

The Social Consequences of Physical Disability

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Early in one of our seminar courses on stigma, a White male student stated that he was lucky because he would never have to deal with a stigma and its terrible social consequences. After a few weeks in the course, however, he recognized his potentially erroneous thinking. There was a very strong likelihood that at some point in his life, he would gain firsthand experience with the consequences of being stigmatized: He would probably someday join the ranks of physically limited or disabled individuals. Even if he were able to dodge diseases and avoid traumas and accidents during the majority of his life, he would at least experience the negative attitudes and discriminatory behavior associated with old age in this society (Jette, 1996; see also Zebrowitz & Montepare, Chapter 12, this volume). In short, many of the social dynamics discussed in this volume will confront most of us at some point in our lives (see McNeil, 1993), even though we currently may not be members of a minority group or "marked" (Jones et al., 1984) by a characteristic that our culture devalues.

This chapter considers the stigmas associated with the various forms of physical limitations and disabilities that either do or will confront many of us, and that influence our social interactions and outcomes. Although the traditional symbol of physical disability in Western society is a person in a wheelchair, this stigma category is actually very

broad. As Karp (1999) points out, even those who use a wheelchair do so for a wide range of reasons, including amyotrophic lateral sclerosis, amputations, Friedrich's ataxia, cerebral palsy, muscular dystrophy, myasthenia gravis, polio, rheumatoid arthritis, spina bifida, spinal cord injury, spinal muscular atrophy, a stroke, traumatic brain injury, age-related mobility impairment, and temporary impairment (e.g., a broken leg). Furthermore, one caveat that must be entered at the outset is the need for caution in generalizing across specific forms of physical disabilities. As we will see later, the important social-psychological consequences of any particular type or form of disability may depend upon how visually obvious the disability is, the degree to which visibility draws attention, the perceived conditions of onset of the disability, and the amount of effort disabled individuals must devote to overcoming their physical limitations. Given the current state of empirical research on physical disability, we know less concerning these moderating factors than we would like to, and much of what we do know is limited to persons who use wheelchairs.

In this chapter we begin by discussing the nonequitable and dysfunctional interaction outcomes that have been observed to occur for physically disabled individuals. In addition to discussing dyadic-level interactions and outcomes, we discuss the societal constraints (e.g., biased terminology) and environmental constraints (e.g., no ramps, no curb cuts) that influence the life outcomes of physically limited individuals but are largely perceived as irrelevant by those in our society who do not share those physical limitations. Next, we discuss how social outcomes are influenced by the specific dimensions associated with a given physical disability. For instance, those who have visible stigmas may be more negatively affected both in social interactions and in societal-level functioning than those who have nonobvious or invisible stigmas may be. We then consider people's attributions and theories concerning stigmas from the perspectives of both disabled and nondisabled individuals, who interact together in what Goffman (1963) termed "spoiled interactions." Finally, we will discuss a number of possible strategies for "unspoiling" disabled-nondisabled social interactions. In this chapter, we do not exhaustively review the physical disabilities literature, but rather use selected elements of this body of research for illustrative purposes.

NONEQUITABLE/DYSFUNCTIONAL INTERACTION OUTCOMES

Autobiographical memoirs and extensive empirical research show strong, consistent evidence that individuals with physical disabilities experience social interactions that are problematic on a number of dimen-

sions. Poignant first-person accounts suggest that people without disabilities stare at, laugh at, direct jokes toward, overcompensate their dislike with feigned hospitality toward, or (perhaps worst of all) simply ignore people who have physical disabilities (Charlton, 1998; Goffman, 1963; Hockenberry, 1995; Karp, 1999; Kleege, 1999). One behavior that is particularly disturbing to those with physical limitations is the tendency for others to want to assist them in various situations without being asked. Hockenberry (1995), a news correspondent and journalist who is partially paralyzed, has described how insulting this can be. Although others believe they are helping, such "helpful" actions remove an individual's autonomy and are frequently associated with expressions of pity and nervousness. Similarly, Karp (1999) wrote that those with disabilities often feel as if being helped is synonymous with being the target of someone's "good deed for the day." Furthermore, when one pushes the wheelchair of another person, for example, the normal physical context of the interaction between two people is disrupted. Rather than walking abreast, two friends become a "helper" and a "helpee"; eye contact and reciprocity of nonverbal behaviors are lost; and the nature of the interaction can change dramatically, often to the disadvantage of the person in the wheelchair.

First-person accounts and casual observations have obvious limits as methods for analyzing the nature of the social lives of physically limited individuals and of stigmatized persons generally. These accounts do tell us a great deal concerning how such persons perceive their interactions, but they neglect the transactional nature of stigmatizing processes. In our view, a full understanding of the nature of these processes is greatly facilitated through a careful analysis of what actually transpires when stigmatized people interact with nonstigmatized people (see Archer, 1985, for a similar point of view).

Empirical studies conducted on such mixed interactions also provide consistent evidence of the nonequitable/dysfunctional outcomes. For instance, in one of the earliest studies on social interactions involving physical disability, Kleck, Ono, and Hastorf (1966) examined the behavior of individuals interviewing a confederate who either did or did not use a wheelchair. The findings revealed that participants were more physiologically aroused during the interaction, took a longer time deciding what interview questions to ask, terminated the interview sooner, and showed more behavioral inhibition when interacting with a physically disabled versus a nondisabled individual. In addition, participants were more likely to distort their own personal opinions in a direction consistent with the opinions thought to be held by the other individual if that individual was physically disabled rather than nondisabled.

Further studies in this program of research revealed similarly biased

and avoidant behaviors toward individuals with physical disabilities. Individuals who were not disabled exhibited reduced motoric behavior (Kleck, 1968b), displayed reduced gestural behavior (Kleck, 1968a), and stood at greater speaking distances (Kleck, 1969; Sigelman, Adams, Meeks, & Purcell, 1986) when interacting with a physically disabled versus a nondisabled individual. Similarly, parents with children tended to stand closer to their children, seemingly in a protective gesture, when interviewing with a physically disabled versus a nondisabled individual (Sigelman et al., 1986). Finally, perhaps the most important finding of this research was that if their motives could go undetected, nondisabled individuals chose to avoid interactions with physically disabled individuals altogether (Snyder, Kleck, Strenta, & Mentzer, 1979).

If mixed interactions cannot be avoided, however, severe communication difficulties may result. Gouvier, Coon, Todd, and Fuller (1994) examined language directed toward either a physically disabled or a nondisabled individual who requested information from strangers. Individuals with disabilities were addressed in simpler language, more appropriate to interactions with children. Additional content analysis in another study revealed that individuals with disabilities were evaluated more stringently for poor task performance (Russell et al., 1985). Furthermore, they received inaccurate verbal feedback and were accorded personality impressions that were overly positive (Hastorf, Northcraft, & Picciotto, 1979). Although this pattern of behavior is consistent with a "be kind to the handicapped" norm and may initially seem supportive and helpful to disabled individuals (see Siller, 1986), the inaccurate nature of the social feedback leaves them with false impressions and may be competence-debilitating.

One particularly interesting set of results in this early interaction research yielded a consistent discrepancy between the verbal and nonverbal behaviors of individuals interacting with physically stigmatized others. For instance, in a combined person perception and interactional study (Kleck, 1969), able-bodied participants taught origami (Japanese paper folding) to a person who did or did not use a wheelchair. Though participants reported very positive impressions of the physically disabled learner and of her performance, they at the same time displayed nonverbal behavior suggesting anxiety and avoidance. This inconsistency led Kleck and his colleagues to advance a two-factor theory to account for such discrepancies (Kleck et al., 1966; Kleck, 1969). On the one hand, behaviors readily under the control of a nondisabled individual (e.g., speech content) tended to conform to the normative pressure to be "kind" to physically disabled individuals. On the other hand, overt nonverbal behaviors tended to be unresponsive to this norm, presumably because many such behaviors are not under voluntary control or are not

being as carefully monitored as are verbal statements (see Heinemann, Pellander, Vogelbusch, & Wojtek, 1981).

There are a number of reasons why these more "automatic" behaviors are negatively connoted. First, they may reflect an underlying negative affective disposition toward physically disabled individuals that cannot be masked as easily as it is in the case of verbal statements (see Dovidio, Kawakami, Johnson, Johnson, & Howard, 1997, for a related distinction between implicit and explicit measures). Second, the behaviors may reflect an anxiety and uncertainty that is not based in social rejection, but rather stems from the uncertainty felt by nonstigmatized individuals as a consequence of limited interaction experience with physically disabled people (e.g., Langer, Fiske, Taylor, & Chanowitz, 1976). Third, people simply may be curious about physical variations in others, particularly those they do not encounter frequently (Zebrowitz-McArthur, 1982). Their desire to stare at or visually examine a disabled person may be at odds with the learned behavioral norm of not treating an individual with a disability differently from a nondisabled one. Whatever the reason, the important point is that expressed attitudes toward physically limited individuals and the nature of the behavior displayed toward them do not readily map onto one another. Whether physically stigmatized persons detect these inconsistencies and, if so, what meaning they attribute to them are neglected issues in this line of research. Further empirical research is necessary to better understand the implications of these discrepancies.

It could be argued that the use of an experimental paradigm in which confederates play the role of physically disabled persons seriously distorts what happens in everyday encounters between such persons and nondisabled individuals. It would be reasonable to expect that over time the stigmatized individuals would develop ways of overcoming the sorts of biases they confront in social interactions. Early research by Comer and Piliavin (1972) suggests that this is in fact unlikely. When truly disabled individuals were observed in interactions with a physically able confederate, they also terminated the interview sooner, were more inhibited in their motor movements, and engaged in less eye contact than when they interacted with an interviewer in a wheelchair. Thus, rather than displaying compensatory behaviors that might serve to "normalize" the interaction, the stigmatized individuals engaged in behaviors that would appear to exacerbate its dysfunctional nature. We return later in the chapter to the issue of whether there are interactional strategies that physically stigmatized individuals can adopt to mitigate unwanted social outcomes.

The research literature specifically focusing on interaction outcomes for those with physical disabilities is admittedly small. However, what

has been done does confirm that these outcomes are less than optimal, at least in initial encounters, and that physically stigmatized individuals do not readily display interactional strategies to overcome the dysfunctional aspects of such interactions. Not only do physically disabled people show a lack of compensatory behavior in social interaction, but they also show a tendency to perceive even neutral behaviors displayed by nondisabled individuals as discriminatory actions against their stigmatized status. Kleck and Strenta (1980), for example, had individuals who had had cosmetic scars applied to their faces interact with another subject. Unbeknownst to the "scarred" individuals, the scars were actually removed prior to the interaction under the pretext that the experimenter was putting the final touches on the makeup job. When asked to interpret the interactants' responses, those who believed they had scars were much more likely to report behavioral discrimination and negativity than were the control individuals who never had such scars applied in the first place.

Similarly, Strenta and Kleck (1985) had nondisabled and physically disabled participants view a videotape of a person supposedly in a wheelchair interacting with a nonstigmatized individual. They were asked to describe whether and to what extent the disability affected various aspects of the behavior of the nonstigmatized individual. Unknown to the perceivers, the videotapes were constructed in such a way that both participants in the interaction were physically normal and holding a spontaneous conversation. Both paraplegic perceivers and those without a disability believed that the presence of a disabled individual in the interaction had a significantly debilitating effect on the social interaction. In particular, they perceived the nonstigmatized individual as being more tense, liking the interactant less, finding the interactant less attractive, and behaving in a more patronizing manner than when they presumed that neither individual was physically stigmatized. In short, perceivers readily found evidence to confirm negative reactions to a stigma when no such reactions could exist. Thus, although in many cases negative reactions do occur, this study showed that individuals' presumptions about what is happening in a social interaction may contribute to interactional difficulties and may lead to a social reality all their own (see Snyder, Tanke, & Berscheid, 1977; see also Jussim, Palumbo, Chatman, Madon, & Smith, Chapter 13, this volume).

SOCIETAL AND ENVIRONMENTAL CONSTRAINTS

One of the most basic societal constraints that physically disabled individuals experience is the very nature of the language our society uses to

describe them. These labels typically depict them as second-class citizens who are tainted, sick, and less than whole. For instance, they are described as being "afflicted," "stricken," "deformed," or "invalids." Even "disabled" suggests an inability to measure up to some appropriate level—that is, being "not able." The commonly used dichotomy of "handicapped" and "normal" starkly denotes mutual exclusiveness, in that "handicapped" people are *not* "normal." Euphemisms such as "differently able" and "physically challenged or limited" are hardly better, and people with disabilities do not prefer these labels to others. There is no general answer as to how best to treat the language problem, except to address individuals less in terms of their disabilities and more in terms of their personhood (for a fuller discussion of this "naming" issue, see Johnson, 1994). That is, individuals are sometimes simply referred to as "the disabled" or "the handicapped," and tend to be identified by their stigmas rather than as people who have many behavioral and physical features, only one of which happens to involve using a wheelchair or otherwise being physically different. A statement by an individual with cerebral palsy, as quoted by Karp (1999), particularly identifies how language constrains those with disabilities:

My name is not cerebral palsy. There's a lot more to me than my disability and the problems surrounding it. That's what I call the disability trap. This country has a telethon mentality toward disability that thinks disabled people are not supposed to talk about anything but their disabilities. (p. 165)

If the language used by physically able others serves to constrain and one-dimensionalize disabled individuals, so also does a physical environment constructed largely without thought given to the physical limitations of many of its inhabitants. As described by Pelka (1997), some of the most limiting environmental constraints for mobility-impaired people include the fact that in many public places there are no elevators, chairs at tables are often immobile, thresholds between rooms are raised too dramatically for passage, tables are placed too closely together, and the access to restroom facilities is blocked. Furthermore, there are contrasting lips on doorways; a general lack of sidewalk curb cuts; an absence of accommodating ramps; and a lack of adequate clearance space in doors, halls, and entryways. Similarly, a short venture around the block often leads to an encounter with automobiles parked on the street blocking access to curbside ramps or the entire sidewalk, or with snow-embanked sidewalks left unshoveled by homeowners.

Although federal regulations have resulted in a dramatic reduction of these unwitting constraints, which serve as constant reminders that

one is physically different, "disability" is in many respects still as much a function of the environment as it is a function of the capabilities of those who inhabit it. From a social-psychological perspective, an environment that is not readily accessible, or that requires unusual amounts of energy, thought, or preparation to navigate, becomes an environment that exacerbates one's self-awareness of the disability and a general sense of incompetence. Social psychology has been remiss for not more carefully examining the ways in which simple architectural barriers may contribute to the stigmatizing effects of physical disabilities of all sorts. At the very least, architectural barriers seriously inhibit physically limited individuals from pursuing a more active social life. Furthermore, such barriers may facilitate psychological dynamics in such individuals that heighten a focus on their shortcomings rather than their competencies.

DIMENSIONS OF DISABILITY STIGMAS

The interaction outcomes and environmental constraints that we have discussed thus far are obviously not constant across all sorts of physical disabilities and all social contexts (see Jones et al., 1984). A woman who has lost her leg in a car accident that she caused but who has a very realistic-looking and functional prosthesis, for example, may be in a very different physical and psychological situation than is a man who was born without the use of his limbs and must use his mouth to ambulate his wheelchair. These two instances differ on a variety of dimensions, but here we focus on three that appear to be particularly influential in determining the daily interaction outcomes and social lives of physically disabled individuals.

First, whether a stigma is immediately "visible" or "invisible" has long been recognized as important in determining the outcomes associated with a particular mark. Goffman (1963) divided individuals who possess stigmas into those with "discrediting" (visible) and those with "discreditable" (invisible) stigmas. Discrediting conditions include, for example, having facial scars, port-wine birthmarks, or physical deformities. According to Goffman, these stigmas are difficult to manage because their possessors live in "glass houses," so to speak; that is, something very personal and potentially self-defining is immediately known to others in any face-to-face interaction. The "discreditable" stigmas are also difficult to manage, but for very different reasons. These individuals must decide to whom, when, and how they should disclose information about their stigmas. They report risking rejection when the moment of revelation comes and hence are often motivated, in Goffman's (1963) terms, to "pass," or to keep their stigmas a secret and act as though they

do not possess them. Examples of these conditions include homosexuality, epilepsy, and wearing a colostomy bag. Several researchers (e.g., Crocker & Major, 1994; Jones et al., 1984; Kleck, 1968c) have noted the importance of the visibility-invisibility dimension in predicting interaction outcomes, self-esteem, and overall social functioning. The empirical results consistently point to the conclusion that disabled individuals with invisible or hidden stigmas have less problematic or anxiety-provoking social interactions than do those with visible stigmas (but see Smart & Wegner, Chapter 8, this volume, for some of the "hidden costs" associated with the former).

A second important dimension of stigma is whether the disability is perceived as "controllable" or "uncontrollable." Research by Weiner and colleagues (Weiner, 1995; Weiner, Magnusson, & Perry, 1988) reveals that physical disabilities are largely thought to be uncontrollable—a perception that results in nonstigmatized people's according positivity, sympathy, and empathy to the bearers of such stigmas. This is in contrast to stigmas perceived to be controllable (e.g., child abuse, obesity, homosexuality), toward which people tend to feel more hostility and negativity. Even within physical disabilities, we (Hebl & Kleck, 2000) have shown that when a disability can be attributed to factors beyond a disabled individual's control (e.g., a doctor's mistake), much more positive affect, personality attributes, and skills are accorded to the individual than when the individual is perceived to have brought on the condition him- or herself. Such findings replicate those obtained in AIDS research. For example, people who contract AIDS through sexually promiscuous and controllable behaviors are reacted to less positively than those who contract it through less controllable circumstances such as having blood transfusions (Graham, Weiner, Giuliano, & Williams, 1995).

The controllability dimension is strongly related to the social theories of entitlement that people develop around the issue of stigmas. For instance, beliefs in the Protestant work ethic (Weber, 1904–1905) affirm the notion that people get what they deserve and deserve what they get. If a disabled individual is perceived to have brought on the condition him- or herself, it is generally easier to attribute the presence of the disability to something he or she deserved. There is more dissonance in people's minds if the individual is perceived as not responsible for the disability onset, and people often continue to create or attach some blame on the disabled individual's part.

A third feature to consider is the extent to which the disability is mobility-impairing. In our earlier example, the woman with the prosthetic leg can maneuver herself almost anywhere. She is not limited by the absence of curb cuts, ramps, and elevators, as is the quadriplegic in-

dividual. The ease of mobility has not only physical ramifications but psychological and social consequences. A person with severe mobility constraints typically needs to plan well in advance, because going out for a simple meal or running an errand may turn into an all-day ordeal. In addition, in every encounter the person is faced with the challenge of other people staring, questioning, and wondering, and of thus being constantly reminded of the stigma.

ATTRIBUTIONS AND THEORIES ABOUT STIGMAS

Both stigmatized and nonstigmatized individuals tend to have expectations concerning their interaction partners and perceptions of the roles they themselves play in mixed interactions. However, these expectations and perceived roles differ across the two perspectives. For nonstigmatized perceivers, a large focus of their attention is placed on defining or redefining their own sense of identity. An individual with a physical disability often experiences a change of personhood (Riches, 1996; Wright, 1983), and this is particularly true if the individual has not had the disability for his or her entire life. As disability psychologist Carol Gill (qtd. in Karp, 1999, p. 162) states, "When you become a member of the group that you have previously felt fear of or pity for, you can't help but turn those feelings on yourself." It is little wonder that many individuals wish to retain their old identities and reject the acceptance offered by other individuals who are disabled. Part of the difficulty may be that the psychological and physical adjustments are suddenly thrust onto an individual, who must all too quickly develop strong coping skills. But, typically, those with disabilities first go through a range of strong emotions—including denial, anger, depression, grief, suicidal feelings, hope, and finally acceptance. On a more positive note, Schontz (1990) states that people are notoriously adaptive and can live with all sorts of difficulties and discomforts if they feel there is a good reason for doing so. If physically disabled people focus less rigidly on their disabilities and resulting body image problems, their lives do not necessarily become narrowed and restricted. Adjustment is possible, and people may even derive a number of benefits (e.g., increased meaning in life, self-assuredness, compassion, and awareness) from having a physical disability (Elliott, Witty, Herrick, & Hoffman, 1991; Taylor, 1983).

For nonstigmatized perceivers, their perspective may involve the elicitation of stereotypes and stigma schemas. Such cognitive heuristics may be particularly likely when little else is known about a person with a disability, relative to when a great deal is known. One particular set of expectations and behaviors that nonstigmatized people fall prey to is

called "self-fulfilling prophecies," whereby the expectations that they have for disabled individuals actually cause them to treat disabled individuals in ways that create the expected social reality (see Merton, 1948). For instance, people may perceive disabled individuals to be childlike and naive. This expectation may lead people to treat disabled individuals in ways that a parent might teach a child; for instance, they may speak with more authority and dominance, and may be overly patient and responsive. As a result, the disabled individuals may come to need more direction, allow more invasions of privacy, ask more questions, and require more help. In essence, the disabled individuals are unwittingly conforming to the beliefs held by the nondisabled perceivers. Although research has not specifically addressed the role of self-fulfilling prophecies with respect to physical disabilities, the phenomenon has been identified with other stigmatizing conditions (see Rosenthal & Jacobson, 1968, and Jussim et al., Chapter 13, this volume).

STRATEGIES FOR "UNSPOILING" DISABLED-NONDISABLED INTERACTIONS

A number of interpersonal strategies can serve to "unspoil" interactions between disabled and nondisabled individuals. These strategies apply both to the dyadic, interactional level and to a more global, societal level. A few of the dyadic strategies that we specifically address include tactics such as "passing," acknowledging a disability, and requesting a favor within the context of an interaction. We also discuss the societal-level strategies of altering media portrayals of physically limited individuals and of improving environmental accommodations to persons with limited physical abilities.

Passing

Often disabled individuals try to hide or downplay their disabilities, or to "pass" as nondisabled. Goffman (1963) described such behaviors as one of the main motivations of stigmatized individuals, and passing no doubt works under various conditions and in various contexts. Nonoptimal interaction outcomes are avoided, and a semblance of interaction and relationship ease may be experienced. However, as Goffman notes, disabled individuals can take the goal of passing to such an extreme that they behave in ways that are actually self-damaging. For instance, a person may continue to use prosthetic devices for cosmetic reasons only, when those devices actually impair the physical competence of the individual. Goffman hypothesized, and later research has confirmed, that

the tactic of concealing stigma-related information may result in a pervasive interpersonal strategy of concealing important personal and social information not related to the stigma (Kleck, 1968c).

Acknowledging

Another strategy that physically disabled individuals can adopt is to acknowledge their stigmas to interactants. Anecdotal evidence suggests that acknowledgments help both sides of a mixed interaction. The case of Morrie Schwartz—the Brandeis professor whose battle with amyotrophic lateral sclerosis is told in Mitch Albom's 1997 bestseller, *Tuesdays with Morrie*—serves as a good example. Morrie advised, "Talk openly about your illness with others who'll listen. It will help them cope with their own vulnerabilities as well as your own" (qtd. in Schwartz, 1996, p. 77).

One function of an acknowledgment is to move the interaction away from a focus on the disability. In the absence of a direct mention of the disability, it can remain a covert focus of everyone's attention. A stigmatized individual may realize that a nonstigmatized individual is looking at him or her and wondering how the disability was acquired or what its exact nature is. In turn, the nonstigmatized individual may realize that he or she is giving overt evidence of this curiosity. This "I know that you know that I know" interplay can readily subvert a spontaneous, contingent interaction (see Kelly & Kahn, 1994; Smart & Wegner, 1999).

A potential strategy for a disabled person, then, is to acknowledge at the outset of the interaction the existence of the stigmatizing characteristic. For example, an individual using a wheelchair might say, "As you can see, I use a wheelchair." Although seemingly obvious in content, statements like these may be profound in impact, serving to help individuals with overt stigmas "break through" more quickly or be viewed with something other than disdain, pity, and contempt (Davis, 1961; see also Weiner, 1995). In essence, breaking through, according to Davis, occurs when stereotypes begin to fall by the wayside and people see a person, not a stigma. The strategy of acknowledging a stigma may work to reduce stereotyping by straightforwardly addressing the source of the tension underlying a social interaction and allowing interactants to get beyond it sooner than might otherwise occur without the acknowledgment. An acknowledgment may also lead a nonstigmatized individual to infer or attribute particular personality characteristics to the acknowledging stigmatized individual.

Empirical research by Hastorf, Wildfogel, and Cassman (1979) supports this line of reasoning. They found that individuals with physical disabilities who acknowledged their stigmas were viewed as more per-

ceptive, open, empathic, well-adjusted, and/or willing to discuss normally sensitive issues than were individuals who did not acknowledge their stigmas. In more recent research, we (Hebl & Kleck, 2000) examined how physically disabled individuals might benefit from the use of an acknowledgment strategy in an interview setting. Consistent with the research of Hastorf, Wildfogel, and Cassman, we found that individuals who acknowledged their physical disabilities were accorded more positivity than those who did not acknowledge. Moreover, a follow-up study revealed that individuals with physical disabilities were even more likely to benefit from the acknowledgment if they revealed that their condition was uncontrollable (e.g., the result of a medical mistake) rather than controllable (e.g., the result of opting not to obtain suggested medical treatment). This latter result is consistent with Weiner's (1995) assertions concerning the role of perceived causality in the perception of stigmatizing conditions, and it may be very important to remediating the discrimination that disabled individuals face in the employment context (for a review, see Stone, Stone, & Dipboye, 1992).

In addition to the acknowledgment itself, the specific interpersonal manner (e.g., stereotype-congruent vs. stereotype-incongruent, depressed style vs. socially appropriate style) that a physically disabled individual adopts in a given social interaction has also been shown to influence a nondisabled individual's behaviors (Elliott & MacNair, 1991; Elliott, MacNair, Herrick, Yoder, & Byrne, 1991). Specifically, a socially appropriate, nondepressed interpersonal style adopted by a physically disabled individual significantly corresponded with an enhanced amount of conversation, eye gazes, and positivity in social evaluations from nondisabled interactants.

Requesting Favors

One of the goals of acknowledgment is to ease social interaction. But this obviously cannot happen if nondisabled individuals altogether avoid interacting with the disabled. A social tactic disabled people can use to overcome this interaction avoidance is to request a favor (Belgrave & Mills, 1981; Belgrave, 1984; Mills, Belgrave, & Boyer, 1984). Making a request for help seems to provide a natural context for mixed interactions: Nonstigmatized individuals are initially drawn in by a plea for assistance, which forces them to address rather than to ignore persons with physical limitations. Thus disabled individuals who ask for help in sharpening a pencil because "there are just some things you can't do from a wheelchair" are liked better and rated more positively than disabled individuals who do not make such requests. One caveat to this strategy is that it may directly reinforce the often restricting stereotype

that individuals with disabilities are dependent and need to be treated like children. If so, requests for favors can readily become "awkward moments" (see Hebl, Tickle, & Heatherton, Chapter 10, this volume), particularly for disabled individuals.

Advocating Changes in Media Portrayals

While dyadic-level strategies may serve to improve the outcomes of specific individuals in specific situations, interventions at a societal level could obviously be much more robust in improving the social outcomes of all persons with physical limitations. It is now taken as a truism that mass media portrayals of minority groups play an important role in shaping both how the majority views members of these groups and how they view themselves. Rather than being an agent for positive change, however, all forms of media for most of the 20th century appear to have been part of the problem (for a well-documented indictment of the film industry on this score, see Norden, 1994). One aspect of their problematic nature is what they did not do: They simply neglected to portray persons with disabilities as part of the normal fabric of this society. A particularly egregious example of this was the media treatment of President Franklin D. Roosevelt (see Maney, 1998). During his four terms in office, dramatic efforts were exerted by the media to hide the fact that he needed to use a wheelchair or could stand only with the aid of braces (the sequela of polio). Even political cartoonists honored the tacit agreement not to portray him as physically limited in any way (Nelson, 1994).

Over the last 20 years, among the few regular television portrayals of disabled individuals have been "Jerry's kids," who are shown on the annual Jerry Lewis telethons for muscular dystrophy. These disabled children evoke pity, sympathy, and emotions of guilt and sorrow from viewers—a technique that is apparently successful in persuading viewers to open their pocketbooks and donate money. However, these depictions narrowly define those with disabilities, restricting their portrayal to those who are completely dependent, are "unwhole," and who are living very disrupted lives. This is captured in a statement by Lewis, in which he adopted what he believed to be the perspective of the physically disabled individual: "I realize my life is half, so I must learn to do things halfway. I just have to learn to try to be good at being half a person" (qtd. in Pelka, 1997, p. 301). A few years later, when the telethon was again about to air, various groups of physically disabled persons actively protested what they saw as the dehumanizing nature of such appeals (Nelson, 1994); such protests continue to the present day. Pelka (1997) has proposed that the Jerry Lewis telethons undermine all that the disability rights movement tries to do, and actu-

ally reinforces the stigmas associated with physical disabilities. Furthermore, he argues that many people's reaction to the telethons is to feel that such individuals need no further help because organizations and charities (such as the one Lewis represents) take care of those with physical disabilities.

Bogdan, Biklen, Shapiro, and Spelkoman (1990), in a recent general review of how disability is treated in the media, have argued that disabled people are frequently portrayed as "dangerous" or "monstrous" persons. They suggest that such depictions both perpetuate existing stereotypes and stimulate the continued social exclusion of these individuals. Their analysis is consistent with that of Norden (1994), who argues that the most common cinematic portrayals of physically disabled individuals

include extraordinary (and often initially embittered) individuals whose lonely struggles against incredible odds make for what it considers heart-warming stories of courage and triumph, violence-prone beasts just asking to be destroyed, comic characters who inadvertently cause trouble for themselves or others, saintly sages who possess the gift of second sight, and sweet young things whose goodness and innocence are sufficient currency for a one-way ticket out of isolation in the form of a miraculous cure. (p. 3)

It could be argued that a noteworthy exception to this trend in media presentations of persons with disabilities involves the many recent television appearances of Christopher Reeve. Whether he is raising funds for spinal research, giving an interview to Barbara Walters, or presenting an Academy Award, Reeve is raising America's consciousness concerning physical disabilities. Reeve's case is a particularly interesting one to follow, in that he could be breaking new ground in "normalizing" severe physical disability (in his case, quadriplegia). Yet, at the same time, he is not unanimously well received among individuals with physical disabilities. Instead, his professed motivations have elicited a great deal of controversy. Many persons are outraged by his singular goal of shedding, rather than accepting, his new identity. His "I will overcome" attitude may actually reinforce many societal myths (consonant with those portrayed in the Jerry Lewis telethons) about the controllability of physical limitations and the single-minded goal of overcoming such limitations. The most recent controversy involving Reeve as of this writing—the debate over depicting him as "walking" in a television commercial that aired during the 2000 Super Bowl—illustrates both sides of the issue very clearly.

For the same reasons that the media may have historically been part

of the problem, they can also be part of the solution. Indeed, some authors (e.g., Nelson, 1994) take the view that film and television portrayals of physically limited individuals have moved toward reversing or undermining the negative attitudes and stereotypes associated with disabilities. In particular, Nelson points to the progress that has resulted from the influence of the Media Access Office in Hollywood, which was organized in 1978. This group, which is made up of hundreds of actors and actresses with various disabilities, has been actively lobbying the film and television industries for more realistic and more "normal" portrayals of people with disabilities. The problem, of course, lies in deciding what constitutes realism and normality, and in moving from what is to what ought to be the case. To portray "realistically" the social outcomes of persons with physical limitations would require the inclusion of all the forms of discrimination and bias they currently experience.

Modifying the Environment

Environmental modification is another possible answer to "unspoiling" social and societal outcomes for physically disabled individuals. As noted earlier, the environment that humans have constructed for themselves has unwittingly "disabled" those with various sorts of physical limitations. The Americans with Disabilities Act of 1990 (ADA) (1993) has had a dramatic impact on improving disability access under federal law, and a great deal of interdisciplinary attention is being given to how environments can be designed to be enabling rather than "dis"-abling (e.g., Steinfeld & Danford, 1999). Titles II and III of the ADA are particularly relevant, as they prevent discrimination in public services and in public accommodations. The effects are clearly seen in mass transit, where new buses must conform by having lifts, drivers must announce key stops, and bus and railroad stations must be accessible. Although private clubs and religious organizations are exempt, the law prevents discriminating in public accommodations, thus allowing persons with disabilities to have greater access to places such as parks, libraries, schools, stores, hotels, and restaurants.

In spite of this progress, there is growing discontent concerning both the public accommodations that have not been made and the loopholes in the ADA that exempt certain organizations from conforming to the standards. One example is that owners of old buildings are required to make only "reasonable modifications" and may be exempt from even this if "undue burden" would result. Moreover, private single-family homes are completely exempt from ADA restrictions. Finally, some mandated accommodations, such as convenient parking places for mobility-impaired individuals, depend upon compliance by able-bodied in-

dividuals. Research suggests that both willing compliance by the public and legal enforcement of the mandate are well below optimal levels (e.g., Fletcher, 1996).

On a positive note, many advances in technology are greatly assisting those with disabilities. For instance, wheelchair design has advanced to the level where an individual is being fitted to an ideal chair, with desires for specifications such as chair weight, wheel size, seat fabric, and chair size taken into account. In addition, cushion technology has resulted in a significantly lower level of sores and ulcers. Given such advancements, however, one can expect to pay anywhere from \$2,000 up to and beyond \$30,000 for a chair.

Those who use wheelchairs are becoming more and more competitive and successful in the job market. Furthermore, many architectural firms—even without being required to do so by the federal government—are beginning to build homes that are adaptive environments or have “universal designs.” Features of such homes include building stoves and kitchen surfaces at a slightly lower level, designing doorless showers without tubs, lowering the light switches throughout the home, creating level rather than raised entrances, and designing wider doorways. In addition, “visitability” standards (making private homes accessible to persons with physical limitations) are rare, but are becoming mainstream in sections of Atlanta, Georgia, and Austin, Texas.

CONCLUSION

This chapter has attempted to heighten our understanding of the many social-interactional difficulties and challenges that physically disabled individuals face. In addition, it has considered potential remediation strategies at both personal and societal levels that may function to destigmatize physical disability. Research that would serve to guide the development of such remediation strategies is clearly in its infancy. The fact that most of us will be disabled or otherwise stigmatized during our lifespan should induce us to place a high priority on such research.

To conclude on a positive note, never before has our society witnessed more physically disabled individuals leaving their homes and entering public places, the workforce, and society generally. We attribute this advance in part to the strides that the ADA has helped make (especially its regulations mandating access), as well as to an increase in the motivation of physically disabled individuals to participate fully and actively in society. Research on stigmatization (e.g., Archer, 1985) shows that some physically distinctive features lose their stigmatizing quality over time. We hope that our society will continue to become a more ac-

cessible place for physically disabled individuals; that the sheer frequency of mixed interactions will increase; that our media will more accurately depict physically disabled persons; and that more stigma research will be devoted to understanding the psychological, social, and environmental factors involved in mixed interactions. As a result of such advances, physical disabilities will increasingly be viewed as variations in the human condition, and not as justifications for social exclusion.

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