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College students' conceptualizations of deficits involved in mild intellectual disability

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ABSTRACT

Precedential rulings in recent capital murder trials may, in some cases, leave it up to a jury to determine whether or not an individual meets criteria for an intellectual disability (ID) and should be spared from the death penalty. Despite the potential for misconceptions about ID to bias decisions, few empirical studies have examined the public's conceptualizations of individuals with ID. This study sought to examine 890 college students' conceptualizations of the deficits involved in mild ID. Students were asked to respond to two online surveys about the cognitive and adaptive behavior deficits that people with mild ID may experience. While most students were correct about basic facts, such as ID is not contagious and not curable, there was no clear consensus regarding beliefs about individuals with ID getting married, having children, or engaging in other mainstream activities of adult living. Students' responses are examined in light of results of studies that identify and examine bona fide deficits and areas of successful mainstreaming among persons with ID. Implications of misconceptions are discussed.

1. Introduction

In 2002, a ruling on the case of *Atkins v. Virginia* deemed the death penalty to be a cruel and unusual punishment, and thus in violation of the Eighth Amendment, for individuals diagnosed with intellectual disability (ID; Atkins v. Virginia, 2002). Most states that enforce the death penalty have elected to resolve the issue of a defendant's Atkins claim via a pre-trial bench hearing in which a judge rules whether or not the defendant has ID (Ellis, 2003). However, the Constitutionality of this issue has been questioned (Ring v. Arizona, 2002). It has been argued that having a judge determine whether or not the defendant has ID violates that individual's Sixth Amendment rights and that the issue should be brought before a jury (Bauerman, 2005; Ellis, 2003). The determination of ID may ultimately be decided by 12 lay people who are often provided with contradictory expert testimony. Individuals' preconceived notions about what mental retardation ''looks like'' could possibly bias opinions.

Few studies to date have examined individuals' understandings of deficits involved in ID. Caruso and Hodapp (1988) surveyed college undergraduates to assess their perceptions of intellectual disability and mental illness and found that college undergraduates tended to associate intellectual disability with physical stigmata and cognitive deficiencies, and the students unanimously reported that intellectual disability was caused by brain damage or genetics rather than environmental stimuli.

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More recently, McCaughey and Strohmer (2005) asked college students to list 10 attributes of persons with varying disabilities, including ID. Two core prototypes were: needs help/dependent on others and slow learner/comprehension problems. Secondary prototypes listed included: speech impairment, impaired motor skills/wheelchair use, childlike, looks physically different, special education, condition at birth, and happy/loving. Tertiary prototypes identified were cannot function normally in society/work and brain dysfunction.

Taken together, these two studies indicate that many individuals in the public may not have a clear understanding of mild ID (MID). Moreover, these studies suggest that many college students conceptualize MID as more severe and easily identifiable than is often the case, suggesting that people may have difficulty making informed decisions about ID diagnoses in the presence of such misconceptions. While numerous studies have examined college students' perceptions and attitudes towards persons with intellectual disabilities (Akrami, Ekehammar, Claesson, & Sonnander, 2006; Corrigan et al., 2000; Meyer, Gouvier, Duke, & Advokat, 2001; Panek & Junger, 2008), to date, no studies have broadly surveyed public perceptions of the possible adaptive behavior deficits found in MID. Thus, the current study sought to address this gap in the literature by investigating college students' understanding of intellectual and adaptive behavior deficits involved in MID.

2. Material and methods

2.1. Participants

Participants were 890 college students enrolled at a large, southern university. Mean age of the sample was 19.9 years (SD = 2.51). Of the sample, 72% (*n* = 641) were female. The majority of participants were Caucasian (81.5%). Of the remaining participants, 6.7% were African American, 1% were Asian, 2.1% were Hispanic, and 2.8% were of another ethnicity. Students received credit in undergraduate psychology courses for participation in this survey. Overall, 534 students indicated that they did know someone diagnosed with an intellectual disability (first-degree relative, *n* = 9; second-degree relative, *n* = 140; non-family member, *n* = 360, no response to this question, *n* = 18).

2.2. Materials and procedure

All information collected in the present study was anonymous and presented to students in an online survey format. The procedure was approved by the university's institutional review board. After granting informed consent, the students were asked to complete a brief demographic questionnaire. Finally, students were presented with two surveys. The surveys were presented in random order as were the questions within each survey. Students were informed that their responses would remain anonymous and were asked to answer honestly as their responses would influence future research in this area.

2.3. Surveys

Survey one presented 22 brief statements about individuals with MID (Table 1). These items were chosen because they represent a broad range of possible misconceptions relevant to adults with mild ID. Students were asked to respond on a four-point Likert scale (almost never, sometimes, often, almost always) indicating how often they believed the statement applied to individuals with MID. It should be noted that, for the purposes of this survey, the term "mentally retarded" was chosen over "intellectual disability" in order to ensure college students' understanding of the construct being assessed, as intellectual disability is a newer term and some college students may not be aware of the change in terminology. Survey two began with the statement, "individuals with mild mental retardation have problems with:" and then listed 41 items encompassing aspects of all adaptive behavior domains as well as several cognitive domains (i.e. memory and attention; Table 2). Individuals responded using a four-point Likert scale (almost never, somewhat, often, and almost always) to indicate the degree to which they thought individuals with MID experienced the deficits listed.

3. Results and discussion

Data for surveys one and two can be found in Tables 1 and 2, respectively. Most students correctly responded that MID cannot be cured and is not contagious. However, there appeared to be more ambiguity in responses related to rates that individuals with MID marry and rear children. 23.7% and 35.7% of the college students reported that individuals with mild mental retardation "almost never" marry and rear children, respectively. Hall and colleagues found that most individuals with mild intellectual impairment married (73%) and had children (62%; Hall et al., 2005). Also, Maughan, Collishaw, and Pickles (1999) estimated that 95% of women and 80% of men with MID marry or cohabit with significant others. Another study reported that individuals with MID did not differ from their siblings with average intellectual functioning in rates of marriage, family formation, or ability to maintain employment, though the siblings with lower IQ scores typically had less education and lower-paying jobs (Seltzer et al., 2005).

Over a quarter (29.3%) of college students surveyed in this study indicated they believed individuals with mild ID "almost never" hold jobs in the competitive workforce. A meta-analysis of the literature found that individuals with MID are 3–4 times more likely to be unemployed compared to intellectually average individuals and individuals with other disabilities (Verdonschot, de Witte, Reichrath, Buntinx, & Curfs, 2009). However, a study conducted in the United Kingdom found that