheaval of the 1960s & 1970s, the disability rights movement and the women’s rights movement took their place beside other social movements that forever changed the socio-political landscape. It had its impact globally.

Goffman's (1963) sociological analysis of stigma and its consequences in socially marginalized groups is frequently cited as foundational in disability literature reviews.

Goffman's (1963) and Davis's (1961) thesis that relations between disabled persons and non-disabled persons are marked by strain, misunderstanding and disconnection is supported by a wide range of data sources. Murphy (1990) described disability as a 'disease of social relations', adding "Social relations between the disabled and the able bodied are tense, awkward, and problematic. This is something that every handicapped person knows".

Summarizing the results of their interviews with disabled persons, Murphy and colleagues reported that "handicapped people of every condition complain that non-disabled act as if we were contagious" (Murphy et al 1988) and wheelchair users know that in public places, they are commonly "noticed by everyone and acknowledged by nobody".

A national sample of 100 employers of the disabled people, and a similar number of Disability Employment Advisors (DEAs) was drawn for a study in England. 70% of the employers felt that there were positive benefits to employing disabled people, most often because they are more loyal. DEAs reported that majority of the disabled employees give 110% performance, have little sick leave and are very reliable.

It would be helpful to forge a stronger synthesis between, on the one hand, securing legislative improvement and enforcement, and on the other, promoting the universal benefits of a more inclusive society. Each complements the other.

Coverage of disability in cinema, media and literature

Negative portrayals of disabled persons in movies such as beggars, comic, wicked and villainous characters are common except in the case of some Hindi movies like 'Koshish' 'Sparsh', 'Naache Mayuri' etc.

In fictions, a villain is invariably featured by the wicked or deformed. Shakespeare's Richard III, a spastic by birth is one of the most heinous, unscrupulous and villainous characters ever created by the author. Several novelists have depicted disabled individuals in bad character.

With regard to mentally ill, newspaper headlines in England in twenty first century have included 'Nuts to be caged for life by the doctors (The Sun, December 2000) and "psychos to be locked up for life' (The Sun, June 2002). The animalistic terms 'caged' and 'locked up' suggest those concerned are less than human.

Examples of the “life not worth living” narrative include media coverage of the case of Sarah Lawson who was diagnosed as a patient of manic depressive. Her father killed her at the age of 22 by administering an overdose of drug and then suffocating her with a pillow. He was given a suspended sentence and, when he walked free from court, media comment included ‘she would be better off dead’.

Disabled women face a double dose of discrimination and prejudice – both as persons with disabilities and as women; women of colour with disabilities are triply disadvantaged. Disabled women therefore face multiple barriers to achieving their life goals. As a consequence of the bias, discrimination and stereotyping that disabled women face, they experience low employment rates and wages, low educational levels, high rates of poverty and segregation, limited access to community services and high rates of sexual and physical violence (Fiduccia & Wolfe, 1999).

It may be concluded that common reactions of non-disabled towards disabled can be curiosity, pity, over-solicitousness, rejection, repugnance, indifference, fear and sympathy.

Historical perspective of social attitudes

In the Holy Bible it is mentioned that the sins of the parents will be visited upon their children up to the third or even further generation. Manusmriti mentions that a disabled person reaps in this life the seeds of misdeeds that he had sown in the former life.

There may be the following 4 stages of social attitudes towards the disabled persons from the historical point of view:

1. Infanticide and cruelty

In the prehistoric days, the disabled persons were eliminated through the natural process as, ‘survival of the fittest’ was the principle for survival and there was no place for the weak and sick people. Children born with handicap conditions were not protected and they were allowed to die at birth or in infancy. Most of the primitive tribes would discard their disabled fellow beings on the grounds of their incapability to fight the foes and the wild animals. There are examples of Eskimos, Dene, Masai, Dieri, Carib and many other such tribes of North America, Australia, Hawaii and Africa following inhuman practices with the handicapped. On the other hand, there are examples of tribes such as Blackfoot Indians, Andamanese, Mongols who cared for the disabled persons. In some cultures legal and social sanctions were given for female infanticide but disabled children were protected. In others, war disabled were given good care. In some instances it was believed that physical deformities and mental disorders were the result of possession by demons and therefore, afflicted persons were rejected, punished or killed.

2. Missionary approach

With the spread of Christian ideals and Buddhist doctrines, the cruel practices were gradually abandoned. However, the twelve defects given in the Bible that disqualify a priest from officiating were: "A blind man, or a lame, or he that hath a flat nose, or anything superfluous, or a man that is broken handed, or crookbacked, or a dwarf, or hath a blemish in his eye or be scurvy, or scabbed or hath his bones broken". The religious leaders later became interested in the custody and care of the disabled.

During the Middle Ages, disabled persons particularly, locomotor handicapped were mocked at in the streets, treated harshly and driven to jugglery, begging or crime. The persons with disability were often objects of amusement and were used for entertainment. Mention is found in the ancient Indian literature about the treatment of disability. The Indian history is also full of anecdotes on the lives of physically disabled such as dwarfs and hunchbacks who were even used as court jesters. Parents often refused treatment of a disabled child on the ground that it was contrary to the will of the God.

Thinkers and social reformers like Aristotle, Plato, Martin Luther King held the disabled people in contempt and justified their removal from the society.

By 16th Century laws were made in England to protect and support the disabled persons. Attempts were also made to cure the disabilities but the methods of treatment were quite primitive. Institutes were founded for the poor and destitute which also included the handicapped.

3. Training & Education

In the 18th Century a number of institutions were set up for the blinds, deaf and severely handicapped. Simultaneously, Medical Science also made great strides in the treatment of disabilities. It was realized that prevention and early care would relieve the society of the burden of supporting the disabled persons throughout their lives with the gradual development in Medical Science and technology in the West, a significant shift in the attitude of the people towards disability was observed. Now, the society had started accepting the disabled individuals instead of discarding them.

4. Integration and inclusion

Towards the end of 19th Century and beginning of 20th Century, a number of Acts were promulgated in some of the progressive countries of the world, safeguarding the interests of the persons with disabilities. Vocational rehabilitation of the disabled was given special attention. Thus the attitude of the society has been changing from hatred to sympathy and tolerance to human rights.

Disabled in Indian mythology

Historically, Indian society has been sensitive towards disabled persons. Examples of Ashtavakra and Vamana suggest that the Hindu society recognized the merits of handicapped people. However, holy books of Hindus suggest that although the handicapped were treated with pity and compassion in ancient India, their rights to social equality were never recognized. It was believed that a disability was the result of one's wrong actions (*Karmas*) whether in his life or the life before.

Disabled people in Indian mythology as well as history have also been depicted as cruel and spiteful. A disabled women in Indian mythology is Manthara, the one-eyed orthopaedically impaired maid servant of queen Kaikeyi in the Ramayana who was responsible for Lord Rama's exile. Similarly, there are other stories where women with disabilities are neglected by the Gods. Accordingly to a Katha (story) recited during Kartik Pournima, Goddess Lakshmi had an elder sister who could not marry because of her being dark and disfigured. When Lord Vishnu proposed to Lakshmi, she expressed her inability to marry as her elder sister was still unmarried and instead urged him to marry her sister. Lord Vishnu refused saying that there is no place for disabled people in heaven. However, he married off her elder sister to a '*peepul*' tree, which he said was another form of Vishnu.

Visually impaired Dhritrashtra or the Orthopaedically impaired, Shakuni sided with evil in the Mahabharata war. Taimur Lang (also Tamerlane, 1336-1405), the Mangol ruler and disabled has been projected as an insensitive and atrocious person. These images have had a deep influence in the psyche of the Indians who till today perceive disabled people either as objects of pity or as evil personified.

Pity and avoidance are the most widely prevalent attitudes towards the disabled. People are always prepared to part with a coin to get rid of a pestering handicapped beggar. They are under the impression that by putting a few coins into the begging bowl, they not only come to the rescue of a sinner of the past life, but also unconditionally rescue a seat for themselves in the heaven above.

The ancient Indian literature equates the disabled with the beggars, aged, dwarfs, sick, widows, low caste etc.

Attitudes, prejudice, discrimination and stereotypes about disability

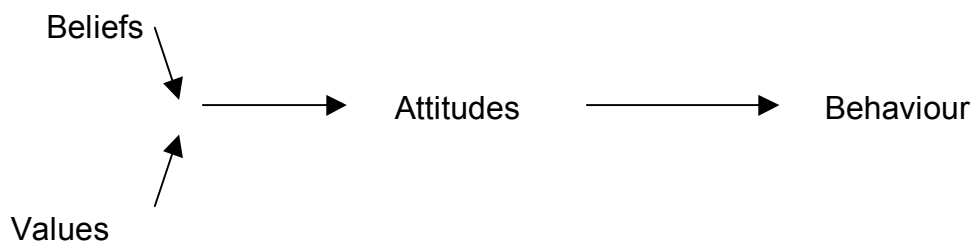
Most definitions of attitude comprise 3 components;

- Cognitive
- Affective
- Behavioural

The cognitive component refers to our beliefs about the object or person to whom the attitude is directed we may believe, for example, that the blind people have a 'sixth sense' our belief may or may not be correct.

The affective component refers to our evaluation of the object or person to whom the attitude is directed. We may think, for example, that the 'sixth sense' of the blind people makes them superior beings. The evaluation is based on the underlying values we hold which represent ethical codes and social and cultural norms. Beliefs represent what we know, values represent what we feel. Gross (1987) points out that in order to convert a belief into an attitude a value ingredient is needed. The more important or central our beliefs and values, the more difficult they are for ourselves or for others to change. This is because they tend to underpin our other attitudes and may influence the way we behave.

Our beliefs and values may, in turn affect our behaviour. We may, for example, fail to assist the blind person when he or she needs it. These ideas are summarized below:



(Fishbein & Ajken, 1975)

Prejudice literally means to pre-judge or to form a strong attitude without sufficient information (Reber, 1985). Prejudice can be either positive or negative, it usually refers to an extreme negative attitude. Reber defines prejudice as. "A negative attitude towards a particular group of persons based on negative traits assumed to be uniformly displayed by all members of that group".

Prejudices like attitudes, have cognitive, affective and behavioural components. The cognitive component is a stereotype (an overgeneralization) which is, in itself, neutral. The affective component is a feeling of liking or hostility, and the behavioural component may manifest itself as aggression, avoidance, discrimination or preferential treatment.

A particular set of behaviours, often referred to as the disabled role, may be expected of disabled people so strongly that those who do not conform are viewed in negative terms (French, 1944). Funk (1986) believes that self-advocacy is not generally considered part of the behavioural repertoire of disabled people and Holmes and Karst (1990) maintain that disabled people who take control of their lives may be viewed as

aggressive, while passive clients may be viewed as cooperative. As choice of rehabilitation facilities is usually non-existent, disabled people are frequently forced to conform to the stereotyped role prescribed to them.

This defensive mechanism on the part of the disabled is the result of social prejudice, discrimination and overall stigmatization. The terms “prejudice”, “discrimination” and “segregation” are related but not similar. Prejudice is a pattern of hostile attitude by which an individual is placed in a particular category and judged accordingly. Discrimination refers to overt acts committed against individuals and minority groups because of the prejudice of the dominant majority. Segregation is a special form of discrimination whereby the minority group is denied access to such institutional facilities of the larger society as schools, hotels, restaurants, recreational facilities, transportation etc. Prejudice is thus a state of mind where discrimination and segregation are specific acts or services of acts. Prejudice is the root of discrimination and segregation provides the major motivating force for stigmatization (Gokhale, 1995). Stigma is about labeling and the individuals’ reaction to being “marked” (Sayce, 1998).

Discrimination implies denial of opportunity, unequal treatment, and exclusion from the main channels of economic and social life (Jernigan, 1968). It is in the economic sphere that discrimination against the persons with disability is found to be more overt and serious. Their economic security is often threatened by the frequent refusals of work opportunities in many areas of employment. It is a common observation that economically independent persons with disabilities are more accepted in the society than the dependent ones. While it is true that the vocational outlets for the disabled may be realistically circumscribed, the restrictions are often extended to areas where the limitations are not inherently confining. Unrealistic requirements close the doors of employment to many of the disabled.

Discrimination involves distinguishing (‘discriminating’) between human differences, conferring negative value on some types of difference and treating people unjustly as a result by drawing on social and economic power. Solutions focus on reducing the power to discriminate.

Terms like segregation and social exclusion have been used interchangeably. Duffy (1995) describes social exclusion as the inability to participate effectively in economic, social, political and cultural life and alienation and distance from the mainstream society.

The social effects of disability tend to create social distance between the disabled and their families on the one side and the community on the other. The distance is often expressed by the non-acceptance of the handicapped in social functions, religious services, educational programmes, work places, marital relationships leading to social

and economic isolation. This may often result in un-social, and even anti-social attitude on the part of the disabled (Gokhale, 1995).

Segregation of the handicapped persons for the purposes of education, vocational training and protection should not be considered as manifestations of prejudice. Nevertheless such segregated training programmes deprive the disabled persons of the opportunity of mingling with the larger society and of getting full acceptance in the community. However, increased acceptance of the principle of inclusion in regular schools and other rehabilitation programmes is bound to facilitate integration of the disabled persons in the mainstream.

The Sanskrit saying '*Yatha Akruthi Thatha Prakruthy*' is still a guiding principle in our society in evaluating people and their behaviour. However, it is a matter of common observation that the same kind of behaviour may be found in people who have widely differing physiques, and individuals who have the same kind of physique behave in widely differing ways.

The roles assigned to the disabled and the behaviour expected from them vary from place to place. In Turkey blind men are preferred as readers of the Koran, for their prayers are believed to be more welcome to God than the prayers of others. A blind Catholic on the other hand can not become a priest. If the person with a disability has high prestige and status, the role of his disability may be so great that his disability may be imitated. Princess Alexandra, who became the wife of Edward VII, walked with a limp. At the time she married, it became a fashion among thousands of women in Europe to walk with a special dignified limping gait known as the Princess Alexandra Walk.

The impact of stereotypes is profound. It impacts on identity and increases risk of mental ill health (Link et al, 1977). It leaves people with complex dilemmas about whether and how to disclose their mental health problem, and how to disprove the assumptions they expect to encounter if others know of their diagnosis (Sayce, 2000; DWP, 2002). For example, an African man with a diagnosis of Schizophrenia may be reluctant to disclose, given 'powerful big black and dangerous' stereotypes. He may try to counter the stereotype by taking care not to appear threatening, thereby adding layers of anxiety and social pressure to an already challenging situation.

According to Link & Phelan (2001) discrimination can not be countered without taking steps to limit the exercise of power, for instance by passing laws. Legal sanctions coupled with success stories might be successful in improving public attitudes. However, for law to be an effective agent for social change requires it to be addressed through social discourse like media coverage, awareness-raising, film and culture. Simply passing and enforcing a law is not enough.

In order to significantly reduce discrimination faced by disabled people, education and legislation are not enough. What is required are multi pronged persistent strategies. That means different groups and organizations need to work together to identify activities that are complimentary. For example, media persons, lawyers, business houses, disability movement groups, parents' associations, self-help groups etc. should promote good practices.

Common myths & misconceptions about persons with disabilities

There exist several studies, which bring out rather interesting results. It is found that disabled people who think of themselves and disabled people in general as similar to other people tend to be happier and much better adjusted. They were also found to be better workers in terms of punctuality and less absenteeism.

Yuker (1966) reports a study in which he and his associate compared severely disabled individuals with those who had only minor disabilities. They expected that the ones with minor disabilities would be happier, better adjusted, better workers, and so forth. Contrary to their expectations they noticed no difference. Some severely disabled individuals were much better workers and better adjusted while some with minor disabilities were found quite inadequate.

Many feel that disabled cannot lead a satisfactory sexual and marital life. They have the same urges and desires as rest of the population. Following are some other common myths and misconceptions about the disabled:

Disabled persons are compensated by being gifted in some skill or art. They are exceptionally talented.

The blind's other senses are more sensitive. The fact is that they learn to make discrimination in the sensation which they receive by paying more attention and concentration.

Blind people have superior musical ability. Whereas, they are not necessarily superior in music and are not always better than their sighted counterparts. Since, they can not see, therefore, they concentrate on every sound more than their sighted counterparts.

The disabled are helpless and burden on the society. However, with positive and favourable attitude of the non-disabled, society can make them helpful and useful.

If partially blind use their sight too much, then they loose their remaining sight. This may happen only in rare cases. On the contrary they should use their eyes as much as possible.

Guide dogs take blind people where they want to go. It is not so. Guide dog is only a safe guard. The blind should know where he has to go.

Mental illness and Mental Retardation are same.

Bringing change in attitudes

Disabled persons are not treated as individuals but they are treated as a group. Whereas, the basic principle of psychology that 'no two individuals are same and every individual is unique, holds true for the persons with disabilities too like other individuals.

1. Public has to be enlightened on the abilities of the disabled and the economic contribution they can make to the country. Developing awareness about disability is the first and foremost step towards empowerment.
2. Education of various groups who are intimately connected with the disabled such as physicians, nurses, psychologists, social workers, educators, insurance officials, lawyers employers, govt. officials, legislators and the members of the individual's family.
3. Achievements of disabled persons, publications, interesting fictions, articles about the problems of the disabled conferences, seminars, radio talks, TV shows etc. needs to be organized. Attitude tests can be used to measure the attitude of disabled persons both toward other disabled people and towards themselves. It can also be used to measure the attitude of a non-disabled person towards the disabled (Yuker, 1966).
4. Abolish negative stereotyping by the media.

Challenges

Participation of persons with disabilities and their families – not only in implementation but also in decision making is vital for bringing about desirable results. The severely disabled continue to be dumped in a corner.

All forms of barriers – Physical, attitudinal and information need to be removed.

Resources in terms of both trained professionals and care givers and financial are required. Monitoring of funds disbursement and its utility needs to be supervised closely.

So far, number of research studies conducted are limited for bringing about attitudinal change of the society towards disabled persons particularly in the Indian society. Therefore, there is an ample opportunity for research activities.

Success stories of persons with disabilities and NGOs needs to be publicized through mass media.

Measuring attitudes towards disabled people

Survey, using questionnaire is the most common method. Sociometric measures to investigate behaviour, and instruments involving video and picture presentation have also been used.

The most widely used instrument for attitude measurement of is the Attitudes Towards Disabled Persons Scale (ATDP) developed by Yuker et al in 1960. The Interaction with Disabled Persons Scale (IDP) is a new instrument which was developed in Australia in the late 1980s and early 1990s (Gething, 1993); it is used to measure community attitudes towards disabled people. The Disability Social Distance Scale (DSDS) was developed by Tringo in 1970. It measures how closely people wish to be associated with disabled people with particular impairment.

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