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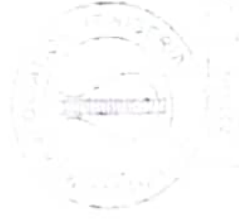
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STIGMATIZATION OF THE HANDICAPPED BY COUNSELLORS AND Teacher AS A BARRIER TO COUNSELLING FOR EXCELLENT ACADEMIC PERFORMANCE AND INTEGRITY

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Abstract

These researchers' interest was to examine the depth of the stigma attached by counsellors and teachers to common disabling conditions of both the young and old. The goal was to see how such stigmatization could be a barrier between the stigmatized and excellent academic performance and integrity. For this purpose, a random sample of 648 sandwich students was selected to complete a semantic differential scale titled "Gravity of Stigma of Handicapping Conditions Questionnaire" (GRASHCDQ) designed for collecting data on the tolerance/intolerance which participants had for some 12 common disabling conditions found in the community. Mental illness ranked as the least tolerated. Bow-leggedness was the most tolerable to the participants. The researchers recommended that counsellors and teachers need to change their attitude towards those with disabling conditions and modify their behaviour so that they would not erect unnecessary barriers against the excellent academic performance and integrity of their handicapped pupils.

Introduction

Society establishes the means of categorizing persons and the complement of attributes felt to be ordinary and natural for members of each of these categories. In terms of

human suffering, the consequences of stigma often outweigh the burden of physical afflictions (van Brakel, 2003). Many people live happily with severe physical impairments, as long as they

are accepted, respected, and loved by those around them and are able to function and participate meaningfully in the society in which they live (Omotosho, 2003). In conditions such as leprosy, HIV, AIDS, epilepsy, mental disability, visual impairment, hearing impairment, paralysis and hunchback, the stigma attached to the condition may be worse than the condition itself (Omotosho, 1991).

According to Scambler (1998), the person stigmatized actually faces the effects of stigma, such as discrimination, rejection, physical abuse, loss of employment, or divorce. In today's world generally, and in Nigeria in particular, stigma against many handicapping conditions still affects countless people. People related to, or working with, those affected may experience such stigma. In short, stigma is a widespread phenomenon which may disrupt people's lives even far more than is known or reported. (Scambler, 1998; Heynders, 2002; and van Brakel, 2003).

West's (1984) study was on social stigma creating barriers to community recreation participation by the mentally and physically handicapped. In-depth interviews with 180 physically handicapped, mentally retarded, and mentally ill persons from community and institutional residential settings were conducted to determine (a) their perception of negative, stigmatizing attitudes toward the handicapped, and

(b) the degree to which these perceptions of community stigma restricted participation by the handicapped in community recreation. Results showed that many handicapped people do perceive, and are affected by community stigma. Those with highly visible impairments are most likely to have experienced negative community reactions. The perception of stigmatizing attitudes leads to restricted recreation participation for some handicapped people.

In another study, Jahoda, Markova and Cattermole (1988) interviewed 12 people with mild mental handicap, their mothers and members of staff of Adult Training Centres in order to explore their views on stigma and handicap, and to establish the facts about the social life and autonomy of people with a mental handicap. It was found that all participants with a mental handicap were aware of the stigma attached to them. Three of the 12 people (minority, 25.0%) conceived of themselves as 'essentially different' from non-handicapped people, while the society establishes the means of categorizing persons and the compleme of attributes felt to be ordinary and natural for members of each of these categories. In terms of human suffering, the consequences of stigma often outweigh the burden of physical afflictions (van Brakel, 2003). Many people live happily with severe physical (majority, 75.0%) conceived of

themselves as 'essentially the same~ In contrast, the majority of mothers viewed their sons and daughters as 'essentially different' from non-handicapped people. These findings do not support the claim of the social constructionist theory of the self that people's self-concepts are primarily determined by the ways in which they are treated by significant others. Rather, people with a mental handicap are aware of their own agency and clearly express their socio-emotional needs.

While the presence of stigma attached to a given condition is often well recognized, the magnitude, intensity or gravity of such stigma is difficult to quantify. If the stigma attached to certain health conditions of people is so pervasive and strong, why do we not know more about its magnitude and gravity? It was in order to answer this question that the following study was undertaken.

Specifically, the purpose of the study was to find out sandwich students' perception of the intensity or gravity of stigma associated with some common handicapping conditions including visual impairment, hearing impairment, bowlegged, speech impairment, mental retardation, paralysis.

It was the studied opinion of the present researchers that having an accurate knowledge of counsellors and teachers in training would go a long

way in understanding how well or how poorly they would function in assisting handicapped pupils to achieve academic excellence and integrity.

Methodology: The target population was the 2,000 sandwich undergraduates of University of Ilorin who were on campus for the 2005 long vacation contact period.

They were teachers and counsellors in training who use the period when their pupils are on holiday to upgrade their education at the University of Ilorin in order to earn a bachelor's degree in education after successfully completing five long vacation contact sessions. The population comprised students in the 1st contact session (freshers) up to the 5th contact session (graduating students). For the sample, the researchers selected a third of this number (i.e. about 660) with adequate representation from each of the five levels of students concerned (Contact Sessions 1-5).

The 3rd contact session students majoring in Educational Guidance and Counselling and numbering 60 in all were used as research assistants. At the time of the study they were offering EGC 309 (Rehabilitation Counselling) taught by the principal researcher as one of their courses for the 3rd contact session. The gathering of the data was part of the Continuous Assessment assignment for the course. Requisite

Table 1 show the least tolerated handicapping condition was insanity or mental illness (equivalent to the Yoruba term "asiwere"). It had a low mean of 1.923 and a standard deviation of 2.365. Compared to the cut-off point of 4.5 discussed earlier this score (1.923) shows that the condition was extremely not tolerated.

On the other hand, Bow-leggedness (or Aketan in Yoruba) was the most tolerated condition. It had a mean of 4.995 and a standard deviation of 2.601. It was ranked as 1st. Even with this as the highest mean rating obtained it was only just slightly higher than the cut-off point mean of 4.5, and the only one that was above it.

The remaining 10 handicapping conditions were ranked in between these two 'extreme' conditions (Table 1).

Discussion

In the case of mental illness or psychiatric problem which has been called insanity or madness in this study (using the common parlance or nomenclature common among Nigerians), the stigma carried by those who suffer from it is a very serious one. The concerns of people who are related to those with this debilitation are real and deep. Such concerns must be appreciated. The stereotypic perception of the mentally ill is pervasive in every culture in Africa. People with mental

illness have such deep-seated stigma that they are unable to fulfill society's stereotypic criteria for normalcy.

This barrier is even more evident in the education of the handicapped. Such people have been adjudged as having deviated from expectations concerning the appearance, capabilities or behaviour considered normal for that community. The community's people cannot stand the embarrassment which would hit them more acutely if they house their mentally ill relative - young or old - at home. Hence, they just release them to roam the streets, king, out a living by scavenging here and there. In other words, they are disowned by their nuclear and extended family members. In such a situation, and as Sharma, Singh and Geromette (2008) have noted, children who exhibit the severe disruptive behaviour typical of the mentally ill are not given the kind of support they need, and so they cannot achieve excellent academic performance and integrity.

Furthermore, it must be noted from Table 1, that the first three positions of extreme intolerance for handicapping conditions are occupied by those conditions that are closely associated with the mind, with what Todd (2000) called "intellectual disability" viz: Mental illness (1st), Moronness (2nd) and Mental Retardation, M.R. (3rd). Nevertheless,

these are the handicapping conditions whose sufferers the most help, according to Blackhurst and Berdine (1981). What is even more disheartening about mental problems in our society is the risk that people misattribute the cause of this condition such as witchcraft, retribution for past Sin and angry gods, (Attitudes, Stigma and Handicap, 2006).

The handicapping condition that was ranked as last (i.e. 12th) was bow-leggedness. The mean score of this item (4.995 or 5.0 approximately) was slightly less than the cut-off point value of 4.5. (4.5). it is not difficult to conjecture the possible reason for bow-leggedness being rated as tolerable. It is a very common bone disease in Nigeria which results mainly from calcium deficiency in the diet. However, the majority of Nigerians eat mainly carbohydrate as opposed to protein found largely in such diets as milk, meat, fish and egg. Hence, bow-leggedness is a tolerable condition, being ubiquitous in the society.

Conclusion

On the basis of the findings of this exploratory study, the following conclusions were reached:

- ♦ The stigma attached by teachers and counsellors to people with handicapping conditions is rather pervasive: of the 12 conditions investigated 11 (i.e. 92.2%) were

not tolerated; only one (i.e. 7.8%) was tolerated. The barrier that such a grim spectre poses for excellent academic performance cannot be overestimated.

- ♦ Bow-leggedness was the only handicapping condition that has a mean score higher than the cut-off (or neutral attitude) point, and even that (4.995) was only just slightly higher than the neutral attitude point of 4.500.

The three intellectual disability conditions (mental illness, moronness and mental retardation) included among the disabling conditions ranked as the highest three most intolerable conditions. The 4th of the last (i.e. 12th) conditions are all physical. Baker and Menken (2001) have, in fact, noted that in recent years, disorders of the brain and nervous system are among the most serious and prevalent health problems globally.

Recommendations

The recommendations made below emanated from the findings of this study:

- ♦ Since the stigmatization of the handicapped by counsellors and teachers who participated in this study was found to be pervasive, there is need for attitude change on their part. They can be helped

to achieve such change in attitude through the use of behaviour modification principles that are carefully packaged into their training curriculum. The University of Ilorin where this study was carried out is a typical Nigerian university; hence similar results are likely to be obtained in the other Nigerian universities too which implication is, in fact, advocated by these researchers. Pupils cannot achieve excellent academic performance and integrity when those who are supposed to be their role models, confidants and helpers do, in fact, stigmatize them. Counsellors in particular must neither stigmatize their counselees nor adopt a semi-insulation approach to their work.

The factors which operate to militate against full acceptance of disabled clients by counsellors and teachers (or vice-versa) must be identified and dealt with appropriately. Even though counsellors are prone to feel they are beyond the pressure of the traditional prejudices by virtue of their close helping relationships with the handicapped, those prejudices lie hidden in their subconscious. AIKhatib and AIKhatib (2008) have, in fact, listed some of such factors to

include: the present social role of the handicapped as an inferior, helpless, person; the handicapped person's status hierarchy of most care-giving agencies and personnel; and the tendency of some counsellors to assume an omnipotent role.

Counsellors and teachers should endeavour to use a client-need oriented approach for counseling/teaching their handicapped students. Using such approach will mean that the counselor/teacher allows the handicapped student freedom to grow and develop at his/her own pace, and according to a method of his/her own choosing. The implications of this approach are obvious and they include the fact that the counselor/teacher needs to be a person first, and a competent technician second; a big sacrifice in terms of time, efforts, financial commitment, devotion, and a real sense of calling, is expected from counsellors, teachers.

Lastly, counsellors and teachers should try to prevent the severe handicapping problems (arising from the undue concern about stigma and the reaction of others) by being more sensitive and recognizing the problem early. When the problem has been so recognized, the counsellee/pupil

should be given subtle reassurances through regular opportunities to express him/herself in areas where the handicapping condition is not displayed. The desired behaviour can be modeled in non-discriminatory relationships by using peer coupling with 'normal' pupils. These steps will help to nip future negative concerns in the bud before they surface. The results can be nothing else but excellence in the academic performance of pupils.

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