



The relationship between awareness of intellectual disability, causal and intervention beliefs and social distance in Kuwait and the UK



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ABSTRACT

Evidence on lay beliefs and stigma associated with intellectual disability in an Arab context is almost non-existent. This study examined awareness of intellectual disability, causal and intervention beliefs and social distance in Kuwait. These were compared to a UK sample to examine differences in lay conceptions across cultures. 537 university students in Kuwait and 571 students in the UK completed a web-based survey asking them to respond to a diagnostically unlabelled vignette of a man presenting with symptoms of mild intellectual disability. They rated their agreement with 22 causal items as possible causes for the difficulties depicted in the vignette, the perceived helpfulness of 22 interventions, and four social distance items using a 7-point Likert scale. Only 8% of Kuwait students, yet 33% of UK students identified possible intellectual disability in the vignette. Medium to large differences between the two samples were observed on seven of the causal items, and 10 of the intervention items. Against predictions, social distance did not differ. Causal beliefs mediated the relationship between recognition of intellectual disability and social distance, but their mediating role differed by sample. The findings are discussed in relation to cultural practices and values, and in relation to attribution theory. In view of the apparent positive effect of awareness of the symptoms of intellectual disability on social distance, both directly and through the mediating effects of causal beliefs, promoting increased awareness of intellectual disability and inclusive practices should be a priority, particularly in countries such as Kuwait where it appears to be low.

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1. Introduction

In contrast to the rich literature concerning lay beliefs and stigma relating to mental illness, there is a dearth of research on public conceptualisations of intellectual disability. The limited evidence suggests misconceptions among lay people are not uncommon. For instance, knowledge about Down's syndrome was found to be reasonably accurate among the Australian public, but a quarter believed the condition to be caused by parental lifestyle or perinatal problems (Gilmore, Campbell & Cuskelly, 2003). In India, only 4% of lay people saw prenatal complications or heredity as likely causes of intellectual

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disability (Madhavan, Menon, Kumari & Kalyan, 1990), and a significant proportion attributed it to supernatural events. Belief in supernatural causes was also found in Tanzania, with strong attribution to witchcraft (Kisanji, 1995).

Intellectual disability appears to be somewhat less stigmatised among lay people than severe forms of mental illness, such as schizophrenia (Lau & Cheung, 1999; Saetermore, Scattone, & Kim, 2001; Scior, Potts & Furnham, 2012). Nonetheless, in comparative studies of attitudes, people with intellectual disabilities consistently emerge as one of the least desirable groups as partners for social interaction (Gordon, Feldman, Tantillo, & Perrone, 2004; Nagata, 2007; Westbrook, Legge, & Pennay, 1993), and behavioural intentions towards them are more negative than towards people with physical disabilities (Brown, Ouellette-Kuntz, Lysaght, & Burge, 2011; Katz, Shemesh, & Bizman, 2000).

Empirical evidence on lay beliefs and stigma associated with intellectual disability in an Arab context is almost non-existent. This is an important omission as one may assume that the prevalence of intellectual disability is relatively high within the Middle East due to some of the highest consanguineous marriage rates in the world. In Kuwait, the focus of this paper, 22.5–64.3% of marriages are between spouses who are blood relatives (Tadmouri et al., 2009). The limited data available suggest that awareness of intellectual disability in the Middle East is low (Bener & Ghuloum, 2011) and that belief in supernatural causes of intellectual disability is high (Al-Rashed et al., 2009). This parallels the importance of supernatural beliefs about mental illness in Arab contexts (Al-Adawi, Dorvlo, & Al-Ismaïly, 2006). In their study, over 40% of medical students and lay people agreed that mental illness is caused by spirits. Many of such beliefs have their origins in the religion of Islam, which is followed by the majority of the population of countries in the Middle East. They arise from ideas of Jinn possession, punishment for wrongdoings, and illness or disability as a test from Allah. Bener and Ghuloum (2011) found that, whilst the majority of adults in Qatar endorsed both biological and environmental causes of mental illness, a significant proportion also held supernatural causal beliefs, with 47% and 39% respectively attributing mental illness to a punishment from God and possession by evil spirits. An Australian study of attitudes towards disability among various ethnic groups concluded that Arab groups showed the least acceptance of people with disabilities (Westbrook et al., 1993).

A belief in supernatural causes of mental illness, not surprisingly, appears to be matched by endorsement of religious and spiritual sources of help for mental illness. In a large-scale cross-national survey, Al-Krenawi, Graham, Al-Bedah, Kadri and Sehwaïl (2009) found that 95% of Kuwaitis viewed prayer as a helpful coping mechanism for mental illness, and Kuwaitis believed more in traditional healing than Egyptian, Palestinian and Israeli Arab respondents. Stigmatising beliefs appear to remain prevalent among Arab communities in Western countries. In the US, Aldhalimi and Sheldon (2012) found that Arab Americans were more likely to endorse biological causal beliefs of mental illness, but also displayed more stigmatising attitudes than their counterparts in the UAE. Arabs living in the UK were more likely to endorse supernatural causes of mental illness and beliefs in non-Western physiology than White British lay people; supernatural causal beliefs were associated with shame-focussed attitudes for the UK Arab sample (Hamid & Furnham, 2012).

The fact that around 40% of adults in Qatar cannot tell mental illness and intellectual disability apart (Bener & Ghuloum, 2011; Ghuloum, Bener & Burgut, 2010) suggests that, in the absence of research on intellectual disability, it may be appropriate to some extent to extrapolate findings from research in the mental health field. However, research on lay attitudes and beliefs in an Arab context that is specific to intellectual disability is called for. Mulatu (1999), in studying the perceptions of mental and physical illnesses and intellectual disability in Ethiopia, found significant variation as a function of the condition.

Our understanding of the impact of causal beliefs on stigma in relation to intellectual disability is very limited. To the authors' knowledge only two studies have touched on this. Panek and Jungers (2008) found that intellectual disability caused by genetics was perceived most positively, whereas "self-inflicted" disability (due to accidentally drinking cleaning fluid during childhood) was viewed most negatively. In Ethiopia, causal beliefs related to supernatural retribution were associated with negative attitudes, for both mental illness and intellectual disability (Mulatu, 1999). The effect of biomedical causal explanations on stigma, while a point of intense debate in the mental health field (e.g. Jorm & Oh, 2009; Read, Haslam, Sayce, & Davies, 2006), has barely been addressed in relation to intellectual disability.

1.1. *The present study*

The present study set out to examine causal and intervention beliefs and their association with social distance regarding intellectual disability in an Arab context (Kuwait) and compare the findings to the UK. We predicted that supernatural causal beliefs would be more common in Kuwait. Furthermore, in expecting causal and intervention beliefs to be fairly closely matched, we predicted that religious and spiritual sources of help would be more favoured in Kuwait than in the UK. In line with suggestions that disability is stigmatised within Arab societies, we predicted that participants in Kuwait would show higher levels of social distance. These constructs were examined in response to a diagnostically unlabelled vignette. In view of this, we predicted that participants who recognised the presentation as depicting possible intellectual disability would be more likely to agree with biomedical causes and less likely to agree with supernatural ones. Furthermore, we predicted that the relationship between knowledge of intellectual disability (evidenced by recognition of the difficulties depicted as possibly due to an underlying intellectual disability), or lack thereof, and social distance would be mediated by participants' causal explanations. Cultural variations in the mediating effects of causal beliefs on stigma have found little attention, hence we wanted to examine whether these differ by culture but did not reach any predictions.

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