Journal of Community & Applied Social Psychology
J. Community Appl. Soc. Psychol., **13**: 314–319 (2003)
Published online 8 June 2003 in Wiley InterScience (www.interscience.wiley.com). **DOI**: 10.1002/casp.725

Short Paper

Mental Health Professionals' Attitudes Towards People Who Are Deaf

ALEXANDRA E. COOPER*, JOHN ROSE and OLIVER MASON
School of Psychology, The University of Birmingham, Edgbaston, Birmingham B15 5TT, UK

ABSTRACT

Mental health professionals' attitudes towards deaf people were examined in relation to their previous contact with deaf people and their knowledge of deafness. Data were gathered regarding different aspects of contact, including the number and type of relationships participants had had with deaf people. A cognitive-processing theory of attitude change following contact (Rothbart & John, 1985) was explored. Knowledge of deafness did not correlate with attitudes towards deaf people but a relationship was found between the amount of contact that professionals had with deaf people of equal or higher status and more positive attitudes. Copyright © 2003 John Wiley & Sons, Ltd.

Key words: deafness; attitudes; knowledge; mental health professionals

INTRODUCTION

Recent research suggests that people who are deaf are more likely to experience mental health problems than hearing people and yet few mental health professionals are adequately prepared for working with this population (National Health Service, Health Advisory Service (HAS), 1998). A HAS report, in 1998, concluded that deaf people are no more likely than the general population to suffer from psychiatric illnesses, such as schizophrenia. However, the report also notes that the number of deaf people who have emotional and behavioural disorders reflects the difficulties they face, and the inability of generic specialist mental health services, to respond to these needs.

There are no accurate figures regarding the number and distribution of deaf people in the UK but it is estimated that there are 50–60,000 deaf people whose first or preferred language is British Sign Language (BSL) (HAS, 1998). Many people who are deaf view

* Correspondence to: A. E. Cooper, Sure Start, Town Hall, Alcester Street, Redditch, Worcestershire B98 8AH, UK.

 Accepted 4 February 2003

themselves as part of a linguistic and cultural minority (Corker, 1998; Meadow-Orlans & Erting, 2000).

Communication problems and lack of awareness of cultural issues have been identified as causes of misunderstandings and misdiagnosis in the provision of mental health services for people who are deaf (Denmark, 1994; HAS, 1998). Investigation for the HAS report (1998) included a survey of deaf mental health service users views regarding the service they had received. The main conclusion drawn from this survey was that deaf people most value being able to communicate in their preferred language with someone who is aware of the cultural differences that exist between those who are deaf and those who hear.

As a cultural and linguistic minority, people who are deaf can be considered an 'outgroup' in relation to hearing people. The terms 'outgroup' and 'ingroup' are widely used in research examining relationships between different groups, 'outgroups' being those groups which individuals do not identify themselves as being a member of. Hearing people's attitudes towards people who are deaf were examined by Kiger (1997) in an exploratory study. Kiger assessed participants attitudes towards people who are deaf, using quantitative and qualitative methods to elicit information about values, stereotypes and emotions regarding people who are deaf. Kiger compared his results with those of research into the structure of attitudes towards people with other disabilities and suggested that there is a difference in the structure of attitudes towards people who are deaf.

Meadow-Orlans and Erting (2000) described negative attitudes towards people who are deaf, where there is a focus on lack of hearing, viewing them as disabled, impaired or handicapped. Hindley (2000) described attitudes where deafness is pitied and efforts are made to make deaf children more like hearing children. He advocates a 'social/cultural view of deafness' which, he feels, can be aligned with more accepting and empowering attitudes towards deafness. These ideas regarding what can be considered positive or negative attitudes towards deafness are supported by deaf people's personal accounts of their experiences of attitudes towards them (e.g. Ladd, 1991). Other authors (e.g. Finkelstein, 1993) view attitudes as symptoms of the oppression of disabled people and point out that considerable resources have been spent trying to change public attitudes to little effect.

One variable commonly examined in relation to attitudes towards outgroups is contact with members of the outgroup (e.g. Berkman & Zinberg, 1997). Several conditions make research into the role of contact a complex task, such as the role and status of the individual with whom contact is experienced.

Previous research has often relied on simple measures of contact, such as merely asking participants whether or not they have had any interpersonal contact with members of a particular outgroup (e.g. Herek & Glunt, 1993). Rothbart and John (1985) offer a theoretical understanding of the underlying processes involved in attitude change following contact, in the form of a cognitive-processing model. They postulate that disconfirming information acquired during contact with an outgroup member must be associated with the outgroup label for attitudes to change. For an exemplar to act in this way it needs to be seen as 'typical' of the outgroup.

Recent reports have been critical of the mental health services provided to deaf people in the UK (HAS, 1998) and have recommended that generic mental health services be better prepared for working with this client group (HAS, 1998). The main aim of this study is to examine a group of hearing mental health professionals' contact with and knowledge of deaf issues, in relation to their attitudes towards people who are deaf.

METHOD

Participants

Those approached to take part in the study were 334 qualified mental health professionals. All were employed within a single NHS trust and worked within the adult mental health specialty. Mental health professionals working within a specialist service for deaf people were included in the sample.

Of the 334 individuals approached 121 took part in the study (36.2%). The professions of those within the sample included psychiatrists (11), nurses (78), psychologists (14), occupational therapists (10) and 'other' professions (8). Ages ranged from 22 to 61 ($\bar{X} = 39.9$) 46 (38%) were male and 75 (62%) were female. Only 28 of the participants (23.1%) had received some training in relation to deafness or deaf issues.

Measures

The questionnaire used in the study consisted of four sections. The first section explained the purpose of the questionnaire, defined deafness and provided a contact name and address for any enquiries regarding the study. It also contained a number of questions designed to gather information about the participant, including their gender, age, profession and whether they had any specialist training regarding deafness.

The second section was a measure designed to assess the amount of contact participants had experienced with people who are deaf. The measure consisted of six sets of questions asking about contact in relation to different kinds of relationships: friends, relatives, patients, equal/higher status colleagues, lower status colleagues and a category referring to 'others' not included in the previous categories. Participants were then asked to rate how positive or negative their experience of contact with those people had been and to what extent they saw them as being representative of deaf people as a group.

Section three consisted of a 22 item attitude measure. The Attitudes Towards Deaf People Scale was developed by the author specifically for this study. A focus group consisting of six deaf people was facilitated in order to generate an item pool of attitude statements relating to their experience of hearing people's attitudes towards them. The pool of 60 statements was then administered to 90 postgraduate students studying mental health related subjects and an item analysis conducted to ascertain which of the items would be most effective and should be retained. The measure produced incorporates 22 items reflecting different domains of attitudes towards this group, including equality, ability, cultural and linguistic issues. Participants are required to respond on a six-point Likert scale indicating to what extent they agree or disagree with statements. Item analysis of the measure showed an alpha coefficient of 0.71.

The final section of the questionnaire consisted of 10 multi-choice questions, designed to assess participants' knowledge of deafness. The questions covered a range of areas of knowledge such as the prevalence, aetiology and measurement of deafness. The questionnaires were sent by post and were completed and returned anonymously.

RESULTS

In reported results, *N* size varies due to missing data and is optimized by using all available data for each part of the analysis. In the calculation of correlations, Pearson's correlation

Table 1. Correlation coefficients of attitude scores with other variables

		Attitude	*N*
Age	*r*	−0.207*	121
Knowledge	*r*	0.150	109
Total contact	rho	0.176	108
Equal and higher status contact	rho	0.250**	112
Lower status contact	rho	0.061	108

*Correlation is significant at the 0.05 level (two-tailed).
**Correlation is significant at the 0.01 level (two-tailed).

coefficient was computed where all data were normally distributed. Spearman's rho was computed when analysing contact data as the frequency distribution was negatively skewed.

Independent samples *t*-tests were computed to calculate any differences between males and females, and between those with specialist training and those without. A significant difference was found between the attitudes of men and women [$\bar{X} = 88.4(12.1)$, $94.3(10.4); t = 2.71, p < 0.01$], whereby women had more positive attitudes than men. The difference in attitude scores between those with training and those without was also found to be significant [$\bar{X} = 96.0(11.2), 90.9(11.2); t = 2.08, p < 0.05$], whereby those with training had more positive attitudes than those without.

Pearson's correlation coefficient was computed to examine attitude scores in relation to age. A negative correlation was found between attitude scores and age (Table 1).

The results showed no significant relationship between attitude and knowledge scores ($r = 0.150$, $p = 0.119$). No significant correlation was found between attitude scores and total amount of contact or lower status contact. A significant correlation was found between attitude scores and contact with deaf people of equal or higher status (Table 1).

In order to assess whether there was any evidence for the cognitive processing theory of attitude change, two groups were identified. The first group consisted of those who reported equal or higher status contact and whose responses indicated that they had experienced the relevant cognitive-process (i.e. the contact was reported as being a positive experience and the deaf individuals were seen as being representative of deaf people as a group). The second group consisted of those whose responses indicated that they had not experienced the cognitive process. These two groups attitude scores were then compared, using an independent samples *t*-test. No significant difference was found between the attitude scores of the two groups ($t = 0.075$, $p = 0.941$).

DISCUSSION

Although no relationship was found between knowledge and attitude scores, knowledge scores did correlate with the total amount of contact participants had experienced with people who are deaf. This finding could be said to support the validity of the knowledge measure.

Attitude did not correlate with total amount of contact, or lower status contact, but did with the amount of contact with people who are deaf of equal and higher status. This finding suggests that the status of the outgroup member in question is significant in relation to

subsequent attitude change, though it's causal status is unclear in this data set. A minority of participants can be identified as experiencing contact with deaf people of equal or higher status. The results of the analysis showed no significant difference between this group and other participants, in terms of their attitudes towards people who are deaf. Therefore, the findings do not support the Rothbart and John (1985) cognitive-processing theory of attitude change following contact. It is possible that the questionnaire did not elicit the details necessary to identify when such a cognitive process has occurred, built as it is on an assumption that participants' responses regarding representativeness accurately reflect how contact experiences have been processed.

Other factors are outside the scope of this study such as strength of attitude held prior to the contact experience and its resistance to change. Factors such as the social atmosphere surrounding relationships with the outgroup have been noted to be of importance in the formation and maintenance of attitudes (e.g. Foster & Finchilescu, 1986). Media portrayal of people who are deaf, for example, might influence the population's attitudes towards them as a group. Such factors may serve to support certain attitudes and buffer their resistance to change and could be explored in future studies.

The results of this study support the hypothesis that mental health professionals' contact with deaf people, who are of equal or higher status, relates to more positive attitudes towards deaf people as a group. This has implications for both recruitment and training. Contact with members of the deaf community who are perceived as being of equal or higher status may be of greater benefit. Contact with mental health professionals who are deaf may also lead to significant changes in attitude but this could be difficult, as there are so few qualified mental health professionals who are deaf (HAS, 1998). The results of this study indicate that the recruitment of more deaf people into the mental health professions would lead to more positive attitudes among hearing mental health professionals.

More positive female attitudes have also been found in attitudes towards homosexual groups (e.g. Herek & Glunt, 1993) but other studies of attitude in this area have reached conflicting conclusions (Kite, 1984). It may reflect gender differences in values but any such explanation would need further investigation. Questions also need to be raised in relation to the validity of attitude research with respect to this population (e.g. Finkelstein, 1993).

Those who had received training in deafness or deaf issues had more positive attitudes than those who had not. There are clear implications here in training mental health professionals in issues relating to deafness, as only a quarter of the participants reported receiving any such training. While campaigns to change public perceptions towards disability have proved unsuccessful, it may be important to target professionals whose work and attitudes make a direct impact on the causes of disabled peoples oppression. This study clearly supports an increase in training in relation to deafness. The data indicated that younger participants tended to have more positive attitudes towards people who are deaf. Other researchers have noted that prejudicial attitudes and behaviours toward outgroups tend to develop with age (e.g. Lerner & Grant, 1990). As with the gender differences in attitude, further research is required to establish why older people tend to have more negative attitudes towards certain social groups than younger people.

It is unclear how representative the respondents are of the sample as a whole (only 36.2% returned their questionnaires). As the respondents may not be representative of the population in general, or indeed other mental health professionals, any generalization of the results must be tentative.

REFERENCES

Berkman, C. S., & Zinberg, G. (1997). Homophobia and heterosexism in social workers. *Social Work, 42*(4), 319–330.

Corker, M. (1998). *Deaf and disabled, or deafness disabled?* Buckingham: Open University Press.

Denmark, J. C. (1994). *Deafness and mental health.* London: Jessica Kingsley Publishers.

Foster, D., & Finchilescu, G. (1986). Contact in a 'non-contact' society: The case of South Africa. In M. Hewstone, & R. Brown (Eds.), *Contact and conflict in intergroup encounters*. Oxford: Basil Blackwell.

Finkelstein, V. (1993). The commonality of disability. In J. Swain, V. Finkelstein, S. French, & M. Oliver (Eds.), *Disabling barriers-enabling environments* (pp. 9–16). Milton Keynes: Sage/Open University.

Herek, G. M., & Glunt, E. K. (1993). Interpersonal contact and heterosexuals' attitudes toward gay men: Results from a nationational survey. *The Journal of Sex Research, 30*(3), 239–244.

Hindley, P. (2000). Child and adolescent psychiatry. In P. Hindley, & N. Kitson (Eds.), *Mental health and deafness.* London: Whurr Publishers.

Kiger, G. (1997). The structure of attitudes towards persons who are deaf: Emotions, values, and stereotypes. *The Journal of Psychology, 131*(5), 554–560.

Kite, M. E. (1984). Sex differences in attitudes towards homosexuals: A meta-analytic review. *Journal of Homosexuality, 10*(1–2), 69–81.

Ladd, P. (1991). Making plans for Nigel: The erosion of identity by mainstreaming. In G. Taylor, & J. Bishop (Eds.), *Being deaf: The experience of deafness.* London: Pinter Publishers.

Lerner, M. J., & Grant, P. R. (1990). The influences of commitment to justice and ethnocentricism on children's allocations of pay. *Social Psychology Quarterly, 27*, 229–238.

Meadow-Orlans, K., & Erting, C. (2000). In P. Hindley, & N. Kitson (Eds.), *Mental health and deafness*. London: Whurr Publishers.

National Health Service, Health Advisory Service (HAS). (1998). *Mental Health Services: Forging new channels.* British Society for Mental Health and Deafness (available from Beaconsfield: SIGN).

Rothbart, M., & John, O. P. (1985). Social categorization and behavioral episodes: A cognitive analysis of the effects of intergroup contact. *Journal of Social Issues, 41*(3), 81–104.

