

Chapter 71

Attitude of General Public, Family Members, and Health Professionals Towards People With Intellectual Disabilities (PWID)

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ABSTRACT

Attitude defines one's behavior towards the people with intellectual disability (PWID). History on PWID indicates influence of psycho-social, biological, religious, and educational factors for the existence of stereotypical attitudes. But since the early part of the 21st century efforts have been reported across countries in integrating the PWID in the community at large. Families of PWID undergo high levels of stress and emotional reactions which call for intervention. Families often adopt strategies to hide the existence of a disability, which delays the treatment and rehabilitation of PWID. Also, stakeholder attitudes towards them highly influences their rehabilitation and integration in the mainstream society. Hence, this chapter is an attempt to focus on the importance of attitude towards individuals with intellectual disability by general public, family members, teachers, students, employers, and health professionals and its implications and further recommendations for the betterment of their condition.

BACKGROUND

Intellectual disability (ID) is one of the most common disabilities across countries. Braddock and Parish (2002) have defined disability as socially determined interpretation of impairment by others. Therefore the whole concept of ID or how to define or categorize people with ID (PWID) has been always affected by how people in different places, cultures at different periods of time have defined it and perceived it. Rehabilitation of PWID has largely been affected by changing concepts and attitudes. Attitudes are learned pre-dispositions to respond in a favorable or unfavorable manner to a particular person, behavior, event, thing, belief or situation in a direct or discreet manner. According to Charles Osgood, an attitude has three dimensions i.e. Moral (good or bad), potency (strong or weak) and activity (active or passive). These dimensions classify people's attitude towards ID. As relationships with significant others as well society are important determinants for the quality of life of individuals with ID our chapter is focused on attitudes towards them and their various dimensions of life which are significant factors for their adaptation and assimilation in the society.

The authors would focus on attitude towards persons with intellectual disabilities (PWID) worldwide and the review of literature will give an overall insight about this population. The terms mental retardation (MR) and intellectually disabled (ID) is used interchangeably in this chapter.

Attitudes Towards People with Intellectual Disabilities (PWID) in the Earliest Centuries

Egyptian Papyrus of Thebes in 1552 B.C. (Harris 2006) was the first to refer to ID. Attitudes in the earlier times were delimited by religious and spiritual explanations. The ancient Greeks and Romans before 18th century believed children with ID are the cause of curse by god who were allowed to die while some societies in Rome did allow some form of protection to children with ID who were born to the wealthy, by allowing them with right to property and also to have guardians (Beirne-Smith et al. 2006; Harris, 2006). Traditionally, in Indian context mental retardation (MR) or intellectual disabilities (ID) has been referred by Charaka and Susruta in Ayurvedaas as 'manasmandyam' (weak head) caused by genetic, nutritional and environmental factors and is influenced by 'Graha' (planetary influences). In the current scenario the past, present and future are attributed to supernatural powers and there is a strong belief in 'karma'. Hence, disabilities have been considered punishments for sins committed in a previous life by the individual or their family members (Schlossar, 2004). Interestingly before the 18th century, societies differed in conceptualization of intellectual disability. Those with mild ID who were socially competent never received special identification or treatment, and those with more severe conditions received protective care from their families or in monasteries while few societies believed people with more severe ID to be capable of receiving divine revelation (Beirne-Smith et al. 2006; Harris 2006).

Jean-Marc Itard in 1799, first developed systematic and documented program of intervention for ID in France. Seguin elaborated on Itard's methods and formulated a systematic program to educate the "feble-minded" at Salpêtrière Hospital in Paris. Henceforth, the stakeholders in Europe worked towards educating PWID which received recognition and subsequently began to spread to other developed and developing countries. In the U.S., and other developed countries there was an initial optimism about rehabilitating, training, and reintegrating PWID into "normal" life. Positive attitudes prevailed and reformers like Dorothea Dix advocated improving treatment of people who were living in asylums, poorhouses, country homes, and almshouses in the mid-1800s. Samuel Howe in 1848 established the first public

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