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A SOCIALLY DESIRABLE RESPONSE TO THE POLITICALLY INCORRECT USE OF DISABILITY LABELS

Contents

[THE RELATIONSHIP BETWEEN POLITICALLY CORRECT LABELS AND REHABILITATION COUNSELORS](#)

[METHOD](#)

[RESULTS](#)

[DISCUSSION](#)

[REFERENCES](#)

The effect of violating politically correct label protocol in a counselor-profession relationship was investigated. The sample included practicing rehabilitation counselors and students of rehabilitation counseling. Participants were randomly assigned to one of two activities involving the completion of a survey of attitudes toward people with disabilities. The surveys used either politically correct or politically incorrect labels. Results indicated that the group responding to the politically incorrect survey rated significantly higher (more positive) attitude scores than did the group responding to the politically correct attitude survey ($p < .05$).

The identity of a professional organization is crystallized in the meanings and processes of a shared language (see Broms & Gahmberg, 1983; Hawkes, 1977). In all forms, professional speech and writing are more than just methods of expression with individual and isolated meanings; but rather, speech and writing connect each perception to a larger system of meaning (Deetz, 1982). As professionals, the language we choose for communication defines how we see ourselves, and how we wish to be perceived by others. In rehabilitation counseling, the shared language of the profession has been the subject of a great deal of discussion, particularly concerning the use of disability labels.

Rehabilitation counseling has had an ambivalent relationship with disability labels, finding them both necessary for service delivery and stigmatizing for the client (Goffman, 1963). The professional response to this conundrum has been to adhere to a rights-based and highly ordered protocol (see Arokiasamy, Strohmer, Guice, Angelocci, & Hoppe, 1994) to protect the counselor-client relationship from the negative effects of stigmatized labels. At the core of this protocol is the concept of person-first language. Wright (1960) and Neff (1985) were early proponents of the use of a person-first protocol. In it, the disability is the object of an adjective phrase, rather than a direct modifier of the person. The construction, "person with (a disability)," has become the normative style of the rehabilitation counseling profession. Arokiasamy et al. (1994) referred to this protocol as "politically correct," which reflects the rights-based ideology of the new standard.

The politically correct protocol for rehabilitation counselors evolved from considerable discussion and survey in the disability literature (Boland, 1980; Byrd, Crews, & Ebener, 1991; Hadley & Brodwin, 1988; Kailes, 1985; La Forge, 1991; Manus, 1975; Patterson, 1988; Patterson & Witten, 1987), although there remains a paucity of theory or research to support the assumptions of the protocol (La Forge, 1991; Patterson, 1988). Arokiasamy et al. (1994) investigated the perceived effectiveness of counselors using politically correct and incorrect language. None of the dependent variables (attractiveness, expertness, or trustworthiness) differed significantly for either participants with

or without disabilities. A review of the literature revealed no other attempt to test the assumptions of politically correct labels specifically in terms of the rehabilitation counseling community. Further research and a clearer theoretical base is required to shed light on the issue. The purpose of this study is to describe the fundamental assumptions underlying politically correct labeling in the rehabilitation profession and to provide a tentative investigation of its potential effect.

THE RELATIONSHIP BETWEEN POLITICALLY CORRECT LABELS AND REHABILITATION COUNSELORS

Labels may vary in meaning on two levels: (a) on the denotative level, which refers to the literal and objective information communicated about the referent; and (b) on the connotative level, which refers to the implied and subjective information communicated about the referent (see Osgood & Suci, 1955; Osgood, Suci, & Tannenbaum, 1957). For example, the labels persons with paraplegia and the wheelchair bound may be used to refer to roughly the same population, yet they differ on both denotative and connotative levels. The politically correct label persons with paraplegia denotes a set of highly useful diagnostic criteria compared with the erroneous, although colorful, image of being tied to a wheelchair. Besides being inaccurate, the image of being bound to a wheelchair is highly evaluative, with the connotation of a weak and inferior status. Politically correct labels avoid subjective, evaluative content. In this way, a politically correct label facilitates interprofessional communication about the group, or members of the group, in specific situations.

The codification of a politically correct protocol for rehabilitation counselors may be perceived as the profession's attempt to create a shared language that facilitates communication between its members (see Osgood et al., 1957; Triandis, 1959) and demonstrates the core values of the professional culture (Deetz, 1982; Geertz, 1973; Schein, 1985). The presence of a shared language is a hallmark of a professional culture (Deetz, 1982; Schein, 1985; Smircich, 1983). Rehabilitation counselors use politically correct language to transmit the values of the group (Schein, 1985) and to differentiate the group from others, providing a sense of identity (Roy, 1960; Van Maanen & Barley, 1984). Existing to serve people with disabilities, the rehabilitation counseling profession demands, at the very least, that the shared language of the profession be accurate and connotatively nonstigmatizing (Arokiasamy et al., 1994).

When professionals violate politically correct protocol within ranks there is likely to be some form of social sanction. The group may exert considerable social pressure on the transgressor to correct the offending language and the attitudes it represents. In effect, the transgressor is pressured into more socially desirable behaviors by the group. The professional counselor valuation of a disability label is a function of the social desirability of the label's denotative and connotative meanings. Ford and Meisels (1965) demonstrated a strong relationship between the evaluative dimension of words (good vs. bad) and the concept of social desirability. Wiggins and Fishbein (1969) extended the argument, suggesting that social desirability may be a special case of the evaluative dimension. Given these premises, it is conceivable that a breach in the use of politically correct labels by one member of the community could elicit a socially desirable response in others.

METHOD

An experimental, postmeasure-only research design was used (Pedhazur & Schmelkin, 1991) to investigate the following research hypothesis: The structure of the disability label used in a measure of attitudes toward people with disabilities will affect how rehabilitation professionals respond to the instrument. The independent variable was political correctness with two levels, politically correct (person-first language) and politically incorrect (label-first language). The manipulation of political correctness was accomplished by creating two versions of the Scale of Attitudes Towards People With Disabilities (SATPD; Yunker, Block, & Young, 1970). The instrument was altered such that in one version, person-first language was used consistently, that is, the descriptor disability always appeared as the object of an adjective phrase following the noun. In the second version of the SATPD, the disability was a direct modifier of the person or child, that is, the adjective preceded the noun.

Participants consisted of a convenience sample of rehabilitation professionals attending a seminar in a southeastern state. Out of 102 rehabilitation professionals solicited, 81 (79%) returned their packets. Participants received one of two randomly distributed packets that included (a) a demographic sheet; (b) distractor activities, including a job description and an activity in which the participants estimated functional requirements of the described job; and (c) either the politically correct attitude scale or the politically incorrect attitude scale. Participants completed the survey activity at the conclusion of the seminar within a 15- to 25-minute time frame. The participants had no opportunity to peruse other packets or to discuss their responses with others.

RESULTS

Of the 81 returned packets, 47 were from the group that had received the politically correct packets and 34 were from the group that had received the politically incorrect packets. Within this sample, 33 were practicing counselors, 31 were students of rehabilitation counseling, 8 were administrators of rehabilitation counseling agencies, 3 were rehabilitation counseling educators, and 6 were returned without response. The moderate difference in return rate between the two treatment groups required that we investigate the assumption of homogeneity of variance. Bartlett-Box $F(1,17407) = 1.58$, $p > .10$, was not significant, supporting the null assumption of no difference. The interpretability of the analysis of variance (ANOVA) was further supported by the nature of the difference in the variances. In this case, the smaller of the groups carried the smaller variance, which tends to create a conservative nominal F and thus reduce, rather than inflate, the chance of a Type I error.

A one-way ANOVA was used to test the null hypothesis of no mean difference between the two treatment groups. A significant difference was demonstrated between the two groups, $F(1,80) = 6.02$, $p < .05$. The mean of the politically correct group was significantly lower than the mean of the politically incorrect group, $M = 47.4$ and $M = 52.7$, respectively. The null hypothesis was rejected in this case.

DISCUSSION

This study looked at the differential effect of politically correct and incorrect labels within the counselor-profession relationship. Participants were aware that the study was developed and executed by professional rehabilitation educators from their community. There was a significant difference between the groups on their expressed attitudes toward people with disabilities. The group responding to the politically incorrect format expressed the more positive attitudes (i.e., more similar to people without disabilities) than did the group responding to the politically correct format. Given the random assignment of participants to treatment groups and the lack of denotative difference between the stimuli, there is no obvious argument to support the notion that the difference is actually a measure of attitude. It is more likely that the manipulation of labels elicited some form of response bias. The most obvious implication for these findings is that political correctness is a potential source for bias in professional responses to direct measures of attitudes. Where the attitudes of rehabilitation counselors are the focus of inquiry, investigators are cautioned to pay particular attention to the language of the study.

A more hypothetical interpretation of the findings could suggest that social desirability provided the motivation to exaggerate positive attitudes in reaction to the presence of socially inappropriate and potentially stigmatizing labels. The link between social desirability and expressed attitudes toward others is well established (Edwards, 1959; Taylor, 1961) and noted as one enduring problem in the measure of "true" attitudes (Antonek & Livneh, 1995). In this study, we suggest that a socially desirable response bias was elicited as a group response to the use of inappropriate language by a member of the profession. Other interpretations are possible, and the findings of this study do not generalize beyond this specific context, because of the nature of the sampling procedure (convenience sample).

This study suggests guidelines for future research on disability labels and politically correct protocol in the profession. Rehabilitation counseling has developed politically correct protocols to avoid stigmatizing their clients. This is a commendable professional effort that illustrates client value. However, efforts to reduce negative connotations should not diminish the denotative utility of the label. The function of a label is to impart both accurate and salient information. Denotative and connotative label meanings must be considered together when deciding on protocol. Research into the meaning and use of disability labels must also consider the context of label use. Ultimately, the value of a politically correct label should be judged by its effect on three professional relationships: (a) counselor-client, (b) counselor-profession, and (c) profession-client. Empirical work in this area should strive to integrate theory into the design of the study and the selection of potential outcomes. In this study, we used attitude measures as a rather indirect measure of effect. Other studies could provide insight into the connotative meaning of labels using the semantic differential technique, tying the investigation of language protocol to a well-established body of literature in psycholinguistics.

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