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Effects of age, gender, and causality on perceptions of persons with mental retardation

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Abstract

The present study examined the effects of age, gender, and causality on the perceptions of persons with mental retardation. Participants rated individuals with mental retardation using a semantic differential scale with three factors: activity, evaluation, and potency. Target individuals in each scenario varied on the variables of age (8, 20, 45), gender (male, female), and causality of mental retardation (genetic, self-inflicted, inflicted by others). Perceptions differed significantly according to causality, with those with mental retardation due to inheritance/genetics (Down Syndrome) evaluated most positively and those whose mental retardation was self-inflicted viewed most negatively (brain damage due to drinking cleaning fluid). Female participants gave higher ratings than male participants for target subjects on evaluation and potency factors. Implications of findings for persons with mental retardation are discussed.
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Within a society, individuals hold ideas of what it means to be normal (Towler & Schneider, 2005). When individuals deviate from those expectations or norms in terms of a particular attribute, such as persons with mental illness, the obese, and the homeless, they are often stigmatized (Goffman, 1963; Towler & Schneider, 2005). One particularly stigmatized group are persons with mental retardation (Gray, 1993; Towler & Schneider, 2005).

Extensive research in psychology and other disciplines suggests that there is a preponderance of negative stereotypes associated with persons with disabilities both in the United States and in other countries (e.g., Bogdan & Biklen, 1993; Gartner, Lipsky, & Turnbull, 1991; Nelson, 1994; Tang, Davis, Wu, & Oliver, 2000). In fact, for several decades, rehabilitation researchers and social scientists have investigated people's willingness to interact with members of potentially

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stigmatized groups such as people with disabilities, diseases, psychological disorders, or divergent values and lifestyles (Sigelman, 1991). Although society's attitude toward persons with disabilities has been predominantly negative, these attitudes appear to be multi-faceted and vary as a function of many factors such as culture, demographics, type of disability, age of the evaluator, and gender of both the individual with the disability and the person evaluating the individual with a disability and factors intrinsic to the specific disability/impairment such as locus and visibility (Deal, 2003; Gething, 1991).

Consequently, the literature reveals a ''hierarchy'' of disabilities, with mental retardation consistently ranking at or near the bottom (most negative, least accepted) compared to other disabilities (e.g., Tringo, 1970; Yuker, 1988). Further, attitudes toward persons with disabilities follows a developmental trend as reactions to disability increase in favorability from early childhood to adolescence, decrease in late adolescence, and increase again in young adulthood through late adulthood (e.g., Harper & Peterson, 2001; Smith, Flexer, & Sigelman, 1980; Weiserbs & Gottlieb, 1995). Also, females are generally more accepting of peers with disabilities than are males (e.g., Panek & Smith, 2005; Werner & Davidson, 2004). However, research suggests that women with disabilities are viewed more negatively than men with disabilities, both in self-perceptions and the perceptions of others (Fine & Asch, 1985; Gartner et al., 1991). Additionally, other researchers suggest that women with disabilities such as mental retardation can be viewed as having two handicaps or stigmatizing conditions, being a woman and having a disability (e.g., Hanna & Rogovsky, 1991; Lloyd, 1992).

Furthermore, research suggests that the cause of the disability/condition may influence views of the individual with that disability/condition. Thus, according to Weiner's (1985), Weiner and Graham (1984) attribution theory, affective responses to other people are more positive when the cause of their problems or failings is perceived as uncontrollable then when it is perceived as controllable. That is, to what extent is the person responsible for a specific disability as opposed to outside forces, such as the environment or biological factors, causing the disability (Corrigan et al., 2000). Disabilities or conditions that are self-induced (e.g., alcoholism, cocaine addiction), are generally viewed more negatively than when the condition was not self-induced (e.g., physical disability, cancer) (e.g., Corrigan et al., 2000; St. Claire, 1993; Towler & Schneider, 2005; Weiner, Graham, & Chandler, 1982; Weiner, Perry, & Magnusson, 1988). In fact, in a study of 54 stigmatized groups, controllability was found to be a particularly important dimension by which the stigmatized are differentiated (Towler & Schneider, 2005).

Although both the age and the gender of the evaluator have been the focus of research, the effect of the target person's age and gender has not been extensively investigated. Past research has typically excluded the age and gender of a person with a disability, such as mental retardation, who is being perceived/evaluated by the participants (e.g., Ahlborn et al., 2008; Smith et al., 1980; Weiserbs & Gottlieb, 1995). However, these factors may be potentially relevant to determining an evaluator's perceptions of individuals with mental retardation.

Although there is extensive research indicating that individuals express different attitudes/perceptions toward different categories of disabilities such as ''mental,'' ''behavioral,'' ''physical,'' relatively little research has focused on investigating attitudes toward different disabilities within a specific disability category. Available research suggests that individuals manifest different attitudes/perceptions toward individuals with different conditions within a particular disability category. For example, Corrigan et al. (2000) found that raters differentially evaluated among four psychiatric groups (cocaine addiction, depression, psychosis, mental retardation) and two physical health groups (cancer, AIDS), and these differences were attributed to the controllability and stability (i.e., how relatively permanent) of the investigated conditions.

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