1994

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Responding to the Americans with Disabilities Act: Contributions of Interpersonal Communication Research and Training

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Abstract

The enactment of the Americans with Disabilities Act (ADA), has resulted in considerable misinformation and resistance, especially when ablebodied individuals and persons with disabilities interact. This essay reviews contributions of interpersonal communication researchers who address the challenges persons with disabilities face when communicating with ablebodied others, suggesting ways to mitigate communication discomfort and to reduce problems in helping situations. The authors suggest foci for future research and training which can contribute to the acceptance and effectiveness of ADA and to facilitate communication between ablebodied persons and persons with disabilities.

Of all the legislation to come forward in recent years, the Americans with Disabilities Act (ADA) has been accompanied by more misinformation, resistance, and fear than is usual for new laws. We approach this article from two different perspectives. The first author has been conducting research on communication and persons with disabilities for eleven years, has worked as a consultant on health and disability issues, and is not disabled. The second author is the director of the Disability Resource Center at the same university and is a person with a disability. In this article we discuss how communication scholars can contribute to the acceptance and effectiveness of ADA and to the communication between ablebodied persons and persons with disabilities.
Background on ADA

Our primary concern is with Title I of the ADA, which regulates employment practices, and Title III, which regulates programs, goods, and services. Five aspects of the new law are relevant to a communication focus. First, ADA says that access for persons with disabilities is no longer an act of benevolence; access is a right. Second, ADA recognizes persons with disabilities as a bona fide group of potential employees and consumers. Third, there is an intentional lack of detail in the law which means individual and organizational users are required to decide specifically how to make ADA work best for them. Fourth, ADA will be enforced at the highest levels of the judicial system, if need be. Finally, exemptions from understanding and complying with the new law, if any, will be rare (Labrecque, 1993).

Even though the information about ADA and its implications was available and widely publicized well before the initial phases of the law went into effect in 1992 (“ADA Compliance Guide,” 1992), unfortunately compliance was largely ignored or postponed. Although there were certainly some organizations that sought to acquire the information necessary to comply with the spirit of the new law, Kreps (1993) notes that “many of the strategies developed by these organizations in response to the Americans with Disabilities Act appear to be superficial and are likely to provide only cosmetic changes in the organizational opportunities available to disabled individuals” (p. 2).

Many organizations are still today burying their heads in the sand, perhaps assuming that if they do not acknowledge it, ADA will not affect them. Unfortunately for such organizations, complaints of noncompliance with ADA are being filed in increasing numbers. The U.S. Equal Employment Opportunity Commission (EEOC) reports that “248 complaints were filed under Title I of the Americans with Disabilities Act from July 26 to August 26, 1992” (“ADA Title I Charges,” 1992, p. 9). Ignorance about ADA leads many organizations to believe the act imposes financial burdens and is structurally not feasible in their circumstances.

The lack of specific detail in the law has compounded efforts to comply, even among those organizations that sincerely wish to do so. They do not understand that the law’s intentional vagueness is intended to allow flexibility in meeting its spirit. In addition, many organizations often overlook the perspective of disabled users, who can be invaluable in providing input into the subtleties that make all the difference in function (Labrecque, 1993).

Of course, there are many organizations that are trying to learn about ADA so that they may comply with it. In fact, one prominent New York consulting firm reported that questions regarding the ADA were the third most frequently asked questions by business executives last year (“ADA a Hot Topic Among Executives,” 1993). Unfortunately many of the “expert” private consulting firms that have sprung up to fill the demand for information about ADA have little better knowledge than the clients they serve (Labrecque, 1993; Nemeth, 1993). Worse than the lack of knowledge, however, is inaccurate information, which abounds and causes confusion and inappropriate compliance efforts.
Interpersonal Communication Issues Surrounding ADA

The existing information about ADA and the focus of consulting about it has been largely restricted to issues involving physical access and fair employment practices. Yet both existing research and our interactions with ablebodied and disabled persons suggest that the prospect of interacting with persons who are disabled is very troublesome for many ablebodied individuals. Likewise, persons with disabilities are very aware that many ablebodied persons are uncomfortable and awkward around them, which fosters defensiveness, strained communication, and the feeling they are not wanted.

Although legislation can address physical access and removal of employment barriers, it is not possible to legislate beliefs, attitudes, and behaviors toward persons with disabilities. Morrissey (1992) points out that the ADA alone is not enough to facilitate communication between persons who are ablebodied and those with disabilities. She argues that “when interacting with individuals with disabilities, appropriate etiquette and protocol transcend issues of discrimination or compliance” [with ADA] (p. 3). Of the complex interpersonal communication issues surrounding ADA, two are most problematic. First, interpersonal interactions between ablebodied and disabled persons involve high uncertainty about what is appropriate communication, and this uncertainty causes discomfort. Second, both disabled and ablebodied persons experience difficulty communicating in situations surrounding the provision of help to persons with disabilities. Finding ways to mitigate communication discomfort and to reduce problems in helping situations will facilitate building relationships between disabled and ablebodied persons and will ultimately make ADA easier to implement.

Dealing with Discomfort

Communication between persons with disabilities and persons with able bodies has been characterized as uncomfortable for both disabled and ablebodied persons (Braithwaite, 1989, 1990; Goffman, 1963; Marinelli, 1974; Thompson & Seibold, 1978). We have seen ablebodied persons’ discomfort documented in the research literature and have experienced it in our professional and personal encounters with disability issues. While interactions in early phases of relationships are often more hesitant and constrained (Knapp & Vangelisti, 1992), when one of the parties has a disability, the interactants will behave in even more restrained ways. When ablebodied and disabled persons try to form new relationships, there is an increased amount of discomfort and uncertainty that impedes relational development (Braithwaite, 1989, 1992; Jones, Farina, Hastorf, Markus, Miller, & Scott, 1984; Thompson, 1982). Participants in disabled-ablebodied interactions, especially in early stages of relationships, are often overly self-conscious and less spontaneous due to the presence of ambiguity and uncertainty (Braithwaite, 1989; Belgrave & Mills, 1981).

Most of the research on interactions between ablebodied persons and disabled persons has focused on the feelings and actions of only the former (c.f. Bordieri, Sotolongo & Wilson, 1983; Grand & Strohmer, 1983; Handlers & Austin, 1980; Heinemann, Pellander, Vogelbusch, & Wojtek, 1981). Far less attention has been devoted to the needs, feelings, and perspectives of persons with disabilities (Braithwaite, 1989, 1990, 1991).
The first author (Braithwaite, 1989, 1990) has identified seven communication strategies persons with visible physical disabilities can use to manage the discomfort of ablebodied persons with whom they interact: initiation, modeling behavior, establishing normalcy, humor, confrontation, intentional embarrassment, and avoidance.

The first strategy participants discussed is initiating interaction with the ablebodied person or being the first one to “break the ice.” Research participants pointed out, however, that this strategy of initiation has its limitations. If, after a few meetings, an ablebodied person still displays discomfort, then a person with a disability will likely stop initiating communication, and, thus, no relationship will develop.

The second communication strategy discussed by participants is modeling behavior. In this case, a person with a disability will model the kind of behavior they would like an ablebodied person to adopt. For example, a person with a disability may model the types or depth of topics they would be willing to discuss with an ablebodied person or model comfort, acceptance, or use of humor. Using this strategy, a person with a disability will attempt to reduce the uncertainty of ablebodied others by showing them how they would like to be treated.

The third communication strategy involves a person with a disability establishing normalcy, that is, showing the ablebodied person that they are indeed more like than unlike ablebodied individuals. Participants report that they seek to establish “mental normalcy” (to show that they are not mentally impaired) and to establish that they have “normal” interests and desires. By talking about “normal things” (i.e., politics, sports, movies), people with disabilities show their lives are not centered around disabilities and they invite others to see them first and foremost as “persons first.”

A fourth communication strategy to overcome discomfort and uncertainty is humor. Participants explained that they might “crack a joke” about being disabled when they notice that an ablebodied person seems uncomfortable with them. Several participants did mention that some ablebodied persons may be uncomfortable with their disability-related humor. When this is the case, participants report that they might “bail the person out” by apologizing, saying that they were “just kidding,” or they might choose to just let it go and take the discomfort as a sign that this would not be a relationship they would wish to pursue.

The fifth communication strategy discussed by participants is directly addressing the discomfort or uncertainty of the ablebodied person. This strategy would be used as a last resort, when other strategies had failed. Confrontation may be done in a “nice way,” to encourage an ablebodied person to disclose his or her feelings and to discuss discomfort with the hope of getting the disability “out of the way.” Participants did report they use more aggressive styles of confrontation rarely, for example, if they were in a bad mood or if they did not care about continuing the relationship with an ablebodied other.

A sixth strategy is intentionally embarrassing the ablebodied person, which is recognized as a strategy but seldom used. Several participants did report purposely embarrassing an ablebodied person who talked to their ablebodied partner, rather than talking to them directly.

Finally, the seventh strategy is avoidance. Many participants said that if all other attempts at communication fail and they perceive an ablebodied person is still experiencing
high levels of discomfort and uncertainty, avoiding that person may be the best cause of action.

These strategies compose a behavioral repertoire that persons with disabilities may employ in situations when they perceive ablebodied persons are uncomfortable around them. Persons with disabilities themselves report that they recognize that it will most often fall to them to “do something” to relieve uncomfortable situations (Braithwaite, 1989, 1990). This research just begins the contribution communication scholars can make in taking a leading role in conducting research to identify communication strategies available to persons with disabilities. Communication professionals can also take the lead in the application of the research findings. In fact, in the first author’s studies, 71% of the disabled persons interviewed had no communication training relating to disability (including time spent in rehabilitation, counseling, courses taken, or other sources) that would prepare them to meet the communication challenges facing them as they interact with others (Braithwaite, 1989). Future efforts of communication and rehabilitation specialists should help persons with disabilities gain awareness of, and skills in, communicating in a predominantly ablebodied culture.

**Dealing with Helping Situations**

The issue of helping is one of the most difficult challenges both disabled and ablebodied persons face and it is consistently raised when we lecture to groups of ablebodied persons on communicating with persons who are disabled. Ablebodied persons express much confusion over this issue and often recount instances when they tried to help a disabled person and were rejected or when they did not offer help because they simply did not know what to do. Persons with disabilities appear equally uncertain about the issue of help. In interviews with persons who are disabled, the issue of “help” was uniformly raised, even though the interviewer did not ask about helping situations (Braithwaite, 1985). Participants reported that they often received help when they did not want it, often did not like the way help was provided, and sometimes did not receive help when they needed it (although this finding was reported much less frequently).

Studies of willingness of help persons with disabilities have yielded conflicting results. Stephens, Cooper and Kinney (1985) reported that when the costs of helping were low, the decision to help ablebodied or disabled persons in need did not differ, but when the costs of helping were high, feelings of social responsibility outweighed the additional effort needed to help the disabled person and help was given. Conversely, Ungar (1979) discovered that when the costs of helping were high, a physically disabled person received less help than the nondisabled person, leading to the conclusion that the discomfort of the person giving the help outweighs the desire to meet social obligations. Future research should attempt to clarify influences on giving and receiving help.

In an observational study, Thompson and Gusella (1987) found that ablebodied persons did offer help to disabled persons and they found that there was little talk accompanying the help. They also observed that the disabled interactants did not refuse help when it was given nor did the ablebodied interactants refuse to give help when asked. Finally, Thompson and Gusella (1987) did note some instances when observers perceived that a disabled person needed help but they did not get it from ablebodied persons.
In-depth interviews with persons with disabilities revealed strategies persons with disabilities use to initiate receiving help, strategies they use when the ablebodied person initiates help, and the strategies they use in dealing with unwanted help (Braithwaite, 1987). Unfortunately, from these data, it was somewhat unclear what an ablebodied person who perceives a disabled person needs help should do or not do in order to communicate appropriately in the situation. About one-half of the disabled participants indicated that it is acceptable for ablebodied persons to ask if a person with the disability needs help and one-half of the interviewees said an ablebodied person should wait until a disabled person asks for help. What is clear from these data is that anytime an ablebodied person offers help, he or she should accept “no” for an answer and not help without the disabled persons’ permission. Braithwaite [1987] suggests that ablebodied persons ask permission to help a disabled person, as this protects both the physical safety and the self-esteem of the disabled person, giving them control over if, when, and how help is carried out.

Emry and Wiseman (1987) discussed the potential relational difficulties that can occur if persons with disabilities assert independence when dependence is expected from them. On one hand, independent behavior can prevent the perception that the person with the disability is helpless and sick, keeping the focus of the relationship with the ablebodied person off the disability and on the individual person. On the other hand, an assertive disabled person may be “perceived as angry, emotionally unstable, and maladjusted” (Emry & Wiseman, 1987, p. 5).

Because ADA guarantees that persons with disabilities will be an integral part of the workplace and public activities, issues of helping will continue to challenge both disabled and ablebodied individuals. Certainly existing research has only scratched the surface of the helping issue, and more research is needed that will teach both ablebodied and disabled persons how to communicate most effectively in potential helping situations.

Along with researching communication strategies to alleviate discomfort and uncertainty of ablebodied persons and detailing how to communicate in helping situations, communication scholars can provide interpersonal communication training for both ablebodied and disabled persons to help implement strategies discovered in the research. In fact, communication scholars have been doing this in other health contexts: for example, communication skills training for patients (Evans, Stanley & Burrows, 1992) and interpersonal communication strategies to prevent drug abuse among elderly and health professionals (Beisecker, 1991). We believe interpersonal communication education and training would help ablebodied and disabled persons communicate more comfortably and effectively.

Conclusions

With the passage of ADA, workplaces have opened to persons with disabilities. Yet, the opportunities promoted by ADA are accompanied by misunderstanding, fear, and uncertainty, all of which interfere with communication between ablebodied workers and those with disabilities. To promote effective communication between these two groups, professionals can teach people with disabilities ways to communicate with ablebodied persons to overcome stereotypes, discomfort, and confusion. Similarly, our research and training
can help address concerns of individual ablebodied persons and perhaps help them overcome some of their discomfort about communicating with persons who have disabilities. We have raised issues which are crucially important to all people now that ADA has changed the nature of the workplace and those who participate in it.

Acknowledgments – An earlier version of this paper was presented at the annual meeting of the Speech Communication Association, November, 1993, Miami, Florida. The authors wish to thank Teresa Thompson for her insightful comments on that earlier draft.

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