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On the Origins of Negative Attitudes Toward People with Disabilities

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IN THE PAST QUARTER of a century several attempts have been made to categorize the different sources of negative attitudes toward individuals with disabling conditions. Among these attempts, the works of Gellman,[34] Raskin,[63] Siller et. al.,[79] and Wright[90] are often singled out. In addition, a plethora of theoretical and empirical work has been directed toward the narrower goal of advancing and supporting a specific cause (often referred to as *root* or *base*) for negative attitudes toward disability (see Goffman,[35] Meng,[54] Parsons,[61] and Schilder[70]).

The main objective of the current article is twofold: to integrate the major approaches in the domain of attitudinal sources toward people with disabilities, and to offer a new classification system by which these attitudes can be better conceptualized and understood.

Of the four main classifications, earlier attempts by Raskin[63] and Gellman[34] were more narrowly conceived. Both offered a fourfold classification system for the roots of prejudicial attitudes toward those who are blind (Raskin) and those who are disabled in general (Gellman). Raskin perceived these attitudes to be determined by psychodynamic, situational, sociocultural, and historical factors. Gellman, on the other hand, viewed the prejudicial roots as stemming from social customs and norms, child-rearing practices, recrudescence of neurotic childhood fears in frustrating and anxiety-provoking situations, and discrimination-provoking behavior by persons with disabilities.

Wright,[90] in a comprehensive literature review, discussed attitudes toward atypical physique according to the following categories: general requiredness of cause-effect relations (i.e., phenomenal causality between certain "sinful behaviors" and disability as an "unavoidable punishment"), negative reaction to the different and strange, childhood experiences, and prevailing socioeconomic

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factors. Siller et. al.,[79] based on their extensive attitudinal study, reported the existence of 13 aversive content categories toward those with disabilities utilizing both empirical and clinical findings. Their discussion, however, often confuses components of attitudinal correlates (such as functional limitations or attribution of negative qualities) with attitudinal sources (for example aesthetic-sexual aversion, fear it could happen to self).

The present article attempts to deal exclusively with attitudinal sources. In other words, only approaches—both theoretical and empirical—which can be perceived in terms of cause (attitudinal source or root) and effect (negative or aversive reaction or attitude) relationship, will be dealt with. Also, the classification system of the different attitudinal sources combines both process (psychodynamic mechanisms) and content (sociocultural factors) related formulations. It was felt that any attempt to separate the two would be rather arbitrary.

Sociocultural Conditioning

Pervasive social and cultural norms, standards, and expectations often lead to the creation of negative attitudes toward the disabled population. Among the frequently mentioned contributing factors are:

(1) Emphasis on concepts such as "body beautiful," "body whole," youth, health, athletic prowess, personal appearance, and wholeness. These highly stressed societal standards are often institutionalized into cultural customs, which are to be conformed to by members of society.[34,66,90]

(2) Emphasis on personal productiveness and achievement. Individuals in most Western countries are judged on the basis of their ability to be socially and economically competitive.[38,69]

(3) Prevailing socioeconomic level. The importance of socioeconomic factors in creating an atmosphere within which attitudes toward individuals with disabilities are often nourished was emphasized by Safilios-Rothschild.[69] The level of societal development (Jordan and Friesen[44]), the rate of unemployment, beliefs concerning the origins of poverty, and the importance attached to the nation's welfare economy and security are all contributing factors affecting attitudes toward people with disabilities.

(4) Society's delineation of the "sick role" phenomenon. Whereas the occupant of the "sick role" is exempt from normal societal obligations and responsibilities, the length of a disabled person's remaining in this role is associated with negative attitudes.[60,61,81]

(5) The status degradation attached to disability. The social deviance and inferred stigma of having a physical disability bears heavily on society's attitudes toward those affected (see Davis,[15] Freidson,[33] Goffman,[35] Safilios-Rothschild,[69] Wolfensberger,[86,87] Worthington,[88] and Yamamato[91]). The cultural values held by members of society are often based on the perception of any form of "imputed deviancy," including disability, as a sign of marginal status. The person with a disability is, therefore, viewed as an "outsider," an "offender," or as "different."[5,36,46] Wolfensberger[86,87] regards the devalued or deviant status as a negative role imposed on the stigmatized person and views the sources of this deviancy as stemming from physical, behavioral, and attribution-based characteristics. Yamamato[91] goes as far as to suggest that society needs the deviates as a symbol of evil and intangible dangers.

Childhood Influences

The importance of infancy and early childhood experiences, in terms of both child-rearing practices and early parental influences (verbal and behavioral) is often stressed.[34,90] The impact of early experiences and their related emotions and cognitions have a major role in influencing the growing child's belief and value system. Parental and significant others' actions, words, tone of voice, gestures, and so forth are transmitted, directly or indirectly, to the child and tend to have a crucial impact on the formation of attitudes toward disability.

Rearing practices which emphasize the importance of health and normalcy and which threaten any infringement of health rules with sickness, illness, and long-term disability, result in aversion toward individuals affected.[34,90] Childhood stages of development (oral, anal, phallic, genital) are wrought with anxiety-laden premises regarding the etiology of certain illnesses; therefore, the association with ongoing disabilities and disabled persons, as past transgressors, is readily made.

Psychodynamic Mechanisms

Several mainly unconscious psychological processes have been advanced in the literature as explanatory mechanisms for the attitudes manifested by the "non-disabled" toward the "disabled." Although most of these mechanisms are apparently sown during early childhood[34,79,90] and may, therefore, be regarded as related to childhood experiences, it was felt that due to their significance in creating and maintaining these attitudes such a separation is warranted.

(1) Requirement of mourning. The person with a disability is expected to grieve the loss of a body part or function. He or she "ought" to suffer and slowly adjust to such a misfortune.[16,17,46,80,81,90]

The non-disabled individual has a need to safeguard

his or her values, by wanting the disabled individual to suffer, and show the appropriate grieving, so as to protect one's own values of the importance of a functioning body.[16,17] Any attempt on the disabled person's part to deny or reject the "suffering role" is met with negative attitudes. The mechanism of rationalization is clearly operative in this case.

(2) Unresolved conflict over scopophilia and exhibitionism. Psychoanalytic thought stresses the importance of vision in early psychosexual and ego development.[8] The significance of sight, both in terms of pleasure of looking at and being looked upon in the pregenital stages, is stressed in the psychoanalytic literature. Any unresolved conflicts related to these developmental stages may be triggered as a consequence of the approach/fascination-avoidance/repulsion conflict often associated with the sight of a disabled person.

(3) Negative attributes resulting from the "spread phenomenon." Attributing to those with disabilities certain negative characteristics frequently results when the mechanism of "halo effect" or "spread phenomenon" is in operation.[90] The generalization from one perceived characteristic (e.g., physical disability) to other, unrelated, characteristics (e.g., emotional or mental maladjustment) is referred to as "spread" and explains the too often pervasive negative correlates of a pure physical deviance.[46,81]

(4) Associating responsibility with etiology. The attribution of personal-moral accountability to the cause of a disabling condition results in negative attitudes. If an individual can be held responsible for an imputed deviance, certain social management approaches are then suggested (punishment, control, "rehabilitation," correction, and so forth), which are frequently embedded with negative connotations.[33,69,91] Again, the operation of a rationalization mechanism is evident here.

(5) Fear of social ostracism. Siller et. al.[79] suggest this category as an extension of the "guilty by association" phenomenon. The non-disabled person fears that an association with disabled persons may be interpreted by others as implying some psychological maladjustment on his or her own part. The internalization of others' values and beliefs, which tends to weaken one's ego boundaries, coupled with projection onto others of unwanted personal attributes, are the main operating mechanisms.

(6) Guilt of being "able-bodied." Guilt of "enjoying" one's body intactness in addition to possible injustices directed toward persons with disabilities (e.g., the belief in the disabled person's responsibility for the condition, lack of involvement in charitable activities) may result in attempts at atonement or further dissociation from the presence of disabled individuals.[79,90]

Disability as a Punishment for Sin

The triad of sin, punishment, and disability can be conceived as a component of the earlier discussion of psychodynamic mechanisms operating in the creation of aversive reactions toward disability. Due to their importance in elucidating the roots of negative attitudes toward people with disabling conditions and the various versions of their interrelatedness, which are advanced in the literature, it seems justifiable to treat these concepts under a separate heading.

(1) Disability as a punishment for sin. Alexander's[1] concept of "emotional syllogism," when applied here,[79,90] stresses the consequential appropriateness between physical deformity and a sinful person. The source of the disabled person's suffering is attributed to either a personally committed evil act or to an ancestral wrongdoing.[72]

(2) The individual with a disability as a dangerous person. Meng[54] (reported in Barker et. al.[7]) attributed fear and avoidance of those who are physically disabled to three unconscious mechanisms: (a) the belief that a disability is a punishment for a transgression and, therefore, that the disabled person is evil and dangerous; (b) the belief that a disability is an unjust punishment and that, therefore, the person is motivated to commit an evil act to balance the injustice; and (c) the projection of one's unacceptable impulses upon the disabled person, which results in perceiving the latter as evil and dangerous (see also Siller et al.[79] and Thoreson and Kerr[81]). Thus, whereas in the previous section suffering was perceived as being a punishment for an evil deed, in the present section physical deviance is viewed as the cause, the consequence of which is felt to be a sinful and evil act ("a twisted mind in a twisted body").

(3) The non-disabled person fearing imminent punishment. If the notion of disability as a punishment is warranted, then the non-disabled person who anticipates, often realistically, retribution for past personal misdeeds avoids the persons with disabilities because of guilt of not being punished or the fear of imminent punishment by association.[34]

(4) Vicarious self-punishment offered by the punished disabled person. An extension of the above formula was offered by Thurer.[82] The sinning disabled person, in fiction or reality, is perceived to be an easy target for one's own projections. Since the disabled individual was punished for the sin committed and since the non-disabled person unconsciously identifies with the sin, he or she is also punished, vicariously albeit, and the felt guilt is, therefore, lessened. The externalization of one's inner conflicts upon a punished target assists in controlling them. The result is, therefore, the repelling-gratifying con-

flict of feelings that ensues as a result of seeing, hearing, or reading about a disabled individual.

Anxiety-Provoking Unstructured Situations

The role of unfamiliar situations in creating anxiety and confusion was stressed by Hebb[39] and Heider.[40] Similarly, upon initial interaction with a disabled person, the non-disabled person is often faced with an unstructured situation in which most socially accepted rules and regulations, for proper interaction, are not well-defined. These ambiguous situations tend to disrupt both cognitive-intellectual processes as well as the more fundamental perceptual-affective mechanisms.

(1) Cognitively-unstructured situations. The non-disabled person interacting with a disabled individual faces uncertain social outcomes engendered by the new and, therefore, cognitively vague situation.[41] The unfamiliarity presents an incongruent cognitive gestalt which disrupts the established basic rules of social interaction and may cause withdrawal from such a situation[91] or create strain in this interaction.[79] The often reported findings in the literature—that the lack of factual knowledge and information about disabling conditions tends to lead to negative attitudes (Anthony,[3] English[21,22])—also support this contention.

(2) Lack of affective preparedness. There is an apparent fearful and negative reaction, on a visceral level, to the different and strange.[39,40,79] Strange and mutilated bodies trigger a conflict in the observer, because of incompatible perceptions.[39] People tend to resist the strange because it does not fit into the structure of an expected life space[41] and because of a lack of affective readiness.[88,91] Siller et. al.[79] perceived it to exemplify their negative atypicality category, which creates in the observer a feeling of distress. Lack of experiential contact and exposure to persons with disabilities is a contributing factor to the origination of such an attitude.[3,21,22]

Aesthetic Aversion

The impact of a purely aesthetic-sexual aversion, triggered by the sight of a visibly disabled person, has been stressed by several authors.[41,78,79] These feelings of repulsion and discomfort are felt when non-disabled persons come in contact with certain disabilities (such as amputations, body deformities, cerebral palsy, skin disorders).[64,68,74] The importance of aesthetic-sexual aversion as a basis for negative attitudinal formation was also reported in Siller et. al.'s study,[79] in which the felt aversion referred to the direct and conscious reactions experienced on sensory and visceral levels. The role played by aesthetic attractiveness was also demonstrated by Napoleon et. al.[56] as a predisposing factor in judging a person's degree of mental illness.

Threats to Body Image Integrity

The concept of body image, as the mental representation of one's own body, was originally coined by Schilder.[70] Several related formulations were proposed regarding the importance of the body image concept (i.e., self-image, body cathexis, body satisfaction) as an explanatory vehicle in understanding attitudes toward people with disabilities.

(1) Threat to the body image. Schilder[70] argued that, via the mechanism of identification, seeing a person with a physical disability creates a feeling of discomfort because of the incongruence between an expected "normal" body and the actual perceived reality. The viewer's own, unconsious and somatic, body image may, therefore, be threatened due to the presence of the disabled individual.[55]

(2) Reawakening of castration anxiety. The psychoanalytic concept of castration anxiety, as applied to explaining the formation of negative attitudes toward persons with disabilities, stresses the stirring up of archaic castration fears in the presence of analogous situations (such as direct loss of a leg or an eye or an indirect loss of a certain body function).[10,29,51,79,90]

(3) Fear of losing one's physical integrity. Profound anxiety about becoming disabled plays a crucial part in forming prejudicial attitudes toward those who are. When faced with a disabled person, the non-disabled individual becomes highly anxious because the original fear of potential bodily harm is rekindled.[68,69] Roessler and Bolton,[66] capitalizing on Gellman's[34] original discussion, believe that non-disabled persons, being fearful of disablement and loss of self-control, feel intense discomfort which arouses additional anxiety when in contact with a visibly disabled person. The result is avoidance of the disabled person and attempts at segregating and isolating them. Similar ideas were advanced by Siller et. al.,[79] who viewed the fear that the disability could happen to oneself as a basis for an aversive attitude toward people who are disabled.

(4) Separation anxiety. Although somewhat related to castration anxiety and fear of losing physical integrity, separation anxiety, in the sense of object loss, is another unconscious source leading to negative attitudes toward disability.[79] The loss of a body part or function may trigger, in the viewer, narcissistic concerns and unresolved infantile anxieties which often evolve around possible separation from parental figures.[73]

(5) Fear of contamination or inheritance. The fear that social interaction with disabled people may lead

to contamination provokes aversive attitudes.[79] This refers to avoiding those with disabilities on both superficial interactive levels (social intercourse) and more in-depth relationships (marriage, having children).

Minority Group Comparability

The view that attitudes toward the disabled population parallel those manifested toward minority groups, in general, was advocated by Barker[7] and further elaborated on by Wright.[90] This view upholds that disabled people, as a marginal group,[5,80] trigger negative reactions in the non-disabled majority. Being perceived as marginal, or as a member of a minority group, carries with it the same stereotypical reactions of occupying a devalued and inferior status shared by ethnic, racial, and religious groups.[9,13,14,93] The resulting attitude can, therefore, be categorized as being disciminatory and prejudiced in nature, and as advocating isolation and segregation of disabled persons from the remaining population.[69,90]

Disability as a Reminder of Death

The parallelism between reactions toward those who are disabled and feelings associated with dying (anxiety, fear, dread) was suggested by several authors.[20,48,49,59,76] The contention is that the loss of a body part or a physical function constitutes the death of a part, which in the past was integrally associated with one's ego.[4] The anxiety associated with death is, therefore, rekindled at the sight of a disabled person. The disabled groups, both literally and symbolically, serve as a denial of our primitive, infantile omnipotence[28] and as a reminder of our mortality.

Prejudice-Inviting Behaviors

Gellman[34] and Wright[90] discussed the effect of certain provoking behaviors, by persons with disabilities, on discriminatory practices toward them. These provoking behaviors may be categorized into two general classes:

(1) Prejudice by invitation.[66] Specific behaviors by disabled individuals (being dependent, seeking secondary gains, acting fearful, insecure, or inferior) create and strengthen certain prejudicial beliefs in the observer. Wright[90] similarly traced these behaviors to the physically disabled person's expectations of being treated in depreciating ways, and as a result set themselves up in situations in which they will be devalued.

(2) Prejudice by silence. Lack of interest on the disabled person's part or lack of effective public relations campaigns or self-help groups representing the interests and concerns of specific disability groups to combat the public's ignorance is a way of fostering stereotypic and negative attitudes on the latter's part.

The Influence of Disability-Related Factors

Several disability-connected variables were reported in the literature as affecting attitudes toward disabled persons. The association of these variables with certain negative perceptions was both empirically studied[6,74] and theoretically discussed.[33,69]

Among the major reported variables can be found:

(1) Functionality vs. organicity of disability. Barker[6] found that a dichotomy exists between the public's perceptions regarding certain personality traits attached to functional (alcoholism) or organic (blindness, cancer) disabilities. Siller[74] concluded that those disabilities having the least functional implications were also those reacted to least negatively. Similar conclusions were reached in the context of occupational settings where employers preferred physically disabled individuals (for example, those with paraplegia) to the more functionally impaired persons (such as those who were mentally retarded or emotionally disabled).[6,65,69]

(2) Level of severity. Usually the more severe a disability is, the more negatively it is perceived.[69,71,74] Severity is, of course, related to level of functional limitation involved.

(3) Degree of visibility. Generally, the more visible a disability is, the more negative an attitude it tends to trigger.[69,71,74]

(4) Degree of cosmetic involvement. Generally, the more the cosmetic implication inherent in the disability, in terms of aesthetic characteristics (see also Aesthetic Aversion category), the least favorably it is reacted to.[74]

(5) Contagiousness vs. non-contagiousness of disability. Safilios-Rothschild[69] discussed the influence of contagious disabilities on the degree of prejudice directed toward them. The more contagious a disability is, the more fear of personal contraction is aroused and the more negative, therefore, is the ensuing reaction.

(6) Body part affected. The importance of the body part affected by the disability, in terms of both personal and social implications, was suggested by Safilios-Rothschild[69] and Weinstein et. al.[84]

(7) Degree of predictability. The factor of imputed prognosis or probability of curability was studied and discussed by Freidson,[33] Safilios-Rothschild,[69] and Yamamato.[91] On the whole, the more curable and therefore predictable the disability is, the less negatively it is perceived.

The final category to be briefly discussed includes the association of certain demographic and personality variables of the non-disabled population with

negative attitudes toward disabled persons. Since this category has been the target of extensive empirical research in the past years and since most of these studies are correlational rather than causal in nature, discussion will only evolve around their main findings. It should be noted that although the conclusions drawn by the study's authors are only suggestive and cannot be generalized beyond their participating populations, most authors regarded the respondents' personal variables under study as determinants of attitudes toward disability due to their enduring and deeply ingrained qualities (such as sex, intelligence, self-concept, anxiety level).

Demographic Variables Associated with Attitudes

Several major reviews of studies investigating demographic correlates of negative attitudes toward people with disabilities[21,53,67] have reached these conclusions concerning the following variables:

(1) Sex. Females display more favorable attitudes toward individuals who are physically disabled than males.[9,32,74,75,94]

(2) Age. There appear to be two inverted U-shaped distributions when age-related differences toward persons with disabilities are measured.[67] Attitudes are, generally, more positive at late childhood and adulthood, and less favorable attitudes are recorded at early childhood, adolescence, and old age.[67,74,77,79]

(3) Socioeconomic status. Higher income groups manifest more favorable attitudes toward the emotionally and mentally disabled than lower income groups;[21,43] however, no differences were found regarding physical disabilities.[19,21,50,85]

(4) Educational level. In spite of age-confounding research difficulties, most studies concluded that educational level is positively correlated with more favorable attitudes toward persons with disabling conditions.[42,43,75,83]

Personality Variables Associated with Attitudes

Research on the association of several personality traits and characteristics in the non-disabled population with respect to negative attitudes toward disabled people was summarized and reported by several authors (e.g., English,[21] Kutner,[46] McDaniel,[53] Pederson and Carlson,[62] and Safilios-Rothschild[69]). Major findings include the following:

(1) Ethnocentrism. Chesler,[9] Cowen et. al.,[13,14] Lukoff and Whiteman,[50] Noonan,[57] Whiteman and Lukoff,[85] and Yuker,[93] following Wright's[90] formulation of the comparability between attitudes toward persons with disabilities and attitudes toward ethnic and religious minorities, in general, found that high ethnocentrism was related to lack of acceptance of the disabled population.

(2) Authoritarianism. Jabin,[43] Lukoff and Whiteman,[50] Noonan et. al.,[58] Tunick et. al.,[83] and Whiteman and Lukoff[85] reported a positive correlation between accepting attitudes toward disabled persons and low authoritarianism (see also Dembo et. al.'s[16] theoretical discussion).

(3) Aggression. Meng's[54] original hypothesis suggested that the projection of one's aggressive and hostile desires upon those with disabilities will lead to the belief that disabled persons are dangerous and, as a result, to prejudicial attitudes toward them. Jabin,[43] Siller,[75] and Siller et. al.[79] confirmed this hypothesis in independent studies, concluding that less aggressive individuals express more positive attitudes toward this group.

(4) Self-insight. Siller[75] and Yuker[92] reported findings which suggested a moderate relationship between the need for intraception, as a measure of insightfulness, and empathic understanding of people who are disabled.

(5) Anxiety. The degree of manifest anxiety was found to be associated with attitudes toward disabled persons. Jabin,[43] Kaiser and Moosbruker,[45] Marinelli and Kelz,[52] Siller,[75] Siller et. al.,[79] and Yuker et. al.[94] demonstrated that a high level of manifest anxiety is positively correlated with rejection of disabled individuals.

(6) Self-concept. Several studies (e.g., Epstein and Shontz,[24] Jabin,[43] Siller,[75] Yuker,[92] and Yuker et. al.[95]) reported a relationship between positive self-concept and a more accepting attitude toward disability. It seems that persons who are more secure and confident in their own selves also tend to feel more positive and accepting of disabled persons.

(7) Ego strength. Similarly to self-concept, ego strength was found to be related to attitudes toward people with disabilities. Siller[71,72] and Siller et. al.[79] reported on the relationship between ego weakness and rejection of the disabled, while Noonan et. al.[58] found a trend in this direction, albeit not statistically significant.

(8) Body- and self-satisfaction. Several studies (Cormack,[12] Epstein and Shontz,[24] Fisher and Cleveland,[31] Leclair and Rockwell,[47] and Siller[71]) concluded that lack of satisfaction with one's own body (low "body-cathexis" score) is related, and probably a contributing factor, to the development of negative attitudes toward physically disabled persons. Siller,[71] Siller et. al.,[79] and Yuker et. al.[95] expanded the body-cathexis concept to successfully argue that a positive perception of one's self is related to the acceptance of disabled individuals. People with positive and secure self-concepts tend to show more positive and accepting attitudes toward those with disabilities,

while people with low self-concepts often reject them (see also section on Threats to Body Image Integrity).

(9) Ambiguity tolerance. The ability of non-disabled persons to better tolerate ambiguity was found to be positively correlated with acceptance of physically disabled persons.[27]

(10) Social desirability. The need for social approval and acceptance by others was positively associated with acceptance of people having disabilities.[18,26,43,79]

(11) Alienation. Alienated individuals tend to be more hostile toward, and rejecting of, disabled persons.[43]

(12) Intelligence level. English[21] tentatively concluded, from his review of related studies, that there may be a relationship between the non-disabled intellectual capacity and acceptance of disability.

Summary and Conclusions

The present article has attempted to outline a classification system according to which a number of sources of negative attitudes toward people with disabilities was categorized and discussed.

The major categories included were: (a) conditioning by sociocultural norms that emphasize certain qualities not met by the disabled population; (b) childhood influences where early life experiences foster the formation of stereotypic adult beliefs and values; (c) psychodynamic mechanisms that may play a role in creating unrealistic expectations and unresolved conflicts when interacting with disabled persons; (d) perception of disability as a punishment for a committed sin or as a justification for committing a future evil act, which triggers unconscious fears in the non-disabled person; (e) the inherent capacity of unstructured social, emotional, and intellectual situations to provoke confusion and anxiety; (f) the impact of a basic aesthetic-sexual aversion, created by the sight of the visibly disfigured, on the development of negative attitudes; (g) the threat to the conscious body and unconscious body image triggered by the mere presence of physically disabled individuals; (h) the devaluative and stereotypical reactions fostered by the marginality associated with being a member of a minority group; (i) the unconscious and symbolic parallelism between disability and death as a reminder of man's transient existence; (j) prejudicial-provoking behaviors, by persons with disabilities, that result in discriminatory practices toward them; (k) disability-related factors (e.g., levels of functionality, visibility, severity) which may contribute to specific negative attitudes; and (l) observer-related factors, both demographic (sex, age) and personality-connected (ethnocentrism, authoritarianism) which may foster the development of negative attitudes.

The classification system suggested suffers one major drawback. There is a certain degree of overlap among several of the categories (e.g., castration anxiety, viewed here as a threat to body image, may well be conceived as belonging to the childhood influences category; or anxiety provoked by unstructured situations may be regarded as just another psychological-operated mechanism if viewed phenomenologically rather than environmentally based). It should be noted, however, that due to the often highly abstract and conjectural nature of several of these categories, at present there is no escape from resorting to a certain level of arbitrariness when attempting to adopt such a classification model.

No attempt was made in the present discussion to suggest the matching of certain attitudinal-changing techniques (informative, experiential, persuasive) with the categories discussed. Several excellent articles have been written on strategies to combat negative attitudes toward people with disabilities and toward minority groups in general (see Allport,[2] Anthony,[3] Clore and Jeffrey,[11] English,[22] Evans,[25] Finkelstein,[30] Hafer and Narcus,[37] Kutner,[46] Safilios-Rothschild,[68] and Wright[89,90]).

It seems to this author that due to the complexity of the interacting factors which contribute to the creation of negative attitudes toward this group, any attempt at change, in order to be successful, must first be cognizant of the fact that since attitudes are learned and conditioned over many years, any experimental study of short duration, hoping to change attitudes, is futile at best. Attempts to modify the prevailing negative attitudes have been generally unsuccessful.[66] They will probably continue to follow such an inevitable course as long as researchers and clinicians look for quick and easy results and solutions.

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