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Title Page

An investigation into the attitudes of staff at North West University (Mafikeng Campus) towards the inclusion of students with disabilities: Deconstructing psychological barriers towards the inclusion of students with disabilities.

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**Degree: Master of Social Science
(Clinical Psychology)**

**Submitted in fulfilment of the requirements for the degree of Master
of Social Science. (Clinical Psychology)**

Department of Psychology



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Declaration

I declare that the dissertation for the degree of Clinical Psychology at North West University has not been submitted by me at this or any other university, this is my own work and all materials contained herein have been duly acknowledged.

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Date: November 2004

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DEDICATION

This dissertation is dedicated to all those students with disabilities that I have had the privilege to work with. Their determination to succeed has been an inspiration in my humble efforts to promote the cause of their full integration into the university community.

(IV)

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I appreciate the guidance and direction offered by my supervisors Professor W.W. Anderson and Ms S. Niemand. I also acknowledge the support of Ms A.K.KGABOSELE in typing the document, Mr E.M.LESOTHO for the distribution and collection of the questionnaires as well as correction of the draft documents. Finally the project would not have been a success without the respondents.

(V)

ABSTRACT

This was a descriptive study focused on identifying attitudes of University staff towards the inclusion of students with disabilities at University within the context of a focus on psychological wellness. A probability sample of 93 staff members was selected through systematic random sampling from the Mafikeng Campus of North West University. A questionnaire identifying attitudes of staff towards inclusion of students with disabilities and factors contributing to the development of attitudinal barriers was designed and administered by the researcher. The literature reviewed identified the following factors as barriers to the inclusion of students with disabilities at university: inadequate understanding of disability, negative attitudes, stereotyping, inadequate support services and insufficient knowledge and experience of students with disabilities. The central hypothesis was that the existence of negative attitudes amongst staff would inhibit the inclusion of students with disabilities at university. The results obtained correlated with the hypothesis and implicit in these findings is the threat to the healthy psychological development of students with disabilities.

TABLE OF CONTENTS

Preliminaries

1.	Title page	(i)
2.	Declaration	(ii)
3.	Dedication	(iii)
4.	Acknowledgement	(iv)
5.	Abstract	(v)
6.	Appendix	(1)

LIST OF TOPICS	PAGE
CHAPTER ONE	
1. Introduction	1
1.1 Background and motivation	1
1.1.1 Past situation	1
1.1.2 Present situation	1
1.1.3 The way forward	4
1.2 Statement of the problem	6
1.3 Objectives of the study	7
1.4 Hypothesis	7
1.5 Significance of the study	7
1.6 Scope and the limitations	9
1.7 Definitions of major concepts	10
1.7.1 Attitudes	10
1.7.2 Disability	11
1.7.2.1 Long - term and recurring	11
1.7.2.2 An impairment may be physical or mental	12
1.7.2.3 Substantially limiting	12
1.7.2.4 Working definitions	13
1.7.3 Inclusion	15
1.7.4 Division of the report	16

CHAPTER TWO		
2.	Review of the literature	17
2.1	Introduction	17
2.2	Disability and equal opportunities	19
2.3	Disability and psychology studies	21
2.3.1	An overview	21
2.3.2	Current issues in psychology studies of disabilities	24
2.3.2.	Definitions	24
2.3.2.2	Language	25
2.3.2.3	The research paradigm	26
2.3.2.4	Involvement in professional services	26
2.4	Attitudes towards students with disabilities	27
2.4.1	Theoretical framework	27
2.4.1.1	The medical model and deficit theory	27
2.4.1.2	The social rights model	32
2.4.1.3	The analytical model	36
2.4.1.4	Conclusion	37
2.5	Inclusive education	38
2.5.1	Basic concepts	38
2.5.2	Attitudes towards inclusion	39
2.5.3	Attitudes towards the inclusion of students with disabilities in higher education	41
2.5.3.1	Inclusive attitudes	42
2.6	African decade of disable persons (2000-2009)	47
CHAPTER THREE		
3.	Research design and methodology	50
3.1	Introduction	50
3.2	Research methodology	51
3.2.1	Research Design	51
3.2.2	Method of data collection	52
3.2.2.1	Literature review	52
3.2.2.2.	Telephone survey	53
3.2.2.3	Survey questionnaire	53
3.2.2.4	Sampling	54
3.2.3	Data analysis	55

CHAPTER FOUR	
4. Presentation and analysis of data	56
4.1 Introduction	56
4.2 Demographic Data (Appendix 1-Section A-Questions1-6)	57
4.2.1 Frequency distribution table of division/department	57
4.2.2 Frequency distribution table of faculties	58
4.2.3 Frequency distribution table of age	59
Figure 1 – Histogram of frequency of gender distribution	60
Figure 2 – Histogram of frequency of educational level	61
4.2.4 Frequency distribution table of culture	62
4.3 Attitudinal data	62
4.3.1 General understanding of disability and related attitudes towards the inclusion of students with disabilities (Appendix 1 – Section B – Questions 1,2,4,8)	63
4.3.1.1 Frequency distribution table of the understanding of disability	63
4.3.2 Frequency distribution tables of attitudes towards admission, acceptance and exclusion of students with disabilities (Appendix 1 – Section B – Questions 2,4,8)	64
4.3.2.1 Frequency distribution table of attitudes towards admission (Section B – Question 2)	64
4.3.2.2 Frequency distribution table of attitudes towards the acceptance of students with disabilities (Section B-Question 8)	68
4.3.2.3 Frequency distribution table of attitudes towards the exclusion of students with disabilities (Section B-Question 4)	69
4.3.3 Attitudes towards academic inclusion of students with disabilities (Appendix 1 – Section B – Questions 3,7,11,12,13 & 14)	70
4.3.3.1 Frequency distribution of attitudes towards the establishment of special facilities to meet the needs of students with disabilities (Section B – Question 3)	71

4.3.3.2	Frequency distribution table of attitudes towards financial support (Section B Question 7)	72
4.3.3.3	Frequency distribution table of attitudes to the use of different admission matriculation criteria (Section B-Question 11)	73
4.3.3.4	Frequency distribution table of attitudes towards different assessment criteria (Section B – Question 12)	76
4.3.3.5	Frequency distribution table of how inclusion will affect academic standards (Section B – Question 13)	77
	Figure 1 – Histogram of frequency distribution of attitudes towards the need for a disability unit	78
4.3.3.6	Frequency distribution table of attitudes concerning the placement of the disability unit (Section B – Question 14b)	79
4.3.3.7	Frequency distribution table attitudes towards the functions of the disability unit (Section B – Question 14 b)	80
4.3.4	Frequency distribution table of social attitudes towards the inclusion of students with disabilities (Section B – Questions 9 & 10)	81
4.3.4.1	Frequency distribution table of attitudes towards participation in social and recreational activities (Section B Question 9)	81
4.3.4.2	Frequency distribution table of attitudes towards taking up leadership positions (Section B – Question 10)	82
4.3.5	Frequency distribution table of need for more knowledge of students with disabilities (Section B – Question 5)	83
4.3.6	Frequency distribution table of the experience of working with students with disabilities (Section B – Question 6)	84

CHAPTER FIVE	
5. Main findings, Conclusions and Recommendations	86
5.1 Introduction	86
5.1.1 General understanding and attitudes of university staff towards the inclusion of students with disabilities.	86
5.1.2 Attitudes towards academic inclusion	88
5.1.3 Attitudes towards social inclusion	90
5.2 Conclusions on the attitudes of university staff towards the inclusion of students with disabilities	90
5.3 Knowledge about students with disabilities	91
5.4 Experience of working with students with disabilities	92
5.5 Recommendations	92
5.5.1 Understanding of disability	92
5.5.2 Policy and programme development	93
5.5.3 Research	93
REFERENCES	94-101

CHAPTER ONE

1. Introduction

1.1 Background and Motivation

1.1.1 Past Situation

Universities in South Africa have historically accepted or rejected students with disabilities largely on the basis of stereotypes held by the decision makers. In addition, if acceptance occurred it was often erratic, inconsistent, and with no clear vision or plan of how such students would be managed.

This frequently meant the imposition of exclusionary practices, e.g. blind students could only do Law, not Mathematics or Accounting; students with physical disabilities could not join the Physical Education department, students with developmental disorders in reading and writing could not enrol for language courses.

1.1.2 Present Situation

The creation of a democratic state in South Africa in May 1994 and the adoption of a new Constitution with a Bill of Rights (1996), provided the moral and legal foundations upon which persons with disabilities could begin to establish their rightful places as fully integrated, equal members of society.

From a mental health perspective the consequences of these approaches and attitudes must have major implications for the development of healthy self concepts of students with disabilities. The self is regarded by many as the conceptual framework for interpreting the dynamics of human behaviour (Burns, 1982; Marsh & Shavelson, 1985; Tuttle, 1987; Yawkey, 1980).

The consequence for student development generally and students with disabilities in particular at tertiary institutions, has resulted increasingly in the use of the Psychological Wellness Model. Persons educated in psychology are theoretically well orientated to engage in the prevention of problems and the promotion of wellness. In the 1800's and early 1900's there was an overemphasis on abnormal and sick behavior such that psychological wellness and healthy relationships were not well studied.

Maslow (1968) studied creative and well-adjusted people who showed a great deal of self-actualization. Maslow wanted to know what socialization processes helped these people develop so well.

Wellness is a holistic approach to health that is multidimensional in nature (Taylor, 1999: 1). Wellness and it's holistic, multi-dimensions present a powerful argument to influence decisions in examining priorities related to health viz., in this study psychological health from a number of perspectives. Additionally, it presents a

sound model for accommodating disability-related issues. Thus a wellness model represents an integrated life model, a holistic view of health which recognizes the benefits of all dimensions, including the physical, social, psychological, emotional, occupational, and spiritual -all equally complementary and in balance.

A department specifically to promote the rights of persons with disabilities has been established within the Office of the State President. A series of enabling legislation has been passed, and implemented or is in the process of being done. They include:

- The Constitution of the Republic of South Africa, Act No.108 of 1996 - Chapter 2: Bill of Rights (Constitutional Court, 1996).
- Integrated National Disability Strategy of the Government of National Unity. Gazette No.17038, Volume 369 of 13 March 1996 (Department of Education, 1996).
- Employment and Occupational Equity: Policy Proposals. Gazette No. 17303, Volume 373 of 1 July 1997 (Department of Welfare, 1997).
- Draft White Paper for Social Welfare, Gazette 16943, Volume 368 of 2 February 1996 (Department of Welfare, 1996).
- Employment Equity Act No. 55 of 1998, Code of Good Practice on Key Aspects of Disability in the Workplace (Department of Labour, 1998).
- The 2001 Education White Paper Six (Department of Education, 2001).
- Draft Guidelines for the Implementation of Inclusive Education (Draft 2) (2002).

Many Universities have now begun to respond more seriously to students with disabilities. Policies have been developed and there is generally a more cohesive and inclusive approach being adopted. However, a brief telephonic survey of some of the leading universities in the country revealed that these initiatives although well intentioned, have been based upon no rigorous exploratory research.

In the researcher's opinion, this reflects that there are still strong undercurrents of a patronizing, welfarist approach towards the inclusion of students with disabilities.

1.1.3 The Way Forward

According to Fishbein and Middelstadt (1989, 93-110) there are certain important types of information that are necessary for developing effective psychological and educational communications. Central to the concept of inclusive education is the development of students' mental health. The holistic inclusion of students with disabilities is too important to allow initiatives to be based upon some educator's or administrator's untested and all too often incorrect intuitions about the factors that will make the effort a success.

According to the theories of reasoned action and planned behaviour, people are defined as reasonable beings who systematically process and use all the information available to them when they are planning a particular approach and act upon it (Ajzen, 1991; Fishbein and Ajzen; 1975).

Therefore, critical to promoting positive change towards students with disabilities, is an appreciation and understanding of institutional attitudes. Attitudes (a major psychological concept) reflect the cognitive, emotional and social components that should be included in any programme of human development (Van Dyk, 2001: 156-158).

The situation at Mafikeng Campus of North-West University, reflects similar historical developments towards students with disabilities, as has occurred at other South African tertiary institutions, i.e. a policy has been developed and a disability unit established, with minimal consultation and no preparatory baseline research. It is not acceptable that such a situation exists. In particular, amongst those mental health professionals concerned with the development of psychologically healthy students with disabilities, this is a source of great despair.

Therefore, there is an urgent need to investigate the attitudes of university staff towards students with disabilities at the Mafikeng Campus of the North West University as part of the process of developing students with a positive mental health profile, as well as evolving meaningful policy development and implementation strategies.

This study aligns itself with the position adopted by Disabled People South Africa NECSNET (1997) and Pauw (1987) that are; it is primarily society that disables people. University staff are an integral part of the community which they serve and reflect the attitudes towards disability of their particular community.

1.2 Statement of the Problem

This study focuses from a clinical psychology perspective on the attitudes of university staff towards the inclusion of students with disabilities. At South African

Universities there are no evidence of prior research into this psychological concept, before the process of establishing “disability units” has unfolded. A review of the literature (Chapter2) suggests that attitudes are a major psychological concept in the social creation perspective of disability (Finkelstein, 1980). Therefore an understanding of university staff attitudes towards the inclusion of students with disabilities is vital to promoting their acceptance as well as psychological wellness.

Statistics revealed by the World Health Organization suggest that there should be a bottom limit of approximately 2,2 % of students with disabilities at tertiary institutions (Department of Education, 2001). Our Constitution and subsequent legislation means that increasing numbers of students with disabilities should be enrolling in higher education. However, ten years into our democracy, the number of students with disabilities is still minimal e.g. at North West University (Mafikeng Campus) students with disabilities represent less than 0,17 % of the total student population.

Attitudes, a significant psychological barrier, need to be investigated with urgency.

1.3 Objectives of the study

The objectives of study are as follows:

- To determine the attitudes of University staff towards the inclusion of students with disabilities.
- To determine the knowledge base of University staff of students with disabilities.
- To determine the experience of University staff with students with disabilities.

1.4 Hypotheses

This present study will test the following hypotheses:

- University staff's understanding of disability is inadequate.
- The attitudes of university staff towards the inclusion of students with disabilities are negative.
- The experience of University staff with students with disabilities is inadequate.

1.5 Significance of the Study

In keeping with the spirit and contents of the Constitution, North West University aims to enable students with disabilities to develop their psyche and acquire a

culture of learning and full integration into the University, so that they can grow and extend their potential, and participate as full members of the learning community.

There are many barriers confronting persons with disabilities. Patterson, et. al. (2003), note that the toughest barriers are attitudinal; patronising sympathetic sentiments, stereotypes and myths of ineffectiveness. Bailey (1979: 82) further notes that “there is a pervasive sense of ‘we versus they’, the most crippling of all stereotypic mindsets”. The concept of an inclusive education system is more than simply the acceptance of students with disabilities into the ‘normal university’. According to Mittler (2000) inclusion requires radical educational reform in order to meet the needs of all students. Central to the process of responding to the needs of students with disabilities must be a psychological or mental health analysis of the attitudes of the University staff, and on the basis of these findings appropriate responses by the University, which will foster the development of positive attitudes and the equitable integration of all such students (Forlin, 1997).

Negative attitudes have been found to lead to low expectations of a person with a disability, whereas, positive attitudes can lead to higher expectations, increased learning opportunity and increased performance of learners (Forlin, 1997).

Positive attitudes equip persons with positive self-esteem and self-confidence to be able to take up one’s rightful place within society.

Based on the preceding discussion the significance of this study will include:

1. The enhancement of the University's response to current students with disabilities.
2. The promotion of psychological wellness for both current and future students with disabilities.
3. The development of baseline psychological research for universities now required to include students with disabilities.
4. To develop insight into the university community's attitudes towards the inclusion of students with disabilities.
5. The Mafikeng campus is one of the four campuses of the newly merged North West University. This study will lay the foundation for a focus on a significant psychological concept, necessary for the successful inclusion of students with disabilities.

1.6 Scope and Limitations

Transformation processes will necessitate the management of diversity and organizational changes within our institutions of higher education, (Hay, Smit and Paulsen, 2002: 1). According to Mittler (2000) inclusion requires radical reform, changing the existing education system and rethinking the entire curriculum in order to meet the needs of all students. Attitudes are a significant psychological concept, one of the many issues that will have to be addressed in the transformation of the

education system. The challenge is to develop attitudinal changes within educators and other relevant staff. Therefore, mental health professionals have to be involved in the process of transformation.

The investigation of attitudes of university staff towards the inclusion of students with disabilities on the Mafikeng Campus of the North West University provides a small window of opportunity into the broader picture, i.e., the community. However, caution will have to be exercised about making widespread generalizations resulting from this study. This study may provide the stimulus for more intense and complex research into the psychological aspects critical to the inclusion of students with disabilities within the education system.

Further aspects of the above section will be addressed at the appropriate developmental stages of the research project.

1.7 Definitions of Major Concepts

1.7.1 Attitudes

According to Aiken (1979: 302), an attitude may be defined as the individual's "tendency to react positively or negatively to some person, object, situation, institution or event".

This definition confers with that of Fisbein and Ajzen (1975: 6) who describe an attitude as "a learned predisposition to respond in a consistently favourable or unfavourable manner with respect to a given object".

An attitude is thus “a mental state of readiness, organized through experience, exerting a directive or dynamic influence upon an individual’s response to all objects and situations with which it is related” (Fisbein, 1967: 8).

In this study, the concept of attitude will be used to refer to the positive or negative reaction of University staff towards the inclusion of students with disabilities.

1.7.2 Disability

This definition of disability has been developed in line with the one in the Code of Good Practice, Department of Education (1996). Only people who satisfy all the criteria in the definition are considered as persons with disabilities, i.e.

- Long-term or recurring
- Having a physical or mental impairment, which substantially limits the social functioning of a person.

1.7.2.1 Long-term or recurring

Long-term means the impairment has lasted or is likely to persist for at least twelve months. A short-term or a temporary illness or injury is not an impairment which gives rise to a disability. A recurring impairment is the one that is likely to happen again and to be substantially limiting. It includes a constant, underlying condition, even if it’s effects on a person fluctuates.

Progressive conditions are those that are likely to develop, change or recur. People living with progressive conditions or illnesses are considered as people with disabilities once the impairment starts to be substantially limiting. Progressive or recurring conditions which have no overt symptoms or which do not substantially limit a person are not disabilities. A special note must be taken of the needs of students with HIV/AIDS and other infectious diseases.

1.7.2.2 An impairment may be physical or mental

“Physical” impairment means a partial or total loss of basic bodily functions or a part of a body. It includes sensory impairment such as deafness, hearing impairment or visual impairment or any combinations of physical or mental impairments. “Mental” impairment means a clinically recognised illness that affects a person’s thought processes, judgement or emotions.

1.7.2.3 Substantially limiting

An impairment is substantially limiting, in the absence of reasonable accommodation, a person would be either totally unable to study or do a job or would be significantly limited in his/her study progress or in doing the job.

An assessment on whether the effects of impairment are substantially limiting must be considered if medical treatment or other devices would control or correct the impairment so that it’s adverse effects are prevented or removed.

For reasons of this policy, certain conditions or impairments may not be considered as disabilities. These include but are not limited to:

- Sexual behaviour disorders that are against public policies;
- Self imposed body adornments such as tatoos and body piercing;
- Compulsive gambling, tendency to steal or light fires;
- Disorders that affect a person's mental or physical state by the current use of drugs and alcohol;
- Normal deviations in height, weight and strength; and
- Conventional physical and mental characteristics and common personality traits.

1.7.2.4 Working Definitions

In this study certain disabilities have been specified and it is the researchers opinion that brief working definitions will enhance the relevance of their meanings.

These working definitions have been developed from the researcher's integrated experiences as an educator, and clinician working with able bodied persons and persons with disabilities within the education, health and public arenas. They in no way detract from the strong psycho-social theme of this study i.e. the role of society in the creation and perpetuation of disability.

Blindness

Persons who do not have any functional vision.

Partially sighted

Persons whose level of vision is such, that certain intervention is necessary so that the residual vision becomes functional e.g. low vision aids, large print and computer technology.

Deaf

Persons who do not have any functional hearing.

Hard of hearing

Persons whose level of hearing can be made functional by intervention e.g. hearing aid.

Physical conditions

Persons with any physical condition e.g. loss of limbs that significantly limit access i.e. physical or educational.

Chronic health conditions

Diagnosed medical conditions of a permanent nature- but to some extent treatable.

Chronic mental conditions

Diagnosed mental conditions of a permanent nature but treatable.

Learning difficulties

Persons who have academic potential yet underachieve due to information processing deficits.

1.7.3 Inclusion

According to the Department of Education (2001), the definition of inclusion within the education system will mean:

- Acknowledging that all children and youth can learn and that all children and youth need support.
- Accepting and respecting the fact that all learners are different in some way and have different learning needs which are equally valued and an ordinary part of our human experience.
- Enabling education structures, systems and learning methodologies to meet the needs of all learners.
- Acknowledging and respecting differences in learners, whether due to age, gender, ethnicity, language, class, and disability.
- Broader than formal schooling and acknowledge that learning also occurs in the home and community, and within formal and informal models, modes and structures
- Changing attitudes, behaviour, teaching methodologies, curricula and the environment to meet the needs of all learners.
- Maximizing the participation of all learners in the culture and curricula of education institutions and uncovering and minimizing barriers to learning.
- Empowering learners by developing their individual strengths and enabling them to participate critically in the process of learning.

If one analyses this definition, it is clear that there is a strong psychological theme, which has to be addressed within the context of the new proposed education system.

1.7.4 Division of the report

The research study is arranged as follows:

Chapter 1 is an introductory chapter, outlining the purpose of the research.

Chapter 2 outlines the research methodology and design.

Chapter 3 focuses on selected literature relevant to the study.

Chapter 4 presents analyses of empirical data.

Chapter 5 is a discussion of the main findings, conclusions and recommendations in Chapter 4.

CHAPTER TWO

2. Review of Literature

2.1 Introduction

The World Health organization calculated that between 2.2% and 2.6% percent of learners of any school system could be identified as disabled (Department of Education, 2001). An application of these percentages to the South African context would project four hundred thousand (400 000) learners with disabilities (Department of Education, 2001). Available statistics reveal that only sixty-four thousand two hundred (64 200) learners with disabilities are accommodated in three hundred and eighty (380) special schools (Department of Education, 2001). This implies that there are approximately three hundred and fifty thousand (350 000) learners with disabilities that are not accounted for (Department of Education, 2001). The statistics revealed by the World Health Organization suggest there should be a bottom limit of 2.2% of students with disabilities at tertiary or higher education institutions, since this percentage ought to be prevalent at mainstream schools. In South Africa there has been a serious disparity between the expected enrolment of students with disabilities and the current enrolment of students with disabilities at higher education institutions. There is a lack of information on students with disabilities studying at higher education institutions due to the paucity of research in the field of disability (Department of Education, 2001). Amongst the factors, which comprised and constrained disability, were apartheid

and exclusion. These constraints were entrenched in the pre-1994 policy on disability (Department of Education, 2001).

Until the early 1990's, persons and learners with disabilities were systematically and institutionally marginalized, isolated and discriminated against in all facets of their lives. These barriers were the consequences of socio-political attitudes and their implementation, which were prevalent at the time. It is only with the post 1994 South Africa that disability is recognized as a human rights issue and the exclusion of vulnerable groups as immoral and discriminatory. The other narrow perception of disability was that, disability was to be assessed based on physical impairment and not taking into account that persons with a disability have potentials and can live a productive and a fulfilling life despite their disability.

In summary, the exclusion and lack of reliable information on disability, especially learners at institutions of higher learning can be attributed to a number of factors such as social, political realities of the apartheid system, the social attitudes and stereotypes about disability, discriminatory legislation and institutionalized frameworks which entrenched negative valuations and reinforced barriers to the full development of persons with disabilities in South Africa. A consequence of these factors has been a virtual lack of knowledge and understanding of the psychological concepts critical to the meaningful response towards the inclusion of students with disabilities in tertiary institutions.

Despite the removal of the apartheid system and the emergence of human rights legislation, the inclusion of students with disabilities at tertiary institutions has

been painfully slow. For most students with disabilities their actual physical impairment is the least of their problems. A great deal of their frustration, hurt and pain results from the attitudes and reactions of other people to their impairment, ranging from denial and rejection to overcompensation. Some form of exclusion, or the wish to exclude is a common reaction to disability (Wilson, 2003:ix).

2.2Disability and Equal Opportunities

Equal opportunity policies should be seen as measures to ensure that disadvantaged members of society are brought into mainstream social activities. Gender and race issues have been a prime focus of these policies but increasingly disability is being also placed on the agenda. However, the manner in which disability is being addressed causes many disability activists great concern because, there is a belief that the approaches adopted are going to set people with disabilities up to fail educationally or occupationally (Findley, 1992: 80).

The inclusion of disability as a specific issue, within the education system has come via the debates concerning the meaning of "special needs". The political and ideological implications of addressing persons with disabilities needs and lifestyles through this euphemistic phrase are rarely questioned, primarily because it is assumed that the notion is unproblematic. (Findley, 1992: 85). Within South African society like many other societies across the world it is taken for granted that everyone knows what the term "disability" means and how it impacts on peoples lives. The reality the researcher wishes to suggest is very different.

People with disabilities, through their disability rights organizations have shifted the debate away from "special needs" towards the way in which the society imposes its perceptions of who they are and what they are capable of as a social group. As already noted the dominant ideologies associated with disability have helped to create disabling barriers, which marginalize disabled people as a social group. The actual organization of society, attitude and practices, and environmental factors all contribute to the oppression of persons with a disability. To challenge the nature of social oppression, people with disabilities face a growing need to question how the existing structures of society maintain their inequality (Findley, 1992:180- 192).

The educational system thus becomes a site of struggle; not only does the education system fail to meet the needs of those who experience a disability, but in the process it blocks their access to the wider community in a number of ways. The challenge also raises questions with regard to what "integration" or "inclusion" really means and on whose terms it is applied. It is here that the whole philosophy around gaining access to further education and training is to be tested, but also will be found wanting. As disability activists develop the articulation of the need to acknowledge and integrate the concept of a "disability culture", there will be increased pressure on the educational system to undertake a radical critique of the national curriculum and to address more directly the issue of having an appropriate disability perspective (Findley, 1992).

2.3 Disability and Psychology Studies

2.3.1 An Overview

The South African constitution, viewed as one of the most liberal in the world, has the potential to propel “disability” as a minority rights issue to the forefront, equal to race, gender and ethnicity. However, ten years into our democracy the paucity of psychological research in the field of disability points to a long, painstaking road ahead, before the full acceptance of persons with disabilities will occur.

This situation is eloquently expressed in the press article by Wood (2000: 1)
 “We have found one another and found a voice to express not despair at our fate but outrage at our social positioning. Our symptoms, though sometimes, painful, scary and unpleasant, or difficult to manage are nevertheless part of the dailyness of life. They exist and have existed in all communities throughout time. What we rail against are the strategies used to deprive us of rights, opportunity and pursuit of pleasure.”

A review of the literature on psychology studies (which follows) reveals that three main paradigms for examining disability have emerged. Each is rooted in its expression of the problem and who has the problem and in its notion of how the problem should be addressed and by whom.

The morality model the first model of disability, states that disability is caused by moral lapse and brings shame to the individual and family. Disability is viewed as the outward manifestation of inner evil or depravity. In addition, historically,

rendering someone disabled as punishment for a crime or perceived crime was standard practice (Goffman, 1963). Within many cultures these practices have continued into the 21st century.

The mid – 1800's with developments in the medical and rehabilitation fields has resulted in the emergence of the medical model. This view is not one bound to morality, but rather to pathology. Concentration is still on disability, not on the person with the disability or the experience of disability. The main aim of the medical model is to correct and cure. Disability is viewed as a disaster, something to fix. The many medical technological advantages that have come out of this perspective have significantly contributed to the comforts and range of opportunities for people with disabilities. Although rehabilitation and accommodation remain critical to the lives of individuals with disabilities, the medical model places the decisions about the wellbeing of people with disabilities outside of their purview, is paternalistic, perpetuates the negative image of disability and of persons with disability, and further promotes segregation.

The minority model presents the experience of disability as seen through the lens of those people with disabilities and characterizes that experience as socially, politically, and economically constructed (Davis, 1997). The minority model is not the study of disability, but rather the study of the shared experience of disability. Davis (1997) contends that our lives are based on norms, therefore the problem with disability then, is not the disability or the person with disability, but rather the way that normalcy is constructed to create "the problem of the disabled person", stemming from erroneous assumptions that persons with disabilities are abnormal

and therefore undesirable. The problem of disability results from a hostile environment that does not accommodate persons with disabilities and assigns them an inferior status. Morris (1991: 2) examines the perception of disability from the perspective of the disabled person: "Our anger is not about having chips on our shoulder, our grief is not our failure to come to terms with disability, our dissatisfaction with our lives is not a personality defect, but a sane response to repression we experience."

According to Olkin (1991:2) a psychotherapist and a woman with a disability, the shared experience, the co-experience of all minority groups is prejudice, discrimination and stigma. Individuals not part of the mainstream population are traditionally seen as inferior; they have few positive role models and few positive images within the arts and media; they are under represented politically in terms of issues and as office bearers; they have significantly limited access to economic resources; they have little or no political or social power; they are summarily excluded from the mainstream of life's opportunities. Moreover, according to Lorde (1984:7) particularly in our capitalistic society institutional rejection of difference is an absolutely necessity because we need outsiders as surplus people; thus other is always assigned a position of inferiority. The assignation of inferiority is most compelling for people with disabilities and they are viewed as not merely different, but as damaged, not quite whole. Thompson (1997:9) viewed disability as an inferior state and a personal misfortune. Not only is prejudice associated with recognition of difference but according to Morris (1991) an integral part of this (recognition of difference) is the concept of normalcy. Unlike other variations that define difference from the majority population or

mythical norms, disability is viewed as inherently abnormal and extraordinary. Demographics alone support that a disability is not extraordinary, but rather, an ordinary variation like gender, race or ethnicity (Rieser and Maçon, 1992). Thus, like gender, race, and ethnicity, disability is a descriptor of minority status, and, thus, a defining factor in social, political, and economic oppression.

Finally this overview highlights the need for psychological studies of disabilities, but in keeping with the evolving perspective of the disability rights movement.

2.3.2 Current Issues in Psychology Studies of Disabilities

According to Vash et al. (2003) disability legislation is now providing the impetus for an explanation of the psychology of disability as part of the growing interests in racial and ethnic diversity. From a clinical psychologist perspective, psychological studies of disability are changing for the better and as a whole growing in maturity. Recently conducted research on Psycho Info using the key word "disability" and social issues/change etc., came up with almost 40 000 research articles since 1986 (Craig, 2000:173-186). There are four areas that warrant comment in this regard:

2.3.2.1 Definitions

Attempts to achieve a consensus of views on the definitions of disability have been problematic. It is difficult for health scientists and clinicians to define adequately every specific disability let alone attempt to define disability in a general sense. Disability potentially can mean many things and cover quite a broad area. Some

definitions attempt to narrow it down by describing it as 'physical and mental in capacity' however; this is not helpful in resolving the issue. Other definitions emphasize the tragic / traumatic nature of the disability. It is also very important to determine any psychological and social risk potentials associated with the disability. e.g. coping poorly with stuttering over many years can become associated with problems such as abnormal levels of anxiety and distress, feeling of helplessness, lowered employment opportunities and lowered desired quality of life (Craig, 2004:173 - 186). The above descriptions and definitions reflect that it is obvious that every living person has a disability of some nature, in fact, in the development of an appropriate definition of disability, this may well be an important feature to accept (Craig, 2003).

2.3.2.2 Language

The language used to describe a disability in psychology or elsewhere, is a vital factor in the maturing of a discipline. Language is a powerful tool, and when misused it can cause substantial damage. If for example a psychologist labelled someone as a "stutterer", or as "neurotic, mad, or as crippled", there is significant potential to dehumanise and the opportunity is increased for negative stereotyping to occur (Craig, 2000:175). This will eventually increase discrimination. Psychologists are beginning to understand these relationships and are consequently attempting to be more careful in use of the language in discussions of disability (Craig, 2003).

2.3.2.3 The Research Paradigm

In its struggle to develop its identity, psychology has in the past strictly adhered to a medical / disease model as its paradigm in order to guide and fashion the way the discipline scientifically investigates disability. This has limited the questions that could have been asked and therefore the scope of psychological research has frequently been limited e.g. viewing disability as an impairment.

A research paradigm is a mode of viewing the world, which underlies the theories and methodology of science at a particular time in history. The way forward for psychology studies is to explore disability from a broader context of researching and understanding (Craig. 2003:4).

2.3.2.4. Involvement in Professional Services

Historically there is a reluctance of clinical psychologists to become involved in services to the disabled. As a profession there are good reasons for them to become more engaged: they have excellent services to offer, whereas confidence should be high, as their scientific training suggests that appropriate psychological intervention can result in improvements in the quality of life of persons with disabilities (Craig. 2003:4).

Psychology studies of disability have tended to focus on narrow psychological factors in isolation, rather than within the broader social, political, economic and cultural contexts. Also, psychologists have tended to focus too much on the

negative side of disability, rather than concentrating on the larger holistic wellness picture. Many people with disability can actually enjoy life and live normally. However, there are signs that psychological studies in disability are improving and growing up into maturity (Craig: 2003.4).

2.4 Attitudes Towards Students with Disabilities

2.4.1 Theoretical framework

In attempting to explore the attitudinal barriers that students with disabilities at university face, a discourse on theoretical perspectives is necessary to understand the insights that are grounded in ideologies and common practices towards persons with disabilities.

A model is a framework by which individuals make sense of information. Some models are easy to test but a model employed to understand disability must reflect life as experienced by people with disabilities and allow for progress as defined by this group of people (Rieser and Mason, 1992:6).

2.4.1.1 The Medical Model and Deficit Theory

Medical discourse on disability is undoubtedly the most dominant (Brisenden, 1986:174). The medical model is based on a mind, body split, in which the body is regarded as a physiological system. It suggests that illness and disability are all about biochemical and physical malfunctions, or faults in need of correction. The medical profession is perceived both by its own members and by

the public as the body whose role it is to cure what is defined as pathological or not normal (Wilson, 2003:19). Thus, the initial association of disability from the medical perspective was the clinical concern with the body and therefore within the individuals. The focus was on physical changes to the body and its effects on the individual (Fulcher, 1989:27). The medical model is relevant in so far as it helps to diagnose and classify disability). The language that is closely associated with disability from a medical perspective impairment, is disability and handicap (Moore, 1989). Effectively summarised by Fulcher(1989:27) the meaning which was attached to impairment, disability and handicapped from a medical perspective were as follows:

1. Impairment is anatomical loss or loss of bodily functions.
2. Disability is considered to be a measurable functional loss, which results from impairment.
3. Handicapped is a social consequence resulting from environmental and social conditions which prevent a person from achieving the maximum potential that they seek.

In applying the medical model to understand the potentials and capabilities of a person with a disability, disability is seen as “what people cannot do”. The emerging theme on disability from a medical perspective provides a discourse on loss and deficits to individuals. Disability is socially constructed with inherent social practices. In theorising, disability has been categorized into social relations.

Categorising is seen as part of a social relationship and occurs in many aspects of the society (Fulcher, 1989:28). Categorizing enables people to continue with their daily activities. It is therefore believed that there is nothing wrong with categorising disability as, it is through categorizing that disability is seen as a sector of our community. However, the limitation of the problem arises when disability is used to exclude rather than to include and to oppress rather than to enable (Fulcher, 1989:28).

Also consistent with the ideologies and assumptions of the medical model, is the sociological theory of functionalism (Fulcher, 1989). According to the functionalist perspective, people are selected for their places in the society according to their abilities (Fulcher, 1989:30).

Selection involves two components, labeling and separation. Peters (1993) suggests that the separation process is the preparation of the individual for competencies as an adult. These attributes of the medical and functionalist perspectives tend to label learners as diseased, and separate them on the basis of this labeling into separate programs, where they are made functional for their place in society as handicapped people. These approaches concentrate on the individual in relation to their social interactions. Professionals that subscribe to the medical and functionalist ideologies assume that pathological symptoms e.g. blindness and deafness may be objectively assessed and therefore labeled. It is also believed that labeling a person to abnormality reduced ambiguity. By ascribing physical or mental characteristics to a person one can assume aspects of knowledge about the person's history, self-image, character and social status. When applying the

medical model and the deficit theory and defining persons with disability, the disability becomes the paramount characteristic of an individual and the focus or emphasis is therefore, on negative valuations and inadequacies (Fulcher, 1989; Peters, 1993).

Disability therefore, becomes a term, which is used to describe functional limitations that interfere with the person's ability to perform. In the disability movement the golden rule is that people with disabilities are first people and disabled second (Finkelstein, 1980:13).

Applications of a medical and functional perspective to the education system reveal that learners with disabilities were separated and categorised according to their disabilities. Learners were separated and placed in a special school, such as schools for the blind, schools for the deaf, schools for the physically impaired. Teachers in these schools were considered to be professionals in their training and had to ensure success in the adaptation of their learners to their disabilities. There was also stereotyped training and career goals developed for persons with specific disabilities, namely blind people were switchboard operators and piano teachers, (Peters, 1993). The consequence of a medical perspective to disability is two fold: Firstly, individual differences are collectivised, whereby individual differences, adaptability, motivation and interests are ignored. Secondly, professionals determine the fate of people with disabilities and their families. In fact, people with disabilities are made to feel fortunate for receiving the services of these professionals. Teachers from these special schools in their orientated, limited capacity, presented strong resistance when they were challenged on the

appropriateness or stereotyped nature of their services. Students with disabilities are denied choices and their roles in society are prescribed. Limited in their ability to assume societal roles, they were confined to a narrow future position in society. (Vaughan, 1979; Peters, 1993). A paradigm shift from these values is espoused in the post (1994) constitutional framework and policy documents (Constitutional Court 1996; Department of Education, 2001). There is a greater emphasis on a human rights perspective of disability.

The fundamental challenge with the medical model is that it is still highly influential and that it affects policy, practice and attitudes. It has greatly influenced the attitudes of professionals and society in general for such a long time that it is still ingrained in the conscience of the majority of individuals who work

with the disabled in education or participate in their daily living. The element missing from the medical model is the disabled people's view of the situation which implies that while many have medical conditions that may or may not require treatment, but still have abilities. Technology, human knowledge and resources have become so advanced that physical or mental impairments need not prevent disabled people from living enriched lives. Disabled people believe it is society's unwillingness to employ aids to impairments that cause disability not the impairment itself (Rieser and Mason, 1992:6).

2.4.1.2 The Social Rights Model

The Rights model commonly known as the Social Rights Model in South Africa is the more recent theoretical perspective to disability. The social rights model emerged as the political opposition to the medical discourse and challenged the themes, concepts, and practices of the medical model (Peters, 1993). In reaction against the medical model, the disability movement developed a model based on the idea that the social environment should be changed to enable persons with disabilities to function as equal members of society. The environment is seen as disabling because it discriminates against certain individuals. Disabled people are seen as united by their shared experience of exclusion and prejudice. Rather than focusing on the impairments that distinguish people with disabilities from one another, the social model adopts this disability perspective (Wilson, 2003:21). This model challenges the themes, concepts and practices of the medical model (Peters, 1993). The themes of the social rights model are self-reliance, independence and consumerism whereas its political concepts are totally opposed to discrimination, collusion and oppression.

The social rights model aims to change attitudes amongst the non-disabled majority so that inclusion will become the norm and that impairment will not always be equated with the disability (Oliver, 1996).

Internationally the institutional basis of the rights discourse varies. In the United State of America there is constitutional and legislative regulating of disability rights. This is now also the case in South Africa. In other countries where

constitutional and legislative conditions for disability rights are absent and where other institutional bases for realizing their rights are minimum as they are at the social level in Australia and in England, such an approach constitutes a moral stance towards disability (Peters, 1993). Thus, the foundations for viewing disability in line with the emergent social rights trends are being established. In America the development of the themes of rights to equality for disability merged with the civil rights movements in the 1960's, while in South Africa the constitutional and legislative conditions for equal rights for persons with disabilities received recognition within the new democratic constitution of South Africa. Fulcher (1989:30) stated that the emergence of the social rights model came from the contradictions and inequalities of the concepts within the medical model. The social rights model helped to delineate the rights movements towards independence, self care, maintenance, integration and normalization of disabled persons. According to Fulcher(1989:31) equality and equal rights means taking control of one's life.

The social rights model is the most recent contender amongst the various models of perspectives on disability. It opposes the medical and functional theories in a number of ways. It presents an overt political position, which contrasts with the masked hierarchist policies of the medical and functional models. The themes of the social rights model are equality of citizenship and its strategy is one of confrontation and of demands. The social rights discourse is seen as the most progressive and obvious strategy, for those excluded from full citizenship, including persons with a disability.

According to Peters (1993) central to the political perspective of disability, is that disability is a socially constructed and historically mediated category of experience. It is suggested that obstacles pertaining to education, employment and social relationships, exist not because of an individual's incapacities but due to the physical and attitudinal barriers, which are socially and politically constructed by the environment. These socially imposed barriers begin at birth, carried through the centers of education, in the employment sector and in the social, personal lives of disabled people. It becomes the entrenched beliefs and ideologies of the society (NECSNET, 1997). However, the various manifestoes, and legislations declare the rights of people with disabilities not only for education, but also for employment opportunities and access to public buildings and services. The rights of people with disabilities have not been gained without struggle and have been attained largely through the efforts of people with disabilities themselves and their advocates who organised around political action and pressure groups. A criticism against the social model is that it may not be possible to create an environment that can address the needs of all disabled people because some peoples needs conflict with others, for example, some visually impaired people see better in bright light and others in dim light. In addition if the social model is to be applied successfully one has to recognise, understand and address their collective fear that disability presents (Menzies- Lyth, 1988).

Opposition to the ideology and themes of the social rights perspective have been strongest within the educational community. With the far broader perspective of psychological wellness it is understandable that education has become a terrain of contest. Educators have viewed the assertion of educational self - determination on

the part of people with a disability as an assault to their expertise and professional judgment. Proponents of the social rights model reject the focus on deficits in favor of the emphasis on ability (NCESNET, 1997). Its goals are full integration, equality of educational access and the opportunity to reach their full potential. Mental health professionals are beginning to recognise that there is an increased need for their intervention in such areas, which cannot be left to educationalists alone. Students and their families are no longer perceived as recipients of educational welfare programmes and welfare provided by professionals who believe that they know best, and are the experts. Their knowledge and input in education decision-making is necessary and of paramount importance. This model insists on a social validation of the disabled persons role in society. Although activism for equal rights contributed to legislation, it is important to note that legislation alone does not guarantee implementation. Attitudes of educators, and other professionals and society in general unfortunately undermine efforts towards full integration and as a result many learners may be physically integrated with mainstream learners, but remain socially and psychologically isolated and become academic underachievers in general. This is due to the lack of adopting different models of learning in the learning environment as well as minimizing psychological issues impacting on the process of inclusion.

2.4.1.3 The Analytical Model

The preceding discussion thus far illustrates that both the medical and social models aim to “cure disability” the former by curing the impairment and the latter by curing the environment and social attitudes (Wilson, 2003:22). This indicates that, despite the popularity of their opposing positions and views of the world, both models aim to improve the state of disability. In other words, both models are concerned with the external physical and social aspects of disability.

The analytical model, which has its roots within psychoanalytic theory, sees symptoms as meaningful. (Freud, 1925). The analytical model is concerned with the internal experience of the disabled individual (Wilson, 2003:23). Psychoanalysis views mental health as a continuance of experiences in which there is both regression and progression. This inclusive approach has made an important contribution to our understanding of reactions to defenses against what is perceived as unbearable (Wilson, 2003:23). Liang (1961) and Masson (1990) who were influenced by psychoanalysis, maintain that mental health is not just an outcome of an individual’s developmental history, but largely relates to the specific context in which the person lives and therefore cannot be understood in isolation. This is obviously relevant to understanding the effects of reactions to disability (Wilson, 2003:23).

Although limited attention is given to disability issues within psychoanalysis, one aspect that has been explored is the possible effect of body differences and impairment on the individual’s psyche. Defense mechanisms such as denial and

repression are seen as potentially useful in preventing the ego from being overwhelmed by anxiety. Since the body is the ego's first object, our body image is laden with archaic and pre-representational meanings. Damage to the body, which is the source of self identity and self regard, can cause severe emotional upheaval, loss of identity and diminished sense of self worth.

Taylor (1994) has contributed to psychosomatic theory and the psychoanalytic approach to illness and disease with his "disregulation model". This model is based on the concept that human beings are self regulating cybernetic systems, where each person comprises of a hierarchy of sub-systems that interact via the brain with the larger social system. According to this model, psychoanalytic intervention may favorably influence help, not only by regulating but also by enhancing the regulatory capacity of the person's psyche, but also by modifying the reciprocal feedback it has with other such systems. Clinical evidence has proved that analytical treatment tends to positively affect the brain (Viinamaki, et, al., 1998:39 - 144).

2.4.1.4 Conclusion

The three main models of disability identified in disability studies are the ones that have been discussed. Experience of disability and the variety of attitudes towards it are complex, and each of the disability models covers an aspect of this complexity; the medical model focuses on the body and its functions; the social model focuses on the interactions between disabled people as a minority group and their environment inhabited by the non-disabled majority, the analytical model is a

psychological perspective concerned with the internal experience of disabilities. Although there are many variations of the understanding of issues of disability the models discussed do present us with some understanding of the complexity and inherent psychological components of disability and the challenges that professionals in the field of disability encounter. In particular the question of relevance to this study is: "What is needed to enhance the psychological wellbeing of students with disabilities in the process of inclusion?"

2.5 Inclusive Education

2.5.1 Basic Concepts

The social model is a challenging critique of special education that argues that inclusive education is a medium by which personal and social relationships are formed as well as positive attitudes that are based on a view that disability is part of and not outside everyday life experiences. Individuals in agreement with this model believe that excluding people who have impairments is diminishing to both disabled and able-bodied people alike (Ash et al. 1997:605 - 621). The social model is considered the model of choice as it has feasible goals that could work on a wide scale and encapsulate the struggle of any oppressed group providing them with a better world to live in (Riesser and Masson, 1992:7).

Until recently the international principle of normalization has been virtually ignored in South African (Donald, 1996). During the apartheid period, which existed until 1994, education in South Africa was the responsibility of a complicated and uncoordinated system of eighteen different education

departments, which were segregated according to race, colour and disability. It was only in late 1996 that education was deemed to be a right for all learners and that each learner was perceived to have an opportunity to participate in a common curriculum (Constitution of South Africa, 1996). The South African education for all discussion document (NECSNET, 1997) promotes the notion of inclusive education and recommends that all learners should have access to a unitary education system that is responsive to diversity. Redressing previously disadvantaged South African schools by introducing an education for all policy is considerably broader than similar inclusive policies in other western countries as it also includes children who have been previously disadvantaged by race and colour as well as by disability (Engelbrecht and Forlin, 1997:2).

2.5.2 Attitudes Towards Inclusion

The present social policy movements towards full integration and inclusion of students with disabilities into mainstream education have resulted in research on the interaction between the able-bodied and disabled learners. Within education, research has mostly focused on academic and social outcomes for students with disabilities (Staub et al., 1994:312-325). However, more recent research has begun to redirect its attention towards how integrative and inclusive practices affect able-bodied-people (Helmsteter, et, al., 1994:263 – 276). Despite this growing interest Bradely et al. (1994:605-621) suggested that research on the views of especially young people towards inclusion is still underdeveloped. Thus increasingly the psychological issues involved in disability are being explored.

Of the few studies investigating attitudes towards inclusion, most indicate that efforts made to include students with disabilities in mainstream education have resulted in positive experiences and improved attitudes on behalf of able-bodied pupils and educators alike (Moore, 1998).

The attitudes of educators and administrators towards students with disabilities are of the utmost importance if equitable access is to be ensured for all students. Peck, et. al., (1992:241 - 249) found the impact of integration on educators to promote an increase in acceptance and sensitivity towards individuals with impairments, improved self concept, and an increase in awareness of other students needs and less discomfort and prejudice towards individuals who act or behave differently. Clearly the healthy psychological development of students with disabilities is going to rest heavily on the development of positive attitudes amongst those who work with such students within the education system. Published in the Draft White Paper on Special Education (March 2000), research undertaken on Free State educators was done to ascertain knowledge, skills and attitudes of educators towards inclusive education vis-a-ve their level of readiness for inclusion. The results of the investigation indicated that a major effort would have to be made by policy makers and education departments to effect a paradigm shift towards inclusion. It would appear that respondents still think in terms of past-specialised education models that were utilised in previous time. They also appear to be mindful of South African related problems, and apparently did not exhibit adequate knowledge of inclusive education (Hay, et, al., 1997).

Now as the country is establishing a non-racial society based on a constitution that embodies equal rights for every person, the need to establish an equitable and effective education system has become a top priority (Norris 2001). This requires a transformation process that would necessitate the management of diversity, and organizational changes within our institutions of higher education. Psychological strategies must be included in the process so as to effect the required attitudinal changes.

2.5.3 Attitudes Towards the Inclusion of Students with Disabilities in Higher Education

Attitudes of university staff towards students with disabilities form part of a broader societal response towards persons with a disability. Until recently the international principle of normalization has been virtually ignored in South Africa (Donald, 1996). Our higher education system has certainly been a victim of this. Therefore, the reorientation of attitudes towards students with disabilities, as the process of normalization becomes a reality, is critical to the development of inclusive attitudes, the important determinant of behaviour and mental health wellness.

An important success factor in facilitating inclusive education comes through positive and open-minded academic staff, sound student welfare support services and consultations with students with disabilities. It is not solely about increased cost or adaptation to buildings and facilities. Whilst in some cases this may be

necessary, more often than not, it is about creative thinking of solutions to potential issues of access (Vickerman and Nixon, 2002).

The term inclusion needs to be recognized as a concept that encompasses philosophy, process and practice, and as such needs thorough consideration prior to deliberation.

2.5.3.1 Inclusive Attitudes

Lifschez and Trier (1979:23) make the following statement about the handicapped student's experience; "seeking escape from a role in society largely determined by their disability and often from a sheltered if not shut-in environment, they search for one in which their contributions, their humanness, becomes primary in the eyes of others". Draft documents on the implementation of inclusive education in South Africa identify negative attitudes as a significant barrier to the inclusion of students with disabilities (Department of Education, 2002). Many fear that inclusion would be an economically unwise decision and bring down the standards of mainstream education (Department of Education, 2002). American studies as discussed below suggest that this fear is ungrounded as the academic attainments of able-bodied students are not affected by inclusion (Fishbaugh and Gum, 1994), and that the quality and level of instruction was not adversely affected by the presence of the students with disabilities (Hollard et, al., 1995:242-252). Both these studies focus on issues related to academic attainments. Of the few studies Moore (1998) investigating specifically attitudes towards inclusion of students with disabilities, most indicated that efforts to include such students have resulted

in positive experiences and improved attitudes on behalf of staff. What appears to be of great importance in the formation of attitudes towards students with disabilities is the experience individuals have with persons with disabilities in, or outside the educational institution (Moore, 1988).

In a three year project looking at educators attitudes towards inclusion by Bayliss and Avramidis, (2000:1), the results of the study indicated that in order to achieve inclusion, educational institutions must look to restructuring to the support personnel as well as learning needs. Such restructuring is dependent on specific professional development measures, which support the needs of learners within inclusive frameworks.

Vickerman and Nixon (2004) in a study investigating the inclusion of students with disabilities on a Sport and Physical Education Degree, conclude that the critical success factor is a recognition that the greatest disabling factor to inclusive activity is not the individual's medical condition, but the need for educators to respond in a positive and proactive manner to adapt and or modify teaching and learning approaches. Success of inclusion therefore rests upon the development of positive attitudes of those individuals dealing with students with disabilities.

Cook et al., (2000:31-40) suggest that teacher's attitudes towards the inclusion of students with disabilities infrequently vary as a function of variables thought to be associated with effective inclusion. They therefore conclude that student variables, rather than teacher and classroom variables, might be more closely associated with teacher attitudes e.g. the severity of the student's disability.

West et al., (1993:456-467) surveyed college and university students with disabilities to determine their levels of satisfaction with accessibility, special services, and accommodation at day institutions. Students were requested to identify barriers to higher education and suggest improvements in services. Responses generally expressed satisfaction with the services they had received in their institutions. However, a majority of the students indicated that they had encountered barriers to their education, the most significant one being a lack of understanding and cooperation from administrators, faculty staff members and other students.

English (1993:39) conducted a survey to determine the role of institutions disability support services in the integration and retention of hearing impaired college students. Participants indicated a higher level of academic integration compared to social integration, and a very high commitment of intention to stay at the institution. Support services were shown to have a direct effect on academic integration and an indirect effect upon intent to stay. Students felt that the institution's support services did not effectively contribute to social integration. Social integration is an important component of the concept of inclusion and therefore these findings highlight the complexity of a holistic integration.

A mail survey study by Flowers (1993:8) investigated the factors which best predict academic achievement and academic persistence amongst students with disabilities at a higher educational institution. Analysis of the data suggests that

acceptance of disability was found to be a significant predictor for either academic achievements or academic persistence.

Keim (1996:502-509) conducted a survey intended to find any possible relationship between academic success and university accommodation. He examined the academic achievement and the use of various academic support services amongst students with learning disabilities. Results supported the effectiveness of university support programmes towards academic achievements for these students. This implies that good university support programmers are clearly developed from the positive attitudes of staff members.

In an effort to understand the faculty attitudes and knowledge of disability Benham (1995:7) conducted a survey study of three large universities. The purpose of the study was to examine the faculty's attitudes towards students with disabilities, their knowledge about various specific disabilities and how they related to faculty rank, gender, age of faculty, academic area, years of teaching, prior experience with individuals with disabilities before university teaching, prior experience in accommodating students with disabilities, and types of accommodation used. Data also revealed significant independent relationships between gender of faculty members, and years of teaching experience in higher education and faculty attitudes towards students with disabilities. Both males and faculty members with more than ten but less than twenty years teaching experience in higher education tended to have more negative attitudes towards students with disabilities than females or faculty members with less than ten or more than twenty years of

teaching experience. The results showed that in general, faculty members appeared to have some preliminary knowledge about various disabilities.

According to Anderson (1993:7) literature indicates that attitudes of faculty and student affairs departments towards students with disabilities are shaped by both institutional and individual characteristics. Strict institutional regulations encourage faculties to increase their support and services for students with disabilities whereas, faculties with positive attitudes towards students with disabilities are more readily able to accommodate their students needs (Barnes, 1994:7). Research findings have also indicated the positive connection between faculty awareness and accommodation, their familiarity and experience with students with disabilities and their knowledge about disability laws and rights (Bowman and Marzouk, 1990:450-456).

Finally to achieve the goals of long term attitude changes there are needs for staff members to be provided with information they need in order to gain greater understanding and empathy with students with a disability (Fulcher, 1997). Butler-Hayes (1995) found that greater acceptance of inclusion is enhanced by knowledge, exposure and experience with students with disabilities. These three elements are inter-dependent and the current education system should progress towards inclusive practices taking these factors into account. The process of limiting negative attitudes towards students with disabilities (regarded as significant psychological barriers) will contribute to a healthy perception of the self, which is in keeping with Rogers (1959) theory of self-actualization and psychological balance and wellness.

2.6 African Decade of Disabled Persons (2000 – 2009)

For much of history in Western society, a personal disability was considered a burden to others – a drain of resources that put nothing back. A family's sense of honour was thought to be compromised. The community would spurn them. Expense and time of providing for the disabled member would reduce the family's capacity to live up to the community standards. There was great pressure to institutionalize a person with a disability, to allow death from illness and even end his life by euthanasia. For centuries however, there has evolved a human rights approach to disability emanating from the social rights view of disability.

In South Africa, the history of disability has been largely one of exclusion from mainstream society. Part of this has been because of the political and economic inequalities of the apartheid system. Important also have been the social attitudes that have perpetuated the stereotypes towards people with disabilities as dependents and in need of care. The early history of attitudes towards disability in South Africa has strong parallels with those of the Western world. As already noted it is only recently that a human rights perspective is beginning to change attitudes towards disabilities.

As part of the strong influence of globalization the African Decade of Disabled People (ADDP) was an initiative of the non-governmental community of Africa in co-operation with member states and governments of the Organization of African

Unity to further equalization of opportunities of persons with disabilities (Organization of African Unity, 1999).

The action plan that emerged and was formally endorsed in 2002, urges member states and government to:

- Formulate policies and national programmes that will encourage the full participation of persons with disabilities in social and economic development;
- Create or reinforce national disability co-ordination committees;
- Support community – based service delivery for disabled persons;
- Promote more efforts that encourage positive attitudes towards persons with disabilities;
- Develop programmes that alleviate poverty amongst disabled people and their families;
- Put in place programmes that create greater awareness of disability;
- Prevent disability by promoting peace;
- Mainstream disability;
- Implement the UN code on disability;
- Apply all UN and OAU human rights instruments to promote and monitor the rights of persons with disabilities

The African Decade is recognized as a sub programme of the New Partnership for African Development (NEPAD), whose basic goals include promoting accelerated

growth and sustainable development and eradication of widespread and severe poverty. Thus the implementation and success of inclusive education programmes such as those being developed in South Africa are a logical sequence to the aims of the African Decade. Explicit in the aims of NEPAD is the development of a healthy psyche amongst African people, which include people with disabilities.

CHAPTER THREE

3. Research Design and Methodology

3.1 Introduction

Before proceeding to discuss the research design and methodology, it is important to highlight some of the issues that confront or challenge disability research.

Definitions of disability have undergone a number of changes and modifications. These definitions, however, have not received universal acceptance particularly among disabled people and their organizations (Oliver, 1987: 9 – 13). A major criticism is that they have been based upon able – bodied assumptions of disability and, as a consequence, they do not accord with the personal realities of disabled people (Oliver, 1982).

The debate is not just about service provision, but also about the politics of control and who should be in charge of the rehabilitation process, people with disabilities or the professionals.

Finkelstein (1980:62) contends that frequently approaches to disability research have focussed mainly on the impairment of individuals as the ultimate cause of disability. The focus must be on psychological factors such as attitudes, perceptions, behaviour roles etc., of the helpers as representatives of a socially determined relationship (Oliver, 1987:63). The urgent task for research is to create an epistemology, which takes as its starting point the central idea that disability is socially created (Oliver,

1987:8). This study is an attempt to promote and support disability activists who hold this view.

3.2 Research Methodology

Bailey (1996:33) defines methodology as the philosophy of the research process. This involves the assumptions (hypotheses), and values that serves as a rationale for research and the standards of criteria the researcher uses for interpreting data and reaching a conclusion.

Research methodology refers to the method or methodological process, which a particular discipline uses to manipulate data. For the purpose of this research the methodological process or approach will include the research design, methods of data collection, sampling and analysis. This approach is used for the research to adhere to the hypotheses and objectives of the study in order to arrive at satisfactory conclusions.

3.2.1 Research Design

Research design refers to the overall plan which includes every aspect of a proposed research study from the conceptualization of the problem right through to the dissemination of the findings (Grinnell, 1988: 211). The descriptive design was used in this study. According to Reid (1984: 7) research design is the one, which describes the characteristics of a population when the characteristics of interest are known. When using the descriptive approach inferences about relations among variables are made without direct intervention from concomitant variation of independent and dependent variables (Kerlinger, 1973:88).

3.2.2 Methods of Data Collection

According to Anderson (2003:20) the main methods of data collection are the following:

- Questionnaires
- Experience surveys
- Interview schedules
- Case studies
- Observation techniques
- Group interviewing
- Tests - IQ or personality tests.

The literature review and information surveys are also methods of data collection. The provisor is that this data must correspond with the objectives of the study (Anderson, 2003:4).

The following methods were implemented in gathering data:

3.2.2.1 Literature Review

Babbie (1992:11) defines a literature review as the systematic identification, location and analysis of documents containing information related to the research problem. It involves a comprehensive critical appraisal of documents relevant to the research project. The literature review in this study adheres to these principles.

In the preceeding chapter reviewing the literature, information of relevance to this study was considered as follows:

- Theoretical framework attempting to understand disability.
- Psychological issues in disability research.
- Attitudes towards the inclusion of students with a disability.
- Global and national trends towards responding to persons with disabilities.

3.2.2.2 Telephone Survey

An informal survey of major universities across the country asking about research into staff attitudes towards inclusion of students with disabilities was conducted. It was discovered that research prior to the inclusion of such students was non- existent.

3.2.2.3 Survey Questionnaire

The major purpose of the questionnaire was twofold in nature: to translate the research objectives into specific information, and to assist the interviewer in motivating the respondents to communicate the required information (Helmsstadter, 1970:73) In this study a self-administered written questionnaire was used (Appendix 1). This is an approach, which is for this type of research considered methodologically suitable (Rubin, 1981).

The questionnaire was constructed by the researcher in consultation with supervisors Professor W. Anderson and Ms S. Niemand. The instrument was pre-tested on 8 subjects from the - departments of Social Work, Sociology, Psychology, Nursing and the Guidance and Counselling Centre. This proved to be an extremely valuable exercise in refining the questionnaire.

The questionnaire in this study consists of 20 questions (Appendix 1). Section A (6 questions) elicits demographic data. In Section B (14 questions) were multiple choice and 5 were constructed as Likert type questions. Question 14 (b) required students to rate their response

3.2.2.4 Sampling

According to Anderson (2003:40) sampling is the procedure by which one can infer the characteristics of a large body of people e.g. staff of the university (population) although the researcher will talk with only a few people (sample). The present study used a probability sample in order to obtain data and test the hypotheses under study.

Probability sampling is a method of selecting (or constructing) a subset or sample of units or elements from a population, a large set in such a manner that each unit has a known probability (chance) of being included in the sample.

Systematic random sampling was used to select respondents. In this way the natural order of the population was maintained. In this study a sample was drawn from staff of the North – West University (Mafikeng

Campus). A total of 93 respondents were used. The respondents consisted of academic, support and administrative staff. The university staff is listed in an internal telephone directory. To select a sample an interval of 3 was decided upon which implied that every third staff member on the list was selected. To adhere to the chance factor, the starting point (third or less name) was determined randomly using random numbers.

3.2.3 Data Analysis

Helmstadter (1970:175) defines statistics as the science and art of the development and application of the most effective methods of collecting, tabulating and interpreting quantitative data in such a manner that the fallibility of conclusions and estimates may be assessed by means of inductive reasoning based on the mathematics of probability. Statistical reasoning represents a unique and highly useful tool for the research worker concerned with the phenomenon of human behaviour.

According to Anderson (2003:74) descriptive statistics are based on the principles of probability theory, which allows for generalizations about a population, which can be made from a sample known as inferential statistics. Use was made of frequency distributions to present and interpret the data.

The computerized programme i.e. Statistical Package for the Social Sciences was used (SPSS).

CHAPTER FOUR

4. Presentations and Analysis of Data

4.1 Introduction

This section contains a crystallization of data necessary for determining the aims of the study as well as testing the hypotheses generated by the research.

The analysis of data is conducted through statistical inferences, use of frequency tables and graphs, often in combination. According to Anderson (2003:14) a crucial contribution of statistics is data from a sample that can be used to make estimates and test hypotheses about the characteristics of a population. However, Anderson, (2003:4) also defines a frequency distribution as a tabular summary of data showing the number of frequency of items each of several non-overlapping classes. Therefore, the investigation of the attitudes of staff towards the inclusion of students with disabilities was conducted using 93 respondents from North West University (Mafikeng Campus).

4.2 Demographic Data (Appendix 1, Section A, Questions 1- 6)

The demographic data were as follows:

4.2.1 Frequency distribution table of division / department.

	Frequency	Percent
Administrations	34	36,6
Academic	29	31,2
Support	30	32,2
Total	93	100,0

There was a fairly even distribution of administrative, academic and support staff. Approximately one third of the sample consisted of academic staff. According to Donald (1996) academics are instrumental in shaping the inclusive process and specifically from a psychological perspective (Peck, et. al., 1992: 53-63). Administrative staff is 36,6% of the sample, play an important part in the development of positive attitudes within an institution. Positive, open-minded creative thinking within all members of staff is crucial to the success of inclusion (Vickerman and Nixon, 2000). Finally according to Bayliss and Avramiding (2000:1) support staff (32,2% of sample) are an important component in the successful inclusion of students with disabilities.

4.2.2 Frequency distribution table of faculties

Faculty	Frequency	Percent
Commerce	6	6,5
Education	3	3,2
Law	8	8,6
Science	9	9,7
Social Science	3	3,2
Total	29	31,2
Missing System	64	68,8
Total	93	100,0

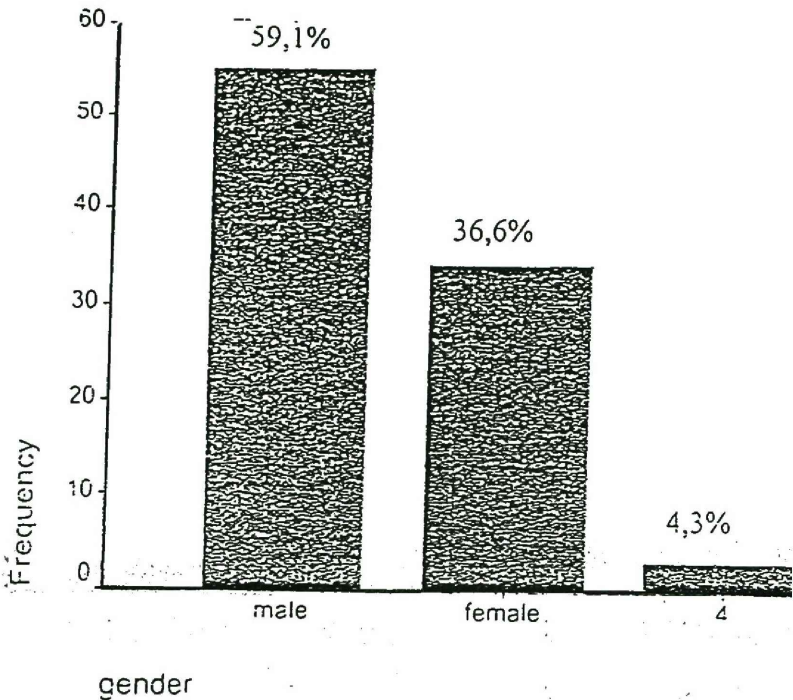
The random sampling produced a widespread representation of all faculties. Missing system refers to the non-academics in the sample.

The sample of academics constituted 31,2% of the total sample of respondents. Attitudes of academics strongly influence the overall attitudes of university staff(Vickerman and Nixon,2002).

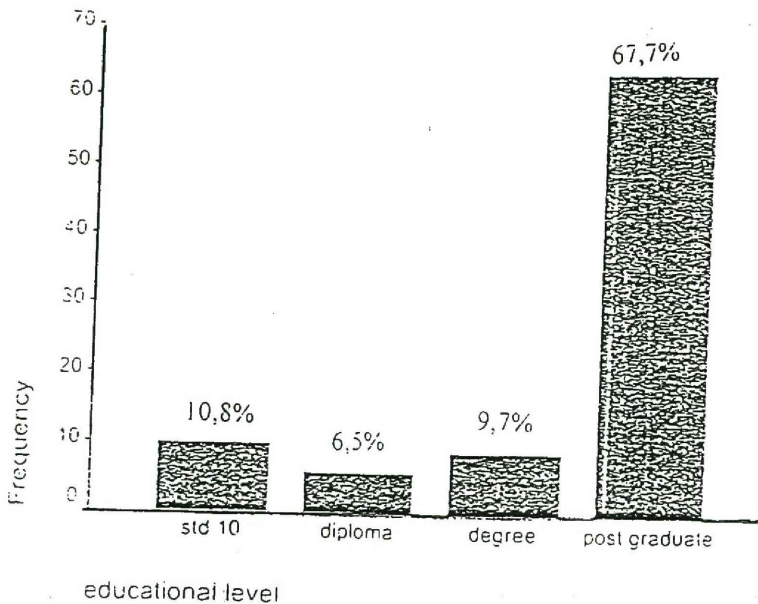
4.2.3 Frequency distribution table of age

Age	Frequency	Percent
20-25	4	4,3
26-30	12	12,9
31-35	13	14,0
36-40	9	9,7
41-45	11	11,8
46-50	9	9,7
51-55	18	19,4
56-60	11	11,8
61-65	6	6,5
Total	93	100,0

The highest number of respondents (59,2%) falls in the 41years and over category. This would suggest a significantly mature body of university staff. However, these findings do not automatically transfer into experience with students' disabilities. However, there is a positive link between successful inclusion and experience (Moore, 1998).

Figure 1**Histogram of Frequency of gender distribution**

The majority of respondents are males as compared to females. 'Missing' reflects those respondents who did not indicate their gender. In this study gender differences do not play a significant role.

Figure 2**Histogram of frequency of educational level**

As is to be expected at a university 67,7% of respondents had tertiary qualifications. This together with working within an educational institution would lead one to expect a good awareness of social rights and human rights issues. The attitudes of the educational elite are pivotal in spearheading positive attitudes towards the inclusion of students with disabilities. However, a study by Norris et al. (2001) suggests that this is not automatically true. This seemingly simple finding thus highlights the psychological complexities of acceptance and behaviour change.

4.2.4 Frequency distribution table of culture

Culture	Frequency	Percent
African	80	86,0
Asian	4	4,3
Western	7	7,5
Other	2	2,2
Total	93	100,0

86% of the cultural groups are African. A brief historical analysis of worldwide responses to disability reveals that Africa (including South Africa) lagged behind global trends in creating enabling environments for disabled people (Karp, 1999).

4.3 Attitudinal Data

In the analysis of attitudes of university staff towards the inclusion of students with disabilities, it was necessary to establish cut off points in the categories where the various disabilities were compared to determine the levels of positiveness (tables 4.3.2. and 4.3.4.1).

In this study 70% was regarded as a very positive attitude, 60% reasonably positive and 59% and less a doubtful attitude. It must be borne in mind that these 'cut off points' are purely arbitrary and do not take into account that some respondents either accept because they need to be kind or sympathetic with the disabled or a greater majority doubtful.

Missing or uncertain responses do play an important role as it indicates total ignorance. These respondents showed that either they do not know the disabled at all or it has not crossed their minds that the disabled also have future goals and dreams. Such responses thus highlighted the existence of attitudinal barriers.

To allow for cohesive analysis questions were grouped in the following way:

4.3.1 General understanding of disability and related attitudes towards the inclusion of students with disabilities (Appendix 1 - Section B - Questions 1, 2, 4, 8)

4.3.1.1 Frequency distribution table of the understanding of disability

	Frequency	Percent
Illness	7	7,5
Social Problem	7	7,5
Psychological	2	2,2
Both 1,2 & 3	7	7,5
None of the above	45	48,4
Uncertain	21	22,6
Total	89	88,7
Missing System	4	4,3
Total	93	100,0

Review of the literature in Chapter 2 suggests the major attempt to understand disability occurred within the medical context.

Thus, the question on the understanding of disability could have been more direct e.g. do you regard disability as a medical condition? This then would probably have elicited the majority response. Nevertheless, the majority of respondents appear to have an inadequate understanding of disability.

The responses suggest:

1. Disability is a low priority issue for university staff.
2. The inclusion of students with disabilities is at a minimal level of being conceptualized

In terms of Fishbein's (1967:8) definition of attitudes, university staff attitudes towards disability must be regarded as negative

4.3.2 Frequency distribution tables of attitudes towards admission, acceptance and exclusion of students with disabilities (Appendix 1 - Section B - Questions 2, 4, 8).

4.3.2.1 Frequency distribution table of attitudes towards admission (Section B - Question 2)

The question posed to respondents was whether each of the 8 categories of students should be admitted to university.

The table of responses was arranged in frequency percentages of descending order of importance

Category	Agree	Uncertain	Disagree	Total	Missing System	Total
Physical Conditions	87,1	11,8	1,1	100	-	100
Partially Sighted	74,2	19,4	4,3	97,8	2,2	100
Chronic Health	72,0	17,2	7,5	96,8	3,2	100
Blind	71,0	21,5	5,4	97,8	2,2	100
Hard of Hearing	63,4	25,8	2,2	91,4	8,6	100
Chronic Mental Health	57,0	23,7	19,4	100	-	100
Deaf	55,9	29,0	9,7	94,6	5,4	100
Learning Difficulties	53,8	28,0	17,2	98,9	1,1	100

A very positive attitude (87,1%) towards the admission of students with physical conditions was found. A possible influence on this response is that the majority of students with disabilities on the Mafikeng campus have physical disabilities. This adds validity to Moore's (1998) observation that experience with students with disabilities leads to the development of positive attitudes.

In terms of students with visual conditions the majority (74,2%) agreed to the admission of partially sighted students. A positive attitude towards admission of the partially sighted is apparently evident.

As the majority of respondents (71,0%) agreed to the admission of blind students this reflected a positive response to the admission of blind students at university.

Both the blind and partially sighted, 21,5% and 19,4% respectively indicated by the respondents as uncertain about admissions. The same tendency was found with the hard of hearing (25,8%), chronic mental health (23,7%), deaf (29,0%) and learning difficulties (28,0%). It will seemed that ignorance concerning disabilities create indecisive responses or people are afraid to commit themselves. These findings underscore the challenge that would confront the inclusion of students with disabilities. In addition these negative non-committal mental attitudes focus on the need for good support systems and specifically psychological wellness programmes to be part of the inclusive approach. Attitudinal changes have to be addressed.

There was a significantly positive response (72,0%) towards the admission of students with chronic health problems. In terms of the medical model perception of disability it may be that respondents feel that with the great advances in medical science such students would be manageable at university

A reasonably positive attitude (63,4%) was displayed towards hard of hearing students. It is possible that this group is not viewed as requiring a high level of support as compared to the deaf 55,9% a doubtful attitude. A

further reason could be the poor understanding of "hard of hearing" and deaf.

A doubtful response of 57,0% with regard to admission was found towards students with chronic mental health conditions. Mental health is either inadequately understood or has a high level of societal stigma attached to it.

In terms of learning difficulties a doubtful response to admission 53,8% was found. Surprisingly, within an educational institution there appears to be a lack of knowledge of learning difficulties. This finding emphasizes the importance of the link between knowledge and positive attitudes found in the West study (1993:456-467).

Finally respondents clearly did not view students with disabilities as a homogenous group. This is reflected in their different levels of attitudes towards the admission of the students. The group that elicited the most positive response was 'physical conditions' and the most doubtful category was 'learning difficulties'. An analysis of the 'uncertain', disagree and missing system categories suggests the existence of attitudinal barriers to the admission of students with disabilities. Barriers to the admission of deaf students (44,1%) were the greatest and as to be expected lowest (12,9%) for physical conditions.

4.3.2.2 Frequency distribution table of attitudes towards the acceptance of students with disabilities (Section B - Question 8)

The question posed was very similar to the one on admission. However, "acceptance" was personalized to acceptance within the respondents own division / department.

	Frequency	Percent
Blind	16	17,2
Partially Sighted	20	21,5
Deaf	15	16,1
Hard of Hearing	15	16,1
Physical Conditions	25	26,8
Chronic Health Conditions	22	23,7
Chronic Mental Health	15	16,1
Learning Difficulties	15	16,1
All of the Above	32	34,4
None of the Above	6	6,4
Uncertain	28	30,1

This question required multiple responses and was therefore calculated manually. When respondents were directly affected they displayed openly negative attitudes. The most dominant feature of these results was the "uncertain" group (30,1%). Although respondents were seemingly negative to the acceptance of students with disabilities, the more positive results found in the question on admission could suggest that with greater

understanding of the different disabilities and good support systems, such negative attitudes are not necessarily fixed or unchangeable.

4.3.2.3 Frequency distribution table of attitudes towards the exclusion of students with disabilities (Section B - Question 4)

The respondents were asked a similar question to the one of admission, but reflecting attitudes towards the exclusion of students with disabilities, rather than admission.

The frequency percentages was arrange in descending order of importance.

	Agree	Uncertain	Disagree	Total	Missing System	Total
Physical Conditions	34,4	14,0	49,5	97,8	2,2	100
Chronic Health	32,3	18,3	47,3	97,8	2,2	100
Partially Sighted	26,9	16,1	47,3	90,3	9,7	100
Blind	32,3	21,5	43,0	96,8	3,2	100
Hard of Hearing	31,2	25,8	38,7	95,7	4,3	100
Deaf	31,2	30,1	35,5	96,8	3,2	100
Learning Difficulties	35,5	26,9	35,5	97,8	2,2	100
Chronic Mental Health	37,6	29,0	31,2	97,8	2,2	100

The positive attitude is reflected by the "disagree" responses to exclusion. In all categories of disabilities attitudes towards the exclusion of students with disabilities was doubtful. Attitudinal barriers were significant with the largest for "chronic mental health conditions."

In conclusion the analysis thus far points to a lot of confusion and conflict over disability in general and specifically the inclusion of students with disabilities at university. Research like the present can create an epistemology, which takes as its starting point that disability is socially created (Oliver, 1987:8) and in the inclusion of students with disabilities focus on the necessary psychological factors for mental health wellness. Attitudes are an integral part of the development of psychological wellness.

4.3.3 Attitudes towards academic inclusion of students with disabilities (See Appendix 1, Section B, Questions - 3, 7, 11, 12, 13, & 14).

4.3.3.1 Frequency distribution table of attitudes towards the establishment of special facilities to meet the needs of students with disabilities (Section B-Question 3)

	Agree	Uncertain	Disagree	Total	Missing System	Total
Physical Conditions	83,9	11,8	1,1	96,8	3,2	100
Partially Sighted	78,5	15,1	5,4	98,9	1,1	100
Blind	76,5	16,1	6,5	98,9	1,1	100
Hard of Hearing	76,3	15,1	6,5	97,8	2,2	100
Chronic Health	75,3	20,4	3,2	98,9	1,1	100
Deaf	72,0	15,1	10,8	97,8	2,2	100
Chronic Mental Health	62,4	18,3	16,1	96,8	3,2	100
Learning Difficulties	59,1	2,6	15,1	96,8	3,2	100

Special facilities in this context refer to mechanisms that allow for access to information, physical and social access. They would include braille, ramps, computer technology etc. An analysis of the table reveals the first six

categories of students i.e. physical conditions (83,9%) partially sighted (78,5%) blind (76,3%), hard of hearing (76,3%) chronic health conditions (72,1%), of the respondents have should very positive attitudes of support towards the establishment of special facilities that would assist with inclusion. Attitudes towards chronic mental conditions (62,4%) and hearing difficulties (59,1%) were reasonably positive.

It therefore seems that the provision of special facilities would play a very significant role in the development of positive attitudes towards the acceptance of students with disabilities.

4.3.3.2 Frequency distribution table of attitudes towards financial support (Section B - Question 7).

	Frequency	Percent	
Subsidize fees	7	7,5	15,1%
Technology	2	2,2	
Physical access	3	3,2	
Attitudinal Changes	2	2,2	
All of the Above	58	62,4	
None of the Above	1	1,1	
Uncertain	18	19,4	
Total	91	97,8	
Missing System	2	2,2	
Total	93	100,0	

This statement attempts to elicit a specific attitude towards an additional need that students with disabilities might have. A reasonably positive attitude is reflected (62,4%). However, 15,1% approves qualified support. Although there are barriers to the full acceptance of financial support for students with disabilities professionals are beginning to recognize there is an increased need for their intervention in areas which cannot be left to educationalists alone (NCESST, 1997).

4.3.3.3 Frequency distribution table of attitudes to the use of different admission matriculation criteria (Section B - Question 11).

This question attempts to elicit the attitudes of staff to accommodating the admission of students with disabilities who may not be able to comply with the traditional university entrance requirements i.e. the matriculation exemption. For example, students who are deaf do not do English on the higher grade and would therefore not be eligible for an exemption or, students who are blind do not do accounting at school - should they therefore be automatically excluded from a Bachelor of Commerce course?

	Agree	Uncertain	Disagree	Total	Missing System	Total
Physical Conditions	55,9	19,4	21,5	96,8	3,2	100
Deaf	52,7	22,6	19,4	94,6	5,4	100
Blind	51,6	22,6	19,4	93,5	6,5	100
Hard of Hearing	50,5	22,6	19,4	92,5	7,5	100
Partially Sighted	49,5	22,6	20,4	92,5	7,5	100
Chronic Health	47,3	23,7	23,7	94,6	5,4	100
Learning Difficulties	46,2	29,0	19,4	94,6	5,4	100
Chronic Mental Health	43,0	31,2	20,4	94,6	5,4	100

The attitudes in the table are presented in descending order of positiveness. For all conditions of disability the levels of positiveness expressed to the use for different matriculation criteria fell within the doubtful grouping.

Respondents were least doubtful about students with physical conditions. However, the existence of a large uncertain and disagree response (40,9%) point towards significant attitudinal barriers to adapting the admission criteria of the matriculation examination.

The levels of agreement for the deaf, (52,7%) blind, (51,6%) hard of hearing (50,5%) and partially sighted (49,5%) were very close. These results confirm the lack of understanding of disability and possibly the lack of knowledge and experience with students with disabilities. This is evidence of large attitudinal barriers to considering different admission matriculation criteria.

For chronic health conditions although attitudes were doubtful the agree group (47,3%) was almost equal to the attitudinal barrier group i.e. uncertain and disagree (47,4%). A lot of effort is going to be required to develop positive attitudes and diminish attitudinal barriers.

Consistent with previous findings attitudes towards hearing difficulties (46,2%) and chronic mental conditions (43%) were the most doubtful.

At this stage it is relevant to note. Findley's (1992:80) observation that equal opportunity policies should be seen as measures to ensure disadvantaged members of our society to be brought into the mainstream societal activities. In terms of the question in this section it means that matriculation assessment criteria must be more accommodating / flexible (not inferior) when considering students with special needs

4.3.3.4 Frequency distribution table of attitudes towards different assessment criteria. (Section B-Question 12)

This question was included in the study to determine the attitudes of staff to accommodating the special academic needs of students with disabilities when doing tests, examination etc. The table is arranged in descending order of positiveness.

	Agree	Uncertain	Disagree	Total	Missing System	Total
Blind	59,1	22,6	14,0	95,7	4,3	100
Physical Conditions	54,8	18,3	22,6	95,7	4,3	100
Partially Sighted	53,8	23,7	16,1	93,5	6,5	100
Deaf	51,6	24,7	15,1	91,4	8,6	100
Chronic Health	50,5	21,5	23,7	95,7	4,3	100
Chronic Mental Health	49,5	24,7	20,4	94,6	5,4	100
Hard of Hearing	46,2	24,7	17,2	88,2	11,8	100
Learning Difficulties	46,2	29,0	19,4	94,6	5,4	100

Only the blind received a reasonably positive response to this question (59,1%). The other attitudes towards the use of different assessment criteria range from 54,8% (physical condition) to 46,2% (hearing difficulties).

These responses indicated that the inclusion of students with disabilities faces enormous challenges. The persistent presence of large attitudinal barriers is once again evident.

4.3.3.5 Frequency distribution table of how inclusion will affect academic standards (Section B-Question 13)

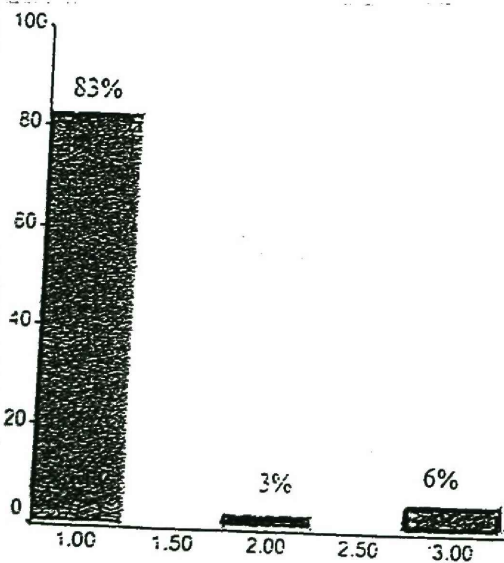
This question attempts to elicit attitudes about which categories of students with disabilities will have the least impact on academic standards. The responses required were multiple and therefore calculated manually.

	Frequency	Percent
Chronic Health	47	50,5
Physical Conditions	45	48,3
Blind	42	45,1
Partially Sighted	36	38,7
Learning Difficulties	30	32,2
Chronic Mental Health	28	30,1
Hard of Hearing	22	23,6
Deaf	21	22,5

The impact of inclusion on students with disabilities on academic standards range from cautious to openly negative. These attitudes reflect resistance to inclusion, stereotyping and a lack of understanding of inclusion. Positive, open-minded, creative thinking is crucial to the success of inclusion (Vickerman and Nixon, 2000; Peters, 1993)

Figure 1

Histogram of frequency distribution of attitudes towards the need for a disability unit



there is a need for a disability unit

An overwhelming positive attitude is expressed for a disability unit to facilitate the inclusion of students with disabilities. This view of successful inclusion is consistent with the holistic multi-dimensional approach to

wellness as propounded by Taylor (1991). The Bayliss and Avramidis study (2000) also recommends a relook at the make up of support services.

These findings also confirm staff needs for:

1. A better understanding of disability.
2. A clear conceptualization of Inclusion.
3. Strong support services to play a central role in the inclusive process.

4.3.3.6. Frequency distribution table of attitudes concerning the placement of the disability unit (Section B-Question 14 b)

	Frequency
Student Affairs	44
Academic Development Center	31
Academic Department	7
Other	2
Total	84
Missing System	9
Total	93

The majority of respondents view the disability unit as being placed firstly in students affairs (44%) and secondly the academic development center (35%). Support services are regarded as very important to successful inclusion.

4.3.3.7 Frequency distribution table of attitudes towards the functions of the disability unit (Section B-Question 14 b)

Functions	Percent
Support Services	89,2
Resource Unit	88,2
Advocacy	88,2
Awareness	87,1
Recruitment	86,0

The high level of need functions expressed implies a positive attitude towards services and the absolute necessity of a disability unit to facilitate the inclusion of students with disabilities. These responses may mean a request for assistance with the inclusion of students with disabilities. However, they could also suggest that staff see inclusion as not their role, and do not have an integrated understanding of inclusion.

In this section the major attitudes towards the inclusion of students with disabilities ranged from very positive to doubtful. However, once again disability is not viewed as a homogenous entity. In addition all responses recorded significant "uncertain" and "disagree" categories, which point to the existence of large attitudinal barriers. There is a fear that inclusion would be uneconomical and bring down academic standards (Department of Education, 2002).

If we are to empower students with disabilities to make a success of their

lives, informed intervention in the inclusive process must occur. From the perspective of this study the development of positive attitudes amongst staff is totally necessary for success. Mental health professionals who are trained in the theory and practice of human behaviour thus have a vital role to play in the process.

4.3.4 Frequency distribution of social attitudes towards the inclusion of students with disabilities. (Appendix 1,Section B-Questions 9-10)

4.3.4.1 Frequency distribution table of attitudes towards participation in social and recreational activities. (Section B-Question 9)

	Frequency	Percent
Fully	78	83,9
Partly	6	6,5
Uncertain	4	4,3
Not at all	4	4,3
Total	92	98,9
Missing System	1	1,1
Total	93	100

A very positive attitude (83,9%) towards participation was displayed. Social inclusion is seen as less threatening than academic inclusion by university staff. Academic inclusion generally was viewed less positively. Part of the answer may be in the development of our capitalistic, achievement driven society. Inclusion, however is holistic and must include both these aspects (Findley, 1992: 180 - 182).

4.3.4.2 Frequency distribution table of attitudes towards taking up leadership positions (Section B-Question10)

This question focuses on the attitudes that staff have towards students with disabilities taking up leadership positions at university.

	Frequency	Percent
Agree	62	66,7
Uncertain	9	9,7
Disagree	2	2,2
Total	73	78,5
Missing System	20	21,5
Total	93	100,0

Although the attitudes were reasonably positive (66,7%) it would appear that when inclusion implies total equality, there is a qualified acceptance of students with disabilities.

4.3.5 Frequency distribution table of need for more knowledge of students with disabilities (Section B-Question 5)

The responses to this question were calculated manually as the question required multiple responses to the disability categories.

	Frequency	Percent
Chronic Health	45	48,3
Learning Difficulties	36	38,7
Hard of Hearing	35	37,6
Chronic Mental Health	34	36,5
Physical Conditions	31	33,3
Partially Sighted	28	30,1
Blind	25	26,8
Deaf	24	25,8
Sufficient Knowledge	13	13,9

Findings revealed a high need for more knowledge of students with disabilities. Only 13,9% of staff felt they had sufficient knowledge. Need for more knowledge ranged from 48,3% for chronic health conditions to

25,8% for the deaf. These findings were in keeping with the findings of an inadequate understanding of disability. It was also reflected in the great number of "missing" or "uncertain" as well as the ones who "disagreed" which reflected clearly negative attitudes.

The findings validate the existence of barriers to inclusion, which can be caused by fear of the unknown (Fishbaugh and Gum, 1994), and consequently result in negative attitudes

4.3.6 Frequency distribution table of the experience of working with students with disabilities (Section B-Question 6).

	Frequency	Percent
Partially Sufficient	41	44,1
Insufficient	22	23,7
Sufficient	18	19,4
Never dealt with students with disabilities	8	8,6
Uncertain	1	1,1
Total	90	96,8
Missing System	3	3,2
Total	93	100

This question explores the degree of experience that staff had working with

students with disabilities. According to Hollard et. al. (1995) and More (1998) their studies indicated that experience with students with disabilities is of great importance in the development of positive attitudes.

The 44,1% who claimed to have partially sufficient knowledge must be questioned in the light of the findings of inadequate understand of disability. An additional qualitative explanation would shed some light on this apparent contradiction.

Only a minority of staff 8,6% had no experience of working with students with a disability.

Levels of insufficient knowledge 23,7%, sufficient knowledge 19,48% and uncertain 1,1% could also have been better understood by additional qualitative responses.

CHAPTER FIVE

5. Main Findings, Conclusions and Recommendations

5.1 Introduction

The main purpose of this chapter is to review the findings emanating from the literature, empirical research and to discuss conclusions drawn from them and to provide recommendations. This will be approached within the context of a mental health wellness perspective.

5.1.1 General understanding and attitudes of university staff towards the inclusion of students with disabilities

Despite 87,6% of respondents having tertiary educational qualifications, there was a very poor holistic understanding of disability. The hypothesis that university staff display inadequate understanding of disability is thus true. Clearly disability issues despite the social / human rights legislation (Bill of Rights, 1996) are not seen as equal to gender, race or ethnicity. Assumptions based on stereotyping and ignorance (Oliver, 1982 and Finkelstein, 1980) are evident.

A lack of adequate understanding of students with disabilities, will therefore impact on successful attitudes to the inclusion of students with disabilities.

In keeping with recent trends disability must be seen as a social creation (Oliver, 1987). This understanding will lay the building blocks for

improving self concept (Burns, 1982), psychological wellness (Taylor, 1993) and positive attitudes (Van Dyk, 2001), which are all essential components in the development of successful inclusion and good mental health.

To conclude, there is still debate over definitions of disability, none of which have been universally accepted particularly among disabled persons (Oliver, 1987).

On the more general issues of inclusion of students with disabilities the analysis of attitudes towards admission, acceptance and inclusion tended to fluctuate e.g. attitudes towards admission of students with "Physical Conditions", but on acceptance and exclusion (similar questions to admission) were negative. This would suggest a degree of confusion or lack of understanding or what Bailey (1979:82) describes as stereotypic mindsets.

The most negative attitudes towards inclusion were towards students with "Learning Difficulties". However, even for professionals in the fields of education and psychology, learning difficulties are still eliciting much debate and controversy. Therefore this negative response appears to be due to lack of understanding of learning difficulties.

The existence of a substantial number of doubtful responses suggests that there exists significant attitudinal issues which were raised around admission, exclusion and acceptance. Patterson, et. al., (2003) note that the toughest barriers are attitudinal. These barriers to inclusion are not going to be broken down unless there is a concerted institutional effort by Universities to accept people with disabilities.

The researcher agrees with Mittler (2000) that inclusion requires radical holistic educational reform (which includes the psychological concept of attitudinal change) and is more than simply the unconditional acceptance of students with disability into the university.

5.1.2 Attitudes towards academic inclusion

Responses focussed on establishment of special facilities, financial support, academic admission criteria, assessment criteria, academic standards and support services. In terms of the first part of the analysis of this section, attitudes focusing on academic inclusion are not positive. In South Africa (Department of Education, 2001) this is reflected in a significantly lower number of students with disabilities at tertiary institutions, well below the recommended bottom limit of 2,2% by the World Health Organization. What exists is some form of exclusion, or the wish to exclude which is a common reaction to disability (Wilson, 2003:ix). The education systems of tertiary institutions must thus become sites of struggle for the inclusion of students with disabilities. As Craig (2003:4) recommends that Psychology as a profession must become more involved with people with disabilities. This certainly is relevant to the focus on attitudes towards the inclusion of students with disabilities at tertiary institutions. A further issue is that redressing previously disadvantaged South African educational institutions by introducing an education for all policy is considerably broader than similar inclusive policies in western countries as it also includes those who were previously disadvantaged by race and colour as well as by disability (Englebrecht and Forlin, 1997). There is still a lot of work to be

done in trying to understand the psychological impact of the past on persons with disabilities.

An important success factor in facilitating inclusive education comes through positive and open minded academic staff (Vickerman and Nixon, 2002). The findings in this section indicate that we have not reached this point yet. The economics of inclusion and academic attainment are not threats to able-bodied students (Fishbaugh and Gum, 1994 and Hollard, et. al., 1995). Thus the low positive attitudes and significant attitudinal barriers found in this study are not based on fact but rather reflect stereotypical perceptions.

There was a high level of positiveness for support structures and services to engage and accommodate students with disabilities. This is contrary to the negative attitudes towards their inclusion and the existence of attitudinal barriers. It could reflect a position that the inclusion must be accompanied by effective support structures. This view would then concur with the study by West, et. al., (1995) where the majority of students with disabilities indicated that the most significant barriers to their education was a lack of understanding and cooperation from administration and faculty staff. English (1993) reports that appropriate and responsive support services had a direct effect on academic integration. The Keim (1996) study found a positive relationship between effective university support programmes and the academic success of students with disabilities

5.1.3 Attitudes towards social inclusion

Findings here were positive but qualified in the sense that when equality was implied the level of positiveness dropped. The starting point in the acceptance of disability as being socially created (Oliver, 1987) is obviously not yet fully accepted or understood by university staff.

The social rights model aims to change attitudes amongst the non disabled majority so that inclusion will become the norm and the impairment will not always be equated with disability (Oliver, 1990).

Opposition to the ideology and thesis of the social rights perspective have been strongest within the educational community (NCESNET, 1997). Now with the broader perspective of psychological wellness the education system has become a terrain of contest. One of the challenges to successful inclusion is psychological e.g. the attitudinal barriers created by negative attitudes and ignorance.

5.2 Conclusions on the attitudes of university staff towards the inclusion of students with disabilities.

The central hypothesis of this study is that university staff have negative attitudes towards the inclusion of students with disabilities. From the findings one must conclude this hypothesis to be proved to be true.

Attitudes (a major psychological concept) reflect the cognitive,

emotional and social components that should be included in any programme of behaviour change (Van Dyk, 2001). The analysis and understanding of the attitudes of university staff towards the inclusion of students with disabilities has to play a central role in the development of healthy psychological wellness.

Draft documents on the implementation of inclusive education in South Africa, identify negative attitudes as a significant barrier to the inclusion of students with disabilities (Department of education, (2002).

5.3 Knowledge of students with disabilities

University staff were found to have inadequate knowledge of the different disabilities .This finding is consistent with the findings in this study of an inadequate understanding of disability.

Hay, et al, (1997) found that educators still think of students with disabilities in terms of previous models of special education. The consequences of this type of thinking will imply a dominant medical model understanding of disabilities.

Benham (1995) in a study which included looking at the knowledge of faculty staff about disabilities found that members appeared to have some preliminary knowledge of various disabilities. This is similar to the findings of this study where it became clear that university staff members are reasonably ignorant concerning the disabled and their inclusion in tertiary education.

Fears of inclusion and attitudinal barriers found in studies by Fishbaugh and Gum (1994), Hollard, et. al.(1995), West, et. al.(1993) and Keim(1996) closely reflect a low meaningful knowledge base of disabilities

5.4 Experience of working with students with disabilities

Findings revealed that university staff significantly lack experience of working with students with disabilities. This is consistent with the links found between understanding of disability, poor knowledge of disability and insufficient experience of working with students with disabilities and the existence of attitudinal barriers and negative attitudes.

5.5 Recommendations

5.5.1 Understanding of Disability

From the present study it is clear that disability is inadequately understood. Therefore, a well planned institutional effort is needed to raise the awareness levels of staff about current perspectives of disabilities. This initiative could take the form of information pamphlets and posters, inviting persons with disabilities to address staff, initiating small group discussions in staff training programmes, regular updates of successful students with disabilities and employment of persons with disabilities.

5.5.2 Policy and programme development

In keeping with White Paper 6(Department of Education,2001) the university must develop its own policy and strategy for the implementation of inclusion. If done with proper staff and student consultation the seeds for the emergence of positive staff attitudes will occur. The outcome will be holistic student development and psychological wellness. Inherent to this process will be the involvement of mental health professionals.

5.5.3 Research

Additional research of a qualitative nature will enhance the quality of an understanding of staff attitudes towards the inclusion of students with disabilities

Finally future research may include students with disabilities at other tertiary institutions.

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1. Agree
2. Uncertain
3. Disagree

1. Agree
2. Uncertain
3. Disagree

(e) Physical Conditions

(eg. loss of a limb, in wheel chair)

(f) Chronic Health Conditions

(eg. epilepsy, asthma, diabetes)

1. Agree
2. Uncertain
3. Disagree

1. Agree
2. Uncertain
3. Disagree

(g) Chronic Mental Conditions
(eg. depression, schizophrenia, anxiety)

(h) Learning Difficulties

1. Agree
2. Uncertain
3. Disagree

1. Agree
2. Uncertain
3. Disagree

5. I need more knowledge of students with the following disabilities

(a) Blind

(b) Partially Sighted

(c) Deaf

(d) Hard of Hearing

(e) Physical Conditions

(eg. loss of a limb, in wheel chair)

(f) Chronic Health Conditions

(eg. epilepsy, asthma, diabetes)

(g) Chronic Mental Conditions
(eg. depression, schizophrenia, anxiety)

(h) Learning Difficulties

i) have sufficient knowledge.

6. My experience of working with students with disabilities is:

1. sufficient
2. partially sufficient
3. insufficient

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DEPUTY VICE-CHANCELLOR (ACADEMIC)

Tel 018 - 3892133
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Mashego@uniwest.ac.za

19 March 2004

Dear Respondent,

I view this research project as an important element towards evolving our policy of including students with disabilities at the university.

Please answer this questionnaire with the seriousness that is needed.

Yours faithfully



PROFESSOR S N MASHEGO
DEPUTY VICE-CHANCELLOR (ACADEMIC)



NORTH - WEST UNIVERSITY

DEPARTMENT OF PSYCHOLOGY

RESEARCH STUDY:

ATTITUDES OF STAFF AT NORTH WEST UNIVERSITY
(MAFIKENG CAMPUS) TOWARDS STUDENTS WITH
DISABILITIES

This Questionnaire is Anonymous and Confidential

Dear Respondent

You are one of a number of staff members requested to take part in this study. Your co-operation in answering this questionnaire will help in understanding how the University should respond to include students with disabilities.

Instructions

1. There is no time limit to fill in this questionnaire
2. Answers are neither right nor wrong. It is very important that you express the view that best describes what you think
3. Please answer as honestly as you can.
4. If you experience any difficulties with this questionnaire please contact Mr. N. NURSOO on Ext.2237.

Thank you for your co-operation.

SECTION A

Please complete the following by placing a cross (X) in the appropriate block.

1. Division / Department

Administration

Academic

Support

☐☐☐

2. Faculty (only if you have indicated "academic")

Commerce

Education

Law

Science

Social Science

☐☐☐☐☐

3. Age Category

20 - 25

26 - 30

31 - 35

36 - 40

☐☐☐☐

41 - 45

46 - 50

51 - 55

56 - 60

☐☐☐☐

61 - 65

☐

4. GENDER

Male

Female

☐☐

5. Educational Level

Std 10

Diploma

Degree

Post graduate

☐☐☐☐

6. Cultural Background

African

Asian

Western

Other

☐☐☐☐

If other please specify -----

SECTION B

Please circle the response that **Best** reflects your opinion.

P.S. In your responses give careful individual attention to the nature of each category of disability listed.

1. I consider disability to be :

1. an illness
2. social problem
3. psychological problem
4. none of the above
5. both 1, 2 and 3
6. uncertain

2. Students with disabilities as mentioned below should be admitted to the University.

(a) Blind

1. Agree
2. Uncertain
3. Disagree

(b) Partially Sighted

1. Agree
2. Uncertain
3. Disagree

(c) Deaf

1. Agree
2. Uncertain
3. Disagree

(d) Hard of Hearing

1. Agree
2. Uncertain
3. Disagree

(e) Physical Conditions

(eg. loss of a limb, in wheel chair)

1. Agree
2. Uncertain
3. Disagree

(f) Chronic Health Conditions

(eg. epilepsy, asthma, diabetes)

1. Agree
2. Uncertain
3. Disagree

(g) Chronic Mental Conditions
(eg. depression, schizophrenia, anxiety)

1. Agree
2. Uncertain
3. Disagree

(h) Learning Difficulties

1. Agree
2. Uncertain
3. Disagree

3. The University should establish special facilities to meet the needs of students with disabilities.eg braille,counseling,physical access.

- | | |
|--|---|
| <p>(a) Blind</p> <ul style="list-style-type: none">1. Agree2. Uncertain3. Disagree | <p>(b) Partially Sighted</p> <ul style="list-style-type: none">1. Agree2. Uncertain3. Disagree |
| <p>(c) Deaf</p> <ul style="list-style-type: none">1. Agree2. Uncertain3. Disagree | <p>(d) Hard of Hearing</p> <ul style="list-style-type: none">1. Agree2. Uncertain3. Disagree |
| <p>(e) Physical Conditions
(eg. loss of a limb, in wheel chair)</p> <ul style="list-style-type: none">1. Agree2. Uncertain3. Disagree | <p>(f) Chronic Health Conditions
(eg. epilepsy, asthma, diabetes.)</p> <ul style="list-style-type: none">1. Agree2. Uncertain3. Disagree |
| <p>(g) Chronic Mental Conditions
(eg.depression, schizophrenia,anxiety)</p> <ul style="list-style-type: none">1. Agree2. Uncertain3. Disagree | <p>(h) Learning Difficulties</p> <ul style="list-style-type: none">1. Agree2. Uncertain3. Disagree |

4. The following students with disabilities should be excluded from University.

- | | |
|---|---|
| <p>(a) Blind</p> <ul style="list-style-type: none">1. Agree2. Uncertain3. Disagree | <p>(b) Partially Sighted</p> <ul style="list-style-type: none">1. Agree2. Uncertain3. Disagree |
| <p>(c) Deaf</p> | <p>(d) Hard of Hearing</p> |

1. Agree
2. Uncertain
3. Disagree

1. Agree
2. Uncertain
3. Disagree

(e) Physical Conditions

(eg. loss of a limb, in wheel chair)

(f) Chronic Health Conditions

(eg. epilepsy, asthma, diabetes)

1. Agree
2. Uncertain
3. Disagree

1. Agree
2. Uncertain
3. Disagree

(g) Chronic Mental Conditions
(eg. depression, schizophrenia, anxiety)

(h) Learning Difficulties

1. Agree
2. Uncertain
3. Disagree

1. Agree
2. Uncertain
3. Disagree

5. I need more knowledge of students with the following disabilities

(a) Blind

(b) Partially Sighted

(c) Deaf

(d) Hard of Hearing

(e) Physical Conditions

(eg. loss of a limb, in wheel chair)

(f) Chronic Health Conditions

(eg. epilepsy, asthma, diabetes)

(g) Chronic Mental Conditions
(eg. depression, schizophrenia, anxiety)

(h) Learning Difficulties

i) have sufficient knowledge.

6. My experience of working with students with disabilities is:

1. sufficient
2. partially sufficient
3. insufficient

4. never dealt with students with disabilities
5. uncertain

7. The University should financially support the inclusion of students with disabilities by:

1. subsidized fees
2. obtaining the latest technology
3. developing physical access
4. changing peoples' attitudes
5. all the above
6. none of the above
7. uncertain

8. The following students with disabilities will be acceptable in my department/division.

- | | |
|------------------------------|------------------------------|
| a)Blind | b) Partially Sighted |
| c)Deaf | d) Hard of Hearing |
| e) Physical Conditions | f) Chronic Health Conditions |
| g) Chronic Mental Conditions | h)Learning Difficulties |
| i)All of the above | j) Non of the above |
| k)Uncertain | |

9. Students with disabilities should be allowed and assisted to participate in social / recreational activities.

1. fully
2. not at all
3. partly
4. uncertain

10. Students with disabilities can take up leadership positions.

1. agree
2. uncertain
3. disagree

11. Different admission matriculation criteria should be used to admit students with disabilities.

- | | |
|--|--|
| <p>(a) Blind</p> <ol style="list-style-type: none"> 1. Agree 2. Uncertain 3. Disagree | <p>(b) Partially Sighted</p> <ol style="list-style-type: none"> 1. Agree 2. Uncertain 3. Disagree |
| <p>(c) Deaf</p> <ol style="list-style-type: none"> 1. Agree 2. Uncertain 3. Disagree | <p>(d) Hard of Hearing</p> <ol style="list-style-type: none"> 1. Agree 2. Uncertain 3. Disagree |
| <p>(e) Physical Conditions
(eg. loss of a limb, in wheel chair)</p> <ol style="list-style-type: none"> 1. Agree 2. Uncertain 3. Disagree | <p>(f) Chronic Health Conditions
(eg. epilepsy, asthma, diabetes)</p> <ol style="list-style-type: none"> 1. Agree 2. Uncertain 3. Disagree |
| <p>(g) Chronic Mental Conditions
(eg. depression, schizophrenia, anxiety)</p> <ol style="list-style-type: none"> 1. Agree 2. Uncertain 3. Disagree | <p>(h) Learning Difficulties</p> <ol style="list-style-type: none"> 1. Agree 2. Uncertain 3. Disagree |

12. Different criteria for the assessment of tests, examinations etc should be applied to students with disabilities, appropriate to their particular disability.

- | | |
|---|---|
| <p>(a) Blind</p> <ol style="list-style-type: none"> 1. Agree 2. Uncertain 3. Disagree | <p>(b) Partially Sighted</p> <ol style="list-style-type: none"> 1. Agree 2. Uncertain 3. Disagree |
| <p>(c) Deaf</p> | <p>(d) Hard of Hearing</p> |

1. Agree
2. Uncertain
3. Disagree

1. Agree
2. Uncertain
3. Disagree

(e) Physical Conditions

(eg. loss of a limb, in wheel chair)

(f) Chronic Health Conditions

(eg. epilepsy, asthma, diabetes)

1. Agree
2. Uncertain
3. Disagree

1. Agree
2. Uncertain
3. Disagree

(g) Chronic Mental Conditions
(eg. depression, schizophrenia, anxiety)

(h) Learning Difficulties

1. Agree
2. Uncertain
3. Disagree

1. Agree
2. Uncertain
3. Disagree

13. Including students with the following disabilities at University will not affect academic standards.

(a) Blind

(b) Partially Sighted

(c) Deaf

(d) Hard of Hearing

(e) Physical Conditions

(f) Chronic Health Conditions

(eg. loss of a limb, in wheel chair)

(eg. epilepsy, asthma, diabetes)

(g) Chronic Mental Conditions
(eg. depression, schizophrenia, anxiety)

(h) Learning Difficulties

14. There is a need for a disability unit.

YES

☐

NO

☐

UNCERTAIN

☐

If "yes":

(a) In which division department should the Unit be placed;

STUDENT AFFAIRS

☐

ACADEMIC DEVELOPMENT CENTRE

☐

ACADEMIC DEPARTMENT

☐

IF other please state.....

(b) In order of importance please rate the functions of the Disability Unit:(rate your answers from 1 to 5 and place in appropriate blocks)

1. Provide a support service to students and staff.

☐

2. Functions as a resource unit.

☐

3. Advocate for the rights of students with disabilities.

☐

P.T.O

4. Recruit new students with disabilities.

☐

5. To create an awareness amongst staff and students.

☐

If other please specify -----
