

Attitudes Toward Persons With Disabilities Among Japanese Social Work Students

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Abstract: The Modified Issues in Disability Scale (MIDS) was implemented on 194 social work students in Japan in order to assess their attitudes toward people with disabilities. Findings indicate that students do not hold strong prejudicial attitudes. Results also show gender differences and a lack of knowledge and experiences regarding disability issues among students.

Key Words: social work, Japan, attitudes

The Disability Paradigm and U.S. Social Work Education

Theoretical perspectives on disability have changed over the past few decades in the United States. The medical model of disability, which focuses on functional limitations of individuals with disabilities, was replaced by a new disability paradigm that emerged from the disability rights movement of the 1960s and 1970s. In contrast to the medical model, the new disability paradigm focuses on the whole person functioning in his or her environment. This paradigm rejects the idea that disability is a tragedy. It asserts instead that disability is a natural part of the human experience, and disabling social environments are the source of problems – not the disabilities themselves (Pfeiffer, 1993). Since the 1970s, the new disability paradigm has influenced the development of public policies and was articulated in the Americans with Disabilities Act (ADA) of 1990. The law identified disability issues as civil rights issues, and people with disabilities as oppressed members of society who deserve justice (Burgdorf, 1991; Silverstein, 2000; West, 1991). In social work education, however, disability content is still taught largely from the diagnostic perspective of the medical model (Gilson & DePoy, 2002).

In light of the failure of social work education to change with the times, it is not surprising that the relationship between the disability community and social work professionals is not entirely positive. Mouth Magazine, a disability rights publication, often introduces stories about the dehumanizing treatment disabled individuals receive from these “helping” professionals (Kleinmann, 2002). Thompson (2001) warns that the positions of power and influence occupied by social workers in the social welfare field provide abundant opportunities for discrimination and oppression whether intentional or by default. Lipsky (1980), while analyzing the roles of front-line public service employees, also warns of the misuse of power by social workers.

The poorer a person is, the more likely she or he is to be the non-voluntary client of social workers. For example, a disabled individual in poverty who needs personal care services has no choice but to become a client of a social worker from a government or private agency that provides public services. Those non-voluntary clients cannot discipline social workers, and social workers usually have nothing to lose by failing to satisfy clients. Social workers can be neglectful or impose inconveniences on their clients with little concern for retaliation. It is ironic that the mission of the social work profession includes the advancement of social justice and elimination of oppression.

A Brief History of Social Work Education in Japan

In contrast to the United States, where professional social work education was established by the early 20th century (Abramovitz, 1988; Jansson, 1992), social work education in Japan is still in its infancy. Until recently, social welfare issues in Japan had been handled mainly by local government agencies whose employees rarely held social work degrees. Only a few colleges provided social work education. In 1987, in response to a rapidly aging society and increasing demands on the long-term care field, Japan's Congress enacted the Social Worker and Care Worker Act that established the professional status of people working in the social welfare field. National exams for social work and psychiatric social work certifications were implemented for eligible applicants (MHLW, 2002a). The Japanese Association of Certified Social Workers (JACSW, 2002), Japan's counterpart of the National Association of Social Workers in the United States, was founded in 1993.

The Long-Term Care Insurance Act of 1997 further expanded opportunities for Japanese social work professionals. Several levels of additional professional and paraprofessional certifications for those who work in the long-term care system were created in addition to those for "social workers" and "psychiatric social workers." In response to these new expectations, many social work programs were created in four-year universities, junior colleges, and technical schools. Depending on their level of education, graduates of those programs could apply for various levels of national certification exams (MHLW, 2002a). Thus, the professionalization of social work in Japan is now being formalized.

As the status of social workers and the social work education system are being established in Japan, educators should pursue the integration of the disability paradigm in curricula and practice. It may be easier to introduce a new paradigm while the system is emerging rather than to try to reform a system with the medical model firmly entrenched as it is now in the U.S. social work educational system. Japanese social work educators and practitioners should collaborate with disability rights organizations that are active in the disability rights movement to incorporate the disability paradigm into social work education.

A Brief History of the Disability Rights Movement and Policies in Japan

The moral model of disabilities (Mackelprang & Salsgiver, 1998) was widely accepted by Japanese society in the 1970s. This view held that persons with disabilities were suffering the consequence of wrongdoing that they or their ancestors committed in their current or previous lives. The medical model of disabilities was also pervasive in the 1970s. The model promulgated the message "be cured or you are better off dead" (Mackelprang & Salsgiver, 1998; Longmore, 1985). Many disabled people were leading lives completely segregated from the non-disabled society in pursuit of a cure. Within this social milieu, a disability rights movement emerged. To combat the stigmatization and subsequent shame felt by people with disabilities and their families, disability activists took direct action. They staged sit-ins to protest against human rights violations in residential institutions, they loudly condemned the discriminatory policies and practices that were rampant in society, and they demanded integrated schools, access to transportation, and support for community living (Hayashi & Okuhira, 2001).

The implementation of the "Compulsory K-12 Special Education System" was one of the policies that the disability community fought against in the 1970s. Despite strong opposition from the disability community, the policy was implemented throughout Japan in 1979. This policy established the special education system in elementary, junior high, and high schools. While the system reduced the number of disabled children exempted from primary education

(Ministry of Education, Culture, Sports, Science and Technology [MECSST], 2002), it institutionalized the segregation of children with disabilities from the larger society.

The next decade started with the 1981 International Year of Disabled Persons that prompted visits by advocates from the United States. These advocates introduced the independent living model (a version of the disability paradigm) to Japan (Lifchez, 1979; DeJong, Batavia, & McKnew, 1992; Pfeiffer, 1993; Shapiro, 1993). The idea that people with disabilities should make decisions concerning their own lives, operation of the independent living centers, and should conduct advocacy work to disabled persons living in the community was astonishing as well as empowering for disabled people in Japan. The U.S. advocates invited Japanese people with disabilities to the U.S. for training, and in 1986 those newly trained personnel helped establish the first independent living center in Japan (Hayashi & Okuhira, 2001). Also in the 1980s, disability rights organizations in Japan focused more energy on negotiating with regional governments to improve the daily lives of disabled persons rather than on organizing protests in response to discriminatory incidents. As a result of these efforts, the first publicly funded personal attendants program for disabled persons living in the community was started in Osaka City in 1986 (Onoue, 2000).

By 2000, there were 90 independent living centers in Japan. In addition to providing services, the centers negotiate with government agencies to increase official support for attendant services (JIL, 2000). Both national and regional governments have gradually recognized segregation does not enhance the quality of life of disabled persons and that organizations run by people with disabilities can be proficient service providers. The Government Action Plan for Persons with Disabilities of 1995, which promotes the inclusion of disabled persons in community living, demonstrates the influence of the new disability paradigm in government policy (Ministry of Health, Labor & Welfare [MHLW], 2002b).

Research Questions

As the field of social work education develops in Japan, exploring students' attitudes toward people with disabilities will provide the background information to gauge the effort needed for the integration of the new disability paradigm into social work education and practice. Young social work students who grew up in the 1980s and 1990s were born around the time that the segregated school system was established. Non-disabled students generally had little contact with persons with disabilities as they progressed through the primary education system. Lack of contact with people who have disabilities may have influenced the attitudes of non-disabled people toward persons with disabilities. Further, the moral and the medical models of disability, which many of the previous generations held and may still promote, could also have affected their attitudes. Social work students may see disabled persons as objects of pity.

On the other hand, the social norms may have changed through the global exchange of ideas since the 1981 International Year of Disabled Persons and through the advocacy work done by independent living centers and other advocates. Although Japan does not have a civil rights law equivalent to the Americans with Disabilities Act (ADA), government policies now promote more inclusion of people with disabilities in community living (Ministry of Health, Labor & Welfare, 2002a).

Lastly, studies done with U.S. college students show a significant gender difference in attitudes toward people with disabilities, with women tending to have more positive attitudes

(Granello & Wheaton, 2001; Esses & Beaufoy, 1994). As gender socialization is still strong in Japan, an attitude difference by gender may also exist among Japanese social work students. Specific research questions for this study were:

- Do Japanese social work students overall have positive or negative attitudes toward persons with disabilities?
- Are there specific situations in which they have positive or negative attitudes?
- Do opportunities to have contacts with persons with disabilities affect their attitudes?
- Does gender play a role in their attitudes?

Research Methods

The Modified Issues in Disabilities Scale (MIDS) (Makas, 1993) was translated into Japanese and implemented on a convenience sample of 194 students who enrolled in an introductory social work course at a school of social work in the Osaka area of Japan. The scale (a 33-item self-report Likert-scale questionnaire) was formulated based on the concepts of the disability paradigm and intended to measure both cognitive and affective components of attitudes toward persons with physical disabilities. Participants were asked to indicate the degree to which they agree with a particular statement, with responses ranging from 1 (strongly disagree) to 7 (strongly agree), with 4 (the midpoint) representing no opinion. To minimize the possibilities of response set bias, 15 statements were written so that “strongly agree” (7) indicated the most positive attitude toward people with disabilities, while the remaining 18 statements were written so that “strongly disagree” (1) indicated the most positive attitude. For analysis, the latter 18 were reverse-scored so higher scores would indicate more positive attitudes.

The scale includes statements about people with physical disabilities in general as well as statements about three specific disability groups: blindness/visual impairment (a visible, sensory disability); mobility impairment (a visible, non-sensory disability); and hidden disabilities, including diabetes, cancer, and epilepsy (invisible, non-sensory disabilities). The scale measures a participant’s attitudes in several areas, including education (e.g. “The majority of adolescents with physical disabilities should attend special schools which are specifically designed to meet their needs”), laws (e.g. “Zoning laws should not prohibit group homes for people with disabilities from being established in residential districts”), contact with disabled persons (e.g. “If you are talking to a blind person, it is all right to use words such as ‘see’ or ‘look’ in a conversation”), physiological abilities of disabled persons (e.g., “Drivers with physical disabilities have more automobile accidents than drivers without disabilities”), and psychological characteristics of disabled persons (e.g., “People who have disabilities are generally no more anxious or tense than people who do not have disabilities”) (Makas, Finnerty-Fried, Sigafos, & Reiss, 1988).

MIDS also gathers the demographic information of participants, including gender, age, race/ethnicity, presence or absence of a disability, and amount of contact with persons with disabilities. The “contact” variable had five value levels: no contact, very little contact, some contact, quite a bit of contact, and a great deal of contact. All student participants were given the questionnaires during one of their regularly scheduled classes.

Data Analysis and Findings

The SPSS program was used for data analyses. Three questionnaires that had more than three blanks were considered invalid and eliminated. The final sample included 191 participants. Blanks up to the maximum of three were coded as “4” (Makas, 1993). The 18 reverse-scored statements created to minimize the response set bias were recoded to indicate the higher the score the more positive the attitude.

Scores for the 33 statements were added and a variable “MIDS Total” was created. A higher “MIDS Total” score by a participant indicates a more positive attitude toward persons with physical disabilities. The possible range of “MID-T Total” was 231 (the highest score) to 33 (the lowest score).

Descriptive Statistics

Frequencies and percentages of participants’ demographic information were calculated (Table 1). Approximately three-fourths of the participants were female. All were Japanese. The mean age of the participants was 18.6 (sd = 0.72). More than 90% were freshmen. Only three participants (1.6%) had disabilities. More than 70% of the participants have had little or no contact with persons with disabilities.

Insert Table 1 around here

The alpha coefficient for the MIDS scale was 0.71 for this study. The “MIDS Total” mean score was 153.51 (sd = 14.19), with a range of 108 – 198. Dividing 153.51 by the number of statements (33) gave a mean statement score of 4.65, showing a slightly positive overall response. To check the tendency to choose positive or negative responses to the statements, the number of positive responses (values 5, 6, & 7) and negative responses (values 1, 2, & 3) were counted for each participant. It showed that 173 (90.6%) participants chose more positive responses than negative ones.

Item Analyses

To see which statements tended to get very negative or very positive responses from participants, the number of 1 and 2 (“very negative”) values and 6 and 7 (“very positive”) values were counted for each statement. Statements that received four most negative and four most positive responses are listed in Table 2. The statement that received the highest tally of very negative responses was, “Most people who have physical disabilities expect no more love and reassurance than anyone else.” More than 60% of participants disagreed or strongly disagreed with the statement, only 7.9% agreed or strongly agreed. The statement that received the third highest tally of very negative responses was, “For a person with a severe disability, the kindness of others is more important than any educational program.” More than 36% of participants agreed or strongly agreed with the statement, only 8.4% disagreed or strongly disagreed. These two statements describe persons with physical disabilities as more in need of affection than non-disabled persons and that the kindness of others is more important to them than education. The statement that received the second highest tally of very negative responses (41% agreed or strongly agreed) was, “Building adequate housing for people with disabilities is too expensive or too difficult.”

Insert Table 2 around here

On the positive side, more than 85% of participants disagreed or strongly disagreed with the statement that a doctors' special certification is necessary when people with physical disabilities apply for a marriage license. More than 76% disagreed or strongly disagreed with the statement, "It is more humane to allow a child with a severe disability to die at birth than for her/him to live as a person with a severe disability." And more than 75% of participants agreed or strongly agreed that it is logical for a woman who uses a wheelchair to consider having a baby. There was no statistical difference among male and female participants on this statement. This is a remarkable result since disabled women in the 1960s and 1970s were not considered as potential mothers and were often coerced into having hysterectomies (Hayashi & Okuhira, 2001).

All statements that related to civil rights received high rankings in positive responses. It appears that the majority of participants believed that persons with disabilities should be treated equally with non-disabled citizens under the law regarding marriage licenses, automobile insurance, income taxes, zoning laws, the right to procreate, and the right to live. Additionally, more than 70% of the participants agreed or strongly agreed that placement of children with disabilities in regular classes would increase their acceptance by their non-disabled peers – a remarkable response from students who went through the segregated primary school system.

It is notable, however, that 20 out of 33 statements received more middle scores (somewhat agree, no opinion, somewhat disagree) than "very positive" or "very negative" scores. This suggests that many participants do not have clear opinions about disability issues. This may stem from their lack of contact with persons with disabilities, and a subsequent lack of opportunities to think about or analyze these issues.

ANOVA

To examine the effects of the factors "gender" and "contact," and their interaction on "MIDS Total," an analysis of variance (ANOVA) was conducted. Data was first screened to ensure that the assumptions of factorial ANOVA were fulfilled. One outlier (MIDS Total = 198) was altered to a value (191) that is within the extreme tail of the accepted distribution. Then a two-way ANOVA was conducted to investigate effects of the two factors and their interaction on MIDS Total scores. The ANOVA result (Table 3) shows a significant interaction effect ($F[4, 180]=3.32, p<.016$). However, the calculated effect size ($ES=.065$) for the interaction indicates only a small proportion of MIDS Total variance is accounted for by the interaction.

Insert Table 3 around here

Table 4 shows the interaction effect of "gender" and "contact" on "MIDS Total." While female students with increased contact with disabled persons held more positive attitudes, male students held more negative attitudes with increased contact.

Insert Table 4 around here

Discussion

Only three (1.6%) out of 191 participants were persons with disabilities. Also 74% of participants indicated that they had little or no contact with persons with disabilities. This may be the result of the failure by the segregated special education primary school system to encourage students with disabilities to go on to college. Given that social work students grew up without disabled classmates around, it is remarkable that more than 70% of participants agreed or strongly agreed with the placement of children with physical disabilities into regular classes to improve acceptance by non-disabled peers.

The findings indicate that the overall response was in a slightly positive direction. It appears that the moral model, which strongly supports segregation, is not favored by the participants. Nor do they appear to accept the medical model that emphasizes that disabled persons can be cured in order to gain societal acceptance. Although the scale does not include items directly discussing a cure, participants tended to accept disabled persons as they are. Even though Japan does not have a civil rights law for people with disabilities, participants tended to agree with statements that support equal treatment for disabled and non-disabled citizens. The international exchange of ideas since the 1980s along with continuous advocacy work by the disability rights community may have contributed to this apparent shift in the social norm. At least the Japanese social work students in this study tended to support the civil rights of persons with disabilities.

Although the findings show a tendency of participants to accept disabled persons in terms of their rights, they also reveal attitudes suggesting that disabled people have different “psychological characteristics.” Many participants believed that disabled persons need more love and assurance than non-disabled persons, and that the kindness of others is more important than education for disabled persons. Also, it appears that many participants felt uncomfortable when they imagined a situation in which they would have to get along with someone with a severe disability. The high percentages of middle scores for 22 statements also indicate the ambiguous attitudes of the participants, highlighting the need for more education in disability issues.

ANOVA shows the interaction effect of “gender” and “contact” on “MIDS Total.” Female students who had more contact with disabled persons had more positive attitudes than female students with less contact. On the other hand, male students with more contact tended to have more negative attitudes. The recent governmental sanction of social work coupled with a long economic recession boosted interest in caring occupations among men. As gender role socialization is still strong in Japan, young men who enter a so-called “women’s occupation” may encounter value conflicts. It will be problematic if young men hold relatively positive attitudes toward disabled persons without contact, but develop negative attitudes as contact increases. Social work education needs to pay attention to value differences due to gender socialization in order to appropriately educate future social workers.

A limitation of this research is that the findings cannot be generalized to all Japanese social work students since this research used a convenient sample of students in a school of social work. Replication of the study is necessary to gain a more well-defined understanding of the attitudes toward people with disabilities among social work students. Another limitation is that the study focuses only on attitudes toward people with physical disabilities. Since social work professionals also work with people who have disabilities other than physical (e.g.

psychiatric, intellectual, and learning disabilities), as well as multiple disabilities, further research will be necessary to gain a more complete evaluation of the attitudes of social work students toward people with disabilities. Lastly, as Japanese and English are very different languages, it is possible that the translation of the original MIDS instrument did not exactly capture and accurately present the concepts intended in the statements.

In conclusion, it is encouraging that the young Japanese social work students in this study did not hold strong prejudicial attitudes toward people with disabilities. At the same time, it is apparent that the students lack the necessary knowledge and experience regarding disability issues to become allies and advocates for people with disabilities. The results of this exploratory study indicate that the social work education system in Japan should ensure that the new disability paradigm is included in their curricula.

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Table 1. Demographics

Demographic Variables	Freq uency	%
Gender		
Male	48	25.1
Female	142	74.3
Missing	1	.5
Age		
18	97	50.8
19	74	38.7
20	14	7.3
21	4	2.1
Missing	2	1.0
Educational Level		
Freshmen	173	90.6
Sophomore	17	8.9
Junior	0	0
Senior	1	.5
Having a Disability		
Yes	3	1.6
No	186	97.4
Missing	2	1.0
Contact with Disabled		

Persons		
No contact	68	35.6
Very little	74	38.7
Some	34	17.8
Quite a bit	7	3.7
A great deal	8	4.2

Table 2. Responses Showing “Very Negative Attitudes” and “Very Positive Attitudes” on Selected Statements

Statements	I	Very Positive Response %	Very Negative Response %
Most people who have physical disabilities expect no more love and reassurance than anyone else	2	7	6
Adequate housing for people who have disabilities is neither too expensive nor too difficult to build	3	8	4
For a person with a severe disability, the kindness of others is more important than any educational program	3	8	3
People with severe disabilities are no harder to get along with than those with minor disabilities	3	1	2
The placement of children who have physical disabilities into regular classes improve the acceptance of children with disabilities by their peers	5	7	.
It is logical for a woman who uses a wheelchair to consider having a baby	6	7	1
It is more humane to allow a child with a severe disability to die at birth than for her/him to live as a person with a severe disability	6	7	3
People with physical disabilities should get special certification from their physicians in order to apply for a marriage license	6	8	1

Table 3. Analysis of Variance

Source	SS	f	S	M	F	p	ES
Between subjects	42		46				
Gender	13.03		8.11				
Contact	14	14	14	8	8.1	.00	.04
Gender * Contact	63.07	63.07	37	8	6	2	.09
Within subjects	14		18				
Gender *	90.97	2.74	58	8	6	3	.01
Contact	23		2		6	5	.06
Total	25.59	1.40					
	33						
	444.43	80	5.80				
	37						
	657.45						

Table 4. MIDS Total Scores Based On Gender & Contact

Contact with People with Disabilities	No contact	Very little contact	Som e contact	Quit e a bit of contact	A great deal of contact
Male	150.	156.	147.	151.	131.
Female	152.	155.	152.	162.	162.

