

Psychoanalytic and Sociobiological Factors in Attitudes toward Persons with Disabilities: Discussion Focused on the Rehabilitation Counseling Profession

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Abstract

This study's goal was to examine, expand upon, and update a chapter that was first printed in a relatively small number of copies of the book titled *Essays and Research on Disability*¹. Thomas was the sole author of the original chapter, which discussed how attitudes about disability develop from a psychoanalytic and sociobiological perspective. Kin, reciprocal, and induced altruism were the first three altruism principles in sociobiology that were covered in this study. Then, Karen Horney's neo-Freudian viewpoint (i.e., less emphasis on sex and focused more on the social environment and culture regarding personality development) and traditional Freudian theories (such as castration anxiety, loss of love, and loss of the object) were tied to sociobiology, and this relationship was further addressed in terms of the evolution of attitude toward handicap. Then, recommendations were offered across a broad range of rehabilitation counseling services and educational practices that might be improved by using these insights, both clinically and politically. Finally, the present study extends this discussion by addressing similar concerns in the areas of counseling service priorities, multicultural rehabilitation counseling, and identity politics.

Introduction

Psychoanalysis and sociobiology are related and complementary in a number of ways. Both Freud² and Edward O. Wilson³, the founder of sociobiology, made startling findings regarding the nature of humans and their connections to the rest of the animal kingdom. However, these discoveries drew harsh criticism from their contemporaries. Hardin⁴ asserts that sociobiology has been variously referred to as racist, sexist, elitist, biologically determinist, Social Darwinist, and reductionist because it has occasionally been used to legitimize the genetic inferiority of a certain race and group. A large number of these individuals have also challenged Freud and psychoanalysis. In reality, the more psychoanalytically inclined colleague of the present author once described the following incident: In one of his classes, Freud's name was brought up in connection with a personality trait that was being discussed. The hand of a female student in the class was raised to declare categorically that Freud and his theories should not be discussed at all because Freud was clearly sexist.

Freud himself was fond of comparing his work to that of Darwin and Copernicus, who had similarly tumbled humans from their uniquely spiritual, Center-of-the-Universe throne. Specifically, it was Freud's contention that by revealing the unconscious, he had disabused people of the notion that they had complete conscious control over their affects and conduct. Gregory⁵ has ascribed a similar

function to sociobiology, which maintains that genes play a significant part in determining not only human form but also human behavior and even consciousness. Therefore, it is not unexpected that some people enthusiastically accept sociobiology's conclusions on par with those of Freud, Darwin, and Copernicus.

Recent efforts to integrate the sociobiological aspects of Freud's theories with the findings and theories of sociobiology⁶⁻¹¹ offer fertile ground for theorizing the development of attitudes toward disability. A disability attitudes study examines a person's cognitive and behavioral processing that involves favorable and unfavorable reactions to disability. As negative attitude toward disability (e.g., pity, fear, sympathy, lack of respect) creates invisible challenges such as social exclusion and isolation¹² and rehabilitation professionals are those who need to deal with these barriers from a positive and encouraging perspective for their clients with disabilities, it is the purpose of the present study to offer the means to ameliorate such negative attitudes by: (a) providing an overview of the field of sociobiology; (b) discussing the relationships between sociobiology and Freudian psychoanalytic theory; and (c) demonstrating how the insights of sociobiology and psychoanalysis might be used to provide a theoretical basis for rehabilitation policies and practices that promote more favorable attitudes toward persons with disabilities. The document is a position paper, not a research article, that draws from the theories and studies of some of the greatest thinkers in the fields of psychology and evolutionary science. Many of these theorists produced their best literature in the final decades of the 19th century and the first decades of the 20th century. The fact that anything was published or posited in the 19th or 20th Century does not automatically discredit its great quality.

Overview: What is Sociobiology?

According to Wilson³, the term sociobiology may be defined as "the systematic study of the biological bases of all social behavior" (p. 595). For the purposes of this manuscript, perhaps a better definition is provided by Badcock¹³ (p. 189), who stated simply that sociobiology is "A modern Darwinian theory which explains social behavior in terms of its contributions to the survival of an organism's genes."

Sociobiology's most important idea that has to do with how people feel about people with disabilities is called "*kin altruism*" or "*kin selection*," which means that selfless behavior has evolved because of kin selection. According to Boorman and Levitt¹⁴, the idea of kin selection is based on "the elementary fact of Mendelian inheritance that genetic relatives, in general, share a certain fraction of identical gene material." Kin selection favors genes that affect kin

altruistic behavior, which is behavior that helps genetic relatives but costs the altruist something. *Reciprocal altruism*, which is when someone does something kind in the hopes of getting something of similar value in return, or reciprocity selection, is a related idea that could also be very important. Boorman and Levitt¹⁴ say that "reciprocity selection works because cooperative behavior may, on average, make both (or all) cooperating individuals fitter" (p. 5). The last idea is *induced altruism*, which means that feeling empathy for someone in need can lead to altruistic motivation with the goal of improving that person's welfare. This is also known as parasitism, which is when one organism improves the fitness of another at its own expense and without any benefit to itself or its genes that are present in the recipient¹³. In other words, the recipient induces altruism that would normally be directed elsewhere or not displayed at all¹⁵. An example of induced altruism provided by Trivers¹⁵ is the brood parasites of birds, whose members are wholly specialized to lay their eggs in the nests of other birds so the hatchlings will be reared to independence by them. From the point of view of the exploited party (in this case the unsuspecting nurturer), induced altruism is selfishness.

It may seem like a "quantum leap" to value the reproductive and other social behaviors of "lower" organisms in comparison to human beings, but sociobiology makes the fundamental assumption that many different social behaviors, including altruism, are passed down through evolution in the same manner as physical traits. That is, it is understood that environmental circumstances have a great deal of room to alter genetic potential, particularly in the case of humans who have a high degree of behavioral control. In any event, research into altruism, whether as a genetic or environmental factor, has the potential to significantly impact how people view and treat those with disabilities.

Classic Freudian Psychoanalysis and Sociobiology

The first focus of this paper is on the relationship between Freudian (i.e., classical drive/structure theory that explains the way instinct/drive is controlled by id, ego, and superego) psychoanalysis and sociobiology in the context of disability attitudes study. The relationship between Freudian psychoanalysis and sociobiology has been discussed most extensively by Christopher C. Badcock, a British sociologist who was analyzed by Anna Freud. Badcock's work⁶⁻¹⁰ was based on an integration of sociobiological concepts, such as altruism and the inheritability of social behavior, and Freud's speculations about sociobiological influences on human personality development. Specifically, it was Freud's claim that the origins of the Oedipus complex (i.e., the complex of emotions aroused in a young child by an unconscious sexual desire for the parent of the opposite sex and wish to exclude the

parent of the same sex) lay in the social evolution of early humans, a claim that was first made in Totem and Taboo². Freud believed that early humans roamed the Earth in what he called primal hordes. Basically, these hordes were of two types: one ruled by a dominant male, which included his “wives,” sisters, and daughters; and the other made up of all the other males (i.e., the brothers and sons of the dominant males), who had been expelled from the original horde by the dominant male or his predecessors. At some point, the sons and brothers formed a group and murdered (and devoured) the primitive fathers in order to seize their women. According to Freud, the consequences of these acts have had a profound effect on the personality development of the human species. For example, the development of the superego on an individual basis and culture on a social basis derived directly from these occurrences, as well as the origin of religion (totems) and the incest taboo. On several occasions, Freud developed these concepts in an effort to unlock the mysteries of civilization, art, culture, religion, and group dynamics. Among the more prominent of these works were *Group Psychology and the Analysis of the Ego*¹⁶, *Civilization and Its Discontents*¹⁷, *The Future of an Illusion*¹⁸, *Moses and Monotheism*¹⁹, and the recently discovered *A Phylogenetic Fantasy Overview of the Transference Neuroses*²⁰.

The Oedipus complex, which is defined as the desire to have coitus with the other-sex parent and the ensuing fear of castration and/or fear of losing the same-sex parent’s love, has always served as the basis for Freud’s theories. Furthermore, Freud thought that each person’s version of this primordial drama was repeated from generation to generation. In other words, it was thought that the sociobiological and ontogenetic roots of the Oedipus complex were interrelated. Badcock^{6, 7, 9} theorized on the evolution of the superego as well as the ego and the origin of the id, which he hypothesized had evolved from early baboon-like hominids, starting with Freud’s beliefs about the primal horde and the Oedipus complex as a point of departure. Badcock expanded and clarified Freud’s more recently discovered writings on the sociobiological roots of the psychosexual stages of human development (i.e., oral, anal, and phallic)²⁰. These stages are said to have developed in a different order for the species (i.e., phallic, oral, and anal) as a result of the cultural evolution of society.

According to Badcock, society’s progress depends on how the Oedipus complex manifests and is resolved. Badcock is harshly critical of contemporary parenting techniques and the dissolution of the traditional family unit since the formation of the superego depends on supportive parental figures and social structures. He effectively sees single parenting, unwed motherhood, and permissive parenting styles as being against evolution. Badcock⁸ turned his attention to “the problem of altruism,” which

he attempted to solve by integrating the work of Darwin and Freud. Much of this scholarship is based on concepts derived from sociobiology. What is particularly striking about Badcock’s work is the assumption that the Oedipus complex and other aspects of personality have a biological basis. In other words, they are genetically transmitted. Furthermore, it is believed that specific kinds of altruism have a significant role in deciding which genes survive.

The Oedipus complex, with its attendant concept of castration anxiety (i.e., boy’s fear of loss of or damage to the genital organ as punishment for incestuous wishes toward the mother and murderous fantasies toward the rival father), has been discussed by several authors as an important factor in attitudes toward disability²¹⁻²³. To the person with a disability, the disability may represent a form of castration; to the able-bodied person, the sight of a person with a disability may evoke the threat of castration. In females especially, the disability would theoretically also evoke fear of loss of love²¹. This line of thought was extended recently by Thomas²⁴. In Thomas’ opinion, adjustment to disability could be affected by: (1) castration anxiety, (2) fear of the loss of the love of the object, and/or (3) fear of the loss of the object. It was implicit in Thomas’ paper that these three factors, which are important in all “uncomplicated cases of transference neurosis”²⁵, could also affect the reactions of others toward persons with disabilities. For example, it may be presumed that, to an onlooker, a disability such as the loss of a limb is represented unconsciously as castration, loss of love of the object (e.g., loss of the mother’s or father’s love), and/or loss of the object (e.g., the loss of the onlooker’s limb, mother or father). If it may be inferred that the onlooker has weak ego strength or unresolved Oedipal anxieties in any of these areas, then his or her reaction toward the person with a disability may be adversely affected.

Benveniste²⁶, whose work has been greatly influenced by Perry²⁷, a Jungian psychoanalyst, presented a more recent interpretation of the “phylogenetic project of psychoanalysis.” The four phases of what Benveniste refers to as psychomythic growth are, in his opinion, (a) death and oneness, (b) birth and separation, (c) ascension and conflict, and (d) transformation and the emergence of order. Because Benveniste’s model emphasizes the impact of culture on psychological development more than Freud’s does, it is more comprehensive. According to Benveniste’s theory, a child with a disability may find it more challenging to complete the developmental job of separating from their mother because of a lack of physical or mental capacity. Furthermore, worries about being independent could have the same effect on the viewer as the fear of castration and negatively affect the person’s attitude toward the person with a disability.

Ego Psychology Perspective Relevant to Sociobiology

One of the most influential Neo-Freudians whose work is relevant to attitudes toward disability is Karen Horney. In fact, an empirical study of her theories was conducted by Norma Jabin²⁸ who developed an attitude-toward-the-disabled scale, choosing personality test items that would best reflect Horney's three personality types (i.e., aggressive, complaint, and detached)²⁹. The scale was administered to 294 adolescents (aged 15–18). Results indicated that authoritarian–aggressive personality traits were moderately correlated with attitudes of hostility toward persons with a disability. For alienated personality traits, the relationship was substantial. Specifically, alienation, hypercriticality, and ambition were negatively related to positive attitudes. Attitudes of authoritarian–submissive personality traits related to attitudes of pity, and health concern showed a positive correlation with hostility and repulsion.

Considered collectively, these findings paint a rather negative picture of how adolescents perceive persons with a disability. Those with authoritarian-aggressive personality traits react to persons who appear to be different from themselves with hostility. In other words, these individuals, in sociobiological terms, fail to demonstrate kin or reciprocal altruism (i.e. altruism that occurs when an individual acts altruistically in hopes of equal-value repayment) toward persons with a disability. Those with authoritarian-submissive personality traits react more like those who experience people with disabilities as the beneficiaries of induced altruism and/or as threats to their own physical or psychological integrity. Those with alienated or detached personality traits reacted with hostility, having no sense of kin or reciprocal altruism with persons with a disability.

According to Horney's theories on anxiety, neurosis, and interpersonal relationships, one's self-confidence and physical appearance are closely related, which affects not only how one's personality adjusts but also the likelihood that one will be attractive enough to find a partner of the opposite sex with whom to procreate. Therefore, sociobiological factors affect who will procreate and the degree to which people with impairments will be viewed as suitable partners. In addition, one's social opportunities, generally, will be determined to the extent that the person with a disability is viewed as more similar than different from others, and the attitudes toward them will be similarly determined. In addition, one's social opportunities, generally, will be determined to the extent that the person with a disability is viewed as more similar than different from others, and the attitudes toward them will be similarly determined.

During her lifetime, Horney wrote numerous scientific books and articles. Among the most noted

are the following: *Our Inner Conflicts*²⁸, *The Neurotic Personality of Our Time*³⁰, *Neurosis and Human Growth*³¹, *Feminine Psychology*³², and *The Collected Works of Karen Horney*³³. From a rehabilitation psychology perspective, these publications and her legacy frequently challenge traditional psychoanalytic concepts, and, as such, offer the therapist a different and perhaps more accurate way of interpreting patients' attitudes toward disabilities. In sum, to improve negative attitudes toward disability, therapists, society, and persons with disabilities themselves would need to emphasize the similarities between people with and without disabilities. Moreover, therapists influenced by the writings of Karen Horney need to inspire confidence and reduce anxiety in their patients with a disability so that the patients do not fear interactions with non-disabled persons and are encouraged to seek higher education and employment opportunities that will increase their levels of independence and help them to feel and be seen as more similar to other members of society.

Promoting Positive Attitudes Toward Disability: Similarities Rather Than Differences

If concepts such as kin altruism (i.e., altruistic behavior whose evolution is driven by kin selection), reciprocal altruism (i.e. altruism that occurs when an individual acts altruistically in hopes of equal-value repayment), and castration anxiety (i.e., boy's fear of loss of or damage to the genital organ as punishment for incestuous wishes toward the mother and murderous fantasies toward the rival father), do indeed have importance in influencing attitudes and behaviors toward persons with disabilities, what can be done by rehabilitation professionals and persons with disabilities themselves to neutralize and/or take advantage of these mechanisms?

In the specific case of kin altruism, it would seem critically important to emphasize the similarities rather than the differences between persons with and persons without disabilities. Unfortunately, the entire social service and educational system in the United States is structured in such a way that rehabilitation and special education services are predicated on establishing and emphasizing differences instead of similarities. That is, one must be labeled as having one type of disability or another to be eligible for special services. Similarly, preparation programs for rehabilitation and special education professionals are often separated administratively from the generic fields of counseling, psychology, and teacher education. In addition, national programs soliciting monies or other special treatment for persons with disabilities often emphasize differences and deficiencies in order to gain sympathetic support³⁴.

While this latter practice could be viewed as taking advantage of the concept of induced altruism, any practice

that emphasizes differences between persons with and without disabilities may inhibit rather than facilitate the development of positive attitudes. For example, research has consistently indicated that perceptions of similarity and difference are important factors in influencing how persons in general react to persons with disabilities, with those perceived as more similar eliciting the more favorable reactions³⁵⁻⁴⁰. Indeed, Fichten et al.⁴¹ reported that college students with disabilities were as uncomfortable as other students with peers who had a disability different from their own. Also, in a classic study conducted by Glasser and Strauss⁴², the social interactions between persons with and without disabilities were shown to approach a level of normality when both parties in the interaction pretended not to “zero in” on the disability itself. That is, the interaction improved when the other person was assisted in perceiving that he or she was interacting with another person rather than with someone who was disabled. Similar findings were reported by Fichten and Amsel⁴³, who recommended that when planning intervention programs designed to promote comfortable interaction between persons with disabilities and persons in general, attention should be directed toward changing the other person’s cognition about the person with a disability. Generally, these findings suggest that in national campaigns intended to promote positive attitudes emphasis should be placed on the similarities between persons with and without disabilities and not on the differences. Moreover, as recommended by Adler et al.³⁴, emphasis should be placed on the coping rather than succumbing aspects of adjustment to disability.

It was mentioned earlier that one of the problems with current social service and educational systems is the requirement that one must be labeled as disabled before being eligible for services. This requirement would be unnecessary if eligibility for services were based on functional limitations and needs rather than on the possession of a specific disability. Similarly, there is no compelling reason to treat “special education” students any differently than any other students. That is, the educational system could be generically empowered to meet every child’s needs, whether that child is disabled, gifted, or unexceptional. The educational system should respond to the individual child’s needs, not to the needs of some arbitrarily designated category of children. The division of adults and children into categories based on disability, race, gender, socioeconomic status, intelligence, and so on promotes prejudice, dehumanization, labeling, stereotyping, and a loss of individuality. Clearly, a better idea would be to address individual differences as the natural consequence of nature and nurture rather than tying clients and students into nice, neat little packages such as the learning disabled, culturally different, and physically handicapped. If the purpose of rehabilitation and special education is the full integration of people

with disabilities, then why is it necessary to separate the services they receive from those received by other people? Moreover, who really benefits from this separation, the clients and students, or the professionals who serve them?

Another concept from the field of sociobiology that could have importance is the idea of reciprocal altruism (i.e. altruism that occurs when an individual acts altruistically in hopes of equal-value repayment). As defined earlier, this concept applies when cooperative behavior benefits both parties. Examples would be helping in times of danger and distress, sharing food, sharing implements, and sharing knowledge⁴⁴. In the specific case of persons with disabilities, the concept of reciprocal altruism would apply when it is shown that expenditures for services will ultimately result in an overall economic and social gain for society. Such arguments have traditionally been used to gain appropriations from state and federal legislators, particularly in the case of vocational rehabilitation. However, the same arguments could legitimately be used to promote programs in independent living, adult education, and a wide array of other social programs. The key is to make certain that the programs offered are effective enough to provide a return for the investments being made. If not, the result is a form of induced altruism, or cheating, which may in the long run promote not only negative attitudes but also a diminishment in the quality of life for everyone concerned. To take advantage of the mechanism of reciprocal altruism, rehabilitation personnel and disability advocate groups should emphasize the reciprocal benefits of providing services and then make certain that every effort is made to improve the quality and effectiveness of the services provided. In practical terms, implementing this emphasis means that efforts should be made to educate and employ qualified personnel and to focus research efforts on identifying interventions that actually work. While it could be argued that in order to demonstrate the reciprocal benefits of providing services to persons with disabilities one would first need to categorize them as a separate group, the benefits of receiving vocational training and having independent-living arrangements could be demonstrated regardless of whether the participants were disabled or not.

The concept of empathy-induced altruism⁴⁵ presents a special problem for rehabilitation personnel and their clients, since capitalizing on donor affects such as sympathy or guilt can be quite effective in generating support for programs and individuals. In fact, one might argue that requests for support on such bases appeal to higher order ego functions (i.e., those humanitarian characteristics which separate humans from “lower” animals) and are therefore quite desirable. One might also argue that such appeals are actually a form of reciprocal altruism since the donor receives the benefit of a reduction of guilt. Unfortunately, altruistic actions based on guilt or

sympathy are rarely beneficial to the donor's overall well-being and are often demeaning to the person receiving the assistance. Therefore, it is asserted that appeals for support of programs benefiting people with disabilities should be based on kin and/or reciprocal altruism.

In the matter of castration anxiety and related concepts as correlates of attitudes toward disability, efforts should be made to reduce the potential threat that the disability may pose for the non-disabled person's ego. While in an ideal world individual would have sufficient ego strength to tolerate differences and/or symbolic threats of castration and loss of love, many individuals present less healthy psychological characteristics. To reduce the effects of these psychological phenomena, efforts again should be made to emphasize similarities rather than differences (i.e., promote identification by de-emphasizing the focus on the disability), and social-planning policies that may pose real threats to the security of persons without disabilities (e.g., the imposition of quota systems and preferential hiring practices) should be avoided. Obviously, the latter of these recommendations is controversial, but its implementation would result ultimately in a more amicable environment for both persons with and without disabilities.

It might be argued that placing an emphasis on similarities rather than on differences could discourage people from learning about, appreciating, or embracing persons who possess gender, ethnicity, race, disability, or other differences. While such an outcome would be unfortunate, the point is not to ignore group differences but rather to refrain from emphasizing them. There can, of course, be clinically important differences between persons with and without disabilities and these differences should be addressed in treatment and educational settings. However, it is a fact of life that within-group differences are usually larger than between-group differences. In other words, an astute clinician would almost always treat individuals as individuals rather than as members of some nosological group.

In some respects, the recommendations offered in this manuscript have already been implemented in the educational and social service system, however, in several other respects persons with disabilities are still relegated to separate status or have elected to be treated differently. Mainstreaming in schools, deinstitutionalization, independent living, efforts to eliminate disabling language (i.e., placing emphasis on the person rather than the disability), community-based treatment programs, and using assessments based on functional limitations are examples of practices that promote inclusiveness and integration. In addition, efforts by state agency administrators and university researchers to demonstrate the long-term benefits of supporting vocational rehabilitation and independent-living programming are

congruent with the concept of reciprocal altruism (i.e. altruism that occurs when an individual acts altruistically in hopes of equal-value repayment). On the other hand, much remains to be done. For example, rehabilitation programs are almost always separated administratively from other human-service programs, and clients must still be labeled as disabled before being eligible for services. In addition, special education teachers are separated administratively (and often physically) from other teachers, and teacher preparation programs. Moreover, rehabilitation counselors and psychologists are also frequently separated administratively from their parent disciplines of counseling and psychology.

In fact, even on college campuses where administrators enthusiastically endorse the concept of multiculturalism and innovative plans for diversity, what these plans typically mean are separate resources, facilities, and services for persons with disabilities. While the intent of these services and facilities is to promote accessibility and integration, the result is frequently that students with disabilities, unlike other students, are encouraged to use one versus several university student-service offices, and the overall milieu of the university disability resource center may actually discourage rather than encourage social interaction between students with and without disabilities. That is, to the extent that the students' social life at the university revolves around social and clinical activities planned or administered by the resource center, their contact with other students is commensurately diminished. The same thing is true of the rush of universities to create "multicultural centers" for minority group students. Neither intellectual nor demographic diversity is served by encouraging minority group students to congregate in the same building.

What has been attempted in this manuscript is to provide a theoretical basis for those policy decisions and practices that promote integration and the perception of persons with disabilities as being more similar to rather than different from other people. While efforts to provide special services, training programs, employment opportunities, and charitable donations for persons with disabilities are assumedly well intended, they run the considerable risk of reinforcing a perception of difference that may ultimately decrease rather than increase positive attitudes. On the other hand, unless persons with disabilities are helped or given the opportunity to capitalize on their assets and remediate correctable deficiencies, they will, by virtue of their functional limitations, often be relegated to a position of unnecessary dependence and perceived inferiority. To eliminate the negative effects of both of these alternatives, social and educational services to persons with and without disabilities should be offered under the auspices of the same organizational structures, and services generally should be provided on the basis of need and not on the basis of the possession of a disability.

At a meeting and discussion recently held about the Americans with Disabilities Act, one of the participants (a person with a disability), who supported the Act, commented on how unfortunate it was that people with disabilities had to be singled out for such legislation. It was her feeling that the rights afforded by the Act were the birthright of every American. And, therefore, by singling out Americans with disabilities, the Act was reinforcing a mentality of charity and perceived inferiority. The message intended in this manuscript could not have been stated more effectively. In the quest for equality between persons with and without disabilities, the emphasis on similarities rather than differences will be a critical factor.

Implications for Treating Multicultural Rehabilitation Counseling

A more recent phenomenon is what its opponents critically call "identity politics." The term typically refers to politicians, mental health professionals, universities, the news media, advertising agencies, and the person him or herself emphasizing gender, race, ethnicity, sexual orientation, or other special characteristics to advance the opportunities of minority group members. In the field of rehabilitation, there has always been an unfortunate tendency to label people based on the type of their disability (e.g., physical, psychiatric, cognitive). In fact, although it may be unintentional, professionals in rehabilitation settings often refer to clients or patients using terms such as "the CVA, the MS, the MR, the paraplegic, the quadriplegic, the epileptic, the deaf guy, the blind guy, etc.," instead of treating the client or patient as a unique individual.

During the 1960s, a whole new disability focus developed as an extension of the War on Poverty. One of the most ambitious efforts to incorporate this emphasis in the Federal Rehabilitation Services Administration's Vocational Rehabilitation Program was the Wood County Project^{46, 47}. The purpose of this project, which was quite large and significant at the time, was to investigate whether people who were considered "culturally disadvantaged" or "culturally different" could be successfully rehabilitated (i.e., become employed) using the same vocational rehabilitation methods that had proved so successful in serving clients with traditional disabilities and vocational handicaps. The Wood County Project and similar research and political initiatives paved the way for the current multicultural movement, which focuses primarily on services for African Americans, Hispanics, Native Americans, and Southeast Asian Americans.

A closely related issue is the movement in virtually all of the mental health professions to place considerable emphasis on multicultural issues. Numerous articles have been published in scholarly journals in every mental health discipline, including psychoanalysis^{48, 49}, on the differences

in treating persons from different racial, ethnic, gender, sexual orientation, and other special groups⁵⁰⁻⁵². Although there may be some validity in such recommendations due to the fact that individuals with different demographic characteristics may have had different life experiences, the idea that clients or patients from these groups require significantly different therapy interventions is ludicrous.

An example of how far this perspective has advanced may be seen especially in the fields of counseling and psychology. The American Counseling Association, for example, has developed what they call the Multicultural Counseling Competencies⁵³, and this association has even gone so far as to require that all of their national convention presentations must include a multicultural aspect. As stated earlier in the paper, within-group differences are always greater than between-group differences, and emphasizing between-group differences will do little to reduce prejudice, regardless of whether this practice happens at the professional association or university level. At the beginning of this new trend, Arredondo and colleagues defined the term, "multicultural", in terms of five major racial groups, including African/Black, Asian, Caucasian/European, Hispanic/Latino, and Native American.

Much has been written in support of structuring counseling and psychotherapy interventions based upon membership in these and other special groups; however, a few authors, Kenneth R. Thomas and Stephen G. Weinrach, for example, have written numerous articles challenging a theoretical flaw of this philosophy in rehabilitation and counseling generally⁵⁴⁻⁵⁹.

For example, they argued that too much emphasis was given to racial/ethnic factors, thus ignoring the importance of other factors, such as level of education, religion, region of birth and upbringing, socio-economic factors and a host of other variables. To limit the list of multicultural variables only to race and ethnicity could, quite frankly, be considered racist. Kocarek and colleagues⁶⁰ also reported that the validity of multicultural counseling competency is often supported via item-subscale correlation and convergent validity, while predictive and divergent validities are the area of future study, indicating a difference-focused approach does not necessarily predict better outcomes than a similarity-based approach.

Other notable critics have been C. H. Patterson⁶¹, C. E. Vontross and Morris Jackson⁶², and Craig L. Frisby and William Donohue⁶³. Their major argument, which is congruent with the philosophy promoted in the present article, is that clients and patients need to be treated as individuals, not as members of specific racial or ethnic groups. These authors further contended that since within-group differences are always greater than between-group differences, it is inappropriate to make assumptions

based upon a client's race or ethnicity. Nor is it appropriate to assume that any one person speaks for his or her race, gender, or whatever. In other words, although between-group differences (e.g., white vs. black, persons with disability vs persons without disability) may provide a clinician with a working assumption, it is always possible that a client may not represent their cultural group, thus individual differences should not be ignored. It is better to listen and offer empathy before offering suggestions or interpretations based upon potentially inaccurate stereotypes.

A final disability classification system in rehabilitation that needs to be mentioned is classifying special needs clients as "severely disabled" or "severely handicapped" and offering such clients priority services. A problem with this policy was that the success rate in clients gaining employment after receiving services decreased, and the program's image was changing from a "work program" to a "welfare program." A better idea would be to provide the services patients or clients need without setting the priorities for receiving services on the basis of the severity of the disability.

Summary and Recommendations

An attempt was made in this manuscript to relate insights gained from the fields of sociobiology and psychoanalysis to attitudes toward persons with a disability and other minority group members. Specific concepts discussed in this manuscript include kin altruism (i.e., altruistic behavior whose evolution is driven by kin selection), reciprocal altruism (i.e. altruism that occurs when an individual acts altruistically in hopes of equal-value repayment), induced altruism, castration anxiety, ego strength, the Oedipus complex, and multicultural counseling. It was recommended that efforts to improve attitudes and interactions between persons with and without disabilities utilize the concepts of kin and reciprocal altruism and neutralize, as much as possible, the symbolic relationship between disability and castration, fear of loss of love, and dependence. Specific recommendations were that similarities rather than differences be emphasized between a person with and without disabilities, and between members of minority groups and the population generally. Attempts should also be made to reduce the threat which interaction with persons with disabilities and members of minority groups poses for individuals with weak ego strength and/or unresolved Oedipal anxieties.

While much has been accomplished to improve methods of intervention, eliminate barriers, and restructure delivery systems in such a way that persons with disabilities and minority group members have greater access to the range of services and opportunities that society provides, there remains a tendency to treat such individuals as the helpless

victims of their circumstances^{64,65} and to "segregate" the services they receive from those received by other persons. In order for progress to continue in terms of integrating persons with disabilities and other minority group members into society at large some rather large attitudinal and structural changes will need to occur, including the following: (a) It needs to be recognized that persons with disabilities and other minority group members themselves play a significant role in affecting attitudes; (b) The educational and social services provided to persons with disabilities and other minority group members need to be integrated with the services provided to all other citizens; in other words, the services provided should not be separated administratively; (c) Humanitarian efforts to secure resources for persons with disabilities and other minority group members should be based on emphasizing coping skills and similarities, not on deficiencies and differences; (d) Education programs for teachers, counselors, and psychologists who are planning to work with special needs groups should be integrated as much as possible with "Generic" education programs for these professionals; (e) Political initiatives that afford special rights and privileges to persons based on the possession of a disability, racial, ethnic or gender category need to be evaluated carefully in terms of their potential for eliciting negative attitudes, fear, and prejudice; and (f) Experimental research needs to be conducted, not only on the methods that helpers can use to assist persons with disabilities and other minority group members to function more effectively in society, but also on the specific behaviors that such individuals can employ themselves to elicit more favorable reactions from others.

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