

THE EFFECTS OF EXPERIMENTAL TREATMENT
AS A METHOD OF CHANGING ATTITUDES
TOWARD THE HANDICAPPED

By

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PREFACE

This study is concerned with the attitudes of contemporary society toward handicapped individuals. The primary objective is to determine the most effective way to improve attitudes which are restrictive in nature. This concern is especially important in facilitating maximum opportunities for the handicapped in education, employment, and personal satisfaction.

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CHAPTER I

THE NATURE OF THE PROBLEM

Introduction

The decade of the seventies brought about progressive legislation designed to realistically address the concerns of the handicapped. Public Law 93-112, The Rehabilitation Act of 1973, and Public Law 94-142, the Education for All Handicapped Children Act of 1975, include mandates which have dramatically changed programs and services for the handicapped. The increased attention and concern for insuring equal opportunity to handicapped persons seems to suggest a shift to a more open and positive public attitude. Recent awareness papers prepared by the White House Conference on Handicapped Individuals (1977) indicated the change may be quite small. It was suggested a more realistic position might be as follows:

While attitudes have changed somewhat in the last few years, there is still a long way to go. We need to understand attitudes, their sources, and their dynamics in order to make progress toward the goal of acceptance of handicapped persons as full and equal partners in our society (p. 93).

The evidence needed to document real change in public attitudes toward the handicapped is weak at best. Some have suggested that instead of attitude change, a new "minority

status" has been created for the handicapped. Wright (1960) describes the minority status of persons with disability as "similar to underprivileged ethnic and religious minority groups" (p. 15). Richardson (1969) also describes the many parallels which have been drawn between the stigma attached to being disabled and to belonging to a minority group. He indicates that significant differences also exist. The major difference appears to be that in minority groups members learn and are socialized through association with members of the minority, while it is extremely unlikely the handicapped child will have neighbors, parents, or peers with the same handicapping condition. It seems the emerging minority status of the handicapped may have been instrumental in passage of key legislation but restrictive in the sense of adding the problem of minority status, without direct access to minority socialization. It is possible that attitudes of the general public have changed very little. English and Oberle (1971) draw the conclusion from a review of recent studies that more than half of the general public hold favorably acceptant attitudes toward the physically disabled, and they also suggest that a substantial number of persons hold negative rejecting attitudes. If those conclusions are in fact correct, it is important to attempt to understand why these negative attitudes persist and how they may be changed.

Attitudes concerning persons with disabilities throughout history have been skewed toward either the positive or

negative end of the spectrum. These extremes have been expressed in terms of humor, cruelty, or reverence. The basis for such treatment appears to be based on myth and prejudice. Gellman (1959) indicates negative treatment of the handicapped by the non-handicapped in modern society to be attributed to three major unconscious mechanisms:

(a) A belief that physical abnormalities are a retribution for evil, and hence the disabled person is evil and dangerous; (b) a belief that a disabled person has been unjustly punished and is therefore under compulsion to do an evil act to balance the injustice, and hence that he is dangerous; (c) the projection of one's own unacceptable impulses upon the disabled; the hence that he is evil and dangerous (p. 5).

While it is understandable that the assertions made by Gellman could be questioned, an honest and objective view of today's society will tend to reinforce the existence of such basic beliefs. According to Wright (1960), "Public attitudes are often positive, but negative, deprecating attitudes also exist, although they may be more covert" (p. 13). This position adds support to the idea that attitudes are a complex mixture of myth, prejudice, and objective evaluation of reality.

The basic problem being investigated by this study is to identify ways to bring about a positive change in attitudes toward the handicapped. The specific application of attitude change is specifically geared to bringing about positive change in undergraduate students majoring in human services academic programs. As demonstrated in the introduction to this chapter, negative attitudes exist in the

general public. Persons who choose human services field of work are part of that general public. Reichel (1975) offers this description:

A society's concept of disability is based on cultural definitions and social perceptions as interpreted by the individuals within the society. Thus, an individual's behavior will be influenced by his own experiences and perceptions of existing attitudes toward the handicapped (p. 185).

The indication that negative attitude exists in groups of people such as rehabilitation counselors and other human service workers, as well as students seeking to enter these fields, is well documented by many research projects.

(Dubrow, 1965; Gellman, 1967; Williams, 1969; Moon, 1969; Reedy, 1972). These studies have all confirmed the fact that a basic negative attitude set exists on the part of the rehabilitation counselor when attempting to address themselves to serving the severely disabled.

The demonstration of these devaluing and negative attitudes can be readily extracted from many of the so-called common sense notions held in modern society. Wright (1960) identifies two common sense ideas concerning frustration: "First, it is commonly assumed that a physical disability augments frustration and that one should find more frustrated persons among the disabled. The second common sense notion is that frustration is always a negative experience" (p. 87). These statements sound so sensible that they are accepted in many cases as true. Both of these ideas have been found to be deceptive.

The assumption that having a disability automatically

increases frustration is directly contradicted by the research of Kahn and Fitzgerald in the early fifties. These studies indicate disabled subjects do not have a lower frustration threshold or react less adequately to frustration situations than their able-bodied counterparts (Wright, 1960).

The idea that frustration is always a negative experience has been found by research conducted by Rosenzweig, Baker, and others as early as the thirties and forties (Wright, 1960). In fact, it is clearly demonstrated that frustration is helpful in causing disabled persons to adjust. The results of the above mentioned research tends to support the idea that frustration may push a person to the point of solving problems; therefore, becoming a positive force. Both of the assumptions concerning frustration and the disability have been shown to be inaccurate but continue to be important factors in the way attitudes toward the handicapped are shaped.

Two additional common misconceptions have been identified by Shontz (1970). The first assumption is that specific forms of somatic disposition are commonly associated with specific types of personality. The second is that some types or degrees of disability constitute sufficient causes for psychological maladjustment. These two assumptions have been discredited in the research reviewed by Shontz. The meaning of disability and its effect on the individual seems to be best determined by the individual and cannot be

categorized under broad assumptions. Even though these misconceptions have been shown to be incorrect, the beliefs are still commonly held. Beliefs based on an inaccurate assumption will certainly lead to inappropriate actions and conclusions. As long as misconceptions such as the four discussed above exist, they will continue to contribute to the development of negative and devaluative attitudes. Given the existence of negative attitudes in our society, it is necessary to identify techniques and procedures for effecting a shift toward the positive.

Basic Questions Posed for the Study

The research and theoretical positions presented thus far suggest the attitudes of society are at least in part based on misconceptions. This leads one to suspect change might be brought about through changing the misconceptions. The basic questions being asked, in this research, concern how best to bring about this change. Several basic questions surface when considering how best to bring about change. First of all, are there experiences in which people could become involved that would bring about a positive change in attitudes? The second basic question concerns the degree of impact appropriate media presentation will have on attitudes toward persons with disability. A third question deals with the effectiveness of lecture and group discussion on attitude change. A final question concerns whether any of the above mentioned methods are effective in bringing

about attitude change.

Need for this Study

In the selection and preparation of human service workers, attitudes toward the target client group are thought to be important. The following statement provides a general summary which establishes just how important attitudes are in programs dealing with the handicapped.

"A society's concept of disability is based on cultural definition and social perceptions as interpreted by the individuals within the society. In most societies, the majority of individuals have a desire to conform to the standards and norms of that society. Thus, an individual's behavior will be influenced by his own experiences and perceptions of existing attitudes toward the handicapped (Reichel, 1975, p. 188).

A study conducted by Crunk and Allen (1977) investigated attitudes of five groups of rehabilitation workers toward the severely disabled. The study was based on the assumption that practicing rehabilitation professionals approach the severely disabled with a basic negative attitude set. The results identified significant differences between groups who provide services to the handicapped. Some groups of professionals appear to be more negative than others. These findings concerning attitudes are especially important to the therapeutic relationship between a rehabilitation professional and a disabled client. The fact that attitudes have been shown by research to be important to the success of the helping relationship is well summarized by Rogers (1958):

. . . it is the attitudes and feelings of the therapist rather than his theoretical orientation which is important. His procedures and techniques are less important than his attitudes. It is also worth noting that it is the way in which his attitudes and procedures are also perceived which makes a difference to the client, and that it is this perception which is crucial (p. 36).

Roger's position as stated above tends to reinforce statements concerning the importance of attitudes dealing effectively with persons who have disabling conditions. The importance of attitudes in the helping process cannot be overemphasized. Patterson (1959) feels that the evaluative attitude should be kept out of the counseling process. Wright (1960) also adds support with her statement that the negative effect of society's attitude toward the disabled can be more handicapping than the physical disability itself. Since attitudes are so crucial to the helping process, it would seem worthwhile to conduct any research project through which constructive information concerning attitude change could be learned.

The study described in this paper is needed since it will examine attitudes toward the disabled. Also, this study will be concerned with a specific human service group about which very little direct information is known. The group being studied will be undergraduate Human Resources students at East Central Oklahoma State University. This study will identify the nature of this group's attitude toward the disabled. Another benefit to be derived from this research will be to determine what method or methods may be used to influence existing attitudes. In short, this

study will produce a beginning statement concerning the relationship of this group to persons with disability. It should also be pointed out that the Human Resources academic program as it exists is unique, in that few similar programs exist.

Definition of Terms

The following terms and definitions will be used throughout the remaining chapters of this paper. Clarification of these will enable the reader to more fully understand the intent of the research.

Attitude - A positive or negative emotional reaction to an object, a reaction that is accompanied by specific beliefs and tends to impel the individual to behave in specific ways toward the object of the attitude (The White House Conference on Handicapped Individuals, 1977, p. 93).

Disability - A condition of impairment, physical or mental, having an objective aspect that can usually be described (Hamilton, 1950, p. 17).

Handicap - The cumulative result of the obstacles which disability interposes between the individual and his maximum functional level (Hamilton, 1950).

Human Resources Department - An academic major at East Central Oklahoma State University. Students complete a major-minor consisting of an interdisciplinary core of courses and a concentration in one of seven areas of human services, rehabilitation, social work, deaf interpretation,

aging, juvenile services, law enforcement, and adult correctional services.

Attitudes Toward Disabled People Scale - A short, self report attitude scale designed to measure verbalized attitudes. The scale is designed to measure attitudes in general rather than attitudes toward a specific disability. The A.T.D.P. can be used to measure the prejudice of non-disabled persons and those with disabilities (Yuker, Block, Young, 1970). A complete description will be provided in Chapter III. Copies of the test and answer sheet are provided in Appendix F.

Assumptions

1. At the completion of the planned treatment, subjects will respond as they really feel, not as they feel they are supposed to.

2. The verbalized subject responses will be a true reflection of actual attitudes at the time of response.

3. The Attitudes Toward Disabled People scale is capable of measuring positive-negative attitudes toward the disabled.

4. The experimental treatments will cause attitudes to become more positive than before treatment.

Limitations

1. The results of this study will be generalizable only to students majoring in Human Resources. This

Limitation is due to the unique setting in which the study is being conducted.

2. The geographic location and catchment area of the university from which subjects will be drawn is rural and may differ from those in urban areas.

3. The Services to the Disabled and Barrier Removal Program, which subjects have been exposed to, will have had some impact on the subjects prior to treatment, since each subject will have been on campus for at least two months, and some for as long as three years.

Summary

Students who have chosen to major in an academic program such as Human Resources will certainly come in contact with clients who have disabling conditions. It is essential that these students leave the university with attitudes that are as positive as possible toward the handicapped. The present study examines methods of bringing about the opportunity for evaluation and change of attitudes through a carefully planned and administered treatment program. While it is recognized that the attitudes of the general public may not be as consistently positive as they appear, attitudes of human services students are probably somewhat more positive. This study will attempt to determine just how positive attitudes are and if change can be brought about in a relatively short time span.

CHAPTER II

REVIEW OF THE LITERATURE

Introduction

Chapter II presents a review of the literature. An overview of theoretical positions on attitude development, change, and measurement will be presented. In addition, a review of current and recent research studies will be reviewed. Some of the current areas of research are directly related to political and legislative influences. These factors have generated an abundance of studies concerning the human service worker and the severely disabled. Many other studies concern the handicapped child in the regular classroom. A recent summary of theoretical discussions and research findings prepared by the White House Conference lists six major areas which have received attention. These are summarized below:

1. Studies attempting to determine the differences in attitudes toward different kinds of disabilities.
2. Social research which attempts to identify groups of people who either express "positive or negative" attitudes toward the handicapped.
3. Research dealing with attitudes toward handicapped people which tend to set them aside as different or inferior.

4. The analysis of persons and groups of people who tend to respond publicly in an accepting way but discriminate privately.
5. The study of public expression of negative or rejecting attitudes.
6. Research dealing with individual differences in attitudes (White House Conference on Handicapped Individuals, 1977, p. 94).

The review of literature for this study will be generally aligned with the concerns identified above.

The importance of understanding the implications of current attitude research and theory is appropriately described by Anthony (1972). He states:

Various researchers have theorized that society's attitudes and expectations for the disabled may be of critical importance in maintaining the mental health of the physically handicapped and in restoring quickly the mental health of the mentally ill (p. 117).

It is the intention of the author to review relevant literature concerning the effective planning, execution, and evaluation of this study.

Theoretical Perspective

In reviewing literature on attitudes, it is appropriate to devote attention toward a definition of attitude. A general definition was given in Chapter I (p. 9) as follows: "A positive or negative emotional reaction to an object, a reaction that is accompanied by special beliefs and tends to impel the individual to behave in specific way toward the object of the attitude." A closely related definition has been presented by Oppenheim (1966). In a

lengthly definition, he defines attitude as:

A state of readiness, a tendency to act or react in a certain manner when confronted with certain stimuli. Thus the individual's attitudes are present but dormant most of the time; they become expressed in speech or other behavior only when the object of the attitude is perceived (pp. 105-106).

This definition includes a belief or cognitive component and an emotional component.

Another definition is offered by Remmers (1954). He defines attitude as "an effectively toned idea or group of ideas predisposing the organism to action with reference to specific attitude objects" (p. 3). This definition carries with it the implication that attitudes are extremely important in determining and controlling one's own behavior. Along the same line of thought, Sherif (1967) links attitudes to the way one determines and shapes his approach to life. He indicates that a person's "attitudes define for him what he is, and what he is not, that is what is included within and what is excluded from his self image" (p. 2). From this perspective then, attitudes are extremely important to one's identity and ability to continue to function on a daily basis.

Another definition which takes a different point of view is offered by Rosenberg and Hovland (1960). They define attitudes as "predispositions to respond in a particular way toward a specified class of objects" (p. 1).

This definition carries with it the act that attitudes are not measurable directly. One can only measure the response to a given situation or stimulus. Based on the above definition, "responses" or "indices" of attitudes fall into three major categories: cognitive, affective, and behavioral (Rosenberg and Hovland, 1960). The factors are very important to measurement of attitudes and will be reviewed later in this chapter.

Another point of view concerning the definition of attitude is offered by Allport (1935). This point of view describes attitude as "a mental and neural state of readiness, organized through experience, exerting a directive or dynamic influence upon the individual's response to all objects and situations with which it is related" (p. 2). This definition, although one of the most dated, is fairly consistent with the others cited here, in that it seems to imply that attitudes are a state of readiness to react in a certain way.

There are numerous other definitions of attitudes, but those presented above appear to be representative of those found in current and historical literature.

Attitude Development

The above definitions describe the general nature and function of attitudes. The focus of the present study concerns attitudes as they exist in adults, and the process through which attitudes are developed and altered. While it

is difficult to determine the exact components of the development, several theories exist which help to understand the process.

Oppenheim (1966) stresses the importance of realizing . . . that attitudes are only very rarely the product of a balanced conclusion after careful assembly of evidence; as a rule, attitudes are modified by absorbing or reacting to the attitudes of other people (p. 110).

This statement adds support to the feeling that it may be very difficult to determine the exact nature of attitude development.

A more complex explanation of attitude development is described by Campbell (1967) in a process identified as developing "orientations". The child develops certain predispositions which serve as potential for action. He then forms "evaluative judgments and acquires standards that define appropriate functioning in relation to it" (p. 7). It is Campbell's assumption that the predispositions and resulting consequences result in "orientations." Orientations are defined as "clusters of phenomenally related social attitudes with their component beliefs, feelings, values, standards, and performances" (p. 7).

Another method of understanding attitude development is to examine the relationship between life events. Rosenberg and Hovland (1960) indicate that one's attitudes "may be influenced and shaped by his major emotional needs, conflicts, and defense mechanisms" (p. 8). It is through these life processes that one comes to establish certain

consistent responses in given situations. The person is "more satisfied by consistent arrangements of related responses than by inconsistent arrangements" (p. 9). This approach to attitude development is supported by theory and research from the cognitive consistency theories of human motivation. One such theory presented by Festinger indicates that "cognitive dissonance results when a person maintains two inconsistent cognitions" (Arkes and Garske, 1977, p. 237). According to Festinger the dissonance is then reduced by actions one has found to be successful in similar situations. Support is also added from the balance theory presented by Heider. This theory makes the point that cognitions are balanced through either negative or positive alteration of one's attitudes toward another person or object (Arkes and Garske, 1977). In addition, Newcomb indicates that "the most important variable influencing attraction between two persons is the similarity of their attitudes" (Arkes and Garske, 1977). One final position which supports the relationship of life events and attitude development can be drawn from the theories of "causal attribution". Arkes and Garske (1977) summarize the attribution theory position as follows:

People strive to explain, understand, and predict events. This effort entails a constant processing of information about behavior of oneself and others and the attribution of it to the actor, the environment, or both (p. 251).

These theories clearly indicate that attitudes are developed through interaction with people and the environment. It

also seems evident that we develop modes or ways of responding that can be used over and over in similar situations.

Remmer (1954) calls this "genetic" development of attitudes.

He indicates

. . . that environmental modification of the human organism begins with conception. The changes wrought by environmental contact are manifested from birth on during the early years or even months of life. Here the individual acquires his first attitudes and exhibits his first learned behavior (p. 4).

This position serves to point out the importance of the interaction of inherited variables and environmental forces.

The above review of attitude development seems to indicate the most important characteristic of attitude development could very well be individual social experiences.

Attitude Change

The theoretical perspectives presented above, concerning general definitions and developmental processes, provide a basis for an investigation of how best to bring about attitude change. The process of attitude change may be difficult to describe concisely. Remmers (1954) emphasizes this difficulty in attitude change by pointing out that the individual has two distinct types of attitudes. These are identified as "public" and "private" attitudes.

Evidence exists that allows theoretical statements concerning attitude change to be made. In a review of literature which provides support for changing attitudes, Remmers (1954) present numerous studies which indicate

marked change of attitudes, lasting for long periods of time. These studies utilized various stimulation, such as movies, oral arguments, and printed material, to bring about change. The current study will utilize all the approaches mentioned above.

A major point to be considered in the attempt to understand the process of attitude change is the strength or intensity of the attitude. Oppenheim (1966) indicates that "the more extreme attitudes (either positive or negative) are usually held with much more vehemence, whereas the more neutral position may be defended with far less intensity" (p 108). In addition to some attitudes having more intensity, some tend to retain a highly intense level for long periods of time, while others undergo multiple changes. "At the most specific level, that of beliefs, change is relatively easy to bring about so long as the underlying attitude is not involved" (Oppenheim, 1966, p. 109). In other words, it seems possible to change surface behaviors and verbalization fairly easily, but the basic attitude may remain unchanged.

Another way to view the process of attitude change is to examine the changes in clusters of related social attitudes. These clusters are called orientations (Campbell, 1967). Changes in orientations during the course of the child's growth include two major issues. "First, there is developmental changes that take place within a given component of an orientation" (p. 11). Many components can be

identified according to age or other changes which may occur. "Second, there is need to examine the nature and extent of change in the patterning of interrelationships among components of orientations" (p. 11). This statement indicates that the developmental process may cause different rates of change for some components within an orientation. If this is accurate, one would have a difficult time predicting or changing attitudes according to orientations.

Many of the most important areas of concern in attitude change theory can be classified as communications. Theorists in communication "maintain that one of the main ways in which persuasive communications give rise to attitude change is through the production of a related opinion change" (Insko, 1976). In this model, the opinions one holds toward something or someone are crucial to attitude change. Before an attitude can change, opinions concerning the object of the attitude must be challenged. Insko (1976) summarizes this process as follows:

Opinions, like other habits, tend to persist unless the individual undergoes some new learning experience. Exposure to a persuasive communication which induces the individual to accept a new opinion constitutes a learning experience in which a new habit is acquired (p. 12).

Thus, through opinion change, attitude change is brought about.

Another view of communications and attitude change is presented by Sherif and Hovland (1961). Their position is that "the effect of a communication will depend to a major extent on its relationship to the position of the recipient

and his latitudes of acceptance and rejection" (p. 147). This approach tends to point out the importance of the internal processes of the person, as opposed to the importance of the external stimuli stressed by many other approaches. Specifically the position or stand a subject has on an event will to a large degree control the fate of incoming communications. "The greater the discrepancy between the subjects own stand and the position advocated, the greater the displacement away from the subject's position" (Sherif and Hovland, 1961, p. 149). Following this line of thought, it would appear that the more contrast the communication has with the position held by the individual, the more likely the communication will have a changing effect on attitudes. The reverse would also seem reasonable. If the information being presented is similar to the individual's own position, it is likely to simply be assimilated into the existing position.

A related concern in the area of attitude change and communication, concerns the effect of the order of presentation of the communication. In a review of the work of Hovland, Janis, and Kelley, Chohen (1964) extracted the major issues. These issues are discussed below. (1) "When only a single side of an issue is presented, is it more effective to utilize the strongest argument at the onset or at the end? (2) When both sides of an issue are presented successively, does the side presented first or the side presented last have the advantage" (p. 18)? Based on this

discussion and review of research, it seems the above question can not be answered simply. Rather, a more plausible explanation is that many external factors will produce different results in various situations. The exact nature of this process is difficult to explain but, "most important are attention, learning, and acceptance" (Cohen, 1964, p. 8). So the order of presented material must be considered with the three factors mentioned above. Closely connected with the factors of attention, learning, and acceptance is the nature of the approach by the person attempting to communicate. Types of appeals range from the humor to fear. Most of the research has centered around fear and aggression in subjects. The results of these studies generally indicate the arousal of intense fear tends to have a negative effect on the intended communication or attitude change (Cohen, 1964). It also seems that more attention needs to be given to appeals which deal with emotions, such as sympathy, affection, and satisfaction. Literature dealing with the type of appeal for changing attitudes toward the handicapped indicate that perhaps the emotional approaches should be replaced with a realistic approach. Anthony (1972) presents a model made up of such realistic approaches. He suggests that a combination of contact, and information about, the disabled to be the most effective way to change attitudes toward the handicapped. This approach suggests that exposure to and learning about things as they occur in "reality" may be more effective in bringing about change

than inducing fear or other strong emotions within the individuals. The summary of research presented by Anthony indicates that when using the contact-plus-information method, attitude change can occur in a relatively short time span. The theories, method, and models for attitude change presented above are of utmost importance to the current study in that the treatments to be described in Chapter III are based on this review.

Measurement of Attitudes

Central to the process of attitude change is the problem of measurement. In order to determine the amount and direction of change, existing attitudes must be known and change must be measured. The measurement of attitudes is difficult and controversial. Nevertheless, the impact of attitudes on human services education, and other areas of socialization make it necessary to use all the techniques available to continue to refine the process.

Two basic types of attitude measurement techniques are currently used. These are identified by Anastasi (1968) as opinion surveys and attitude scales. The opinion surveys are concerned with obtaining replies to specific issues, while attitude scales usually are geared toward a total score which indicates attitudes toward a specific group or activity. The attitude scale will be of primary concern in the current study since attitudes toward the handicapped as a group is the major concern.

One basic characteristic of the attitude scale is that it is straight forward in nature. Sax (1974) indicates that no attempt is made to disguise the items and that both the examiner and respondent understand what is being measured. The straightforward procedure appears deceptively simple. The problem with that assumption is that true attitudes are not easy to assess directly. "Opinions are expressed attitudes. These may deviate from underlying self attitudes with or without the awareness of the subject" (Remmers, 1954, p. 7). One must take care to determine what is being expressed. Sax (1968) makes the point that it is useful to categorize them as "expressed", "manifested", or "inventoried." It is possible that many expressed attitudes are selectively different than the true attitude one holds deep down. Oppenheim (1966) indicates,

The more aspects of a particular attitude one can include, (on a scale) the more one is likely to get scores that will mean something in terms of that underlying attitude, rather than in terms of one or two particular aspects of it (p. 113).

One way to analyze the various aspects of an attitude that is to be measured is to look at the components of the attitude. Rosenberg and Hovland (1960) provide such a model. They indicate that one of the major problems in measurement is "the relationship between the three major components of attitudes" (p. 2). While the structure of attitude may be argued, the point made by the model presented by Rosenberg and Hovland (1960) is worth consideration if one is investigating or measuring attitudes. Figure 1 is a

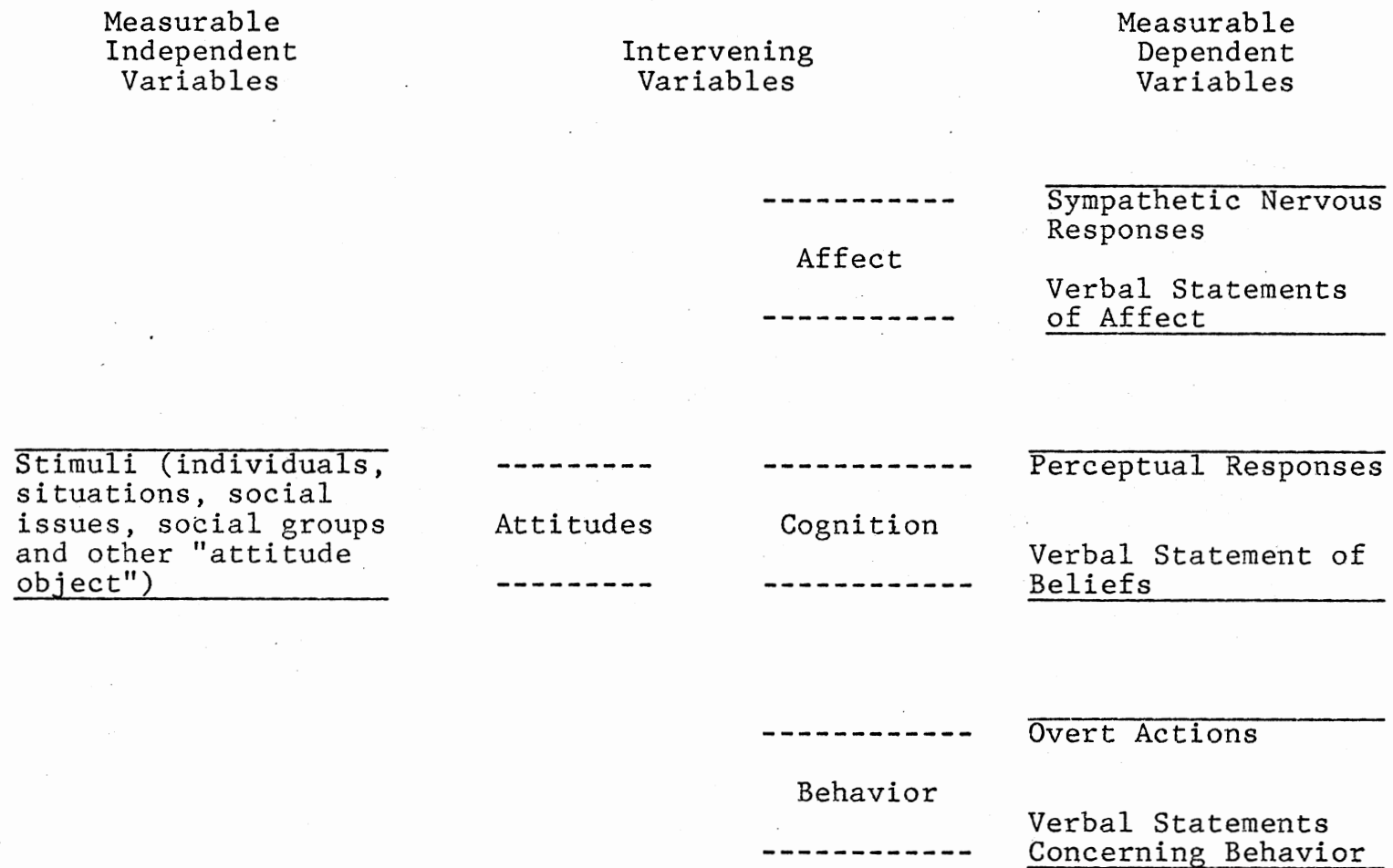


Figure 1. Schematic Conception of Attitudes

schematic representation of this model (p. 3). This approach to the measurement of attitudes identifies three major concerns. The model indicates that the first step in measuring attitude change is to identify the stimuli or situation designed to bring about the change. The second concern is to recognize that the attitude will be expressed in either affective, cognitive, or behavioral terms. The final consideration concerns the type of measurement instrument needed for the different attitude expressions.

The basic questions which can be asked in using this model will concern the cause of attitude change, the nature of the component of the attitude affected and the way such an attitude can be measured.

Once it has been determined what is being measured and how it can be measured, the process of collecting the measurement data remains. One of the major problems in research situation is that of experimental bias. Experimental bias is described by Rosenthal as a subtle, unintentional, and unconscious biasing process that effects can dramatically change results of a study (Insko, 1976). Rosenthal recommends several measures be taken to control such problems. First, the experimenter should not be in a position to provide either verbal or nonverbal cues or reinforcement to subjects. Second, it is advisable to mechanize as many of the collection and scoring devices as possible. Third, researchers should enter into a research situation with more thought of replication of the study. Finally, ethics should

be more rigidly adhered to. These suggestions seem to be extremely relevant to the measurement of attitudes, since the process is less than perfect at beginning.

This review of literature concerning attitude measurement and its problems can be summarized as having two major problem areas. These problems are: (1) "The relationship between public and private attitudes" and (2) "The relationship between what a person says and what he does" (Anastasi, 1968, p. 481). These two problems point out the need to be concerned about validity. In addition, reliability is less than abundant for many available scales. Care must be taken to select an instrument with substantial data available. The instrument to be used to measure attitudes in this study is the "Attitudes Toward Disabled People Scale." This scale has undergone extensive study and appears to be a sound instrument. A detailed discussion of the ATDP Scale is presented in Chapter III.

Research Perspective

The final section of literature review will deal directly with the research questions stated in Chapter I (p. 6). The majority of the information to be reviewed will come from recent publications and research studies. The research review will be roughly divided into two areas. First, documentation will be provided for the existence of negative attitude in today's society. Second, research which evaluates the effectiveness of the experimental

treatments utilizing lecture and discussion, structured experiences, and the use of media presentations.

Negative Attitudes

This section of literature review will address the magnitude of the existence of negative attitudes toward the handicapped by today's society. The available literature in this area seems to fit four loosely grouped areas of concern.

First, existing negative attitudes of a general nature tend to be documented by numerous general statements made by authorities. The two statements which follow are representative of those statements.

Society exhibits a great deal of prejudice toward the disabled, the dependent, and the deviant. Many individuals are handicapped only because society's attitudes turn the biases of the non disabled into handicaps for the disabled (Gellman, 1973, p. 36).

Another statement which addresses the contrast between public and private attitudes is presented by Kutner (1971). He states:

It has long been known that behavior is often inconsistent with attitudes, even though such behavior is presumably controlled by them. The fact of inconsistency suggests that verbal behavior often expresses deep feelings, but that other factors, frequently situational in nature, override them, resulting in actions that are seemingly independent of attitude (p. 150).

In addition, statements concerning public media also reflect the nature of society's negative attitudes toward the handicapped. Byrd (1979) captures the essence of these

statements. He states that

Frequently, the attitude is perpetuated that the disability drastically changes the life of the poor soul who happens to be afflicted. It is unrealistic to find a person in a wheelchair at a cocktail party, or a deaf-blind individual eating at a fine restaurant (p. 5).

Second, the existence of negative attitudes in human services professionals such as counselors, teachers, and those in training to enter human service fields has drawn much attention in recent research. These research studies can be generally categorized in two areas. One is the human services provider (counselor and social worker), and the other is education (teacher, aide, students, etc.).

The evidence is quite convincing, concerning the fact that human services counselors may not have positive attitudes toward the disabled. Three major studies provide strong support for such a statement. Crunk and Allen (1977) investigated differences in attitude toward the severely disabled. The groups included, vocational rehabilitation counselors, disability examiners, facility workers, full-time graduate students, and undergraduate students. This sampling takes in a major portion of rehabilitation professionals. The results of this study gives convincing evidence that all these groups have negative attitudes, with some groups more negative than others. Another major study conducted by Schofield and Kunce (1971) investigated the rehabilitation counselors attitude in connection with different disability groups. This study concluded that biases do exist toward certain types of disabilities. Another

significant study investigated the effect of attitudes, both positive and negative, on client success (Krauft, Rubin, and Bozarth, 1975). The results indicated that while counselors' attitudes have a more significant impact on the severely disabled, negative attitude may communicate a feeling of being inferior to the non-disabled. In a closely related study conducted by Krauft, Rubin, Cook, and Bozarth (1976) similar findings are reported. This study lends evidence to support the feeling that counselors with more positive attitudes have greater success with disabled clients. A study designed to help identify potential counselors did not prove to be successful (Moses, Rubin, and Turner, 1977). The results indicate that it is highly unlikely that a prediction concerning future counselor and positive attitudes can be made based on demographic variables.

Third, the impact of attitudes in educational setting appears to have major impact on the success of both teacher and student. An international study conducted by Jordan (1970) establishes strong evidence that attitudes of teachers are not significantly different toward the mentally retarded in five dramatically different geographic areas. Samples were selected from teachers in Columbia, British Honduras, Kentucky, Texas, and Michigan. Newman (1976) conducted a survey of the University of Pittsburg faculty members to determine their attitudes toward admission of handicapped student to the university. The results of the survey indicated more concern with the handicapped students

ability for learning and communicating than with architectural barriers. Students in a teacher education program were evaluated to determine the influence of the label mental retardation and physical unattractiveness on judgments of subnormality (Alora, 1975). The results indicate that these factors do significantly influence judgments of subnormality.

A study that provides excellent contrast with the one mentioned above was conducted by Ziegler and Hambleton (1976). In this study which utilized a behavior checklist, it was determined that students in a regular elementary school appear to be accepting of retarded classmates. Another study dealing with the administrators and teachers in preschools found that of the 45 involved in the study most would not accept the physically handicapped (Albertson, 1976). Two studies concerning attitudes of young children (Wylie, 1976, and Weinberg-Asher, 1975) provide support for the feeling that children under four years of age do not have negative attitudes toward the disabled. Winebert-Asher's study indicated that understanding about disability takes place at about age four, but does not necessarily bring with it negative attitudes. Wylie's study indicated that younger children have less negative attitudes, but contact with the disabled does not necessarily prevent negative attitudes.

While it would be easy to over simplify the meaning of the studies presented above, it would seem logical to

conclude that as we get older the more receptive we become to the development of negative attitudes.

A fourth area which has received recent attention is that of labeling. While the effects of labeling are certainly a part of all the areas mentioned above, the impact of labeling may not be fully understood. Smith-Hanen (1976) describes the process of labeling as it evolves in human services agencies. Labels "Are not especially consistent, rational, or useful. The issue of labeling arises from categorization. Both negative and positive connotations can arise" (p. 131).

In a study of attitudes toward disabled people Harasymiw (1976) found that for 22 disabilities considered, physical disability was highest and social disability lowest in terms of preference. In another study conducted by Sigelman (1976) concerning group homes for the mentally retarded, it was concluded that adults in the sample were strongly opposed to community group homes and the rights of the retarded to bear children.

The last study to be presented here serves as an excellent summary for the importance of labeling. Cook and Wollersheim (1976) conducted a study using "Normal" seventh and eighth grade students as subjects. The subjects were asked to rate a twelve year old boy on the basis of a short written sketch. Half the subjects completed the evaluation without a label, and the other half with the information that the boy attended special education classes. The

results indicated the negative effects of labeling, and added support for the feeling that quality contact as opposed to just contact is extremely important in shaping positive attitudes toward the disabled.

The final section of the review to document the existence and impact of negative attitudes in today's society will be centered around the basic concern of work. The institution of work is important to all segments of society. The attitudes of employers are critical to the handicapped person's being able to function in society. Rubin and Roessler (1978) state the importance of work as follows: "work is a multifaceted human enterprise done for both intrinsic, social, and extrinsic rewards. Intrinsic reward refers to personal satisfactions derived from the work role itself" (p. 113). When the importance of work to disabled clients is fully understood it is not difficult to understand the interest in employer attitudes, since they control entry into the world of work. Bowman and Graves (1976) point out that "employer attitudes can change depending on the experience the employer has with a disabled worker" (p. 88).

It seems that employer attitudes just as these of teachers and counselors, vary according to the disability and situation. For example, if ready for employment, the ex-psychiatric patient will still deal with the problem of social stigma (Rubin and Roessler, 1978). Other employers, according to Barker (1974) express positive attitudes, but

do not follow through on hiring the individual with the disability. A study conducted by Hartlage and Taraba (1971) looked into the attitudes of employers in hopes of discovering some generalizing results. The study concluded that employers are more receptive toward some groups of potential employees than others. Perhaps the most meaningful conclusion for the person assisting the disabled client to find employment is that an employer will look at each person as a member of a group. The employment of a member of one group may not guarantee hiring of a member of another group.

From the viewpoint of the employer, Weisgenber, Dahl, and Appleby (1980) indicate several areas of realistic concern when anticipating the hiring of a handicapped person. Most of the concerns center around the person's ability to produce on a competitive level. Phillips (1975) concluded after a study of these factors, that perhaps both employers and potential employees need to be more aware of opportunities and services available.

Experimental Treatments

This final section of literature review will concern the types of treatments that have been used in studies designed to change attitudes. The literature concerning treatments falls into several general categories. Several studies concern treatment of attitudes in educational settings. Another group concerns the effects of lecture material on attitudes. A third major area deals with the

impact of media presentation. The fourth identified area deals with experiential treatments. The final group of studies to be reviewed will be those using a combination of several treatments designed to bring about attitude changes.

Educational Situation

The research concerning primarily educational situations will be presented first. A study conducted by Bogatz (1970) establishes the importance of teacher attitudes. His study involved fictitious negative and positive evaluation of curriculum material to be presented. Although the material used were the same, the group whole teacher received positive evaluations on the materials, scored significantly higher than either the negative or controlled groups. In a similar study, Smith and Luginbuhl (1976) found that heightened teacher awareness of bias toward both bright and dull students could significantly reduce the effects of bias. Another study concerning undergraduate education majors found that the amount of descriptive knowledge available could be instrumental in shaping evaluation of disabled individuals (Gottheb and Siperstein, 1976).

Other studies in the general area of education deal with the integration of the handicapped child into the regular classroom. Clephy (1976) describes a project for teachers and administrators designed to assist in the mainstreaming process. The activities learned included a variety of methods and techniques, including group discussion,

media presentation, and talks by experts. The success of the main-streaming process is somewhat mixed according to available research. Representative of the research are the following two studies. Overline (1978) completed a comprehensive survey which linked experience and positive attitudes of teachers to the success of main-streaming programs. He found that more positive attitudes on the part of the teachers exist in teachers with one year or more experience as a teacher, and in rural areas as opposed to urban or suburban areas. In a study that does not support the concept of main-streaming it was determined that the very nature of being in a special education class labels the child to the degree that he will be negatively evaluated during the integration process (Darsh, Eads, Reece, and Piscitello, 1977).

Lecture

The second major area concerning experimental treatments and attitude change can be classified a lecture material. Bowe (1976) sets the stage for this review. He indicates that

Information that first calms our anxiety, then helps us understand the nature of disabilities and the problems they cause, is likely to produce the positive changes in attitude (p. 118).

Lazar (1974) conducted a study designed to determine if a carefully planned and systematically applied course of instruction would have an impact on attitudes of graduate special education students. Pre- and posttesting, using the attitudes toward disabled people scale, indicated

significantly more positive scores at the conclusion of the course. A similar study by Drake (1977) investigated students in an introductory special education class using the attitudes toward handicapped individual scale, also showed significantly more positive scores at the end of the semester. Another study conducted by Phillips (1976) found that one variable, whether teachers had taken a basic course in speech remediation, was significantly related to working with children who have speech disorders. These studies provide substantial support for the positive impact on attitude of carefully planned and presented material.

The evidence is not all as supportive as the above. A study by Begab (1969) compared the attitudes of students receiving structured lecture material concerning the mentally retarded with students not having access to lecture but participating in a field placement which required working with the retarded. The results indicate more positive attitudes when measured by the semantic differential rating scale, of the field placement students than the lecture students. Similar results were found in a study conducted by Siperstein (1977). This study found elementary students became more negative in their attitudes after a group discussion. While the impact of lecture material is mixed, it seems that under some conditions a positive change in attitudes can occur.

Media

The importance of media presentation of changing

attitudes as discussed by Bowe (1976) suggests it to be extremely powerful;

Our literature and mass media from childrens books to Shakespeare, from Frankenstein to psych reinforce this view, (differentness) achieving the more power because our direct, personal contact with actual people who have disabilities is so limited (p. 109).

In a study conducted by Stodden and Lanocone (1975), slide tape presentations were used as experimental stimulus materials. Both positive and negative presentations were made. The slide presentations were successful in influencing attitudes in both cases. The power of media presentaton is also demonstrated by Lewis (1974). His study was designed to change attitudes toward work adjustment and vocational goal planning. In a predischage program for groups of educationally handicapped servicemen. The results showed a higher level of interest in the group discussion when the material was presented on film as opposed to by an instructor. This study concludes that it seems possible to communicate more concisely by films and this approach usually allows time and incentive for group discussion. A note of caution concerning the ability of films to communicate should be added at this point. In a study designed to test the communication of a conceptual model it was determined that the attitudal model being presented by a flim was not in harmony with the groups tested after viewing the film. The attitudes that the subjects expressed were not the same as the conceptual model designed by the researchers although it was apparent the film was effective in attitude change

(Bond, 1974). Another study conducted by Donaldson and Martinson (1975) studied the differential effects of live and media presentations on attitudes toward the disabled in undergraduate students. No significant differences were found between the two treatments.

While the studies cited above represent the positive impact of films on attitude change, evidence exists concerning the ability of media to bring about negative attitudes. Foster (1976) investigated the expectencies created by the term "learning disabled". A video tape was shown of a fourth grade boy engaged in various activities. The results indicated that groups being told the boy in the video tape was learning disabled produced significantly more negative evaluations than those groups provided only with the tape.

The evidence presented above strongly suggests that media presentation can be an extremely powerful tool in bringing about attitude change.

Experiential

The major type of experiential treatment has traditionally been role reversal. This procedure requires people to assume a disability for a short period of time. The most common approach is to use wheelchairs for this procedure. Bowe (1976) points out that role reversal is usually an effective technique when followed by an appropriate information dissemination. Bowe suggests that

Similar training may prove helpful for teachers, therapists, counselors, and others who work with disabled people. Based on the age-old concept of 'walk a mile in my shoes', role reversal often produces unexpected insights and lower resistance to change, even where other approaches have failed (p. 132).

Although experiential treatments have been described for a number of years, recent activities appear to be promising. A recent article published in the Personnel and Guidance Journal, by Fix and Rohrbacher (1977) describes such an experientially based program designed to change attitudes toward the handicapped. The workshop they describe requires participants to complete several realistically detailed independent living skills activities. These activities are closely supervised throughout the workshop. Workshops held prior to the publication of the article are thought to be directly responsible for legislation, barrier removal, and transportation, at the community level. Aubrey (1975) conducted a related, although less complex, program with several Lions and Rotary Clubs with similar results. In addition, questionnaires administered before and after the treatment resulted in significantly more positive attitudes after treatment. Another study conducted by Singleton (1977) compares two teacher training methods for mainstreaming handicapped children. One approach utilized workshops, while the other used a direct assistance in the classroom approach. The direct assistance demonstrated significantly more positive attitudes after treatment than the workshop group. Felton (1975) found similar results with

para-professional health care workers, in that attitudes were more positive after one year of work experience. Likewise, Herr (1976) found that camp counselors had more positive attitudes toward the deviant child at the end of two weeks than at the beginning. A final group of studies dealing with well-planned simulations have also brought about positive attitudes. Experimental studies conducted by Pratt (1977), Clore and Jeffery (1977) and Burke and Sage (1971) all have similar results. In all cases, subjects were asked to remain in a wheelchair or have their sight blocked for a specified period of time. All three of these studies produced significant change and indicated significantly positive posttest attitude scores.

Lecture, Media and Experiential

This final section of experimental treatment literature review will concern studies which use all of these treatment. Only two publications were identified by the author as meeting these criteria. The first concerns a curriculum change approach to mainstreaming handicapped children into a regular classroom. This approach, developed by Cohen (1977) is known as the "Accepting Individual Different" (A.I.D.) curriculum. All three approaches are used to deal with the acceptance of handicapped children by the other children in the school. Group discussion and lecture information was presented in conjunction with media presentation about different disabilities. In addition, each child was encouraged

to take part in experiential or role reversal exercises. The results were that both students and teachers appeared to be realistic concerning expectations for the child with a disability. In a similar study, Simpson, Parish and Cook (1976) also sought to deal with acceptance of mainstreamed handicapped. This study also utilized lecture, media, and experiential treatments. The major conclusions were generally the same as those presented by Coren; however, the need for systematic application was stressed by these findings.

Summary

This literature review has covered basic theoretical positions on attitude development, measurement, and change. Current research in the area of attitude change has also been discussed. The treatments purposed for use in this study, lecture, media and experiential, have also been reviewed. These review will influence the application of treatments to be described in Chapter III. Based on these findings, it seems a study using all three methods of treatment would add significantly to the literature now available.

CHAPTER III

DESIGN AND METHODOLOGY

Introduction

The importance of the attitudes of persons who provide services to handicapped people has been pointed out in Chapter I (p. 7). Further supporting documentation was presented in Chapter II (p. 12, 26-30).

While it is important to recognize the impact of both positive and negative attitudes, much confusion remains as to how to bring about the needed positive change. There is also very little agreement on whether the techniques that work with one particular group will also be effective with another group.

It is the purpose of this study to investigate the nature of attitudes toward the handicapped of undergraduate students majoring in human services academic programs. The results of this study will yield information concerning the effectiveness of methods which may be used to bring about positive attitude change.

Hypothesis

The basic questions under consideration in this study are presented in Chapter I (p. 6) of this study. The

research design is based on those questions. The null hypothesis is stated as follows:

H₁: There is no significant difference in attitudes toward the handicapped between groups who receive the experimental treatments (Lecture-Group I, Media-Group II, and Experimental-Group III), and a control group receiving no treatment.

Subjects

The subjects for this study were drawn from the population of students enrolled in day classes being offered during the spring semester of 1977. Class rosters in the form of complete computer printouts were requested. The printouts were obtained after the two week period of time into the semester, when most class changing and/or dropping takes place. The class rosters were used in identifying the number of students, classification of students, and the East Central University faculty member teaching each course. Enrollments for all classes totaled 567 students. There were 11 faculty members teaching a total of 28 classes. Individual class enrollments indicated 12 classes had enrollments of 20 or more students, 11 classes had enrollments of 15 or more, while five classes had 10 or more students enrolled. After a cross check of all printouts to eliminate duplicate enrollments, a total subject population of 308 students remained to make up the total population for the study. During the early stages of planning for this

study, it was determined that one of the major problems likely to surface would be subject attrition. The design of the study requires students selected for participation to agree to three successive one hour treatment sessions. One way to control subject attrition appeared to be to use intact classes at their regular meeting times. Permission to interrupt classes once each week was obtained from the appropriate administrative offices and the Human Resources faculty members. Each instructor was identified and listed in alphabetical order and numbered from 01 through 12. Four Human Resources faculty members were then randomly selected using a table of random numbers (Bartz, 1976). The four selected Human Resources faculty members were then randomly assigned to group I through IV, using the same procedure described above. Once the four faculty members were selected and assigned to groups, the largest class or classes were selected so that each of the experimental and the control group consisted of a minimum of 35 subjects.

On completion of the somewhat time consuming and tedious population definition and assignment to groups, the focus of attention moved to the composition of the sample.

Description of Sample

The total research population consisted of 308 students enrolled in Human Resources courses at East Central Oklahoma State University. From this population, four groups were

randomly selected and assigned. A total of 143 subjects were selected and assigned to one of the treatment or control groups. All subjects assigned to a treatment group received identical treatment. The research design required all subjects to attend each of three treatment sessions. To control for subject attrition, 15 subjects from each group were randomly selected for statistical analysis. The final random selection of the 15 subjects was made from a list of subjects who had attended all three treatment sessions.

Biographical data was collected for descriptive purposes, and to determine the representativeness of the sample. Data collected included such things as name, age, and academic major (see Appendix D). The total sample contained 13 males and 47 females. This is about 78 percent female and 22 percent male. These percentages compare favorably with the total departmental enrollment of about 76 percent female and 24 percent male. Several demographic descriptions are presented below to identify the sample used in this study.

The ages of the sample were divided into three categories. The first category, 18-25 years, included 45 subjects. The second category, 25-35 years, had 10 subjects. The remaining five subjects were older than 35 years. The ages of the sample, also compare closely with the Department population.

Eighty percent of the total sample indicated they were majoring in Human Resources. A total of 48 declared Human

Resources, three indicated psychology, three were in special education, and two were sociology majors. The remaining four were from nursing, environmental science, accounting, and one had not chosen a major.

The total sample consisted of 11 subjects classified as freshmen, 27 as sophomores, 15 as juniors, and the remaining seven as seniors.

The geographic origin of the subjects can be described in three categories: First, 53 subjects, 93 percent are native Oklahomans. Second, 24 subjects or 40 percent of the subjects are from small cities (15,000 population or less), while 31 or 51 percent are from medium size cities (15,000 to 30,000) population). Only five subjects, or about nine percent of the subject population are from cities considered large (30,000 population or more). The final geographic breakdown is one of rural-urban distinction. Approximately 83 percent come from rural geographical locations, while about 16 percent come from highly urban areas.

Each of the four groups used in the study were fairly evenly distributed concerning the demographic variables described above. Table I presented below gives a summary of each of the variables by number and percentage for the group.

To summarize the demographic description of the sample, one could make the following generalization. The sample is about three-fourths female. The subjects are mostly from

TABLE I

DEMOGRAPHIC VARIABLES PRESENTED BY FREQUENCY AND APPROXIMATE PERCENTAGES OF OCCURRENCE FOR EACH GROUP

		Group I (Lecture)	Group II (Media)	Group III (Experiential)	Group IV (Control)
<u>Age</u>	18-25	11 = 73%	13 = 87%	11 = 73%	10 = 67%
	25-35	3 = 20%	1 = 6%	2 = 13%	4 = 27%
	Over 35	1 = 6%	1 = 6%	2 = 13%	1 = 6%
<u>Sex</u>	M	5 = 33%	4 = 27%	3 = 20%	1 = 6%
	F	10 = 67%	11 = 73%	12 = 80%	14 = 94%
<u>Class</u>	Fr.	4 = 27%	4 = 27%	2 = 13%	1 = 6%
	Soph.	6 = 40%	8 = 53%	7 = 47%	6 = 40%
	Jr.	4 = 27%	2 = 13%	6 = 40%	3 = 20%
	Sr.	1 = 6%	1 = 6%	0 =	5 = 33%
<u>Major</u>	H.R.	11 = 73%	12 = 80%	13 = 87%	12 = 80%
	Other	4 = 27%	3 = 20%	2 = 13%	3 = 20%
	Small	5 = 33%	6 = 40%	6 = 40%	7 = 47%
	Medium	7 = 47%	8 = 53%	9 = 60%	7 = 47%
	Large	3 = 20%	1 = 6%	0 =	1 = 6%
<u>Geographic</u>	Rural	11 = 73%	12 = 80%	13 = 87%	14 = 94%
	Urban	4 = 27%	3 = 20%	2 = 13%	1 = 6%

small to medium sized rural areas. The majority of the subjects are sophomores and juniors, between the ages of 18 and 25 and are majoring in Human Resources.

Instruments Used

An instrument used to measure attitudes toward the handicapped was needed in this study. The proposed use of the instrument was to determine the effectiveness of treatments designed to foster positive attitudes. The complexity of the task of instrument selection is stated by Yuker, Block, and Young (1970) as follows:

The specific technique used by an investigation seeking an objective evaluation of attitudes toward disability is usually determined by the purpose of his study. In most cases, the main purpose of a study is either to survey attitudes or to investigate specific hypotheses about attitudes toward disability. It is rare to find a study in which a primary goal is the development of an objective instrument for measuring attitudes. Consequently, investigators in this field have tended to develop simple and untested instruments for eliciting attitudes. There are, however, a number of examples where carefully planned and methodologically sound attitude measure when developed . . . (p. 4).

The Attitudes Toward Disabled People Scale (ATDP) appears to be one such comprehensive instrument. The brief definition which was presented in Chapter I will be stated again here, along with other relevant data concerning the ATDP.

ATDP defined - A short, self report attitude scale designed to measure verbalized attitudes. The scale is designed to measure attitudes in general rather than attitudes toward a specific disability.

The ATDP can be used to measure the prejudice of non-disabled and those with disabilities (Yuker, Block, and Youngg, 1970).

By the above definition the ATDP seems ideal to measure the kind of data being collected in this study. The scale is available in three forms. Forms "A" and "B" are 30 items scales, while form "0" is a 20 item instrument. (Appendix G contains a copy of each, along with the answer sheet used.)

Original items selected for the ATDP scales were identical for all three forms. Statements describing disabled people were obtained from the literature. These items were screened by a board of psychologists for relevance for use in the scales. Some items were used in original forms. Other items required wording change or were changed positive to negative or negative to positive (Yuker, Block, and Youngg, 1970). The items selected for use in the final forms of the ATDP scales appear to be quite effective in discriminating between positive and negative attitudes. These differences are expressed in high (positive) and low (negative) scores. The discriminative ability of each item is documented by Yuker, Block, and Youngg (1970) as,

. . . internal item analyses reveal that all twenty items on form "0" discriminated between the high and low groups at the .01 level or beyond. On form "A", 29 of the 30 items discriminated at the .01 level or better, and on form "B", 26 of the 30 items so discriminated (p. 19).

As pointed out by Yuker, Block, and Youngg (1970), the ATDP may be administered as either an individual or a group test and usually takes no longer than 15 minutes to administer. Subjects rate each item from a likert scale, which has

a (+3) on one end of the continuum and a (-3) on the other end.

The ATDP is scored by changing the signs of the items with positive wording. By definition, a positive item is one which indicates that disabled persons are not "different" from non-disabled. Once the signs have been changed, the algebraic sum of all items is obtained. A constant of 60 on form "0" the 20 item scale and 90 on the 30 item scales "A" and "B". The resulting score ranges from 0 to 180 on form "0" and 0 to 180 on forms "A" and "B" (Yuker, Block, and Youngg, 1970).

Reliability

Reliability research on the ATDP scales has been summarized and reported in three major areas by Yuker, Block, and Youngg (1970) as follows:

Stability: The retesting with the same form of the ATDP after passage of time. Stability coefficients for Form "0" range from + .66 to + .89 with a median of + .73. The only stability estimate available for form "A" yields a + .78. Two estimates for Form B are + .71 and + .83. The time intervals range from two weeks to eighteen months. It is felt these measures of stability are comparable to those found in other attitude scales (p. 33).

Equivalence Reliability: Equivalence measures indicate the influence of the particular sample of

items chosen. The split-half method of determining equivalence reliability range from + .75 to + .85 on form "0", + .73 to + .89 for Form A, and + .72 to + .87 for Form B. The Immediate Parallel forms methods have resulted in reliability coefficients ranging from + .57 to + .83 (pp. 33-34).

Stability-equivalence: The administration of one form of a scale on one occasion and a different form on some subsequent occasion (sometimes called "delayed parallel"). The reliability coefficients reported for this type of reliability range from + .41 to + .83 with a median of + .74. The time intervals range from two weeks to five months (p. 34).

The evidence presented in this section is supportive of the reliability of the ATDP scale. The findings presented here compare favorably with those found in other attitude scales of the same type and length.

Validity of ATDP

A major concern with any test is to determine what it measures. Attitudes are quite abstract, and in many cases quite difficult to measure. Validity must receive special concern when selecting an instrument to measure attitudes. It is imperative that the test be appropriate for attitudes the study is attempting to measure.

The following information is relevant to the validity

of the ATDP. In the design of the test, it was assumed that the ATDP scale would measure different characteristics when used with disabled persons, than when used with non-disabled. When used with the disabled person, he in effect uses himself as a frame of reference. The non-disabled respondent does not identify with the disabled but uses the group as a frame of reference. Based on these two assumptions, the ATDP scores can be interpreted in terms of acceptance of or prejudice toward disabled persons (Yuker, Block, and Youngg, 1970). In light of the above statements, it seems as if the ATDP becomes two instruments, one to measure the attitudes of the disabled to non-disabled and another instrument that can be used to measure the attitudes of the non-disabled toward the disabled.

To specifically address the concern of validity and the ATDP scale, the types of validity measure should be identified. Four distinct types of validity have been identified. These four types are content validity, predictive validity, concurrent validity, and construct validity. The evidence to support the validity of the ATDP scale is based largely upon construct validity (Yuker, Block, and Campbell, 1960). The concept of construct validity is described as establishing that the "constructs that are presumed to be reflected in the test scores actually do account for difference in test performance" (Gronlund, 1977, p. 136). The process for determining construct validity has been established by Cronbach as: (1) identifying constructs which might account

for test performance, (2) establishing a testable hypothesis from the theory surrounding each construct, and (3) gathering data to test these hypotheses. Utilizing the procedure outline above, the construct validity of the ATDP was tested against the criteria that (a) people who show prejudice or non-acceptance would be likely to behave in certain ways and have low ATDP scores, and (b) people with high ATDP scores, non-prejudiced and accepting, would exhibit other behaviors (Gronlund, p. 156).

The results of construct validity testing indicated correlations which were significantly different from zero and in the direction predicted on the basis of theoretical considerations of attitudes toward the disabled. Thus, the validity was found to be adequate for measuring attitudes toward the handicapped (Yuker, Block, and Youngg, p. 35).

Validity studies concerning attitudes and demographic variable such as age, educational level, sex, marital status, and others have been contradictory. However, some conclusions can be drawn. Yuker, Block, and Youngg (1970) indicate that,

With respect to educational level, the relationship seems to be such that there is an increase in acceptance of physical disability on the part of both disabled and non-disabled persons with increasing levels of completed formal education (p. 58).

Additionally, other studies have shown some relationship between positive self concept and low anxiety level with accepting attitudes toward the handicapped (p. 70).

Also constructed for use in this research were two

informal instruments constructed by the researcher. A subject biographical survey sheet was constructed. Each subject assigned to one of the four groups completed this instrument. The instrument asked for information such as name, classification, age, and academic major (see Appendix E).

Another informal instrument constructed for this study is an instructor worksheet form to be completed by the instructor upon the completion of each treatment session. This instrument is an open-ended narrative type form and asks for problems observed, positive observation, and types of questions asked (see Appendix F).

Informal Pilot Study

These instruments, along with the content included in Chapter I and II have been used for three successive semesters in an informal pilot study to determine the feasibility for a larger scale study. The researcher teaches a course titled "Medical, Social, and Psychological Aspects of Disability" each semester. At the beginning of each semester, the ATDP scale (form A) was administered to the class. At the conclusion of the class, the ATDP scale (form B) is again administered. The mean scores have been consistently higher at the completion of the course than at the beginning. The means of the groups ranged from 6.6 to 10.0 higher with an average of 8.2 points higher for all three semesters at the end of the course. While this data was not

appropriate for statistical testing, it was nevertheless thought to provide some justification for large scale study, which would utilize some of the techniques being used in the course. Based on these findings and a review of related literature, it was decided to pursue this attitude change study.

Procedure

Perhaps the most important aspects of the study, in terms of planning and development of content material, are described in this section. The theoretical and empirical bases for the procedures were established in Chapters I and II. This section provides a detailed discussion of all preparation and planning, as well as a description of each of the treatments provided to the experimental groups.

As pointed out earlier in this chapter, the treatment groups were randomly selected and assigned to one of four conditions. At the end of the treatment, 15 subjects are to be randomly selected for purposes of statistical analysis of results. As a first step in the treatment of the three experimental groups, three graduate students were selected to serve as treatment instructors. The treatment instructors were then randomly assigned to provide one of three treatment conditions: lecture, media, or experiential. After assignment to the appropriate group, the researcher met with all three for three short orientation sessions. The purpose of the orientation was to provide a general

description of the study and the importance of each treatment to the end results. Also at the orientation session the instruments were explained and copies of the "Instructor Worksheet" forms were provided to each instructor (see Appendix F). In short, the general orientation session was used for questions and general instructions to be dealt with. At the conclusions of the general orientation session, an individual session was scheduled for each instructor for dissemination of materials and specific instruction on their area of responsibility. A minimum of one hour was spent with each instructor. Upon the conclusion of the individual sessions, the first treatment sessions were scheduled.

The content of each of the treatment conditions was carefully planned and structured prior to the beginning of the first session. The three treatment conditions are described below. All groups were given the same information and instructions at the beginning of the first session.

General Instructions:

You have been asked to participate in this research training program to help us determine the most appropriate way to communicate information in the classroom. It is important that you attend each of the three sessions so that we will be able to complete this project on schedule and so the results will have meaning.

Two basic terms need to be clarified before the

content of this training program is introduced. These terms are disability and handicap, and the following definitions will apply when they are used in this program. The definitions are those stated by Hamilton (1950).

Disability - A disability is a condition of impairment, physical or mental, having an objective aspect that can be described by a physician.

Handicap - A handicap is the cumulative result of the obstacles which disability interposes between the individual and his maximum functional level.

Treatment Group I - Lecture Discussion:

This treatment consists of planned lecture material covering general concerns regarding the handicapped. Included in the treatment are discussions covering current legislation, theoretical concepts, and the results of empirical findings concerning attitudes toward the handicapped. The group is encouraged to ask questions dealing with content and are told they will not be tested or graded on the concepts being presented. The same procedure is followed for each of the three sessions. (Complete information for this treatment can be found in Appendix A.)

Treatment Group II - Media:

This treatment consists only of carefully selected films and video tapes. The films used are thought to be the most informative and interesting ones available to date. The films are sequenced so the most interesting and attention-getting are shown at the first and last treatment session, and the most informative at the middle session. The media presentations included cover topics such as negative attitudes, legal and moral rights, and obligations, sex, marriage, and work. The first session consists of the introduction and the film "Crip Trips." The second session began with a video taped CBS television special called "What Price the Handicapped," (about 25 minutes) and concluded with the film "A Day in the Life of Bonnie Consolo." The third session includes the film "A Different Approach" and a brief summary by the instructor. (A complete description of each film may be found in Appendix B.)

Treatment Group III - Experiential:

The treatment for this group is designed to allow the subject to experience a condition designed to simulate a handicapping condition. The treatment is sequenced to move slowly from verbalizing, to watching, and finally to experience as nearly as possible some of the feelings one might have with certain disabilities. The first session included the general introduction and

the film "Crip Trips." A short general discussion is also conducted after the film. At the second session "What Price the Handicapped" is viewed by the subjects and then each subject is asked to participate in a "blind walk." The third session is conducted so that each subject experiences an expanded period of time in one of the handicapping conditions. The conditions are blindness, confinement to a wheelchair, or an orthopedic impairment of one lower extremity. (A complete description of this treatment may be found in Appendix C.)

Upon completion of the third treatment session, each of the three experimental groups and the control group will be administered form A of the Attitudes Toward Disabled People Scale. The research design of choice used here is to be posttest--only since it tends to control for threats to internal validity.

The posttest-only control group design, through the random assignment of subjects groups, controls selection, history, maturation, and statistical regression. Furthermore, the threats of testing and instrumentation do not exist since no subject is measured twice (Huck, Corimer, and Bounds, p. 251).

The major threats to internal validity for this design is that of subject mortality. This will not be considered a problem here since the study will have twice as many subjects as needed assigned to each treatment group.

Statistical Analysis to be Used

The results of the scored Attitudes Toward Disabled People Scale will be tabulated and analysis of variance will be used to determine if statistically significant differences exist between the groups being studied. Bartz (1976) describes this technique as, "allowing us to compare two or more means to see if there are significant differences between or among them" (p. 270). The assumptions which must be met for use of this statistical analysis are: (1) scores must be interval or ratio in nature, (2) the score must be measures or random samples from respective populations, (3) the populations should be normally distributed, and (4) the populations from which the samples were drawn must have approximately the same variability (homogeneity of variance). It is thought the present study meets these assumptions and the analysis of variance can be used to analyze the data.

Once the analysis of variance is complete, an appropriate multiple comparison procedure will be used to test for differences among pairs of means. This procedure will allow the researcher to determine which of the means are significantly different from each other and will enable the researcher to make decisions on rejection or acceptance of the null hypotheses stated earlier in this chapter. According to Bartz (1976): "After a significant F has been obtained, we are then faced with the problem of which difference between means are significant" (p. 285). He

lists as some of the possibilities procedures such as, "Duncan's Multiple Range Test, the Newman-Keuls Procedure, the Multiple t Test, the Scheffe Method, and Tukey's Procedure" (p. 285). The procedure to be used here will be the Scheffe, "since it is more stringent than the Tukey and thus cuts down on the probability of making a Type One error" (Bruning and Kintz, p. 125).

Summary

The objective of this chapter has been to clearly identify what this researcher is attempting to accomplish. First, the null hypotheses have been stated. Second, the subject population has been identified. Next, based on those foundations, instruments have been selected, described, and justified. Also, the treatment procedure has been outlined in some detail. Finally, methods of statistical analysis have been chosen and documented. It is hoped the reader would be able to replicate this study based on the details given in this chapter.

CHAPTER IV

RESULTS OF THE STUDY

Introduction

This study investigated the effectiveness of three kinds of treatment on changing attitudes toward handicapped people. The researcher sought to determine if experiential, media, or lecture treatments would have substantially different impact on the attitudes of college students majoring in human services academic programs. Using randomly selected groups of subjects from Human Resources courses at East Central Oklahoma State University, the treatments were administered during the spring semester of 1981. The study was conducted to test the three specific null hypotheses stated below:

- H₁: There is no significant difference in attitudes between groups who receive experimental treatments and a control group not receiving treatment.
- H₂: There is no significant difference in attitudes between the group receiving the experiential treatment (Group III) and the lecture and media groups (Groups I and II).
- H₃: There is no significant difference in

attitudes between the media group (II) and the lecture group (I).

Results of the Attitude Scale

As indicated in Chapter III of this study, attitudes were to be measured upon completion of the three treatment sessions. Form A Attitudes Toward Disabled People Scale (see Appendix G) was administered and scored for each subject in the three treatment groups and the control group. The range of possible scores for the test are from 0 to 180. The raw scores which were obtained in this study are presented in Table II. The scores have been arranged from high to low for each group to allow visual comparison of groups.

The means and standard deviations were computed for each group. They are presented in Table III below. An inspection of the means and standard deviations shows only one mean score which seems to be substantially different than the others.

Based on research presented in Chapter II concerning the effects of experiential treatment, and on the raw score patterns presented in Table II, the researcher conducted a test of homogeneity. A test of homogeneity should be conducted in two cases:

- (1) When an experimental hypothesis is concerned with the variability of the samples and (2) when there is doubt concerning the requirement of equality of variances in a mean-difference test (Bruning and Kintz, 1977, p. 112).

TABLE II
RAW SCORES

Lecture Group I	Media Group II	Experiential Group III	Control Group IV
139	150	145	141
130	143	144	140
128	140	143	140
126	137	138	132
126	136	136	129
123	132	131	128
122	130	129	126
120	129	125	126
117	126	123	125
111	123	108	122
109	124	99	115
108	112	91	114
105	112	89	112
101	111	88	110
95	82	85	99
Range 45	Range 69	Range 61	Range 43

TABLE III
MEANS AND STANDARD DEVIATION FOR EACH GROUP

Treatment	Mean	Standard Deviation
Group I (Lecture)	117.33	12.15
Group II (Media)	125.80	16.70
Group III (Experiential)	118.26	22.54
Group IV (Control)	123.93	12.15

The decision to test for homogeneity in this case was based on the second reason given above, equality of variance. Bartz (1976) lists the major assumptions for using analysis of variance which will be used to analyze the data for this study. One of the assumptions stated by Bartz is that: "The populations from which the samples were drawn must have approximately the same variability" (p. 287). The test for homogeneity used was the F-Maximum Test for Homogeneity of Variances (Bruning and Kintz, pp. 112-113). The computational formula resulted in an F-max value of 1.859 was obtained. This value at 14 degrees of freedom is not significant according to the tabled critical value (Bruning and Kintz, p. 259). Therefore, one is left with the statistical assurance that the groups have approximately the same variability. The homogeneity of variance assumption, required for analysis of variance, appears to be met.

Testing the Hypotheses

The hypothesis stated previously in this chapter is based on the existence or lack of existence of a difference between the groups being treated in the study. An analysis of variance was performed (Bartz, 1976). The resulting analysis of variance summary table is presented below in Table IV.

The results of the analysis of variance indicates there is no significant difference between the group. The null hypothesis which states, there is no significant difference

in attitudes between groups who receive experimental treatments and a control group, must be accepted. Since H_1 is accepted, then H_2 and H_3 must also be accepted. Based on the results of this study there appears to be no statistically significant difference between any of the groups used in this study.

TABLE IV
ANALYSIS OF VARIANCE
SUMMARY TABLE

Source of Variance	df	SS	MS	F
Between Groups	3	817.98	272.660	1.005
Within Groups	<u>56</u>	<u>15191.94</u>	271.284	
Total	59	16009.92		
N.S., $P. < .05$				

While the results of the study did not indicate a significant difference between groups, it did show that all four groups have very positive attitudes as measured by the Attitudes Toward Disabled People Scale. Although normative data is somewhat limited, the results of this study indicate means somewhat higher and standard deviation smaller than the norms available. Table V presents the available

normative means and standard deviation for the non-disabled as prepared by the Human Resource Center (Yuker, Block, and Youngg, 1970, p. 28).

TABLE V
NORMATIVE DATA; ATDP FORM A

Form A Only	Sex	Mean	Standard Deviation
	Male	106.65	20.73
	Female	114.18	20.48

All the means in the current study are higher than the normative data presented above (see Table III, p. 65). While no far reaching generalizations and conclusions can be drawn from these observations, it is enough to cause a cautious approach in the interpretation of the non-significant F found by the analysis of variance. A flaw in the research design or in the treatment may be more responsible than the methods of treatment for the non-significant findings. Chapter V will include a discussion of these concerns.

Summary

This chapter has included a statement of the null hypotheses being tested in this study. A detailed description of the sample and important demographic variables have been presented. The results of the study have been presented through the use of several tables, listing raw scores, means and standard deviation. The F Max test, for homogeneity of variance was performed and the results provided. Finally, the analysis of variance data was provided, followed by a brief discussion of the possible meaning of the results.

CHAPTER V

SUMMARY, CONCLUSIONS AND IMPLICATIONS

Overview

The present investigation involved 143 subjects. The randomly selected subjects were enrolled in day section classes in Human Resources, at East Central Oklahoma State University, at Ada, Oklahoma. Subjects in the sample were randomly assigned to three treatment groups and a control group. Demographic variables of the sample can be summarized in the following manner. Subjects participating in this investigation consisted of 47 females and 13 males. Across all four groups, subjects were largely from small to medium sized towns, located in rural geographic areas. Most participants were classified as either sophomore or junior. The majority were between the age of 18 and 25.

The experimental design, posttest only, as outlined in Chapter III consisted of three experiment groups and a control group. Each of the experimental groups received a unique treatment by a different instructor. Treatment group I received lecture and discussion based on a prepared text. Treatment group II received media treatment consisting of films and video tapes. Treatment group III consisted of a mixture of lecture, media, and experiences requiring the

participants to simulate a disability condition. Each of the treatment groups met on three successive weeks for approximately one hour. At the end of the three week period the attitudes toward disabled people scale was administered to all four groups to determine if there was any significant differences between groups.

Summary of Results

This study tested the null hypothesis as stated below:

H₁: There is no significant difference in attitudes between groups who receive experimental treatments (lecture-Group I, media-Group II, and experiential-Group III), and a control group receiving no treatment.

An analysis of variance was conducted on the scores obtained from the attitude toward disabled people scale. The resulting F Test found no significant differences between the means of the four groups (see Table IV, p. 67).

Conclusions

The non significant results of this study are not totally unexpected, especially in light of the extremely high mean scores, and low standard deviations which resulted for all four groups. Normative data on the attitudes toward disabled people scale, presented in Chapter IV (p. 62), tends to indicate that all the means obtained in this investigation are quite high. In addition, the standard

deviations are lower than those obtained in the normative data.

It is difficult to draw conclusions concerning the reason for the non significant influence of the treatments. Several factors to be mentioned here may supply useful clues as to possible explanations. Perhaps the most interesting finding is that the mean for the control group is the second highest, lower only than the media group. The media group had the highest mean, which is not totally surprising. Support for the effectiveness of media presentations can be documented by other studies. Investigations by Stodden and Lanocone (1975) and Lewis (1975) both indicate significant attitude change. These studies are discussed in Chapter II (pp. 37-38) of the present study. The lowest mean score, while not significantly different than the other three scores, was found in the lecture groups as predicted prior to the treatment administration. Evidence presented earlier from studies by Begab (1969) and Siperstein (1977), indicated that when compared to other treatment, such as field experience and contact with the handicapped, the lecture treatments are not as effective (Chapter II, p. 37).

Of the many possible reasons for the failure of this study to bring about significantly different scores among the experimental groups one of the most plausible appears to be the length of treatment. Studies by Aubrey (1975) and Felton (1975) were presented in Chapter II (p. 40). The findings of these and other studies have been highly

supportive of the positive impact of experiential treatments on attitudes. The primary difference in the studies cited above is that they took place over a time span of several weeks to one year. The present study attempted to bring about change in three weeks with limited contact hours.

Another major factor which could have influenced the outcome of the study is the nature of the demographic variables of the subjects. As described in Chapter IV (p. 46) subjects utilized in this study were mostly female, young, and with 13 or more years of education. In addition nearly 100 percent of the subjects have selected human services as an occupation career goal. While correlational studies on demographic variables and positive attitudes are not totally convincing, there appears to be sufficient evidence to suspect that some variables may have influenced the results of this study. A comprehensive review of research literature published by English (1971), analyzed the effects of sex, social economic status, age, education, disability, religion, and occupation on attitudes toward the handicapped. At least three of the demographic variables processed by the sample appear to be related to positive accepting attitudes. These variables are sex of the subjects (78% 18 to 25 years old), occupation (90% Human Services, and Educational (100% with 13 years or more). According to review by English, females have consistently shown significantly more positive scores. Age, by itself tends to account for very little variance, but when coupled

with education, there appears to be sufficient evidence that younger, well educated persons have more tolerance for people who are different. Finally the relationship of occupation, represented in the present study by academic major, seems to indicate that attitudes of persons entering the human services field may hold different values. This area is not well documented, but seems to be a plausible consideration for the current study.

Another major factor which may have had significant impact on this study is the site on which the experiment was conducted. East Central University is among the first in the nation to attempt to remove architectural barriers so that students in wheelchairs, or orthopedic impairments, and visual impairments could achieve a degree of independence. Since 1965 a large number of handicapped students have attended the university. This has resulted in special assistive groups of programs called "The Learning Resource Center." Included are interpreting services for the deaf, programs for visually handicapped, and modified housing and transportation for the mobility impaired. The student body from which the sample was drawn for this study are constantly in contact with these factors. It is conceivable that this intensive experience with the handicapped may have had an effect, especially on the experiential treatment.

A final factor which should be considered in these conclusions, concerns the group and individual discussions with participants of the study. The author visited with each

group after statistical analysis of the data was complete. Comments made by participants in the lecture group I stated they realized the importance of the material being presented but were not really interested in the detailed presentation. Members of the media group II were seemingly genuinely stimulated by the films and video tapes. Members of the experiential group III indicated they enjoyed the exercises, but had a new appreciation for the complexity of being handicapped. The remarks made by randomly selected individuals were consistent, though more detailed, with the above.

Closely related to the interview and group feedback by participants were the comments made by each treatment instructor. Comments were written and submitted immediately upon the conclusions of each session. Their comments were almost identical to the comments of the participants.

Implications

While the study described above did not produce results which would allow the rejection of the hypotheses of the study, excellent descriptive data was obtained concerning a unique population. It is now known the undergraduate students in human services at East Central University have very positive attitudes toward the handicapped, as measured by the Attitudes Toward Disabled People scale. Several areas which may be meaningful extensions of the current research are identified below.

1. The attitudes of undergraduate human services student population should be compared to other groups of East Central University students. It would be interesting to determine if other students possess attitudes of the same positive nature.
2. A random selection and assignment using the total university, or other large groups could be completed. The same treatments could be used as in the current study. The intent would be to determine if attitudes change would be more or less than in this investigation. A larger sample could also be selected.
3. Another innovation which might be added to the current design would be to extend the length and intensity of the treatments. The sequence of activities might also be altered.
4. Based on the findings of this study and the informal pilot studies mentioned in Chapter III (p. 55), a study of this general nature could be conducted over the course of a complete semester or academic year.

The possibilities for extension of this investigation into related areas are unlimited. Some of the basic questions which resulted in the findings of this study have been stated above. It is hoped that more research will follow in the area of undergraduate human services education. In addition, studies dealing with the three experimental

treatments used in this study are limited. This study provides a beginning statement for additional research.

Summary

Chapter V has presented an overview of this research project. The results of the findings and conclusions were also presented. The final section of this chapter was devoted to the implications and suggestion for further investigations.

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APPENDIXES

APPENDIX A

LECTURE GROUP TREATMENT

INTRODUCTION TO THE EXERCISE

You have been asked to participate in this research training program to help us determine the most appropriate way to communicate information in the classroom. It is important that you attend each of the three sessions so that we will be able to complete this project on schedule and so the results will have meaning.

Two basic terms need to be clarified before the content of this training program is introduced. These terms are DISABILITY and HANDICAP and the following definitions will apply when they are used during this program. The definitions are those stated by Hamilton (1950).

Disability - a disability is a condition of impairment physical or mental, having an objective aspect that can be described by a physician.

Handicap - a handicap is the cumulative result of the obstacles which disability interposes between the individual and his maximum functional level.

INTRODUCTION TO CONTENT

The content for this unit of instruction on overcoming attitudinal barriers caused by negative attitudes will be structured around the basic theoretical constructs concerning attitude development and attitude change. In addition several basic concepts concerning disability and self-concept will be dealt with in detail.

Only within the last few years has the area of attitude

change and disability received the attention needed to bring about significant research. Over the next several years the impact of current activities in the field should be realized by agency and facility personnel. The current State of the Art concerning attitudinal barriers may be summarized as follows.

Attitudes toward persons with handicapping conditions are varied and are resistant to definition. During the last few years serious efforts have been made to determine what can be done to improve negative attitudes toward the handicapped.

On the surface, attitudes appear to have changed dramatically due to the passage of legislation, such as Public Law 93-112, The Rehabilitation Act of 1973, and Public Law 94-142, The Education for All Handicapped Children Act of 1975. These apparent changes are probably due more to the new "Minority Status" than to any real change in the public's attitude toward handicapped individuals. The myths concerning the handicapped appear to be as active as before, but in a more subtle manner.

Research to date has helped identify attitudes but has done little to suggest measures for bringing about change. Ultimately, it is more urgent that methods for enhancement of positive attitudes be identified and implemented than the understanding of how and why negative attitudes are developed.

OBJECTIVES

Upon completion of the next three weeks of lecture, the participants will be able to:

1. Identify the components of attitude development.
2. Describe the negative perceptions and behaviors of non-disabled to disabled people.
3. Describe the attitudes of the disabled person toward the non-disabled person.
4. Understand the importance of self-concept as it relates to accepting disabilities and persons with disabilities.
5. Identify the differences in attitudes toward physical and mental disabilities.
6. Describe the "spread effect" of attitudes.
7. Apply the concepts learned in the workshop toward changing attitudes in work and home environment.

CONTENT

Clients with a variety of disabilities will come in contact with graduates of programs such as this on a daily basis. The human service worker is important to each client in that they identify immediate and long-term needs and help clients meet such needs.

It is generally thought that people who work with the disabled have the same basic attitudes as the general population of a similar background and experience. In most cases no specific attempt is made to assess attitudes prior to employment or to change negative attitudes after

employment. The intent of this training is to work with students in helping them understand and change their own attitudes. This should enable the worker to be more effective in first-line contact with disabled clients. It is also felt that the individual worker can have some impact in bringing about positive attitudes with persons contacted outside of the classroom setting.

Before one can accurately understand and overcome attitudinal barriers, it is necessary to understand how attitudes are formed. It is also of equal importance to understand how attitudes are related to what people say and do. The following is a definition from the White House Conference on Handicapped Individuals of 1977.

"Attitudes may be thought of as positive or negative emotional reactions to an object, reactions that are accompanied by specific beliefs and that tend to impel the individual to behave in specific ways toward the object of the attitude."

The above definition identifies three components that make up a single attitude.

1. The belief component
2. The emotional component
3. The action component

As you can see by this definition of the components of attitudes, there are three distinct but interrelated parts of each attitude. The Belief we hold about something leads to a general positive or negative Emotion, which then

results in a positive or negative Action.

If the Belief and Emotion are essentially positive then Actions will be positive, also. It is the negative side of Belief, Emotion, and Action that must be considered. This negative process has been described as Stigma (English, 1971).

Stigma - The negative perceptions and behaviors of so-called normal people to all individuals who are different from themselves.

Exactly what factors determine stigma in individuals or groups is difficult to determine. Historically, some of the variables which have been thought important have been found, at best, to be only slightly related to stigma. These factors are:

1. Sex of the individual
2. Socioeconomic status
3. Age
4. Education
5. Disability
6. Religion
7. Occupation

All of the above variables are correlated in some degree to the presence or lack of stigma, but still there is a lack of evidence to automatically link the variables to stigma. Perhaps a more realistic approach in identifying the relationship between disability and stigma may be to use the "Context Situation" as described by English.

"Context Situation" - May be social or occupational.

1. Social - Disfigured persons are generally less acceptable.
2. Occupational - A person's functional ability or productivity is more important.

The situation and/or context seems to be the most important variable in the determination of stigma and negative attitudes.

SELF CONCEPT, AS IT INFLUENCES ATTITUDE DEVELOPMENT

The development of self concept is an important factor in determining one's attitudes toward persons with disabilities and/or the attitudes one might have toward self if suddenly he/she became disabled.

Have the participants take five minutes and write a self statement, such as "My name is _____ and I am _____." Discuss the types of responses which people gave, such as (Father, Mother, etc.) versus (Warm, Feeling, Caring).

Let us take a look at how self concept develops. The major components of self development are: 1) heredity, 2) environment, and 3) the interaction between heredity and environment according to Coleman (1969). This approach indicates that the self concept is developed primarily from the interaction of the genetic makeup with which we are born and the environment.

According to Coleman, the net result can be looked at as follows:

Components of Self

1. Self Identity
2. Self Evaluation
3. Self Ideal
4. Self Direction

These components of self are in a continual state of change and adjustment throughout the "normal" course of life. When a disability is encountered, the disability is almost certain to affect all four of these components. (Spend five minutes discussing possible changes in the components and the resulting change in attitudes.)

In addition to the change in self concept and resulting change in attitudes, basic human needs are also affected by the disability. Maslow provides an excellent way to view the impact of needs in accepting a disability. As you can see from these models of viewing human needs, these concepts are extremely important in accepting and adjusting to a disability.

So far we have discussed attitudes, self concept, and human needs as they relate to persons with disabilities or as these factors influence actions of the non-disabled. "The Self Concept as Influenced by Disability" article written by Philip Roos tends to pull the aspect together in several key areas which we will discuss.

1. Handicap
2. Separation
3. Frustrations

4. Time Binding
5. Relationships
6. Peers

To summarize this section of self concept and attitude, it might be helpful to examine McGowan and Porter's Summary of Psychological Effects of Disability Arising from the Person's Own Attitudes. They indicate five major areas of concern for determining future attitudes.

1. Experiences prior to disability
2. Amount of fear experienced
3. Information regarding disability
4. How he has been treated by family and friends
5. Hopes for future

The last major topic to be discussed in this workshop is the concept of spread. Spread is defined by Wright (1960, p. 118) as "The physical disability being perceived as spreading to other physical and/or psychological aspects of the person." (Give examples)

It is apparent that spread could work from several different perspectives. For example, physical disability could be seen as affecting mental ability or mental disability could be seen affecting physical disability.

SUMMARY

The activities you have participated in during the course of this workshop have been designed to make you aware of the dynamics of attitudinal barriers. You should have learned some ideas about how to deal with negative attitudes

in self and others. Hopefully you have gained valuable knowledge and that you will be able to apply the concepts stressed in the workshop to your personal and professional life.

APPENDIX B

MEDIA GROUP TREATMENT

Treatment Group II - Media

Session #1

1. Introduction to the Exercise

You have been asked to participate in this research training program to help us determine the most appropriate way to communicate information in the classroom. It is important that you attend each of the three sessions so that we will be able to complete this project on schedule and so the results will have meaning.

Two basic terms need to be clarified before the content of this training program is introduced. These terms are DISABILITY and HANDICAP and the following definitions will apply when they are used during this program. The definitions are those stated by Hamilton (1950).

Disability - a disability is a condition of impairment physical or mental, having an objective aspect that can be described by a physician.

Handicap - a handicap is the cumulative result of the obstacles which disability interposes between the individual and his maximum functional level.

2. "Crip Trips", a Gargoyle Productions, 1976.

This film shows three handicapped persons who share their feelings on having a disability, work, marriage, and other topics. The discussion is frank but quite

general. The first segment - "Mary Lou" concerns a post polio victim who works as an Admissions Clerk in a large urban hospital. The second segment concerns a severely impaired cerebral palsied adult, who communicates during the film by using a type-display machine. The final segment Peter and Jean depicts a middle age quadriplegic. His wife and child are also featured. The discussion centers around the attitudes others have toward them as a couple and about what they really have in the relationship.

Session #2

Two separate "media" presentations make up the second session. Each is described in the order they were used.

1. "What Price the Handicapped", a CBS Special Report, 1978. (20 minutes were edited from the original 60 minute presentation.) This video tape presents the major issues of Architectural Barriers, transportation, and discrimination. The assertive, demanding, and "radical" side of the handicapped community is presented realistically. This film is an investigative report on the implementation of section 503 and 504 of the Rehabilitation Act of 1973.
2. "A Day in the Life of Bonnie Consolo", a Bara Films Production, 1968, 20 minutes. This film features a mature, married woman with two

children. She is a congenital double upper extremity amputee. The film shows Ms. Consolo dressing, cooking, shopping, and driving. She also shares freely of her attitudes and of the treatment she receives from others.

Session #3

"A Different Approach", South Bay Mayor's Committee for Employment of the Handicapped of Southern California, 1978.

A light satirical approach to understanding existing attitudes and methods for bringing about change. Several genuinely funny sketches are presented. Featured in the film are several television stars and numerous handicapped persons. The message of the film centers around thinking of the handicapped as "persons with disability" and not letting the disability overshadow the person.

APPENDIX C

EXPERIENTIAL GROUP TREATMENT

Treatment Group III - Experiential

Session #1

1. Introduction to the Exercise

You have been asked to participate in this research training program to help us determine the most appropriate way to communicate information in the classroom. It is important that you attend each of the three sessions so that we will be able to complete this project on schedule and so the results will have meaning.

Two basic terms need to be clarified before the content of this training program is introduced. These terms are DISABILITY and HANDICAP and the following definitions will apply when they are used during this program. The definitions are those stated by Hamilton (1950).

Disability - a disability is a condition of impairment physical or mental, having an objective aspect that can be described by a physician.

Handicap - a handicap is the cumulative result of the obstacles which disability interposes between the individual and his maximum functional level.

2. "Crip Trips", a Gargoyle Productions, 1976.

This film shows three handicapped persons who share their feelings on having a disability, work, marriage, and other topics. The discussion is frank but quite general. The first segment - "Mary Lou" concerns a post polio victim who works as an Admissions Clerk in a large urban hospital. The second segment concerns a severely impaired cerebral palsied adult, who communicates during the film by using a type-display machine. The final segment Peter and Jean depicts a middle age quadriplegic. His wife and child are also featured. The discussion centers around the attitudes others have toward them as a couple and about what they really have in the relationship.

Session #2

1. "A Day in the Life of Bonnie Consolo", a Bara Films Production, 1968, 20 minutes.

This film features a mature, married woman with two children. She is a congenital double upper extremity amputee. The film shows Ms. Consolo dressing, cooking, shopping, and driving. She also shares freely of her attitudes and of the treatment she receives from others.

2. "Blind Walk" - The group is divided into pairs. One person is to have his/her sight totally blocked with a blind fold. After completion of assigned duties the roles are to be reversed.

Instructions to Group

You are to stay with your assistant at all times. Leave this room and go down to the first floor, and exit the building. After a five minute walk outside the building, you are to enter the building using a different door than the one you used to exit. You are to return to this room remove the blind fold and reverse roles. The role of the assistant is to assist without verbal communications.

Session #3

Prior to the third treatment session, subjects were randomly assigned to one of three different conditions. The conditions and instruction are described below:

1. Visual Impairment: Subjects were blind folded, as in session #2. An assistant accompanied the subject.
2. Wheelchair: Subjects were told not to use their lower extremities, and not to get out of the wheelchair for any reason. This condition simulates paraplegia.
3. Orthopedic Impairment: Subjects had one knee joint immobilized by using wooden splints and cotton wraps. This condition closely simulates lower extremity amputation.

Instructions to all Treatment Conditions

This will be a thirty minute exercise. You will assume one of three disability conditions. The condition you will

assume has already been assigned. You are to leave this room and go to the bottom floor. Once on the first floor, you are to exit the building and go to any adjoining building. Once inside you are to go to the top floor and back to the first level. Use the stairs (for other than the wheelchair condition) to go up and the elevator to come back down. After completion of the above task, return to this room.

APPENDIX D

BIBLIOGRAPHY FOR APPENDIXES

A, B, AND C

BIBLIOGRAPHY

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APPENDIX E

SUBJECT BIOGRAPHICAL SURVEY

Subject Biographical Survey

NAME _____
 last first middle

SOCIAL SECURITY NUMBER _____

AGE _____

LOCAL ADDRESS _____

PERMANENT ADDRESS _____

CLASSIFICATION: Freshman___Sophomore___Junior___Senior___

NUMBER OF HOURS AT THE START OF THIS SEMESTER _____

MAJOR_____CONCENTRATION_____

I understand that I am voluntarily participating in a research program and that any information collected will be kept in strict confidence by the researcher.

signature

APPENDIX F

INSTRUCTOR'S WORK SHEET

INSTRUCTOR'S WORK SHEET

INSTRUCTOR _____

DATE _____

TIME STARTED _____

TIME COMPLETED _____

TREATMENT GROUP # _____

PROBLEMS OBSERVED

POSITIVE OBSERVATIONS

TYPES OF QUESTIONS ASKED

APPENDIX G

ATTITUDES TOWARD DISABLED PEOPLE SCALE

FORMS A, B, AND O - ANSWER SHEET

ATDP Form A

1. Disabled people are often unfriendly.
2. Disabled people should not have to compete for jobs with physically normal persons.
3. Disabled people are more emotional than other people.
4. Most disabled persons are more self-conscious than other people.
5. We should expect just as much from disabled as from non-disabled persons.
6. Disabled workers cannot be as successful as other workers.
7. Disabled people usually do not make much of a contribution to society.
8. Most non-disabled people would not want to marry anyone who is physically disabled.
9. Disabled people show as much enthusiasm as other people.
10. Disabled persons are usually more sensitive than other people.
11. Severely disabled persons are usually untidy.
12. Most disabled people feel that they are as good as other people.
13. The driving test given to a disabled person should be more severe than the one given to the non-disabled.
14. Disabled people are usually sociable.
15. Disabled persons usually are not as conscientious as physically normal persons.
16. Severely disabled persons probably worry more about their health than those who have minor disabilities.
17. Most disabled persons are not dissatisfied with themselves.
18. There are more misfits among disabled persons than among non-disabled persons.
19. Most disabled persons do not get discouraged easily.
20. Most disabled persons resent physically normal people.
21. Disabled children should compete with physically normal children.
22. Most disabled persons can take care of themselves.
23. It would be best if disabled persons would live and work with non-disabled persons.
24. Most severely disabled people are just as ambitious as physically normal persons.
25. Disabled people are just as self-confident as other people.
26. Most disabled persons want more affection and praise than other people.
27. Physically disabled persons are often less intelligent than non-disabled ones.
28. Most disabled persons are different from non-disabled people.
29. Disabled persons don't want any more sympathy than other people.
30. The way disabled people act is irritating.

ATDP Form 0

1. Parents of disabled children should be less strict than other parents.
2. Physically disabled persons are just as intelligent as non-disabled 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 shouldn't be special schools for disabled children.
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 non-disabled people.
11. Disabled people are as happy as non-disabled 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 non-disabled 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.

ATDP Form B

1. Disabled persons are usually friendly.
2. People who are disabled should not have to pay income taxes.
3. Disabled people are no more emotional than other people.
4. Disabled persons can have a normal social life.
5. Most physically disabled persons have a chip on their shoulder.
6. Disabled workers can be as successful as other workers.
7. Very few disabled persons are ashamed of their disabilities.
8. Most people feel uncomfortable when they associate with disabled people.
9. Disabled people show less enthusiasm than non-disabled people.
10. Disabled people do not become upset any more easily than non-disabled people.
11. Disabled people are often less aggressive than normal people.
12. Most disabled persons get married and have children.
13. Most disabled persons do not worry any more than anyone else.
14. Employers should not be allowed to fire disabled employees.
15. Disabled people are not as happy as non-disabled ones.
16. Severely disabled people are harder to get along with than are those with minor disabilities.
17. Most disabled people expect special treatment.
18. Disabled persons should not expect to lead normal lives.
19. Most disabled people tend to get discouraged easily.
20. The worst thing that could happen to a person would be for him to be very severely injured.
21. Disabled children should not have to compete with non-disabled children.
22. Most disabled people do not feel sorry for themselves.
23. Most disabled people prefer to work with other disabled people.
24. Most severely disabled persons are not as ambitious as other people.
25. Disabled persons are not as self-confident as physically normal persons.
26. Most disabled persons don't want more affection and praise than other people.
27. It would be best if a disabled person would marry another disabled person.
28. Most disabled people do not need special attention.
29. Disabled persons want sympathy more than other people.
30. Most physically disabled persons have different personalities than normal persons.

NAME _____

ATDP FORM A & B

CODE # _____

ATDP SCALEANSWER SHEET
FORM A & B

Use this answer sheet to indicate how much you agree or disagree with each of the statements about disabled people on the attached list. Put an "X" through the appropriate number from +3 to -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

PLEASE ANSWER EVERY ITEM

(1)	-3	-2	-1	+1	+2	+3	(11)	-3	-2	-1	+1	+2	+3
(2)	-3	-2	-1	+1	+2	+3	(12)	-3	-2	-1	+1	+2	+3
(3)	-3	-2	-1	+1	+2	+3	(13)	-3	-2	-1	+1	+2	+3
(4)	-3	-2	-1	+1	+2	+3	(14)	-3	-2	-1	+1	+2	+3
(5)	-3	-2	-1	+1	+2	+3	(15)	-3	-2	-1	+1	+2	+3
(6)	-3	-2	-1	+1	+2	+3	(16)	-3	-2	-1	+1	+2	+3
(7)	-3	-2	-1	+1	+2	+3	(17)	-3	-2	-1	+1	+2	+3
(8)	-3	-2	-1	+1	+2	+3	(18)	-3	-2	-1	+1	+2	+3
(9)	-3	-2	-1	+1	+2	+3	(19)	-3	-2	-1	+1	+2	+3
(10)	-3	-2	-1	+1	+2	+3	(20)	-3	-2	-1	+1	+2	+3

NAME _____

ATDP FORM A & B

CODE # _____

ATDP SCALEANSWER SHEET
FORM A & B

Use this answer sheet to indicate how much you agree or disagree with each of the statements about disabled people on the attached list. Put an "X" through the appropriate number from +3 to -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

PLEASE ANSWER EVERY ITEM

 (11) -3 -2 -1 +1 +2 +3

(12) -3 -2 -1 +1 +2 +3

(13) -3 -2 -1 +1 +2 +3

(14) -3 -2 -1 +1 +2 +3

(15) -3 -2 -1 +1 +2 +3

(16) -3 -2 -1 +1 +2 +3

(17) -3 -2 -1 +1 +2 +3

(18) -3 -2 -1 +1 +2 +3

(19) -3 -2 -1 +1 +2 +3

(20) -3 -2 -1 +1 +2 +3

2
VITA

Richard Edward Baumgartner
Candidate for the Degree of
Doctor of Education

Thesis: THE EFFECTS OF EXPERIMENTAL TREATMENT AS A METHOD
OF CHANGING ATTITUDES TOWARD THE HANDICAPPED

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