Disability Survey

AHS Capstone Disciplinary deliverable
Katie Sullivan  May 2, 2011

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Overview
As part of my AHS Capstone project, I administered an informal anonymous online survey among Olin College students. The survey was designed to give a sense of which model of disability Olin students tend to accept more: the medical model or the social model. These models are explored in more depth in my accompanying paper, The Prevalence of the Medical Model of Disability in Society.

To summarize, the medical model sees disability as a medical problem lying within the individual that makes them different from “normal” people in society. This model is the root of most low expectations and negative attitudes held towards people with disabilities, such as the view that they are defective, dependent, or weak.

The social model, on the other hand, views disability not as an individual problem or defect, but as a result of societal and environmental barriers. People with disabilities are accepted and seen as normal contributing members of society who are just “disabled” because society is not properly or sufficiently accessible to them. This model lends to much more humanistic and positive portrayals of people with disabilities.

In the survey, I hoped to find out which of these two models Olin students tended to lean towards in their perceptions of disability. This survey was inspired by existing methods for measuring attitudes toward disability, such as the Attitudes Towards Disabled Persons Scale. However, because I wanted to focus more on the distinction between the models of disability, I decided to design most of my survey content from scratch. Therefore it was not intended to be a formal study.
Due to time constraints and my own inexperience in survey design, the survey had several shortcomings and flaws. I designed questions that I hoped would reveal whether a student leaned towards the medical model OR the social model. This either/or dichotomy lead to the underlying assumption that the all possible beliefs and perceptions could be traced back to one model or the other. However this is not always the case; attitudes towards disability aren’t always classifiable into either the medical or social model, and attitudes don’t carry over for all types of situations and all types of disabilities. Disability is very complex and not an experience that can be generalized. My survey made little distinction between the various origins and types of disability.

Many students who took the survey were conscious of the overgeneralization of disability and were able to give answers to the questions that they thought could be somewhat generalized. However, the majority of the questions were too vague and had too many inherent incorrect assumptions about the nature of attitudes towards disability that made it difficult to draw conclusions based on the responses. A more detailed exploration of the problems with the survey is found in the section, Survey Shortcomings. However, despite the shortcomings, my survey had some success in revealing the medical or social model tendencies of Olin College students in their perceptions of disability.

The results indicated that most students exhibit attitudes that are influenced by both models -- not just one or the other. This shows how even though the social model has been adapted as the more humanistic and acceptable way of viewing disability, the medical model is still entrenched in society and can still have an effect on perceptions of disability. (Reasons for the continued presence of the medical model in society are discussed in my scholarly paper).

**Description and Rationale of Survey Content**

Within the survey there were twenty-five statements where the student marked his or her level of agreement with the statement. Each statement represented a belief or opinion associated with either the medical model or the social model of disability, and the student had to mark one of: Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree. Two examples of statements are reproduced below. (Note: All of the statements are reproduced in Appendix A which contains a copy of the survey).

“All people with disabilities should make an effort to seek medical treatment because this will improve their quality of life.”

“All society has the responsibility of providing access for all of its citizens so that they can participate in everyday life.”

The first statement is a common medical model view while the second is a social model view. The level of agreement held towards a particular statement was intended to reveal which model of disability the student likely adheres to. (Note: See Survey Shortcomings for why these kinds
of statements, intended to be black-or-white, were actually not the best method for understanding which model Olin students might lean towards). At the end of the section, the student was provided a comment box to justify or comment on his or her levels of agreement with any of the statements.

Also included in the survey were three short-response questions. These were designed to understand how the student perceives disability and whether this perception is more in line with the medical or social model.

The first question was very straightforward, asking, *Give your best definition of disability.* The language used and the overall gist of the response was expected to be a useful indicator of which model the student likely adheres to.

The second question was, *If you saw a man in a wheelchair playing basketball, what first impression might you have? List three qualities or adjectives you might use to describe him.* I expected responses to this question to also help reveal which model of disability the student held. Kinds of responses I anticipated included:

- An excessive focus on the wheelchair/impairment, as opposed to seeing the man as a “normal” person playing basketball at the gym,
- The ascription of “supercrip” qualities (such as using adjectives like “brave,” “amazing,” “inspirational”),
- In general, the use of language and terminology that might reflect certain attitudes (such as pity, sympathy, admiration, and so forth) which might be more typical of one model over another.

The third and final question was, *How do you think a cochlear implant would impact the life of a person who uses it?* For this question, I expected descriptions to lean towards either medical model views (i.e. The cochlear implant is seen as technology that eradicates disability; it “cures” the defective user and make him/her more “normal”), or social model views (e.g. The cochlear implant allows the user to gain more independence, allows him or her to more easily function in daily social life, bridges the gaps that result from an inaccessible society).

It is important to note that the survey doesn’t attempt to determine individual origins of attitudes toward disability nor does it seek to find specific correlations between demographic aspects (such as gender or ethnicity) and attitudes held towards disability. Thus there were no demographical questions included in my survey. One reason for this is that I wanted to keep the survey as short as possible, and I also didn’t expect to get enough responses to allow any conclusions to be made regarding more specific demographic information.
Distribution of the Survey

I distributed my survey via three online mailing lists (helpme, randomness, and carpediem@lists.oiln.edu) open to the roughly 320 undergraduate engineering students at Olin College. I mentioned that the survey was for an AHS Capstone project, was anonymous, and would take roughly ten minutes to complete. The survey was open for a week, and 43 Olin College students submitted responses.

Human Subjects Issues

Prior to the design and distribution of the survey, I underwent Professor Caitrin Lynch’s Ethics training module. As part of this module I read through the Brandeis Human Subjects Research 101 Webpage to familiarize myself with important Human Subjects Issues.

As my research took the form of an anonymous online survey, I did not have to go through the IRB. However, I still needed to take some steps to ensure the ethical protection of my subjects. For example, I had to make clear to all participants certain aspects such as the length, benefits, and privacy of my survey. I did this in the survey introduction page, which is reproduced along with the full survey in Appendix A. I also had to give the survey takers the option of quitting the survey at any time. A description of this option and other Participant’s Rights, as well as Caitrin’s contact information, were also listed in the introduction page. Finally, to enter the survey, the taker had to give his or her consent.

Results and Discussion

In this section I will go over the kinds of answers received from the survey.

1) **Give your best definition of disability.**

The first short response question asked students to give their best definition for disability. None of the responses gave an explicitly social model definition of disability (which would have emphasized society’s inaccessibility). Many answers did center on disability being an impairment, condition, or problem, something that was wrong with a person. One response defined disability as “Permanent body malfunction.” This student probably sees disability primarily as a medical condition, and might be less likely to acknowledge the impacts of existing barriers in society.

Most definitions made reference to how the medical condition or defect made an individual less able to carry out activities compared to other “normal” people in society. These are very similar to medical model definitions. For instance, disability was defined as:

- *An inherent inability to perform functions that any perfectly healthy human is able to perform caused by a physical difference.*
The inability to function on the set "normal" level expected by society due to physical and/or mental problems/detriments

In the above responses, social barriers are not mentioned as factors that might contribute to the individuals’ ability to function in society. If they were, this would have been a social model view. Some statements reject the importance of social and environmental barriers, and thus reject the hope that they fixing society or changing approaches may alleviate challenges associated with having a disability.

“A person who is physically or mentally incapable of doing something most people could, no matter how hard he or she tries.”

This quote is particularly interesting because it attributes individual incapacity to the medical condition of the person, and does not see any solution (such as societal change or reduction of barriers) that could allow the person with disability to be able to function “normally” in society.

While many responses seemed to be more in favor of the medical model, this doesn’t mean that most Olin students wouldn’t acknowledge the existence of social issues in disability. It may be simply a semantics issue: Being inexperienced with the field of disability studies, many Oliners might have been trying to define the term “impairment,” (in which case most answers would be correct since impairment is more of a biological condition), rather than “disability” (which is the overarching term the medical and social models elaborate on).

Some responses noting that people with disabilities might be prevented from participating fully in society did not attribute this to a medical problem, but rather to the vague term of “a condition” or “factor”. These statements may have come the closest to a revealing social model view of disability. Here, disability is not necessarily describing an individual medical problem, but rather a disabling condition (which could possibly have resulted from external social factors as well) that might prevent full participation in society.

For instance, disability was described as:

- “Any condition which impairs an individual's ability to live, work, or otherwise function as a productive member of society.
- A reduction in ability due to an external factor

Last but not least, since this was a survey given to Olin students, some answers were predictable:

- “Not being able to do something. Some people are not able to understand op amps. It can be overcome.”

I’ll reiterate that some students being unfamiliar with disability studies may have been unaware of how encompassing the term “disability” is and may have attempted to give a definition that would have fit more with the medical term “impairment.” In that sense, this question might have
been better worded as “What does it mean for a person to have a disability?” rather than “Give your best definition for disability.” Nevertheless, the responses to this question did reveal that the medical model is still influential in portraying people with disabilities as different and less capable members of society because there exists a medical condition that makes them different from “normal” people.

25 Statements

As for the 25 agree/disagree statements, this section revealed a large mix of the presence of medical and social model views, both within individual students and across the set of survey takers.

As will be mentioned in the Survey Shortcomings section, several statements did not yield useful results because they were quite vague and could not be applied to all types of disabilities. In fact, many Olin students indicated in the provided comment box that they thought a majority of the statements were highly situational and dependent on the type of disability. As I did not want to focus on individual disabilities but rather on disability as a whole, my statements were indeed too generalized. This was of course a mistake on my part because it groups people with disabilities together, ignoring the diverse types of disabilities and the uniqueness of individual people. Therefore, the fact that many students thought the questions were vague and situational could be interpreted as a good sign that they see people with disabilities as unique individuals in society.

Below I look at a sampling of statements and how Olin students responded to them.

For the following statements, please mark your level of agreement with the statement.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Society has the responsibility of providing access for all of its citizens.</td>
<td>13 (30%)</td>
<td>22 (50%)</td>
<td>5 (11%)</td>
<td>3 (7%)</td>
<td>1 (2%)</td>
</tr>
</tbody>
</table>

The above statement represents a social model view, because in this model society has an obligation to reduce the barriers its citizens may face and to allow them full participation in society. As you can see, many Olin students are in agreement with it yet a small amount do not consider it important. Those few people may not adhere to the social model of disability then, if they do not think it is important for society to be accessible to everyone.
This statement on the other hand, has to do with finding cures for disabilities. This statement leans more towards the medical model view because it places more emphasis on finding a cure for disabilities rather than on fixing problems with the environment and society. Perhaps Olin students agree with this because as engineers we tend to want to solve problems, and disability is seen as a problem. This is a vague statement though, because some disabilities are arguably more medically serious and a cure would be highly desirable.

This statement is a medical model view; the main remedy for disability-related problems is the cure or rehabilitation of the individual (not any changes in society). Six students agreed with this statement and thus likely see disability as an individual medical condition that ought to be cured. Many Olin students were wise to select neutral because this statement was rather situational, highly dependent on the type of disability. Still, many disagreed with the statement which implies they might believe that there are other solutions to disability-related problems, such as increased accessibility and reduction of barriers in society.
This statement presents a general supposition about the capabilities of those with disabilities. It asserts that disabled workers cannot be as successful as other workers. The vast majority of Oliners disagreed with this statement, while three students made a note that it depended on the type of work and the type of disability (this is a valid point). In general, the responses to this statement revealed social model views.

Even though many statements were quite vague and a large number of responses were inconclusive (see Survey Shortcomings section), some statement results did reveal that Olin students exhibit a combination of medical and social model views. This reflects the point made in my scholarly paper which is even though the social model of disability is desirable from a human rights standpoint, the medical model of disability has not been completely eliminated.

2) **If you saw a man in a wheelchair playing basketball, what first impression might you have? List three qualities or adjectives you might use to describe him.**

This was one of the more revealing questions in the survey. While the 25 statements were difficult to use in concluding which model of disability a student might adhere to, the descriptions of the basketball player in a wheelchair were slightly more revealing. As mentioned in the Description and Rationale of Survey Questions section, I was mainly looking at the language people used to describe the man. Words and adjectives that made the man seem like a “normal” human being were more in line with the social model, while sensationalist depictions resonated with the medical model. Examples of social model responses are:

- “Not much, I've seen it a bunch. I'd kind of hope he had one of those cool sports wheelchairs, since those things look awesome.”
- Strong, athletic, active, healthy, fit, strong arms
• **What a baller, How does he dribble without traveling? How is he blocking other players’ shots?**

• **Awesome! (ie, I would think it was super cool because the sports wheelchairs are super awesome and specialized, and it would probably look cool because he'd have to use different strategies from others playing the sport)**

• **Athletic (crazy upper body strength required!)**

• **"really strong arms, wants to stay in shape, likes basketball"**

Even though the terms above arguably represent social model views (insofar as the man is seen as “normal” human being), several survey respondents did ascribe supercrip qualities to the man. Examples include:

• **Incredible**

• **Undaunted**

• **Winning**

• **Brave**

• **Admirable,**

As discussed in the scholarly paper, the supercrip portrayal happens when low expectations are held for people with disabilities so when they succeed in any way, it is a marvelous occurrence. This can imply that those with disabilities are not normally expected to function well in society. To put it in perspective, imagine if the question, “How would you describe a man playing basketball?” were asked instead. Adjectives such as “strong” and “fit” would be logical, but “brave” and “winning” might be a little much.

3) **How do you think a cochlear implant would impact the life of a person who uses it?**

Unfortunately the question about the cochlear implant question was misinterpreted as being about deaf culture and community (and not about the impact of assistive technology in general). As mentioned in the section on rationale for survey questions, I was hoping to look at the language used to describe the technology to determine whether students perceived the assistive technology with a medical or social model viewpoint. Yet I had forgotten that most students had to watch Sound and Fury in biology class. This was a movie exploring the ethics behind cochlear implantation of a young deaf girl so that she could hear instead of only signing. It was obvious that many Olin students thought this was a question about the movie. Still, however, no students gave explicitly medical model-based answers (such as “It would cure them so they can hear and be normal again”). Rather, many students remarked how, like most technology if used properly, it could have benefits for the user.

• **open up additional options**
• It will provide more opportunities.

Some students acknowledged that in the current society it may be difficult for deaf people to fully participate because of the way society is structured. Recognizing this is a major point in the social model. In the quote below, a student suggests that the cochlear implant could help bridge the gap between what a deaf person wants to do and what society presently allows him or her to do.

• "If used by an adult hearing impaired person with frequent contact with hearing-able people: A cochlear implant could help the person use devices they otherwise could not use, such as radios and phones (spoken conversations, not texting). It could help the person identify sounds and voices, and it could also help the person with their own spoken language skills. It would help the person be able to navigate the hearing world more easily and assimilate more easily into society.

Last but not least, some responses were even closely tied with the diversity model.

• I think it would help them communicate with other people, especially if they had been able to hear before. Also, they would be able to listen to music and hear all the different noises around them. If, however, the person has been deaf their whole life and communicates just fine without one, it may not actually improve their life.

This quote hints at Deaf gain by suggesting that improved hearing is not necessary; one can have a happy fulfilling life remaining hard-of-hearing.

**Shortcomings of the survey**

A major problem with my survey was that I designed the 25 Agree/Disagree statements to represent generic attitudes towards disabilities that were each associated either with the medical model or the social model of disability. In doing this I created the underlying assumptions that not only are the models clearly distinct but also that general attitudes and perceptions apply for all disabilities. In truth, one may hold medical model views for a certain subset of disabilities and not for others. For this reason the results from many of the vague and situational statements weren’t very conclusive.

Other shortcomings of the survey include the potential for student bias. There were many possible sources, ranging from a desire to be a good person and to choose the answers that seem the most socially acceptable, to the awareness that I, a deaf student, was the one administering the survey. Because Olin is so small, most of the students know each other and everybody knows about me and my deafness. Even though the survey was completely anonymous, my
classmates may have been conscious of potentially offending me with their views of disability. If I were ever to administer a similar survey in the future, I would spend a lot more time designing the survey and ensuring that every possible answer I receive would help me make some sort of conclusion. I ended up having to discard a lot of results because only afterwards did I realize that they were too generalized. I would have questions that referred to different disabilities and would try not to imply that the medical and social models are so black and white. I would also like to include some statements related to the diversity model, a model I did not begin investigating until after I administered the original survey.

**Conclusion**

Students at Olin seem to strive towards socially acceptable interpretations of disability, but the medical model is still entrenched well enough into society that there are subtle ways it influences perceptions towards disability. For instance, the definitions of disability showed that many Olin students saw people with disabilities as having conditions that made them different from “normal” people, contributing to an “us versus them” mentality which serves to marginalize those with disability. Ascribing overwhelmingly positive traits to the man in the wheelchair, particularly adjectives such as brave and winning, can hint that people with disabilities are not expected to succeed or carry out normal activities. It resonates with the supercrip portrayal of people with disabilities in the media. On the other hand, for this same question many students gave neutral adjectives which show that that many do view people with disabilities as normal members of society. Although my survey had several flaws and shortcomings, it still revealed a lot about how students perceive disability and reinforced the fact that medical model and social model views can coexist in society.
Appendix A:

Disability Survey

You are invited to participate in a study that aims to understand how Olin students view disability. This survey will be available from March 28th to April 1st, 2011. There are twenty-five statements where you will use scales to mark your level of agreement with the statements. There are also three short-response questions. The estimated time for taking this survey is 10 minutes. You will not receive any form of compensation for participating in the survey. We hope this will be a fun and interesting experience for you. All information will be kept confidential and no efforts will be made to identify specific respondents of the survey. Short response answers may be partially quoted within an academic paper, but you will remain anonymous. Participant’s Rights: Your participation is voluntary and you have the right to stop the survey at any time. You also have the right to refuse to answer particular questions and skip to the next. If you have questions about your rights as a study participant, or are dissatisfied at any time with any aspect of this study, you may contact Professor Caitrin Lynch by phone 781-292-2564 or email clynch@olin.edu. By clicking "continue," you are indicating that you have read and understand the information in the study summary, that you willingly agree to participate, and that you may withdraw your consent and stop participation at any time.
How would you define disability? Give your best answer.
Disability Survey

Note: According to the Americans with Disabilities Act, “The term ‘disability’ means, with respect to an individual – (a) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (b) a record of such impairment; or (c) being regarded as having such an impairment.

For the following statements, please mark your level of agreement with the statement. There is a textbox at the bottom if you would like to make any comments about your markings.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I wish there were a cure for conditions that cause disabilities.</td>
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<td>I feel sorry for many people who have a disability.</td>
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<td>People with disabilities should make an effort to seek medical treatment</td>
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<td>because this will improve their quality of life.</td>
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<td>Society has the responsibility of providing access for all of its citizens.</td>
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<td>I feel sympathetic towards people who are visually disabled.</td>
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<td>The difficulties associated with having a disability are primarily societal and environmental.</td>
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<td>My heart goes out to</td>
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</table>
people in wheelchairs.

People with disabilities are less healthy than non-disabled people.

Work given to a disabled person should be less rigorous than work given to a non-disabled person.

Medical professionals have an obligation to seek cures or treatments for disabilities

It would be best if disabled persons would live and work with non-disabled persons.

I consider short-sighted vision to be a disability.

People with disabilities need help, sympathy, and charity.

The main remedy for disability-related problems is the cure or rehabilitation of the individual.

Kids with disabilities belong in special education programs.

People with disabilities must adapt to fit into the world as it is.
<table>
<thead>
<tr>
<th>People with disabilities need guidance from medical professionals.</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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</thead>
<tbody>
<tr>
<td>The government should cover all living expenses of disabled people so they don’t have to work.</td>
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<td>Disabled workers cannot be as successful as other workers.</td>
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<tr>
<td>People with disabilities should be cared for in specialized institutions.</td>
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<td>We should expect just as much from disabled as from non-disabled persons.</td>
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<tr>
<td>The main remedy for disability-related problems is to make society more accessible.</td>
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<td>Disabled people should not have to compete for jobs with physically able people.</td>
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<tr>
<td>It is very difficult for people with disabilities to get good jobs and live independently.</td>
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<tr>
<td>Having a disability is a medical condition.</td>
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</table>
If you have any comments you might have about your level of agreement with any of the above statements, feel free to write them here.
Disability Survey

If you saw a man in a wheelchair playing basketball, what first impression might you have? List three qualities or adjectives you might use to describe him.

How do you think a cochlear implant would impact the life of a person who uses it?