

## AN INVESTIGATION INTO ATTITUDES (AND ATTITUDE CHANGE) TOWARDS MENTAL HANDICAP

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### INTRODUCTION

#### Background

An investigation of attitudes to mental handicap in urban and rural Yorkshire (Sinson, 1985) indicated there was a marked difference in attitudes between the urban and rural communities. Only 24% of urban people demonstrated negative attitudes towards mental handicap compared to 54% of rural people. Equal numbers of both urban and rural people had had experience of mental handicap both before they were 18 years old and during adult life. The similarity between the two groups of people indicated that the difference in attitude between town and village was dependent on external influences in each community. There was evidence that media coverage of mental handicap in television, books, radio and films had little influence on either group.

Both areas had a local institution which allowed mentally handicapped people to wander freely about the area, but the total lack of contact demonstrated between the handicapped people and the village community indicated that it was not sufficient for an institution to be geographically sited in the community unless the professionals involved made some direct attempt to educate and involve the local community. Although the urban community accepted the residents of their local institution, the results of the urban study emphasised the need for an ongoing social competence programme to ensure that the mentally handicapped people remained continuously aware of acceptable social behaviour so that they did not become a source of embarrassment to the community. There was evidence that much of this acceptance was fostered by active social groups within the local church which had formed strong links with the institution.

The study also showed that whilst the urban community differed from the rural in acceptance of social aspects of integration, both urban and rural communities were opposed to education integration of mentally handicapped children, having experienced the effects of the 1981 Act in their own schools. The results were obtained by a standard interview audiotaped with 100 people by the senior author (JCS).

In the light of the results of this study a national research project was mounted to see if these results would be replicated in geographically disparate urban and rural areas. The Association of Health Centre and Practice Managers (a non medical professional body formed to administrate the business side of general practice, train staff and organise computer systems etc.) agreed to participate in the project. Circulating details to their 650 membership in the house

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journal "Practice Outlook" gave (theoretical) access to 650 outlets nationwide, which would yield geographical information about provisions for and attitudes to mental handicap in an initial survey, and provide the people from geographically disparate centres for the main study.

#### The Initial Survey of Practice Managers

650 practice managers were sent a questionnaire (included in their house journal, "Practice Outlook") designed to yield simple, easily categorised demographic information as to the urban or rural designation of each practice, the local placement of schools, hostels, workshops and hospitals for the mentally handicapped, the incidence of mentally handicapped people seen on the streets in the area and the practice manager's knowledge of local voluntary bodies, in particular MENCAP and the Downs Syndrome Association. It also elicited the willingness of the practice to co-operate in the main project requiring the display of a poster in the waiting room and the selection by age, sex and social class of ten people in the waiting room, to complete a questionnaire during the week the poster was to be displayed.

165 questionnaires were returned by the practice managers, 101 from urban areas and 64 from rural areas (25% was an acceptable response in the light of the more usual 2% uptake experienced by medical magazine editors and journalists). The response indicated that 19% of the urban and 20% of the rural practices would not be prepared to take part in any further research. Table I shows that in 10% of urban and 23% of rural practices no mentally handicapped adults and children were seen on the streets, and relates this to willingness to take part in further research. In 3% of urban and 14% of rural geographically disparate practice areas there were no local provisions or institutions for mentally handicapped people. 29% of urban and 45% of rural practice managers were unaware of the existence of either MENCAP or the Downs Syndrome Association in their area. By this method 81 urban practices and 51 rural practices had indicated their willingness to continue in the project. From these, 50 urban and 50 rural practices were twinned to provide comparable geographic and demographic data to that found in the Yorkshire study (op. cit.).

**Table I**  
**Willingness of practice managers to take part in further research**

	Urban		Rural		Total	
	Prepared	Not-prepared	Prepared	Not-prepared		
Mentally handicapped people seen on streets	Yes	72	18	41	8	139
	No	9	2	10	5	26
Total		81	20	51	13	165

## THE INVESTIGATION

### HYPOTHESIS

This investigation into attitudes towards mental handicap held by the general public tested the hypothesis that not only do these attitudes differ in rural and urban communities as shown in the previous study, (Sinson, 1985) but that by subsequently applying action research techniques to a proportion of the sample it would be possible to modify proven negative attitudes to mental handicap.

## METHOD

### Subjects

800 people were selected on the basis of age, sex and social class to conform as far as possible to that expected in the general population, 480 from urban and 320 from rural practice areas. 368 were males and 432 females of which 19% were social class A/B, 46% were C<sup>1</sup>/C<sup>2</sup> and 35% were D/E and students. (Conforming, within 4% in each social class, with the general population). The percentage of people in each age group was 18-28, 23%; 29-38, 20%; 39-48, 19%; 49-58, 22%; 59-68, 16% (see Tables II and III). 66% of the sample were Church of England, 14% Non-conformist, 9% Roman Catholic, 7% other religions and 4% subscribed to no religion. 720 of the 800 came from the 72 practices that co-operated fully (see below). In view of the lack of response from Scotland, (due to small membership of the AHCPA) 37 Scottish people were selected by the author (JCS) to balance the survey, as were 33 students from Bradford University and 10 adults from Leeds/Bradford area.

Table II

Distribution of total sample by social class, sex and urban/rural practice

Social Class	A/B		C <sup>1</sup> /C <sup>2</sup>		Students		Total		Overall
	M	F	M	F	M	F	M	F	
Urban	42	39	87	128	97	87	226	254	480
Rural	37	29	61	90	44	59	142	178	320
Total	79	68	148	218	141	146	368	432	800

Table II

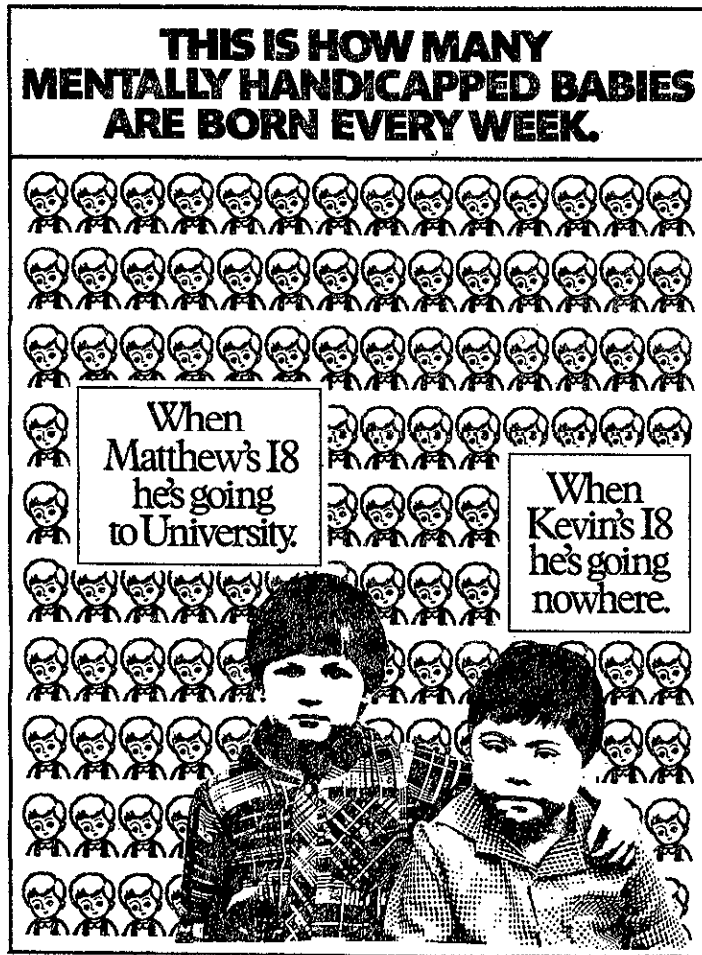
Distribution of the total sample by age group, sex and urban/rural practice

Age Range	18-28		29-38		39-48		49-58		59-68		Total		Over all
	M	F	M	F	M	F	M	F	M	F	M	F	
Urban	60	67	46	46	39	56	42	47	39	38	226	254	480
Rural	29	34	27	42	31	40	28	35	27	27	142	178	320
Total	190		161		166		152		131		368	432	800

**Procedure**

**Stage 1**

50 urban and 50 rural Health Centres and surgeries (representing practices in every Area Health Region in England and Wales and Scotland) were sent a pack containing a poster and 5 male and 5 female questionnaires with full instructions as to their use, to enable a representative sample of the general population to be selected by age, sex and class.



**MENCAP. The Royal Society for Mentally Handicapped Children and Adults.**

The poster (see Fig. 1) was selected from those supplied by MENCAP for the project and consisted of two superimposed posters which had recently appeared in London Underground stations. This was to be displayed in the public area of the Health Centre or surgery during the week the questionnaires were

completed. 7 urban and 21 rural practices refused to display the poster, GPs being concerned that the public would be distressed by having their attention drawn to mental handicap, and consequently withdrew from the investigation, leaving 72 participating practices who returned their 720 completed questionnaires to the senior author (JCS) for analysis.

### **Stage 2 Action Research**

"When used as a process action research involves: systematically collecting research data about a system relative to some objective goal of that system: feeding these data back into the system; taking action by altering selected variables within the system based on both the data and hypothesis: evaluating the results of actions by collecting more data . . . These actions typically entail manipulating some variable in the system that is under the control of the action researcher. Later a second static picture is taken of the system to examine the effects of action taken." (definition from Harre and Lamb, 1983).

As part of the action research plan, in the second stage of this project before the interviews took place, the 254 people had each received a specially prepared information pack derived from literature supplied by both MENCAP and the Down's Syndrome Association. A simple crossword and acrostic for younger members of the family and a personal letter from the interviewer were also included. The opportunity also existed for people to meet local handicapped children and/or their parents if they wished to. (Included in the literature was the name, address and phone number of their local Downs Syndrome Association contact as supplied by the Association. The 254 people were visited (by the senior author) either in their own homes or on practice premises, and audiotaped interviews were carried out in which the original questionnaire was repeated and 7 additional questions were asked. The interviewer also answered any questions on mental handicap put by the people. These interviews were compared with the results of stage 1 for any attitude change and subjected to statistical analysis. The practices visited were chosen to be geographically disparate with people drawn from both Scotland and most Area Health Regions, in England and Wales.

### **The Questionnaire**

A similar questionnaire to that used in the previous study (Sinson, 1985) was designed to facilitate comparison between rural and urban populations. Issues covered were the effect of the MENCAP poster in the waiting room, the effect of media presentations such as T.V., radio, newspapers, films, books of issues relating to mental handicap, knowledge of local MENCAP/DSA organisations, the peoples' feelings about amniocentesis/termination (pre and post natal) in the event of mental handicap, experience of mental handicap at various stages of the subject's life, attitude to educational integration, and the implications of the 1981 Education Act. The subject's attitude to social integration in the community of mentally handicapped people. Age, sex, marital status, employment, religion and geographical location were also recorded, as was the subject's willingness to talk directly to the interviewer at a later date, in stage 2 of the project.

31% (254) of the sample (in geographically disparate areas) were interviewed in stage 2 of the project and asked 7 additional questions relating to the MENCAP/

DSA publicity they had received and their feelings about living next door to mentally handicapped people in the light of the currently prevailing policy of community care as opposed to hospitalisation. These were people who had previously indicated their willingness to see the interviewer in the original questionnaire.

### Statistical Analysis of Results

The investigation was designed to allow analysis in terms of area differences in the North and South of England, Wales, Scotland and individual Area Health Regions as well as in terms of urban/rural, male/female, age, social class and religious differences. Where statistical tests are cited they are in the form of chi-square analyses and were computed by the second author (CLSS). The breakdown of the total sample into social class, age group, sex and urban/rural location is shown in Tables II and III. Percentages are cited in the text as the sample sizes differ from one subgroup to another but for clarity numerical data is shown in the Tables.

## RESULTS

### Questionnaire Analysis

#### Amniocentesis and Termination (pre and post natal)

41% of all males and 55% of females were aware of the availability and technique of amniocentesis. However only 47% of rural females were aware of the technique as opposed to 60% of urban females. 64% of males and 63% of females would terminate a pregnancy after a positive amniocentesis, equally distributed geographically and over both age and class. There was however a highly significant difference in response between Catholics and non-Catholics with a much higher proportion of Catholics being opposed to termination, ( $\chi^2 = 44.8$ ;  $p < 0.001$ ; see Table IV) 67% of the total sample believed that a father who had killed his Downs child after birth did not have the right to take the baby's life, with the remaining 33% stating that he did have that right in the case of a newborn mentally handicapped baby. With the exception of the religious difference already noted there were no further significant male/female, age or geographical differences in these results.

Table IV  
Attitude to termination of Catholics and non-Catholics

	Catholic	Non-Catholic	Total
Negative to Termination	47	170	217
Positive to Termination	28	483	511
Total	75	653	728

$\chi^2 = 44.8$ ,  $p < 0.001$

### The Media

People were asked what they could recall of media coverage on mental handicap in the previous six months. Only 16% of the total sample could recall

any TV coverage, the only single programme named being the QED coverage of highly gifted mentally handicapped adults named by 19% of them. 9% recalled newspaper coverage, 2% film or video coverage and 1% radio coverage. There were no significant male/female, age or geographical differences in these results.

### **MENCAP Poster**

Only 58% of the sample reported noticing the poster (Fig. 1) although it was displayed in a prominent position in every waiting room. A percentage of the sample added additional comments on the back of the questionnaire, and of these 16% commented favourably and 21% negatively and forcibly. There were no significant male/female or geographical differences in these results. In the light of these results the poster was placed for a week on the daily noticeboard of the sub group of students in the investigation. Only 25% reported noticing it although they consulted the board daily.

### **Awareness of MENCAP/Downs Syndrome Association**

34% of the total sample were aware of their local MENCAP organisation but only 9% were aware of their local Downs Syndrome Association. A significantly high percentage (44%) of the 77 northern urban female people were found to be aware of their local MENCAP, ( $\chi^2 = 5.6$ ;  $p < 0.05$ ) otherwise there were no significant male/female, North/South, urban/rural differences in response to either of these questions. In the sub group of 25 GP's and 23 nursing staff in the sample, 56% of GP's were aware of the local MENCAP and 16% of DSA, with 39% of nursing staff being aware of the local MENCAP and 21% of the local DSA.

### **Experience of Mental Handicap**

39% of the total sample had had no contact at any time in their lives with mentally handicapped people. 38% of the total sample had had some contact before they were 18 years old. 51% of the total sample had had some contact during their adult life since they were 18 years old and 28% of the sample were still in contact with mentally handicapped people. Further analysis of these results showed some association between experience of mental handicap and a positive attitude to educational integration ( $\chi^2 = 6.2$ ,  $p < 0.05$ , see Table V). However even of those with experience only 42% were positive as opposed to 36% of the sample without experience of mental handicap who were also positive to educational integration. A social class differentiation was found in the proportion of the sample with no experience of mental handicap who were against educational integration, with 76% of social groups D/E being negative as opposed to 63% A/B and 63% C<sup>1</sup>/C<sup>2</sup>. No further male/female, urban/rural, age or geographical differences were found in this section.

**Table V**  
**Association between experience of mental handicap and attitude to educational integration**

	Experience	No Experience	Total
Positive to Integration	229	91	320
Negative to Integration	274	163	437
<b>Total</b>	<b>503</b>	<b>254</b>	<b>757</b>

$\chi^2 = 6.2, p < 0.05$

**Special Unit/Special School**

73% of the total sample stated they would prefer mentally handicapped children to be in special units on the same site rather than be fully integrated into mainstream education. 47% of the total sample would prefer mentally handicapped children to remain in totally separate special schools. This discrepancy in numbers was caused by a percentage of people opting for special units for the majority but also special schools for the very severely physically handicapped, e.g. cerebral palsied children. Except for a higher percentage of the 34 Scottish women (61%) opting for special schools, no further male/female, social class, age or geographical differences were evident in these results.

**Educational Integration**

The questionnaire was designed so that the first question on integration would elicit a general response and 61% responded positively in favour of educational integration. An intermediate question as to whether the subject would like his/her child to sit next to a Downs child in class obliged people to consider the implications of educational integration and was answered positively by 64% of the total sample. The original question about integration was then repeated with a highly significant change in response, the total positive response dropping to 48% ( $\chi^2 = 26.6, p < 0.001$ , see Table VI). This shift occurred through all ages and social class, with the percentage of **negative** responses by social class to the first question being A/B 44%, C<sup>1</sup>/C<sup>2</sup> 38%, D/E 38%, student 30% and to the same question repeated after the intermediate question being A/B 55%, C<sup>1</sup>/C<sup>2</sup> 50%, D/E 50%, student 44%. The fact that this shift appeared through all ages and social classes was unexpected. Of the 24 members of the teaching profession included in the sample, 18 were against any form of educational integration and 6 would accept limited integration, the same proportion as found in the Yorkshire study (op. cit.). No further male/female, urban/rural or geographical differences were found in this section.

**Table VI**  
**Change of response on educational integration**

	Before Intermediate Question	After Intermediate Question
Positive to Integration	484	382
Negative to Integration	306	408
<b>Total</b>	<b>790</b>	<b>790</b>

## Willingness to Discuss Questionnaire

A final question asked if the subject would be prepared to talk to the interviewer about the completed questionnaire and elicited a 67% positive response, which was composed of 536 people unequally distributed over disparate geographical areas. To geographically balance stage 2 of the project 254 of these people were selected to participate in the action research.

### Stage 2

#### Interview Analysis and Action Research

254 people participated in Stage 2 of the investigation (32% of the total sample); 160 females and 94 males, 141 people in the urban areas and 113 in rural areas, with all Area Health Regions being represented in the 39 Health Centres visited.

#### Questionnaire Repetition

Only 9 people (3%) changed their original questionnaire responses in stage 2 when questioned and these changes were for positive reasons, i.e. since doing the questionnaire they had either met a handicapped person for the first time or noticed their local MENCAP. These were merely factual statements with no positive or negative connotations. Even under stringent questioning, no subject changed any of their basic responses to the original questionnaire, but many appeared to enjoy the opportunity of discussing their opinions.

#### MENCAP/DSA Literature Pack

Although every practice was sent enough packs to distribute to every person only 72% of the sample actually received the packs before the interview. Of these, 50% had read the literature, but only 27% remembered anything about it when questioned, compared to 51% of the same sample who had read and remembered a recent AIDS leaflet. None of the sample wished to meet any families with handicapped children, nor were any contacts made with the DSA as a result of their literature and area contacts names and addresses.

#### Living Next to Mentally Handicapped People

Part of the interview time was spent outlining the currently prevailing policy of rehousing previously hospitalised mentally handicapped people in the community. 68% of the sample were prepared to live next door to such people, but there was a significant difference in response between the North and South of the country. In the urban South fewer people were willing to live next to mentally handicapped people than in the urban North ( $\chi^2 = 6.3, p < 0.05$ , see Table VII). No other age or sex differences were found.

Table VII  
Attitude of the urban samples to living next to mentally handicapped people

	North & Scotland	South & Wales	Total
Positive	57	38	95
Negative	17	29	46
Total	74	67	141

$$\chi^2 = 6.3, p < 0.05$$

## Discussion of Results

Despite the fact that the investigation was designed to allow analysis in terms of age, sex, social class, regional, urban/rural, North/South and religious differences there was little evidence of any of these differences in the results. The earlier Yorkshire study (Sinson, 1985) showed clear urban/rural differences with an urban effect associated with the proximity of church and hospital which was not found anywhere in the national study. This must therefore be assumed to be unique to that chance propinquity of institutions in a particular time and place.

The two clear regional differences shown in the results hinged on well founded social and economic factors. Following the rise in house prices in the South of England, the audio-taped interviews revealed that urban property owners were determined to protect their investment and considered the proximity of mentally handicapped people would lower the market value of their property. There were also isolated reports in the northern urban conurbations of houses acquired for community placement of hospital patients leading to the immediate sale of several other houses in the same street. The audiotaped interviews also revealed several reports of failed community placements in the Midlands and North of England where institutionalised patients had returned to hospital after failing to adjust to independent living. There were similar reports from home helps who had cleaned up geographically disparate houses after the mentally handicapped occupants had returned to hospital. In all cases it was felt that inadequate training had been given to older institutionalised patients and that the mounting trivia of everyday life had proved too much for them, rather than any deep rooted antipathy to or from the local community. Examples cited were ovens ruined by reheating take-away plastic food containers, unsuitable use of and constant failure to flush toilets, leading to overloaded plumbing systems, and failure to wash soiled clothes over several months, resulting in rotting furnishing fabrics. There was one report of men being taken advantage of by prostitutes visiting their house and stealing money, although no approach had been made to the prostitutes by the men. There was a consensus of opinion in all the audiotaped interviews, that one of the greatest problems had appeared to be the inability of the mentally handicapped people to deal effectively with their increased leisure time.

The second regional difference concerned the Scottish preference for separate special schools. This was based on the historically differing policies of Scotland and England where Scottish educational integration had been common between 1930-50, so that many people had had direct experience of mentally handicapped class mates, and were concerned at the treatment meted out to them by their peers. Scottish women in particular had vivid memories of such children having their heads held down lavatories flushed by their classmates, and similar practices. However, in the total sample only 27% wished to see educational integration as proposed by the 1981 Education Act and the majority of teachers in the sample were also opposed to integration.

The only major sex difference was found (as expected) in the question of amniocentesis. Although less than half the total sample were aware either of the technique or its availability, a high proportion of these were women, and there was little evidence of the younger age groups showing increased knowledge. An equal majority of men and women would terminate a Downs pregnancy in the light of a positive amniocentesis, the total percentage being similar to that of the

Yorkshire study (op. cit.). A slightly higher percentage (33%) than was found in that study had no doubts as to the ethics of killing a newborn Downs child at birth, seeing this as a "mercy killing" and an extension of amniocentesis.

As in the Yorkshire study, the effects of any type of media coverage of mental handicap were negligible. It would appear that T.V., radio, films, video and newspaper coverage on handicap was only noted when people had a particular interest in the subject due to work or family circumstances. The only exception to this proved to be the case of the BBC 1 QED programme "The Foolish Wise Ones" which presented highly gifted autistic adults and children in a positive light and on equal terms with their peers. This was the only media coverage mentioned by name by 7% of the sample even up to a year later. The programme also had the second highest QED audience rating of 8 million viewers and the highest audience index of 90%. There was clear evidence in the audiotaped interviews that (as with the Yorkshire sample) the majority of viewers would usually avoid watching programmes concerning mental handicap in a family viewing situation.

The action research part of the investigation replicated these media findings. Many of the sample who noticed the MENCAP poster had had their attention drawn to it by the questionnaire. The 25% of students noticing the poster was probably a more representative number. There was however clear evidence that a higher proportion of rural people were initially aware of the poster. Stockdale and Farr (1988) when showing people posters produced by charities dealing with the handicapped, found that posters which tried to inspire pity were not as successful in attracting funds as posters that portrayed the handicapped in a more positive light as did the Downs Society posters which received a much more positive response than MENCAP posters, even though the nature of the handicap was similar. The attempt to individually target people by attracting their attention to various facets of handicap, utilising information prepared by both MENCAP and DSA could be seen to be a total failure, in that the people only read the information because of the impending interview and the 27% who demonstrated any recall of the facts were yet again those with some involvement in handicap due to work or family circumstances. (It may have been significant that in the 39 geographically disparate Health Centres visited during the interview stage of the investigation, although information about many community facilities were displayed, MENCAP and DSA were not amongst them.) There was evidence from the audiotaped interviews that most media coverage of mental handicap is designed to elicit pity (often with a view to fundraising) and has served to reinforce outdated stereotypes rather than increase societies awareness of the considerable abilities of mentally handicapped people.

### Conclusions

The hypothesis that attitudes towards mental handicap held by the general public differed in rural and urban communities as shown in the Yorkshire study (Sinson, 1985) was not supported, and must be assumed to have been due to a chance propinquity of institutions.

The hypothesis that by applying action research techniques to individuals it would be possible to modify proven negative attitudes to mental handicap was also not supported. However there was strong evidence that current media cover-

age of mental handicap does not present positive images and, by eliciting pity, reinforces outdated stereotypes of mentally handicapped people.

There was evidence that attempts to achieve educational and social integration of mentally handicapped people encountered considerable difficulties, with clear regional differences shown.

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