

**MISSISSIPPI STATE UNIVERSITY**  
**COLLEGE OF EDUCATION**

**DEPARTMENT of COUNSELING and EDUCATIONAL PSYCHOLOGY**  
**COURSE SYLLABUS**

**Course Prefix & Number:** COE 8363

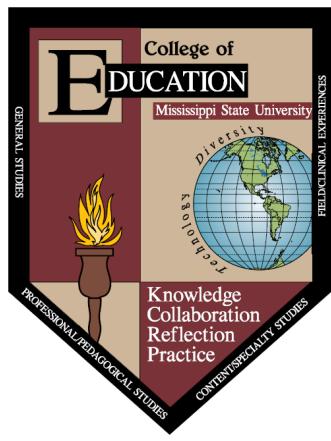
**Course Title:** Psychological Aspects of Disability

**Credit Hours:** Three (3) semester hours

**Course type:** Lecture

**Catalog description:** Psychological and social factors influencing adjustment to disability.

**College of Education Conceptual Framework:**



The faculty in the College of Education at Mississippi State University are committed to assuring the success of students and graduates by providing superior learning opportunities that are continually improved as society, schools, and technology change. The organizing theme for the conceptual framework for the College of Education at Mississippi State University is educational professionals - dedicated to continual improvement of all students' educational experiences. The beliefs that guide program development are as follows:

knowledge base. They must also know how to complement these knowledge bases with the appropriate use of technology.

2. **COLLABORATION** - Educational professionals must continually seek opportunities to work together, learn from one another, forge partnerships, and assume positions of responsibility.

3. **REFLECTION** - Educational professionals must be willing to assess their own strengths and weaknesses through reflection. They must also possess the skills, behaviors, and attitudes necessary to learn, change, and grow as life-long learners.

4. **PRACTICE** - Educational professionals must have a rich repertoire of research-based strategies for instruction, assessment, and the use of technologies. They must be able to focus that array of skills on promoting authentic learning by all students or clients, while exhibiting an appreciation and commitment to the value and role of diversity.

## **Course Objectives:**

At the conclusion of this course, students will possess graduate-level understanding of:

1. The psychological aspects of disability. (**CFPO #’s 4, 8, 9, 10, & 12**)
2. The developmental consequences of disability. (**CFPO #’s 1, 3, 4, 9, & 12**)
3. Current research regarding social attitudes about disabilities and the people who experience them. (**CFPO #’s 3, 4, 7, 8, 9, & 12**)
4. In addition to the previously identified objectives, this course will provide an opportunity for students to develop greater awareness of their own feelings and attitudes regarding disabilities and the people who have them.  
**(CFPO #’s 1, 2, 3, 4, 7, & 9)**

## **Topics to Be Covered:**

Social determinants of disability (5 clock hours)  
Economic dynamics affecting disability (5 clock hours)  
Prejudice of disability (5 clock hours)  
Discrimination of disability (5 clock hours)  
Psychological reaction and disability (5 clock hours)  
Disability experience (10 clock hours)  
Personality and disability (5 clock hours)  
Adjustment and coping and disability (5 clock hours)

## **Text:**

Smart, J. (2009). *Disability, society, and the individual* (2<sup>nd</sup>.Ed.) Austin, TX: Pro-Ed

## **Methods of Instruction:**

Lecture, small group activities, and class discussion. (InTASC #’s 1, 2, 3, 4, 5, 6, 7, 8)

## **Student Activities:**

Students will:

1. Participate in class discussions. (Course objectives 1, 2, 3, 4)
2. Write ten media assessments of representations of people who have disabilities. (Course objectives 1, 2, 3, 4)
3. Maintain a “learning log” of all course related assignments and activities. (Objectives 1, 2, 3, 4)
4. Attend one meeting of a self-help group related to some type of disabling condition. (Objectives 1, 2, 4)
5. Complete a final essay-format examination. (Objectives 1, 2, 3, 4)

**Media Assessment** (50 points).

Each week for ten consecutive weeks you are to submit a written description of a media item which you believe influences general perception of disabilities, the people who have them, and the **key concepts** (see pgs 7-9) that define and encapsulate disability within our society. You may describe newspaper articles, magazine articles, television programs (news reports, human interest stories, situational comedies, soap operas, cartoons, etc.) music, or any other form of media. Your report **must** include the following:

When and where you saw the item

Why you think it is significant

What key concept(s) or influence(s) this illustrates

Your reaction to the item (do you believe it is positive, negative, neutral, or whatever?)

This assignment is due at the beginning of class starting on the 5<sup>th</sup> Session and continuing for ten consecutive weeks. **Each entry should be dated and numbered (e.g. Week 1 – February 10).**

**Learning Log** (10 points each x4 - 40 points total)

You will be required to maintain a “learning log” that consists of weekly commentaries (**minimum of three entries per week**) on what you are learning from or your reactions to the readings, lectures and class activities. Include how you are applying this learning to yourself and others in a) personal and b) professional contexts. The purpose of this project is to help you become more aware of your own feelings and beliefs regarding disability. It is also intended to create within each of you a greater awareness of the key concepts which influence the public’s perception of disability and the people who have them.

Your Log **must** include:

- a. a brief description of the reading and/or event
- b. your reactions to the reading and/or event (surprise, anger, disbelief, etc.)
- c. a description of any insights you have gained
- d. a description of events which you believe **illustrate key concepts** described in class
- e. an explanation of why this item was significant to you

\* As you complete this semester you should try to find at least one example of each key concept discussed in class.

The log will be collected four (4) times during the semester (as noted in the schedule). A total of ten (10) points can be earned for each (total possible = 40). It is NOT required that you keep the journal cumulative.

**Self-Help Meeting Report** (50 points)

You are to attend at least one meeting of a self-help group established to help people deal with some type of disabling condition. You are to write a report of your attendance at that meeting. **(Note: Your report should contain NO information which might violate the anonymity or confidentiality of participants in the meeting.)**

The report **will** include:

- the name of the group
- a statement about why you chose this group
- the date and location of the meeting
- a brief (no more than 2 paragraphs) history of the group (nationally, regionally, etc.)
- a statement of the purpose of the group
- a description of your reaction to the group (affective)
- a statement of what you learned at the meeting (cognitive)
- a description of how **key concepts** were portrayed by group members.
- a description of what you believe to be:
  - the two strongest aspects of the organization
  - the two weakest aspects of the organization
- a commitment – would you refer clients to this group? Why or why not?

**NOTE:** For the purpose of this project, you may not use a meeting you would ordinarily attend, e.g., if you belong to a stress management group. If you host support groups where you work, do NOT use one of those groups for the purpose of this assignment.

Groups which might be attended include, but **are not limited to**:

The Lost Cord Club	Overeaters Anonymous
Mended Heart Club	Ostomy Clubs
Multiple Sclerosis Support Groups	Diabetes Support Groups
Arthritis Support Groups	Alzheimer's Support Groups
Alcoholics/Narcotics Anonymous	Columbus Head Injury Survivors Support Group
Parkinson's Disease Support Group	Adult Children of Alcoholics

#### Final Examination (100 points)

This course will have an essay-style, take home final examination. The content of this exam will be given to students one week prior to the last day of classes and will be due (in the instructor's hands) the last day of class.

#### Assignments

All written assignments must be word processed and have no spelling or punctuation errors. Assignments with said errors will not be graded.

Students missing class on the day an assignment is due or an examination is scheduled will have one (1) class session to submit the assignment or arrange for and complete a make-up examination. No assignments or examinations will be accepted or allowed after one class session past the due date.

#### **Academic Honesty – Honor Code:**

Mississippi State University has an approved Honor Code that applies to all students. The code is as follows:

**"As a Mississippi State University student I will conduct myself with honor and integrity at all times. I will not lie, cheat, or steal, nor will I accept the actions of those who do."**

Upon accepting admission to Mississippi State University, a student immediately assumes a commitment to uphold the Honor Code, to accept responsibility for learning, and to follow the philosophy and rules of the Honor Code. Students will be required to state their commitment on examinations, research papers, and other academic work. Ignorance of the rules does not exclude any member of the MSU community from the requirements or the processes of the Honor Code. For additional information please visit: <http://www.honorcode.msstate.edu/>

**Technology:**

You must know how to operate a basic personal computer for word processing.

**Diversity:**

Diversity will not be formally addressed but an understanding that diversity occurs within the population is required.

**Academic Accommodation of Disability:**

Qualified students needing to accommodate disability are required by law to initiate the request process. If you haven't already made arrangements through Student Support Services (325-3335) and wish to discuss any accommodation needs you may have, my office hours and telephone numbers are included in the syllabus.

**Field Component:**

There will be no field component required but students must understand that research is typically conducted in the field.

**Evaluation of Student Progress:**

Students will have the opportunity to earn up to two hundred and forty (240) points during the semester. Point totals for the assignments are as follows:

Learning Log (10 pts each, x4)	40 points
Media Assessment (evaluated weekly)	50 points
Self-help meeting report	50 points
<u>Final Examination</u>	<u>100 points</u>
Total	240 points

Grading criteria:

216 – 240 points = A
192 – 215 points = B
168 – 191 points = C
144 – 167 points = D
< 144 points = F

## **Caveat:**

The information and schedule of events in this syllabus are subject to change based upon numerous environmental factors.

## **Course Readings**

There are additional readings assigned for various sections of the course. These readings are available at the following web-address <http://www2.msstate.edu/~cpalmer/psychaspects.html>. You **may** be asked to discuss the readings in class but you **will** be held responsible for their content on the final examination.

D'Zurilla, T. & Nezu, A. (1999). *Problem-solving therapy: A social competence approach to clinical intervention* (2<sup>nd</sup> Edition). New York: Springer Publishing.

Key Concepts. In Wright, B. (1983). *Physical disability: A psychosocial approach*. New York: Harper & Row.

Stone, D. (1984). *The disabled state*. Philadelphia: Temple University Press.

Zola, I. (1993). Disability statistics, what we count and what it tells us. Journal of Disability Studies, 4(2), 9-39.

## **Key Concepts related to the psychological aspects of disability:**

**As if behavior:** an attempt to "...hide, forget, or even deny what is viewed as a deficiency." (Wright, p. 117, 2<sup>nd</sup> Ed) Sometimes a person may accept their disability but act as if it did not exist for fear of others' reactions to the disability. May be related to idolizing the norm. The person may hope that if they ignore the problem it will go away. (e.g., person who has had heart by-pass surgery may refuse to adhere to a low cholesterol diet and exercise program -acting as-if there is no problem with the circulatory system. ) This may be on the part of another person -for example parents wanting to act as-if their child does not have a disability.

**Centrality:** A perceptual phenomenon. The tendency to allow one thing to be central to our perception of a situation. (May be visual, auditory, olfactory, tactile, or gustatory.)

**Compensation -Adaptive:** the use of technology, techniques, or behaviors to achieve normalization. Finding another way to do what others do or what one did previously. May be part of the normalization process. (Wright, p.147)

**Compensation -Redemptive:** Based upon the assumption that one is inadequate or inferior because he or she has a disability. The person believes he or she must excel in one or more areas to "compensate" for having a disability. Often associated with idolizing the norm. "...Because I am not normal in one area of my life, I must excel in another area to compensate for my inadequacy." Generally viewed as an unhealthy attitude. (Wright, p. 148)

**Containing the effects of disability:** "...the disability does not affect all situations." (Wright, p.33) e.g. I may not be able to walk but that does not mean I must be immobile. Or, my disability may affect my vision but it does not have to impact my emotional well-being.

**Contrasts:** "I felt sorry for myself that I had no shoes until I met the man who had no feet." May be related to comparative valuing, asset valuing, and enlarging the scope of values.

**Enlarging the scope of values:** "...i.e., the disability is not the only thing that matters" (Wright, p. 33). Finding new things to value -or placing greater value on things previously minimized or overlooked.

**Expectation discrepancy:** ..the difference between what is expected of a person and what that person is actually capable of achieving.

**Idolizing the norm:** "...the normal standards of behavior are rigidly defined and held forth as the single criterion for desirable or even allowable. Those who fall below those standards are devaluated." (Wright, p. 122, 2nd edit.) "...Arbitrarily holding up 'normal' performance as the model of behavior unnecessarily commits many persons with a disability to repeated feelings of failure and inferiority." (Wright, p. 123, 2nd edit.)

**Labeling:** naming or describing an individual by a dominant characteristic. May be related to expectation discrepancy, centrality, reductionism, spread. May facilitate communication but may also limit ones perception of the individual being labeled. May encourage stereotyping and prejudice.

**Normalization:** a term coined by a Swedish proponent Nirje (1969). "This principle affirms that the conditions of everyday life for people with disabilities. ..should approximate the norms and patterns of mainstream of society as closely as possible." (Wright, p. 122, 2nd edit.) Related to mainstreaming of today (laws IDEA and ADA). Not being forced to be different.

**Physique as prime motivator:** Explaining one's actions as a direct product of his/her disability. e.g. a student who uses a wheelchair earns a 4.0 grade point average. One might say the student worked extra hard on grades because he needed to compensate for being in that chair -he knew it would be harder to get a job and therefore tried to excel. Or we might say the only reason Wilma Rudolph became an Olympic athlete was in response to her functional limitations resulting from her polio. Similarly we might attribute a person's depression to the fact that he/she has a disability -when in reality the person is depressed because a family member and pet died in the same week. A person who has a disability might believe that the behavior of non-disabled people interacting with him is motivated by his physique (disability status) e.g., I didn't get the job because I have a disability (when in reality he may not have been offered the job because he has a lousy personality).

**Reductionism:** Reducing all personality characteristics, behaviors, beliefs, etc. to one aspect of ones personality or physical being. i.e., he is depressed because he has a disability, he is an overachiever because he has a disability, he did not marry because he has a disability, etc. (This may also be a part of prejudice.)

**Secondary gain:** Gaining something as a result of having a disability. e.g., more attention, preferential parking, free tickets to events (circus, ball games, etc.), cash benefits, early retirement, etc. (not necessarily bad). (Sometimes associated with succumbing to the disability.)

**Spread -negative:** allowing the perception of one characteristic to dominate the perception of the person, situation, or object. Ascribing negative characteristics to a person, situation or object simply upon the presence of a specific trait. This may be an element of prejudice. (e.g., with disability one might think that because a person is visually impaired he or she is also hearing impaired, immature, depressed, etc.) (In a racial sense, one might see a skin color and then proceed to attribute other characteristics to that person simply on the basis of skin color.) This may also explain why some parents of people with disabilities tend to be overprotective.

**Spread -positive:** (may be related to expectation discrepancy). Ascribing positive characteristics to a person, situation, or object. For example seeing that a person is blind, an observer may attribute to that person an exceptionally keen sense of hearing, exceptional powers of memory, or other “super powers.” (A racially based example might be the tendency to believe that all oriental people have a superior ability in mathematics or computer operations.)

**Subordinating the physique:** “...i.e., other values are more important than physique.” (Wright, p.33) (May be related to enlarging the scope of values.)

**Succumbing:** The opposite of coping. Giving in to the disabilities’ limitations. This may be reinforced by certain social programs or societal attitudes. ( e. g., SSDI, Veterans’ benefits, insurance benefits, etc.) Dictionary definition. [Webster’s Seventh New Collegiate Dictionary ] “to lie down I: to yield to superior strength or force or overpowering appeal or desire 2: to cease to exist: die.”

**Value transformation:** (“I don’t care whether it’s a boy or a girl just as long as it has ten toes and ten fingers. What if it doesn’t come as ordered?” ) May be related to asset valuing, enlarging the scope of values.

**Valuing- asset:** an evaluation arising from the qualities inherent in the object, person, or situation. (a concept developed by Dembo.) (Wright, p.129) Appreciating what one has while not dwelling on what the person does not have.

**Valuing -comparative:** comparing an event, a person, or other factor to a set standard. May be associated with idolizing the norm. (The problem is that there will always be somebody “better.”) Related to contrast and value transformation. May be directional. May also be known as “status valuing.”

### **References:**

Wright, B. (1983). Physical disability: A psychosocial approach (2<sup>nd</sup> Ed.). New York: Harper & Row.

**Additional Resources:**

Yuker, H.E. (1988). *Attitudes toward persons with disabilities*. New York: Springer.