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ATTITUDES TOWARDS PERSONS WITH DISABILITIES:
A CLOSER LOOK AT EXTENT OF CONTACT

DANA B. JOHNSON

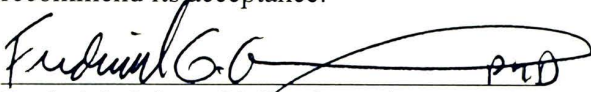
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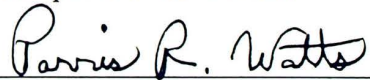


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ATTITUDES TOWARDS PERSONS WITH DISABILITIES:

A CLOSER LOOK AT EXTENT OF CONTACT

A Thesis

Presented for the

Master of Arts Degree

Austin Peay State University

Dana B. Johnson

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I must be hallucinating! Am I really writing the acknowledgments for my thesis?

I am, and there are a number of invaluable people I must thank.

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Abstract

This study investigated the relationship between attitudes towards persons with disabilities and the extent of contact with persons with disabilities. The Attitudes Toward Disabled Persons (ATDP) (Yuker & Block, 1986) scale was used to measure attitudes. The Contact with Disabled Persons (CDP) (Yuker & Hurley, 1987) scale was utilized to measure contact. Three hypotheses were formulated. They were: 1) there would be a positive correlation between contact with persons with disabilities and attitudes towards persons with disabilities. That is, as the extent of contact with disabled persons increases, positive attitudes would increase for participants. 2) Special Education teachers would score higher on the CDP than APSU participants. 3) Special Education teachers would score higher on the ATDP-O than APSU participants. Participants included APSU undergraduate students and Special Education Teachers from the Henderson County School System in West Tennessee. Results did not show a significant correlation between the CDP and the ATDP-O variables. However, when the groups were evaluated independently there was a significant positive correlation between the two variables for the Special Education teachers. In addition, results of the ANOVA indicated that the mean score on the CDP scale was significantly higher for the Special Education teachers than the APSU undergraduate participants. However, there was no significant difference noted on the mean scores of the ATDP-O scale between the two groups.

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CHAPTER I

LITERATURE REVIEW

According to early, social psychological studies, attitudes included three components: Affective (feelings), Behavioral (actions) and Cognitive (beliefs) components. Later studies moved away from this multidimensional view and adopted a more basic, unidimensional definition. Attitude is more recently viewed as a positive or negative evaluation of an object (Breckler, 1984; Franzoi, 2000; Schuman, 1995). Research in attitudes toward persons with disabilities revealed more negative evaluations than positive (Berry & Dalal, 1996; Hahn, 1988; Harper, 1997; Patterson & Witten, 1987; Rosenbaum & Katz, 1980; Stovall & Sedlacek, 1983; Yuker, 1986).

Biases Towards Persons with Disabilities

Physical disabilities affect men and women in every ethnic group, political party, religious affiliation, income level and educational status (Thompson, 1994). Given the magnitude of this issue, much research has been conducted about disabilities. One area which has received extensive attention regarding attitudes towards persons with disabilities is the biases towards this group. For instance, as cited in Cahill and Eggleston (1995), Chicago still had “ugly laws” in as late as 1963. These laws prohibited the “diseased, maimed, mutilated or in any way deformed” (p. 682) persons in public settings. Fine and Asch (1988) cited a 1986 Superior Court of California decision which made it possible for a young woman with cerebral palsy to end her life. Among the Supreme Court’s justifications for granting her request was that she was lying helplessly

in bed and was unable to care for herself. By this reasoning, they concluded her existence could be considered meaningless. The court surmised that her physical condition, which they deemed indignant, embarrassing, humiliating and dehumanizing, was justification in itself to allow her to relieve herself of the burden of life. They likened her disability to a prison in which her mind and spirit were held captive. Penn and Dudley (1980) conducted a survey with disabled individuals attending a higher learning institution concerning the obstacles these individuals felt they faced. They found nearly all responses to the survey revolved around quality of life issues. In general, persons with disabilities were offering suggestions of ways to improve their life situation. Persons with disabilities disclosed that rather than physical barriers, the most imposing obstacles were the attitudes of persons without disabilities.

Fine and Asch (1995) admonished past researchers in their article, claiming many studies had been done to bolster the theoretical implications of social issues. For instance, they noted past research in which an able-bodied confederate initiated social interaction. This confederate simulated being a person with a disability or interacted with participants as an able-bodied person. Differences in the interaction were attributed solely to the disability. In these cases, the disability was treated as the independent variable. By doing this, the authors claimed that past research has overlooked the social and psychological constructs involved in this issue. They contended that practical, experimental research should be done with persons with disabilities.

In a review article, Cahill and Eggleston (1995) examined stigmas that accompany

physical disabilities. They interviewed and transcribed conversations with persons with various disabilities as well as referenced empirical articles. Disabled persons were often viewed as “nonpersons and open persons” (p. 684). The nonperson treatment included being ignored at department stores, talked over in restaurants and other public places especially when with a walking companion. People without disabilities, who exhibited open person treatment, acted as though persons with disabilities in public was in itself a miraculous event. People without disabilities seemed to find no problems asking a person with a disability personal questions. The same social consideration of privacy boundaries afforded to nondisabled persons were not afforded to persons with disabilities. Such examples included asking a person in a wheelchair how much his/her chair cost, and questions of the same nature. Another aspect of open person treatment, as conveyed by persons with disabilities, is the common occurrence of persons without disabilities indicating when they have family members with disabilities. Intrusive comments, such as “My cousin uses a chair” or “I think you’re wonderful” were not solicited by persons with disabilities. Such comments invited the response or lack thereof to have detrimental effects on future relations. Several persons with disabilities were simply embarrassed by the attention their non-disabled counterparts gave their disability. Also, several instances occurred where the negativity of the interaction was reciprocal. These negative experiences felt by both parties could affect future interactions. The authors contend that when persons with disabilities did not appreciate the often unsolicited help offered, the person without a disability left the experience vowing to never assist a person with a

disability again. In this situation, the feelings and pride of both persons could be damaged (Cahill & Eggleston, 1995).

Makas (1988) found individuals with and without disabilities varied greatly on the opinion as to what did and did not constitute a positive attitude. In fact, she uncovered a great chasm as to what composed positive attitudes. Persons with disabilities indicated a positive attitude would be one that incorporated equality, not special attention. They neither wanted nor needed the special pedestal as dictated for them by persons without disabilities. Persons without disabilities indicated a positive attitude would be one giving special provisions for those with disabilities. Persons without disabilities also attributed virtuous and exceptional sensory characteristics to individuals with disabilities. Most important to this study was the phenomena of persons without disabilities having significantly more negative attitudes when they were trying to “fake it.” For example, for the purpose of research, they were advised to give the most positive attitude possible. In this condition, responses given by persons without disabilities were significantly more negative than when they were advised to answer honestly.

Berry and Dalal (1996) defined a positive attitude toward a person with disabilities as the belief that persons with a disabilities could be productive members of the community. They could and should decide what is good for them, and that it is possible for them to lead a normal life.

In Westwood, Vargo, and Vargo’s (1981) review of literature examining attitudes towards persons with disabilities, they concluded that past research had demonstrated the

general public's attitude toward individuals with disabilities tends to be negative. They also summarized findings that grouped individuals with disabilities into two categories, the "inferior status position" and the "salutory status position" (p. 220). The inferior status definition included the negative misconceptions of: viewing persons with disabilities as needy, weak participants in society; believing persons with disabilities are emotionally insecure; thinking them incapable of handling societal responsibilities; and thinking persons with disabilities wish for normalcy. Misconceptions also converged on the other end of the spectrum, as was evident in the salutory status position. However, where the first set of misconceptions could be viewed as negative, the salutory status misconceptions were inordinately positive. For example, misconceptions in this area include: persons with disabilities having a higher sensitivity level; persons with disabilities being more courageous, kinder, creative and conscientious; and persons with disabilities are excessively virtuous and generally better persons.

Patterson and Witten (1987) encountered many myths associated with persons with disabilities. The two receiving the highest percentages were: people without disabilities attributing extra sensory sensitivity to persons with disabilities and the beliefs certain tasks and responsibilities were better suited for individuals with particular impairments. This research could benefit from additional research attempting to indicate which tasks and responsibilities persons without disabilities feel persons with disabilities are more suitable to perform.

In his extensive review of the literature, Livneh (1982) discussed where the

negative attitudes toward people with disabilities originated. He categorized the sources into twelve different areas. His categorizations included: sociocultural conditioning, childhood influences, a psychodynamic perspective, disability as a punishment for sin, anxiety-provoking unstructured situations, aesthetic aversion, threats to body image integrity, minority group comparability, disability as a reminder of death, prejudice-inviting behaviors, the influence of disability-related factors, demographic variables associated with attitudes, and personality variables associated with attitudes. Each category had numerous sub-categories that identified examples of each. For example, sociocultural conditioning included such sub-categories as: “body beautiful”, “body whole”, “youth”, “health”, “personal appearance”, “athletic prowess”, and “wholeness” (p. 339). Livneh asserted that these societal standards are highly stressed and become cultural customs in which members are to conform.

In another review article, Hahn (1988) suggested Livneh’s twelve categories essentially revolved around the concepts of aesthetic anxiety and existential anxiety. Aesthetic anxiety refers to the apprehensions generated by those whose facade differs significantly from that of the usual human form. Existential anxiety refers to quality of life issues. This anxiety arises due to the fear of a particular disability hampering activities deemed necessary for overall life satisfaction (Hahn, 1988). In a review compiled by Fine and Asch (1988), several assumptions concerning disabilities were listed, and they all could fall into one of the above mentioned categories.

Regarding demographic variables, many of the results have been conflicting.

Females had more positive attitudes toward those with disabilities than males did. Results also show that attitudes are significantly more negative in early childhood, adolescence and old age. Persons in late childhood and adulthood harbor more positive attitudes towards persons with disabilities. As education levels rose, positive attitudes toward persons with disabilities rose as well (Livneh, 1982; Schneider & Anderson, 1980). Conversely, Yuker and Block (1986) state that gender differences results are diminishing. Cloerkes (1979) refuted the importance of education and socioeconomic status, but he introduced the concept of attitudes being universal cross-culturally. For instance, attitudes towards persons with disabilities depend greatly on the over-all cultural attitude of attitudes towards persons with disabilities and these views are typically uniform. He also reported that the attitudes of the nondisabled towards persons with disabilities are rudimentary, consistent, and uniform.

Yuker's (1994) review article on variables impacting attitudes towards persons with disabilities would agree with Cloerkes concerning socioeconomic status and education. Yuker stated since educational level and socioeconomic status are positively correlated, attitudes towards persons with disabilities and socioeconomic status should logically be positive as well. However, data regarding this are incongruous. An overall theme in Yuker's review article was that many of the past demographic, personality characteristics, education level, occupation setting, and profession variables all have conflicting evidence. Cloerkes (1979) also studied many variables and found contradictory evidence concerning the importance of certain personality variables. He

concluded that traits such as dogmatism, anxiety, intolerance of ambiguity and ego-strength did not correlate with attitudes towards persons with disabilities. In Livneh's (1982) review article he examined research concerning the relationship between body and self-satisfaction and positive attitudes. He concluded that persons with positive and confident self-concepts tend to show more positive and embracing attitudes towards those with disabilities, whereas persons with lower self-concepts often reject them. Yucker (1994) called for the improvement of the methodology used to study attitudes. He also stressed the importance of contact and how people without disabilities receive their information about persons with disabilities.

Yucker (1988b) reviewed maternal perceptions of their own children with disabilities, as well as how the mothers' perceptions differed from perceptions of others. He divulged conflicting findings and concluded by stating that of all variables (such as type of disability, behavioral problems, others' perceptions, expectations, internal or external attribution, feelings, or treatment) affecting a mother's perception toward her children, the most important seems to be a combination of the interpersonal relationships the mother has with her family, her own personal characteristics, and the severity of her child's disability.

Berry and Dalal (1996) examined cross-cultural attitudes. Their study encompassed attitudes, beliefs and behaviors in Bangladesh, Canada, India and Indonesia. They incorporated many different variables and examined the measurement instruments of each. They discovered not only differences within and between cultures but cross-

cultural differences as well. For example, external beliefs were noted in specific regions but not in others. No consistencies were noted with respect to casual, control, or responsibility beliefs. Attitudes also varied between and within cultures.

Other studies, such as Varni and Setoguchi's (1996), investigated the perception of physical disabilities and the psychological factors associated with them. They evaluated disabled childrens' perceptions of their "limb deficiencies" and found children who had higher perceptions of their limb loss were significantly less depressed , less anxious, and had higher feelings of self-esteem.

Contact

One variable that consistently arises in research, but is now being further scrutinized, is the effect of contact on attitudes towards persons with disabilities. In Yuker's (1994) review article, he discussed variables that affect attitudes. One of these variables was the contact hypothesis. This hypothesis, in essence, stated that the attitudes were positive regarding persons with disabilities when the contact involved "equal status, cooperative interdependence, support from authority figures, and opportunities for individualizing outgroup members" (p. 7). Yuker conveyed the extent and type of contact with the individual determined whether attitudes towards persons with disabilities would be positive or negative in nature.

Results varied regarding the attitudes of family members of those with disabilities. Such variations were also noted with regard to members of helping professions. These variations occurred when the interaction focused on the disability. Even though there was

intimate contact, focusing on the disability led to negative attitudes (Yuker, 1994).

Yuker (1988a) also concluded in order for contact with persons with disabilities to produce positive attitudes, the characteristics of the persons without disabilities, the characteristics of the persons with disabilities and the interaction of the two must be considered. The persons with disabilities should be competent and hold information considered useful to the others involved in the interaction. Persons with disabilities should also have adequate social skills and be able to communicate effectively. Finally, individuals with disabilities should be willing to speak about and accept their disability. Regarding persons without disabilities, they should not consider a person's disability the single most important characteristic about him/her. Able-bodied persons should not view persons with disabilities as different, incompetent, inferior, and/or with negative characteristics. Persons without disabilities should believe they are capable of dealing with disability issues and the person with a disability him/herself. Able-bodied individuals should have similar personal characteristics, equal status, and past experiences and environments that promote an equal relationship based on positive beliefs. Finally, in order for the interaction to be considered positive, it must be mutually supporting, pleasant and of benefit to both, emphasize individuality, and extend over time (Yuker, 1988a).

Rosenbaum and Katz (1980) elaborated on the complex intermingling of attitudes and contact. They constructed an algebraic formula and correlated it with other measurement scales. They discovered validation for the algebraic formula and found that

positive attitudes tend to be situational. They stated a non-disabled person's attitude toward a disabled person in the work environment may not carry over into a familial situation.

According to Fichten, Bourdon, Amsel and Fox (1987), contact is an important variable when considering self-efficacy perceptions of non-disabled students and their disabled peers. Self-efficacy is the concept of believing in one's abilities to accomplish a certain goal or behavior. Results indicated higher social interaction, self-efficacy expectations reported by people without disabilities who had previous contact with persons in a wheelchair. In their study, these researchers manipulated four categories of contact. These categories attempted to measure the degree of contact with persons with disabilities. In their discussion, the authors indicated the importance of viewing contact more closely and incorporating contact into self-efficacy studies. They advocated a closer scrutiny of contact by improving contact measures.

The importance of contact was evident in Harper's (1997) cross-cultural study. He researched children's attitudes towards other children with disabilities in Nepal. Able-bodied children were shown pictures of children with disabilities of various severity. The children consistently chose the individual with the least amount of impairment as a playmate. The importance of contact was evident in Nepal because children with disabilities, physical or cognitive, were not allowed in public or private schools. Contact with disabled peers occurred outside the school setting. Children indicated a variety of reasons for not choosing a disabled playmate. However, in summary, the males indicated

a disbelief that a disabled child could be an adequate physical playmate. The resistance for the females was evident against those with facial abnormalities. The children with facial abnormalities were also deemed mentally inferior. This research would suggest that the non-disabled children associated facial disfigurement with mental incompetence. The non-disabled children in this study chose obesity over physical deformities. The author contributed this finding to Nepal being a country where survival is still dependent on physical attributes and productivity.

Berry and Dalal (1996) also investigated attitudes and interactions with persons with disabilities in a cross-cultural study. All sites varied within cultures as to the extent and type of contact they preferred to have with individuals with disabilities, whether it be integration, assimilation, segregation, or marginalization. These concepts refer to how smaller groups/individuals were viewed in the context of the larger societal group and the role these small groups occupied, if any. These concepts were on a continuum where integration was the most positive and inclusive, whereas marginalization was the most negative and exclusive. One consistent between-group finding, was the two overall preferred methods of interaction were assimilation and integration.

Stovall and Sedlacek (1983) studied attitudes towards two different disabilities. They focused on individuals with severe visual impairments and individuals in wheelchairs. They discovered persons without disabilities were more comfortable with the person in a wheelchair in academic situations. They preferred interactions with the blind individuals in social situations. This indicated persons without disabilities feel

comfortable with people with disabilities when a respectable social distance is kept. They stressed the importance of the interaction of contact levels and situations, with neither one having more importance than the other.

In addition, a study by Fichten, Robillard, Tagalakis, and Amsel (1991) compared the ease in which students with disabilities and able-bodied counterparts interacted with one another in social situations. They found that in various situations of interaction, able-bodied students exhibited greater anxiety with peers who have disabilities than with peers who were able-bodied. Negative thoughts were also noted in able-bodied students when contemplating interactions with persons with disabilities. Participants tended to think of the person with a disability in a negative context. However, in contrast to past research, they found no differences between disabilities. This indicated that able-bodied students tended to put persons with disabilities under one disability umbrella. Consistent with past research, this study confirmed students without disabilities experience more strain and negative thoughts in anticipating social interactions with peers with disabilities. Their disabled colleagues, when addressing situations involving able-bodied peers, showed ease and thoughts equivalent to able-bodied persons. Visually impaired students were significantly more at ease and their thoughts more positive with other visually impaired students. Wheelchair users were found to be more at ease interacting with able-bodied peers than interacting with peers who also were wheelchair users. This finding was not evident with students with visual and hearing impairments. Individuals with these impairments were more comfortable interacting with persons with disabilities than able-

bodied participants. The authors concluded by emphasizing the need for future research into more areas that facilitate changes in attitudes (Fichten et al., 1991).

The authors noted one of the major drawbacks to their study was that the interactions presented in this study were hypothetical. No direct measure of interaction and contact was utilized. They noted past research utilizing equal status contact and information as attitude changing mechanisms have had limited results. For example, Weinberg (1976) found no significance when she researched childrens' attitudes about disabled classmates. She expected to find that children attending school with disabled students rated persons with disabilities higher than children who did not. Her results indicated no difference between childrens' rating of disabilities. Children who attended school with students with disabilities and children who did not attend school with students with disabilities both rated the pictures of children with disabilities as different.

She concluded that contact may not have been adequately studied, so she turned her attention to a residence hall which housed both non-disabled and disabled students. The residence halls offered three levels of contact with persons with disabilities: an integrated roommate condition, an integrated dormitory condition, and a segregated dormitory condition. Participants were given a 32 item person-descriptive questionnaire. They were then asked four follow up, Likert-type items that measured contact. They were asked to rate "how often they saw, talked with, interacted socially with, and gave assistance to physically disabled people" (Weinberg, 1976, p.119). Two additional questions were added to determine whether the respondent had a physically disabled

roommate or not and whether this particular roommate companion was by choice. She found intensification of contact did assist in diminishing stereotypes held towards persons with disabilities. After extensive contact, perceived similarities increased. However, she noted contact less than very intensive had poorer implications for diminishing perceived differences. Stewart (1988) studied how interacting with a disabled person would affect non-disabled students' attitudes. They chose two weight training classes and introduced a disabled peer into one. Results showed non-disabled individuals' attitudes increased significantly in the class where the disabled peer was introduced. They concluded by advocating structured peer interactions with individuals with disabilities in order to facilitate attitude change.

In her extensive article, Donaldson (1980) reviewed methods of attitude change. She noted past studies have had a variety of outcomes. Some have been positive, others negative, and others had irreplicable methodology. She examined the various techniques effective for change. Results found structured and equal interactions produced positive attitudes. In eight of the research articles she reviewed, attitudes changed for the positive. This change was attributed to equal status contact. Brief interactions could also promote positive attitudes if the interaction dispelled stereotypes rather than cultivating them. She suggested unstructured interactions could be fraught with inadvertent stereotypical actions on the part of the disabled person. Such stereotypes included actions of helplessness and hopelessness. Again, structured interactions were suggested for assisting in the process of increasing positive attitudes.

Limitations of Previous Studies

Yuker and Hurley (1987) concluded that past studies had utilized a contact measure explicitly for each particular study. They stated these studies usually used a single question or ambiguous measures and therefore no valid and reliable contact scale for persons with disabilities existed. They developed the Contact with Disabled Persons Scale (CDP) in order to have a psychometrically adequate measure of contact. In view of past research findings, they voiced concern over Donaldson's (1980) article which mentions the effect of brief contact. Their study used both the Attitudes Toward Disabled Persons Scale (ATDP) scale and the CDP scale with participants. Their participants consisted of nurses, persons attending conferences for health care professionals, and psychology graduate students. Each participant was given one of the three forms of the ATDP scale and the CDP scale to complete. Their results indicated a marginal positive correlation. The authors attributed the results to the sample used. Approximately 64% of the participants were nurses. Interactions between this particular sample and persons with disabilities may have focused on the individual's disability.

Interestingly enough, past research of this nature has overlooked the educational forum to the extent they have studied other fields. Research of this nature could potentially have a great impact on Special Education with the vast amount of contact occurring daily between teachers and children with disabilities. The current study attempted to examine the extent of contact more closely. It was hypothesized that:

1. There would be a positive correlation between contact with persons with

disabilities and attitudes towards persons with disabilities. That is, as the extent of contact with disabled persons increases, positive attitudes would increase for participants.

2. Special Education teachers would score higher on the CDP than APSU participants.

3. Special Education teachers would score higher on the ATDP than APSU participants.

CHAPTER II

METHOD

Participants

There were 133 volunteers who participated in the study. However, four questionnaire packages were omitted for analysis due to missing information in the ATDP-O scales. Altogether 129 questionnaire packages were included. Of these, 71 were recruited from undergraduate psychology classes on the Austin Peay State University campus. The remaining 58 were special education teachers recruited from the Henderson County School System in West Tennessee.

The APSU participant group consisted of 14 males and 57 females. Within this group, there were 56 Caucasians, 12 African Americans, two Hispanic Americans, and one person omitted this question.

The Special Education Teacher group consisted of three males and 51 females. Within this group, there were 50 Caucasians, six African Americans, one Hispanic American, and one person omitted this question.

Materials

Attitudes Measure The Attitudes Towards Disabled Persons Scale (ADTP) was developed by Yuker and Block in 1960 and revised in 1986 (see Appendix B). The ATDP has three versions: form A, form B, and form O. Form O is generally preferred due to its shorter format. It is a 20-item questionnaire which has answers ranging from +3 (I agree very much) to -3 (I disagree very much). The overall score can range from +60 to -60.

Higher scores reflect accepting, positive attitudes whereas lower scores reflect rejecting, negative attitudes. The ATDP form O has a test-retest reliability of .83, a split half reliability of .80, and an alpha reliability of .76 (Yuker & Block, 1985).

Contact Measure The Contact with Disabled Persons Scale (CDP), developed by Yuker and Hurley (1987), is also a 20-item questionnaire with a Likert format (see Appendix C). The answers range from 1 (never) to 5 (very often). The overall score can range from 20 to 100. Reliability for this measure is .87 for split-half estimates, .93 for corrected estimates, and .92 for coefficient alpha estimates (Yuker & Hurley, 1987). All items are scored in the same fashion. Lower scores indicate less contact whereas higher scores indicate a greater extent of contact

Demographics This is a seven item questionnaire that obtains information concerning age, gender, race, level of education, major, and other pertinent information (see Appendix D).

Design and Procedure

Participants were given an Informed Consent Document (see Appendix A) explaining their rights and the purpose of the study. After they signed and returned the informed consent form, they were given a packet containing the ADTP, the CDP, and a demographic information form. They were asked to complete the measures in the order presented to them in the packet. Participants were asked to return their completed information to the packet. The principle investigator collected the packets and distributed extra credit at the initial assessment for those APSU participants who qualified to receive

extra credit, at the discretion of their instructor. All participants followed the same procedures. The session took approximately 15 minutes.

CHAPTER III

RESULTS

Table 1 shows the frequency and percentages of participants in different age categories. The majority of the special education teachers were between the ages of 36 to 45 (about 35%). About 61% of the APSU participants were between the ages of 18-25.

Table 1

Frequency and Percentage of Participants' Age Categories

Participants	AGE (Percentage)				
	18-25 yrs	26-35 yrs	36-45 yrs	46-55 yrs	56 and above
Teachers	0	14 (24%)	20 (35%)	16 (28%)	8 (13%)
Students	43 (61%)	16 (22%)	10 (14%)	2 (3%)	0
Total	43 (61%)	30 (68%)	30 (49%)	18 (31%)	8 (13%)

The data for this study were analyzed in different ways. First, a Pearson's product-moment correlation coefficient was used to analyze the relationship between the contact with persons with disabilities (CDP) scores and the attitudes towards persons with disabilities (ATDP-O) scores. The results, as indicated in Table 2, showed no positive

correlation existed between the variables ($r = 0.102, p < 0.25$). However, further correlation analysis on the two groups independently indicated that there was a positive correlation between the CDP scores and the ATDP-O scores for the special education teacher participants ($r = 0.238, p < 0.05$ in one-tailed table). There was no significant correlation between the two variables regarding APSU undergraduate participants ($r = 0.034, p < 0.50$).

Table 2
Pearson Product-Moment Correlation Coefficient Between CDP and ATDP-O Variables
of All Participants

	CDP	ATDP-O
CDP	1.000	
ATDP-O	0.102	1.000

Note: $N = 129, p < 0.25$

Table 3 shows the mean differences and standard deviations of the two groups on the CDP. The results of the Analysis of Variance (ANOVA) indicated that the special education teachers scored significantly higher on the CDP variable than the APSU undergraduate participants (see Table 4).

Table 3

Mean Differences and Standard Deviations Between Special Education Teachers and APSU Participants on CDP

Groups	<u>n</u>	<u>M</u>	<u>SD</u>
Special Education Teachers	58	66.431	13.314
APSU Students	71	49.944	14.226

Table 4

Analysis of Variance Between Special Education Teachers and APSU Participants on CDP

Source	SS	<u>df</u>	MS	<u>F</u>
Group	8677.598	1	8677.598	45.408***
Error	24269.999	127	191.102	

Note. *** $p < .0001$

However, the results of the ANOVA failed to show a significant difference

between the special education teachers and the APSU undergraduate psychology participants on the ATDP-O variable [$\underline{M}_1 = 81.655$ $\underline{M}_2 = 81.859$ respectively; $\underline{F}(1, 127) = 0.006, p > 0.940$].

CHAPTER IV

DISCUSSION

The hypotheses of this study were that 1) there would be a positive correlation between contact with persons with disabilities and attitudes towards persons with disabilities. That is, as the extent of contact with disabled persons increases, positive attitudes would increase for participants 2) Special Education teachers would score higher on the CDP than APSU participants 3) Special Education teachers would score higher on the ATDP than APSU participants.

The results did not show a positive correlation between contact with persons with disabilities and attitudes towards persons with disabilities. This finding supports Cloerkes' (1979) results that attitudes are constant and fixed over time and contact has little effect on attitudes. According to Yuker (1988), certain characteristics must be met in order for any change of attitude to take place. When the groups were evaluated independently, there was a positive correlation between the CDP and the ATDP-O for the Special Education teachers. Perhaps this indicates the necessity to consider each group individually rather than combining them to determine the relationship between the two variables. This suggests that Yuker's aforementioned characteristics may vary from group to group. Some group settings may promote the development of these characteristics and future research should attempt to determine what group and/or population promotes these characteristics, under what conditions and why.

As hypothesized, Special Education teachers did score higher on the CDP scale

than did undergraduate participants. The results may be primarily attributed to their professional status, job description and experience.

There were no significant mean differences between the two groups regarding their scores on the ATDP-O. Although this evidence does not support the hypotheses, the overall high mean scores of both groups on the ATDP-O scale indicated that they reported positive attitudes towards persons with disabilities. The results may indicate an overall positive shift in attitudes towards persons with disabilities or that participants responded in a socially desirable manner towards persons with disabilities. Social desirability states that people have the tendency to express their beliefs in an appropriate and favorable manner according to socially accepted norms and expectations (Kenrick, Neuberg, & Cialdini, 1999).

Another factor which may have contributed to the non-significant results is the speed in which undergraduate participants finished the questionnaires when compared to the Special Education group. It was observed that the Special Education group averaged 10 to 15 minutes. However, the average completion time for the undergraduate group was five to seven minutes. Additionally, although the researcher had taken measures to prevent overcrowding, several undergraduates brought additional participants with them. Therefore, overly crowded room conditions may have affected the speed of participants' response rates. Participants speeding through the latter scale, the ATDP-O, may have decreased the accuracy of their reading and therefore may have skewed scores.

Future studies should focus on the specific characteristics between different

groups of participants. In this research, as with past, the group used was undergraduate psychology participants. There may be social-cultural factors affecting persons who chose this major as opposed to individuals who chose another profession. In addition, researchers may want to investigate cross-cultural differences in attitudes towards persons with disabilities which has not received extensive attention.

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Appendixes

Appendix A
Informed Consent Document

INFORMED CONSENT DOCUMENT

You are being asked to participate in the following research study. Please read the following document carefully. It contains the purpose of the investigation, the procedures to be used, risks/side effects and benefits of your participation in the study, and what will happen to the information collected as part of the research project in which you are participating. This form is intended to provide you with information about the study. You may also ask the researchers listed below about the study or you may call the Office of Grants and Sponsored Research, Box 4517, Austin Peay State University, Clarksville, TN 37044, (931) 221-7881, with questions about the rights of research participants.

1. **The purpose of the study.**

This research is investigating the relationship between contact with persons with disabilities and attitudes towards persons with disabilities.

2. **The procedures to be used.** *What you will be asked to do.*

You will be asked to complete three questionnaires: an Attitudes Toward Disabled Persons scale, a Contact with Disabled Persons scale and a demographic information sheet. The Attitudes Towards Disabled Persons scale will obtain information regarding your beliefs towards persons with disabilities. The Contact with Disabled Persons scale will contain questions concerning how often you interact with persons with disabilities. The demographic information sheet will contain information regarding your age, gender, etc. After you have completed the questionnaires, you will be asked to return them to their original packet and return them to the researcher.

3. **Regarding risks and benefits.**

You are being asked to respond as honestly and as accurately as possible to each statement on the surveys. Every precaution will be taken to ensure that all information will be kept confidential. There is no deception involved in the study. There is a minimal risk that the information on the assessment may bring about psychological distress, however, if you wish at any point to terminate your participation, you may do so with no questions asked. If, during any time of the assessment, you decide to not participate, your data will be withdrawn and destroyed.

As a participant in the study, you will be contributing to science and helping researchers gain insight about contact and attitudes with persons with disabilities. In some cases, extra credit may be rewarded to college students, at the discretion of the professor.

4. What will happen to the information collected?

The information collected from you will be used for purposes of scientific presentation and publication. In any such use of this information, your identity will be carefully protected. The identity of individual participants will never be revealed in any published or oral presentation of the results of the study. The data collected from the study will be made public only in summary form (averages), which make it impossible to identify individual participants.

Please read the statements below. They describe your rights and responsibilities as a participant in this research project.

1. I have been informed in writing of the procedures to be followed and about any risks that may be involved. I have also been told of any benefits that may result from my participation. Dr. Fung has offered to answer any further inquiries that I may have regarding the research, and he can be contacted Monday thru Friday, by phone at (931) 221-7175.
2. I understand that I may withdraw from participation at any time during the assessment without penalty or prejudice. I understand that any data obtained from me will be withdrawn from the study and destroyed, if I withdraw during the assessment period. I understand that once my data has been averaged with other participants data, it cannot be withdrawn. I also understand that once the results have been published, it is impossible for my data to be withdrawn from the analysis.
3. I realize that by signing this form, I willingly consent to participate in the current study. I also acknowledge that I have been given a copy of this form to keep for my records.

Name (Please Print)

Date

Signature

Witness

Appendix B

Attitudes Towards Disabled Persons Scale: Form-O (ATDP)

ATDP - O

Mark each statement in the left margin according to how much you agree or disagree with it. Please mark every one. Write +1, +2, +3: or -1, -2, -3: depending on how you feel in each case.

+3:	I AGREE VERY MUCH	-1:	I DISAGREE A LITTLE
+2:	I AGREE PRETTY MUCH	-2:	I DISAGREE PRETTY MUCH
+1:	I AGREE A LITTLE	-3:	I DISAGREE VERY MUCH

- ___ 1. Parents of disabled children should be less strict than other parents.
- ___ 2. Physically disabled persons are just as intelligent as nondisabled ones.
- ___ 3. Disabled people are usually easier to get along with than other people.
- ___ 4. Most disabled people feel sorry for themselves.
- ___ 5. Disabled people are the same as anyone else.
- ___ 6. There should not be special schools for disabled persons.
- ___ 7. It would be best for disabled persons to live and work in special communities.
- ___ 8. It is up to the government to take care of disabled persons.
- ___ 9. Most disabled people worry a great deal.
- ___ 10. Disabled people should not be expected to meet the same standards as nondisabled people.
- ___ 11. Disabled people are as happy as nondisabled ones.
- ___ 12. Severely disabled people are no harder to get along with than those with minor disabilities.
- ___ 13. It is almost impossible for a disabled person to lead a normal life.
- ___ 14. You should not expect too much from disabled people.
- ___ 15. Disabled people tend to keep to themselves much of the time.

16. Disabled people are more easily upset than nondisabled people.
17. Disabled persons cannot have a normal social life.
18. Most disabled people feel that they are not as good as other people.
19. You have to be careful of what you say when you are with disabled people.
20. Disabled people are often grouchy.

Appendix C

Contact with Disabled Persons Scale (CDP)

Contact with Disabled Persons (CDP) Scale

Please place a number to the left of each statement indicating your answer to each question. Use a number from 1 to 5 to indicate the following: 1 = never; 2 = once or twice; 3 = a few times; 4 = often; 5 = very often.

- _____ 1. How often have you had a long talk with a person who is physically disabled?
- _____ 2. How often have you had brief conversations with persons who are physically disabled?
- _____ 3. How often have you eaten a meal with a person who has a physical disability?
- _____ 4. How often have you contributed money to organizations that help disabled persons?
- _____ 5. How often have physically disabled persons discussed their lives or problems with you?
- _____ 6. How often have you discussed your life or problems with a physically disabled person?
- _____ 7. How often have you tried to help physically disabled persons with their problems?
- _____ 8. How often have physically disabled persons tried to help you with your problems?
- _____ 9. How often have you worked with a physically disabled client, student, or patient on the job?
- _____ 10. How often have you worked with a physically disabled co-worker?
- _____ 11. How often has a disabled friend visited you in your home?
- _____ 12. How often have you visited disabled friends in their homes?
- _____ 13. How often have you met a physically disabled person that you like?
- _____ 14. How often have you met a physically disabled person that you dislike?
- _____ 15. How often have you met a disabled person that you admire?

_____ 16. How often have you met a disabled person for whom you feel sorry?

_____ 17. How often have you been annoyed or disturbed by the behavior of a person with a disability?

_____ 18. How often have you been pleased by the behavior of a physically disabled person?

_____ 19. How often have you had pleasant experiences interacting with physically disabled persons?

_____ 20. How often have you had unpleasant experiences interacting with physically disabled persons?

Appendix D

Demographic Information Document

Demographic Form

Please *do not* indicate any personal identification marks, numbers, etc. on this form
 Please check appropriate response or fill in blank as needed.

Age: Below 18 yrs. () 18-25 yrs. () 26-35 yrs. ()
 36-45 yrs. () 46-55 yrs. () 56 and above ()

Gender: Male () Female ()

Race/Ethnicity: () African American () Caucasian
 () Asian () Hispanic () Other: _____

Level of Education:

High School: () College: () Graduate School: ()

() Other: (trade school, etc.) _____

Major: _____

If a special education teacher, number of years within this occupation:

() 1-5 () 6-10 () 11-15 () 16-20 () 21-25 () above 26

What is your current teaching assignment? _____

Thank you for your participation!

VITA

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