

**Secondary School Students' and College Students' Attitudes towards  
Themselves, Others and Individuals with Disabilities.**

**Kate Hughes**

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Supervisor: Emma Harkin

Head of Department: Dr. Sinead Eccles

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Department of Psychology

DBS School of Arts

## **Declaration**

### **Declaration of Authorship**

I declare that all material in this assessment is my own work except where there is clear acknowledgement and appropriate reference to the work for others.

**Signed** Kate Hughes

**Date** 03/04/13

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## **List of Abbreviations**

**NDA** National Disability Authority

**AHEAD** Higher Education Access and Disability

**SPSS** Statistical Package for Social Science

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## **Abstract**

The main aim of the current study was to investigate the attitudes of secondary school students and college students towards themselves, others (without disabilities) and individuals with disabilities. It also investigated any gender and age differences, whether knowing someone with a disability and the level experiences with individuals with disabilities would produce a more positive attitude compared to those who do not know someone and have no experience. This design also explored whether participants having a high level of life-orientation, self-esteem and empathy towards themselves, would produce a more positive attitude towards individuals with and without disabilities. A quantitative correlational design with questionnaires was used. A total of  $n= 300$  took part, including 137 males, 163 females and 186 secondary school students and 114 college students.

The results showed that females had a significantly more positive attitude towards males on acceptance of others and individuals with disabilities. No significant result was found in knowing someone with a disability and not knowing someone. However, more than one experience type showed a more positive attitude than having no experience of disabilities. Older students showed a less positive attitude in the acceptance of others (without disabilities) and a more positive attitude towards individuals with disabilities than younger students. A significant relationship between acceptance to others and attitudes towards individuals with disabilities was also found. Results from this study will provide a basis to supply life-orientation, self-esteem, empathy, acceptance to others and disability awareness programmes within the Irish educational system, creating positive attitudes of students towards themselves, others and individuals with disabilities.

## 1.0 Introduction

This section outlines the overview of previous and current literature on attitudes of the self, others (without disabilities) and individuals living with disabilities. It also explores the area of life-orientation, self-esteem and empathy of the self, acceptance of others and attitudes towards individuals with disabilities. All of these areas will have one main focus in providing evidence to answer the research project title and aims. As a result of this literature review a number of research hypotheses will be developed.

### *1.1.1 Definition of disability*

According to the Central Statistics Office (2012), 595,335 people were diagnosed with having a disability, equalling 13% of the population. The term disabilities highlighted by National Disability Authority (2006) is extensively used; there is no single widely accepted definition of what constitutes disability, causing many problems on the effects of identification. This leads to the challenging issues facing the delegates of the United Nations committee on a Comprehensive and Integral International Convention on Protection and Promotion of the Rights and Dignity of Persons with Disabilities. Thus in 2006 a working proposal definition by the National Disability Authority was introduced;

“Disability results from the interaction between persons with impairments, conditions, or illnesses and the environmental and attitudinal barriers they face. Such impairments, conditions, or illnesses may be permanent, temporary, intermittent, or imputed, and those that are physical, sensory, psychosocial, neurological, medical or intellectual.”

(National Disability Authority, 2006, p. appendix one)

### *1.1.2 Definition of Attitude*

“An attitude is an idea (cognitive component) charged with emotion (affective component) which predisposes (conative component) a class of actions (behavioural component) to particular class of social situations.”

(Triandis, 1971, p. 2)

Allport (1935) further defines attitude as an individual’s mental and psychological state which comprises from his/her experiences. These experiences serve a dynamic or guided impact on his/her reactions for all objects and conditions that an individual confronts. Fishbein & Ajzen (1975) defined attitude as a steady behaviour that arises with a positive or a negative way concerning a specific fact or cognitive-emotional-behavioural condition.

Furthermore, attitudes are referred to by (Sherill, 2004 cited by Arampatzi et al., 2011) as an individual’s outlook to approach or avoid a person, an idea, a disability, or behaviour and create the basics for the behavioural changes towards individuals with disabilities. The study of attitudes as summarised by Antonak & Livneh (2000) may draw attention on the socialization process and the events contributing to it and aide in our understanding of prejudice establishment as acquired through integration of morals held by individual parents and peers. This research aims to achieve an understanding of attitudes towards the participants’ self and also others with and without disability.

## **1.2 The development of research in the area of previous disability and attitudinal research**

Previous research has shown that a child's peer group can have a reflective consequence on such important features as the disabled child's "self-concept, psychological well-being, academic performance, cognitive and social development and many other aspects of the child's life" (Royal & Roberts, 1987, p. 122). For these reasons, it is essential to achieve a clear understanding of nondisabled children's views of and attitudes toward their disabled peers. One valuable means of doing this as highlighted by Royal & Roberts (1987) is through sociometric and attitudinal studies. Physically disabled individuals are regularly targets of interpersonal and intergroup prejudice and consist of a minority out group rarely studied (Chesler, 1965). These above mentioned aspects were the main reasons why the researcher chose to examine individuals with disabilities, reflecting on the attitudes of secondary school students' and college students' towards this group, as it is a topic that has had little attention in academic literature.

Past research has shown that children can be biased against individuals with disabilities, however, the association of attitudes with age, gender, knowledge and disability as well as dealings between these variables, are often unclear (Nowicki, 2006). Furthermore, research on children's attitudes toward their disabled peers as noted by Royal & Roberts (1987) revealed that children with numerous disabilities are generally not well accepted by their peers. One of the earliest sociometric studies of children with disabilities as highlighted by (Johnson, 1950 cited by Royal & Roberts, 1987) showed that these children were less often accepted and more often excluded than their nondisabled peers. Conflicting evidence by Jenkinson (1993) suggests that children with disabilities are well accepted by their nondisabled peers. It must be emphasised that the issue of non-acceptance is not solely

evident to the intellectually delayed as studies have shown (Jones et al. 1972 & Eaglestein 1975 cited by Royal & Roberts, 1987) that children who were blind experienced non-acceptance by their sighted peers as. Further research by Centers & Centers, (1963) revealed that children who have a speech or hearing impairment, or physical disability experience comparable rejection issues and lack of acceptance by their nondisabled peers. It is clear from the research that individuals with disabilities experience non-acceptance from their non-disabled peers.

Interestingly, an individual's self-concept plays a critical role in the development of personality (Rogers, 1994). Furthermore, one's sense of self is influenced largely by one's interactions and encounters with others, particularly significant others such as parents, teachers, siblings, classmates, and friends. There have been numerous studies exploring the impact of negative attitudes towards children with disabilities by their own peer groups, as this is a child's most influential circle. Children generally compare themselves to one another as highlighted by Rothlisberg, Hill & D'Amato (1994) which results in finding security in those who look like and display behaviours comparable to their own, thus forming barriers of non-acceptance to those who display other behaviours.

### *1.2.1 Gender and age differences in disability and attitudinal research*

Firstly, it has been explored that attitudinal research towards individuals with disabilities are not continuous across different age groups. Younger children tend to be far more accepting of disabled peers than older children according to (Goodman, Gottlieb, & Harrison, 1972 cited by Corman & Gottlieb, 1978). However, (Peterson 1975 cited by Royal & Roberts, 1987) discovered a contrasting trend that older children are more accepting than younger children of disabled peers. Secondly, evidence shows gender differences in attitudes,

as highlighted by (Jaffe 1966 & Sandberg 1982 cited by Royal & Roberts, 1987) found that female students compared to male students were more accepting and less rejecting of classmates with disabilities. Furthermore, according to Siperstein & Gottlieb (1977) males were found to be more accepting of disabled peers as opposed to females. In addition, other research by (Peterson, 1975 cited by Royal & Roberts, 1987) found no difference between acceptance by females and males ratings. This creates a grey area in relation to gender and age differences and attitudes towards disability therefore; these variables will be added to this research study by including gender and age in the demographic section and attitudes towards the disabled persons scale (Yuker, Block & Young, 1970) will explore any differences that may exist among participants.

### **1.3 The development of current research in the area of disability and attitudinal research**

#### *1.3.1 Formation of negative attitudes toward disability*

Shapiro (1999) highlighted the importance of attitudes; the more different an individual is the more likely segregation and social distance will follow, hence the development of negative attitudes. This will produce negative consequences for these individuals within schools and latterly into the adult world. Shapiro (1999) emphasised that individuals learn negative attitudes toward disability early in life from cultural influences such as school, our language, literature and the media. This is one of reasons why secondary school students were added to the research participants of this study, to achieve their perspectives on individuals with disabilities.

Teaching methods within the educational system have an important factor to play in relation to attitudes towards individuals with disabilities. Solis (2004) highlighted the way in

which students are schooled will have a significant impact on their thinking and outlook about the world. However, as noted by Shapiro (1999) there are many negative messages in our culture teaching children early in life to accept the idea that certain human qualities like “physical wholeness, good looks, high intelligence, and clear speech, are valued and identified with high status individuals, whereas the qualities of others are demeaned, stigmatized, feared and degraded”(Solis, 2004, p. 1).Furthermore, adolescences learn from these negative influences as stated by Shapiro, (1999)who said that individuals with disabilities are more different from than similar to individuals without them, and these dissimilarities diminish them and set them apart from individuals with no disabilities. These consequences have negative effects as such beliefs resulting in isolation and segregation, which create reinforced negative attitudes.

### *1.3.2 Gap in the current literature of attitudes toward individuals with disabilities*

Most research to date according to Krajewski and Flaherty (2000) focuses on attitudes of college students towards individuals with disabilities, thus noting the lack of research regarding attitudes of the high school-age population. Due to this gap in the literature, secondary schools students were added among the participants for this research study. According to Association for Higher Education Access and Disability (AHEAD, 2007) the amount of students with disabilities entering institutions of higher education is increasing, thus it is important to gain an insight into how these individuals with disabilities are adjusting to their surroundings and interacting with their peers without disabilities, thus this research study will also focus on college students.

Furthermore, the demand on college counselling services as noted by Kelly, Sedlacek & Scales (2001) will more than likely increase with the growing population of students with

disabilities. Reviews of recent research have revealed a continuing improvement in attitudes toward and increased understanding about individuals with disabilities (Horne, 1985; Jones, 1984; Yucker, 1988). The acceptance and integration of individuals with disabilities continue to be limited due to the negative attitudes, misconceptions, and prejudicial stereotypes of health professionals, employers, co-workers, educators, peers, and neighbours (Antonak, Fiedler, & Mulick, 1989; Holmes & McWilliams, 1981; Livneh, 1984; Merkens, Perrin, Perrin, & Gerrity, 1989).

### *1.3.3 The functions of attitudes*

Katz (1960) stated that attitudes serve four main functions for the individual. Firstly, attitudes perform a knowledge function, aiding to structure and organize one's environment, providing an understanding and consistency in one's frame of reference. When an individual has attitudes toward matters and products, they can facilitate the task of making decisions, mastering the art of acceptance and rejection.

Secondly, according to Katz (1960) attitudes serve as a practical function; allowing attitudes to minimize punishments and maximize rewards acquired from objects in one's own environment. This function summarizes the negative and positive outcomes one connects with the product and directs behaviour that achieves or avoids those outcomes. (E.g. purchasing or consuming the product, keeping the product refrigerated.)

Thirdly, attitudes also play a significant role in social interaction and self-expression. There is a social identity function through the attitudes we hold, discussion and expression of our central values, establishment of our identity, and gaining social approval. For example, an individual's attitude toward a luxury item may be seen as a symbolic of creating one's identity, and perhaps creating high-status image to others (Katz, 1960).

Finally, attitudes can serve a self-esteem maintenance purpose in a variety of ways. Attitudes according to Katz (1960) can defend the ego through psychodynamic defence mechanisms that distance the self from threatening items. This was considered the externalization of ego-defence function, and it was applied to the examination of prejudiced attitudes. Attitudes may also maintain self-esteem in additional ways, such as by linking the self with successful others, a processes called “basking in reflected glory” (Katz, 1960). Attitudes toward products that assist this process e.g. a tee-shirt with the name of a countries sports team on it; this may serve a self-esteem maintenance function.

In addition, attitudes as highlighted by Triandis, Adamopoulos & Brinberg, (1984), help individuals adjust to the external environment, protect their self-esteem, express fundamental values and help interpret the world around us, thus attitudes serve as reinforcers. Furthermore, favourable attitudes are believed to increase the chance of certain behaviours reoccurring, as explored by Antonak & Livneh, (1988) while unfavourable attitudes may reduce the chance of other behaviours reoccurring. Triandis et al. (1984) provided this example; when an individual has a favourable attitude toward individuals who are disabled; behaviours which were formerly learned and previously linked with the favourable attitude, for example donating money to charity, this may be invoked by making the attitude salient.

#### *1.3.4 Level of experience and acceptance of individuals with disabilities*

Experience involves having previous contact with individuals with disabilities in terms of having a relative, close friend, and/or colleagues with disabilities. Six studies (Askamit et al., 1987; Baggett, 1993; Benham, 1995; Fonosch & Schwab, 1981; Kleinsasser, 1999; Rao, 2002 cited by Rao, 2004) stated a significantly more positive attitude of the “experienced” faculty. In addition, Wai Au et al., (2006) compared attitudes of students and health

professional toward individuals with disabilities using an international attitude scale. The quality of contact was found to be a dominant factor as noted by National Development Authority (2004) affecting the attitude scores. Furthermore, noteworthy factors in determining the attitudes held by these participants include age, year of study, knowledge and education level. Thus all of these variables were added to this research study. The level of contact and knowledge factors as highlighted from studies by (Gelber 1993, Elmaleh, 2000, Wai Au et al 2006 cited by National Disability Authority, 2004) encourages the improvement of positive attitudes towards individuals with disabilities.

Furthermore, it is important to address that individual attitudes impact on the decisions they make in life. These attitudes according to Rice (2009) are frequently formed early and are upheld by individuals throughout their lives. It is good to highlight that attitudes toward individuals with disabilities is one of the most widely researched issues in rehabilitation. However, rehabilitation counselling as noted by Livneh (1982) displays significant problems concerning the measurement of such attitudes. This research project asks participants to identify if they know someone with a disability; as supported by Royal and Roberts, (1987) that familiarity with a disability may indeed affect the way in which students answer the questionnaire, being particularly accurate for younger students.

Interestingly, the complete acceptance of individuals who are disabled by individuals who are not disabled will not arise according to (Altman, 1981; Jones & Guskin, 1984, cited by Antonak & Livneh, 1988), until understated barriers can be eliminated. For the majority these attitudes are negative as noted by (Roessler & Bolton, 1978; Wright, 1983, cited by Antonak & Livneh, 1988) and generate negative beliefs and behaviours which reduce the effective rehabilitation, integration, and independence of disabled individuals in the community. It is proposed by (Siller 1984, cited by Livneh 2000) that identifying attitudinal modules will offer distinct change methods and encourage suitable assessment on the effect

of interventions. In addition, attitude change has a great effect on behavioural change as summarised by Royal & Roberts (1987), resulting in greater acceptance of disabled individuals. Younger children were least familiar and accepting of the disabling conditions, thus intervention programmes should be started immediately when the child is enrolled in school.

### *1.3.5. Factors that influence attitudes*

There are many influences that impact attitudes such as gender, age and experience. All of these variables were added to the demographic information of this research project. Studies that found (Askamit et al., 1987; Baggett, 1993; Benham, 1995; Kleinsasser, 1999; Rao, 2002) that gender had a statistically significant influence on attitudes towards individuals with disabilities. In addition, female college faculties had a more positive attitude than the male college faculties. However, other studies (Lewis, 1998; McGee, 1989; Schoen et al., 1987; Williamson, 2000, cited by Rao, 2004) found that gender didn't have any effect on attitudes. Furthermore, some studies by (Baggett, 1993; Benham, 1995; McGee, 1989; Schoen et al., 1987; Williamson; 2000) examined the effect of age on their attitude toward individuals with disabilities; however, these studies did not find any significant effects. This creates a grey area in relation to the age and attitudes towards individuals with disabilities, therefore these variables will be added to this research project to be examined.

Interestingly, favourable attitudes are believed to increase the probability of certain behaviours reoccurring, as highlighted by Antonak & Livneh (1988), while unfavourable attitudes may reduce the probability of other behaviours occurring as a result. Furthermore, attitudes that are learned by experience and interaction with other individuals, social objects and events, rather than being inherently determined. It must be noted by Antonak & Livneh (1988) that although the role of heredity or constitutional aspects in attitude foundation has

not been fully investigated, attitudes comprise of many multi-components, thus many factors can result in an individuals' attitudinal perceptions.

Yuker (1965) proposed that familiarity of attitudes of individuals without disabilities toward individuals with disabilities helps us to comprehend the interaction between the two groups. Studies measuring these attitudes may as summarised by (Yuker 1965, cited by Antonak & Livneh, 1988) highlight components of negative attitudes such as avoidance and rejection as well as positive attitudes such as friendless and interaction toward individuals with disabilities. Furthermore, according to (Siller, 1984 cited by Antonak & Livneh, 1988) understanding the principal dimensions of negative attitudes may give grounds for change procedures and promote suitable assessment for the effects of these interventions.

## **1.4 Levels of life-orientation**

Life-orientation explores both optimism and pessimism. These terms may be described by (Peterson and Bossio, 1991, cited by Burke K.L et al 2000) as psychological dimensions in which optimism signifies a bias in perceptions and beliefs in support of positive features in life additionally, while pessimism signifies a negative bias. Furthermore, individuals that embrace an optimistic viewpoint on life reveal higher levels of motivation, determination, and performance (Carver et al., 1979). In contrast, pessimistic individuals tend to look at the world and future experiences in a negative approach, viewing the world as a place of bad experiences and events.

Life-orientation will be added to this research project as a variable by using the Life-Orientation scale (Scheier & Carver, 1985). This questionnaire will gain insight into the secondary school and college students' levels of optimism and pessimism. In addition, this variable will evaluate if participants' have a positive or negative outlook on life, results will

be evaluated alongside the Acceptance of Others scale (Fey, 1955) and Attitudes towards the Disabled Person scale (Yuker, Block & Young, 1970).

## **1.5 Levels of self-esteem**

Self-esteem is usually thought to be the evaluate component of a broader representation of the “self, the self-concept, the latter being a more inclusive construct than self-esteem, one that contains cognitive and behavioural components as well as affective ones” (Robinson, Shaver & Wrightsman, 1991, p.115). Furthermore, Rosenberg (1995) stated that self-esteem was an appraisal in which individuals approve or disapprove themselves while making decisions about their self-worth. An individual with high self-esteem is regarded as (Chedraur et al., 2010; Veselska et al., 2009; Sobhi-Gharamaleki & Rajabi, 2010 cited by Zafar, Saleem & Mahmood, 2012) self-confident with a positive view to life, they also tend to engage in a healthy life style and try to gain the maximization of their potentials. While on the other hand, low self-esteem as distinguished by Marigold, Holmes & Ross, (2010) is associated to mental health issues, suicidal ideation, rejection, reduced job performance and a distressed interpersonal relationship.

In addition, college years signify a developmentally challenging conversion to adulthood (Delaney, 2003; Duchscher, 2008 cited by Zafar, Seleem & Mahood, 2012) where college students encounter many emotional and intellectual pressures. Researchers have shown Taylor & Montgomery (2007) that the preservation of a healthy and relatively high self-esteem becomes progressively challenging during these transitions periods. The confusions at this stage as summarised by (Adlaf, Gliksman, Demers, & Newton- Taylor, 2001 cited by Zafar, Saleem & Mahmood, 2012) makes college students more exposed to mental health issues and low levels of self-esteem.

Furthermore, in relation to this research project, both participant groups are at this stage of transition. Secondary school students are experiencing change from the junior cycle into the senior cycle, while college students are facing the transition from secondary school to college life, thus the rationale to why self-esteem levels will be explored in both participant groups.

## **1.6 Levels of empathy**

It is important to understand the nature of empathy, its development, and its role in behaviour. With such an understanding according to Eisenberg and Strayer (1990) we may be able to improve the quality of human interrelationships. Empathy is defined as an “emotional response that stems from another’s emotional state or condition and that is congruent with the other’s emotional state or situation”(Eisenberg and Strayer, 1990, p. 6).

Furthermore, in relation to this research project, participants will be asked about their level of empathy. The reasoning behind this is to explore students’ levels of empathy and associate the scores to the acceptance of others (individuals without disabilities) and individuals with disabilities. This research project hypothesized that the higher the level of empathy, the higher the level of acceptance to others (individuals without disabilities) and individuals with disabilities.

## **1.7 Acceptance of others**

Acceptance is defined by (Segel, Williams, & Tesdale, 2002) as the process of purposefully and non-judgementally engaging with negative emotions, thus it is an active process creating more emotional awareness and understanding. Acceptance is the opposite of avoiding negative emotion as highlighted by (Campbell- Sills, Barlow, Brown, & Hofmann, 2006b;

Ma & Teasdale, 2004; Twohig et al., 2010 cited by Shallcross, A J. et al., 2013) and has been shown to lead to lower negative affect across experimental and clinical intervention studies.

Moreover, the acceptance of others scale will be added to this research project in order to gain insight into the respondent's attitudes of others and individuals without disabilities. In addition, the participants will also be asked about their attitudes towards individuals with disabilities. Research studies on the attitudes towards individuals with disabilities were discussed in detail above.

## **1.8 Aims and rationale of the study**

The main aim of this study is to investigate the attitudes of secondary school students and college students towards themselves, others (without disabilities) and individuals living with disabilities. In order to gather a deeper understanding of the previous and current research, definitions of attitudes and disability were explored above. This project will build on previous research as outlined throughout this chapter. In doing so, this will create an overview of the respondents' attitudes towards the respondents' self, whether knowing someone with a disability and if the extent of this relationship has any influences on the variables such as life-orientation, self-esteem, empathy, acceptance to others with and without disabilities currently being portrayed in by Irish educational system today. This study will create a foundation for possible future interventions of maintaining positive attitudes, thus providing effective educational and community services for individuals with disabilities.

## **1.9 Conclusion**

The available literature in the field of disabilities highlight many issues initially, for instance, the challenges of providing one single definition of disability. The definitions of life-

orientation, self-esteem, empathy, and acceptance to others were also provided above. In addition, the components of past and current attitudes towards individuals with disabilities were discussed. It is beyond the scope of this study to examine in depth all aspects of the self and others with or without disabilities. Therefore a broad template detailing previous and current research on disabilities based within the educational system has been put forward. Emphasis was placed on the respondents attitudes towards themselves, others (individuals without disabilities) and individuals with disabilities.

Having read what is current in the area of self-concept, acceptance and disability, there seems to be under explored areas in the literature, thus six hypotheses have been raised on these above topics as a result:

**Hypothesis one;** females show a significantly higher level of positive attitude towards others with and without disabilities than males.

**Hypothesis two;** knowing some with a disability and how well you know that individual will create a significantly higher level of attitudes towards individuals with disabilities.

**Hypothesis three;** older students will show a significantly higher level of positive attitude than younger students towards individuals with and without disabilities.

**Hypothesis four;** a significantly higher level of life-orientation, will see a significantly higher level of optimism/positivity towards individuals with and without disabilities.

**Hypothesis five;** a significantly higher level of life-orientation, life-esteem and empathy, should also see a significantly higher level in attitudes towards individuals with disabilities.

**Hypothesis six;** a significantly higher level of acceptance of others, will also see a higher level of attitudes towards individuals with disabilities.

## **2.0 Methodology**

### **2.1 Participants**

The essential characteristic of this sample required participants to be a student of a secondary school or college institution. Three schools and one college were represented in this research. A total of 260 questionnaires were sent to the three schools; two all-boys and one all-girls school. All efforts were made to ensure the schools were a mix of urban and suburban schools within the Dublin area.

The schools were an opportunity sample and were selected at random from a list of secondary schools in Dublin, then broached with a letter of permission from the researcher's year head. Transition year students were chosen as these participants had no official mock examinations, thus fewer disruptions to class time as a result. College participants were an opportunity sample as the researcher was a member of the college, thus emails were sent to lecturers seeking permission to conduct the research within their class time. All efforts were made to ensure the college students were both undergraduate and postgraduate students.

The age range of the sample was 15-60, with a mean age of 20.08 and standard deviation of 7.44. Overall of 137 males and 163 females took part in the sample. A total of 186 valid and completed questionnaires were received from secondary schools and 114 questionnaires were handed out and received from college students. Overall 374 questionnaires were administered and 300 questionnaires were completed, totalling a response rate of 80.21%.

## 2.2 Research Design

This study was a quantitative questionnaire-based study with the main aim of seeking to record and describe students' attitudes towards themselves, others (without disabilities) and individuals with disabilities. A questionnaire-based study was chosen as it allowed the researcher to focus on the research questions, emphasising the students' attitudes of themselves, others and individuals with disabilities. Cohen, Manion and Morrison (2007) maintain that questionnaires gather data at a particular period with the objective of describing the existing conditions. This research project will focus on a correlational research design, and is between participants of secondary school students and college students.

This research project will also focus on comparing variables to one another, for example comparison will be made between levels of life orientation, self-esteem, empathy, acceptance of others and individuals with disabilities. All of these variables will be examined to see what they have in common, how they are related to one another and how they differ. Correlational research also refers to the linear relationship between two or more variables without any effect of one variable to another.

### *2.2.1 Variables and hypotheses*

Gender and age are both criterion variables, while life orientation, self-esteem, empathy, acceptance of others and attitudes towards disabilities are all predictor variables.

**Hypothesis one;** females show a significantly higher level of attitude towards others with and without disabilities than males. Gender is a criterion variable, while acceptance to others and attitudes towards individuals with disabilities are both predictor variables

**Hypothesis two;** knowing someone with a disability and how well you know that individual will create a significantly higher positive level of attitudes towards individuals with disabilities. Knowing someone and how well you know that individual with a disability is a criterion variable, while attitudes towards disabilities is a predictor variable.

**Hypothesis three;** older students will show a significantly higher positive level attitude than younger students towards individuals with and without disabilities. Age is a criterion variable, while attitudes towards others and individuals with disabilities are predictor variables.

**Hypothesis four;** a significantly higher level of life-orientation, will see a greater the level of optimism/positivity towards individuals with and without disabilities. Life-orientation is a criterion variable, while attitudes of others and disability is a predictor variable

**Hypothesis five;** a significantly higher positive level of life-orientation, life-esteem and empathy, should also see higher scores in attitudes towards individuals with disabilities. Self-esteem, life-orientation and empathy are all predictor variables, as is attitudes towards individuals with disabilities.

**Hypothesis six;** a significantly higher positive level of acceptance of others, will also see a high score of attitudes towards individuals with disabilities. Acceptance of others and attitudes towards individuals with disabilities are both predictor variables.

## **2.3 Materials**

### *2.3.1 Rationale for using the questionnaire*

The instrument that was used for this research study was a structured questionnaire (Appendix 3). Direct methods of research as highlighted by Antonak, & Livneh, (2000) are by far the best extensively known and are used in evaluating attitudes towards individuals with disabilities. This was the main reason why questionnaires were chosen for this research project. The questionnaire was printed on single pages no front to back pages were administered, and this was to ensure no student missed a section, thus limiting as much missing data as possible. Questionnaires, pens and instructions for the participants were required for the research to take place. The questionnaire was separated into Likert-scale and tick-box option, this created a variety in the questions with the intention of holding the respondents attention.

### *2.3.2 Questionnaires used*

The questionnaires use were the “Life Orientation Test” (LOT-R) Scheier, M.F and Carver, C.S (1985) which examined the participants’ differences in generalized optimism versus pessimism, the “Toronto Empathy Questionnaire” Spreng, R.N et al., (2009) represented participants empathy as a primarily emotional process, while the Rosenberg (1989) Self-esteem scale explored participants’ levels of their self-worth by measuring both positive and negative feelings about the self. The “Acceptance of Others Scale” Fey, W.F. (1955) investigated the relationship between three separate variables; feelings of self-acceptance, acceptance of others, and feelings of acceptability to others, while the “Attitude towards Disabled Persons Scale” Yunker, Block & Young, (1970) measured attitudes toward the individuals with disabilities in general rather than attitudes toward specific disability group.

### *2.3.3 Demographic information*

The first section of the questionnaire gathered demographic information from respondents (Appendix 3). These questions gave the reader an account of each participant's background; gender, age, and education level. Participants were asked if they knew someone with a disability. The participants' were also asked which disabilities they had experience of and participants were instructed to tick all that apply; "Chronic illness, hearing loss and deafness, intellectual disability, learning disability, memory loss, physical disability, speech and language disorders, vision loss and blindness, other or none." Furthermore, participants were asked the extent of this relationship and to tick all that apply; "a family member having it, a friend having it, acquaintance, I studied it at some point, voluntary work and no experience."

### *2.3.4 Life Orientation Test LOT-R scale*

The second section of the questionnaire (Appendix 4) consisted the Life Orientation Test LOT-R (Scheier and Carver, 1985) asking participants to respond to ten attitudinal statements with responses measured on a 5-point Likert scale of; I agree a lot (4), I agree a little (3), I neither agree nor disagree (2), I disagree a little (1) and I disagree a lot (0). Participants were given written instructions asking them to try not to let their response to one statement influence their response to other and to answer according to their own feelings, rather than how they think most people would answer as they're no correct or incorrect answers.

The questionnaire consists of both positive and negative statements, thus reverse scoring was used, while the range of scores was 0-40. Questions include; item 4, "I'm always optimistic about my future" and item 10, "Overall, I expect more good things to happen to me than bad." Higher scores indicate higher purpose in life. Cronbach's alpha of 0.90 is reported for the full scale and test-retest reliability was 0.82.

### *2.3.5 Rosenberg Self-Esteem scale*

The third section of the questionnaire (Appendix 5) was the Rosenberg Self-Esteem Scale (Rosenberg, 1989). This questionnaire contains ten attitudinal statements with responses measured on a 4-point Likert scale of; strongly agree (3), agree (2), disagree (1) and strongly disagree (0). The questionnaire consists of both positive and negative statements, thus reverse scoring was used. Sum the scores for the 10 items. Low scores indicate high self-esteem.

The written instructions for this questionnaire stated that a list of statements dealing with one's general feelings about themselves, if the participant strongly agrees with the statement, they are instructed to circle SA etc. Questions include; item 3, "I feel I have a number of good qualities" and item 8, "I wish I could have more respect for myself." The scale generally has high reliability: test-retest correlations are typically in the range of .82 to .88, and Cronbach's alpha for various samples are in the range of .77 to .88, while the range of scores was 0-40.

### *2.3.6 Toronto Empathy Scale*

The fourth section of the questionnaire (Appendix 6) addressed the Toronto Empathy Questionnaire (Spreng et al. 2009). This questionnaire consisted on sixteen attitudinal statements, measured on a 5-point Likert scale of; never (0), rarely (1), sometimes (2), often (3) and always (4). The questionnaire consists of both positive and negative statements, thus reverse scoring was used. Scores are summed to derive total for the Toronto Empathy Questionnaire.

The written instructions ask the participants to read each statement carefully and honestly rate how they frequently feel or act in the manner described, also highlighting they're no right or wrong answers. Questions include; item 8, "I can tell when others are sad even when they do

not say anything” and item 11, “I become irritated when someone cries.” The higher the score, the greater the level of empathy, while the range of scores was 0-80 and Cronbach’s alpha is .85.

### *2.3.7 Acceptance to Other Scale*

The fifth section of the questionnaire (appendix 7) focused on Acceptance of Other Scale (Fey, 1955) which contained 20 attitudes statements measured on a 5- point Likert scale of; almost always (scored as 1), to half of the time (scored as 3) and very rarely (scored as 5). The questionnaire consists of both positive and negative statements, thus reverse scoring was used. Written instructions asked participants to answer as honestly as possible to the statements provided. Questions include; item 3, “People these days have pretty low moral standards” and item 8, “Once you start doing favours for people they’ll just walk all over you.”

Individuals who score in the range of 85 to 100 according to Fey (1955) generally tend to accept other people, to experience others as accepting of them, and to be accepted by others. Individuals scoring in the range of 0 to 65 may be very cautious about intolerant of others; the overall range of scores was 20-100. The higher the score, the higher the level of acceptance to others. The reliability is Split Half reliability for the scale was .90.

### *2.3.8 Attitudes towards Disabled Persons Scale*

The sixth section of the questionnaire (Appendix 8) addressed the Attitudes towards Disabled Persons Scale (Yuker, Block & Chapman, 1966). Participants were asked to respond to twenty attitudinal statements with responses measured on a 6-point Likert scale of; I agree very much (+3), I agree pretty much (+2), I agree a little (+1), I disagree very much (-3), I

disagree pretty much (-2) and I disagree a little (-1). The first thing to do when scoring the ATDP scale is to change the signs of the items with positive wording. By definition as noted by Yuker et al (, a positive item is one which indicates that disabled persons are not "different" from non-disabled persons. Once the signs of the positive items have been changed, the algebraic sum of all the item scores is obtained. The sign of the sum is then reversed, from negative to positive or positive to negative. The resulting score range is from 0 to 120 (Form 0) with a high score reflecting positive attitudes. A relatively low score on the ATDP indicates that the respondent perceives disabled persons as different from physically normal persons. A high score indicates that the respondent perceives disabled persons as being not very different from non-disabled persons.

Written instructions asked participants to agree or disagree with each statement in the survey and circle your response. Questions include; item 5, "Disabled people are the same as anyone else" and item 10, "Disabled people should not be expected to meet the same standards as non-disabled people." Cronbach's alpha the eight stability coefficients for Form 0 range from +. 66 to +. 89 with a median of approximately +.73.

### *2.3.9 Additional information attached to the questionnaires*

Finally all participants were given a separate sheet (Appendix 9) thanking them for taking the time to fill out the questionnaire and if the participants had any questions or were interested in the results to email the researcher. In addition, support contact details (Appendix 9) were given if any participant found the material of the questionnaire to be sensitive to them in anyway.

## 2.4 Procedure

A pilot sample was completed by ten of the researchers' college friends, they were asked to complete the questionnaire and it took approximately 10-12 minutes to complete, therefore adequate time to hold the respondents attention on the topic. Three secondary schools in the greater Dublin area were then chosen. The principal was approached first with a letter from the researcher's year head (appendix 2) seeking permission to conduct a study within these chosen schools. Before conducting any data collection within the school, official templates of the questionnaires were provided to the principals and transition year co-ordinator for their viewing. The next step was to discuss the project with the Transition year co-ordinator of the three schools, giving details as to how the questionnaires were to be administered to the students. These instructions asked the transition year co-ordinator to hand out the questionnaires to a selected number of teachers and ask them to administer the questionnaires to their transition year students only, giving their students a maximum of 15-20 minutes to complete and to collect all the questionnaires after that timeframe.

The questionnaires were printed off by the researcher, causing no additional cost for the school. A cover letter (appendix 3) explaining the study objective to each participant was also attached. The questionnaires were given to all schools on a Monday and were collected on the Friday of the same week. College students were broached by contacting lecturers via email; a date and time were arranged. All students were briefed by the researcher before handing out the questionnaires; students were informed in that the questionnaires took 10-12 minutes to complete and they were also instructed to answer questions as truthfully as possible. All questionnaires were collected by the researcher on the same day as administration. All ethics procedures were implemented such as; debriefing, right to opt out, anonymity, confidentiality, disclosure etc.

## **2.5 Ethics**

Ethical exemption was granted for this research project. A Statutory Declaration was also signed by the researcher's local solicitor (Appendix 1).

The subject of the study was deemed slightly sensitive as this study focused on the attitudes of participants self, others (without disabilities) and individuals with disabilities. For example, perhaps participants who have a family member or know of someone with a disability, or some participants may have a low level of self-esteem. Support services contact details were given out to each participant on a separate sheet after they had completed the questionnaire (Appendix 9). A cover letter addressed the nature of the study to create an awareness of sensitivity. In terms of the questionnaire, respondents were not asked to identify themselves; however, each respondent received an ID number solely for the process of inputting the data into the Statistical Package for Social Science (SPSS) database.

## **2.6 Data Analysis**

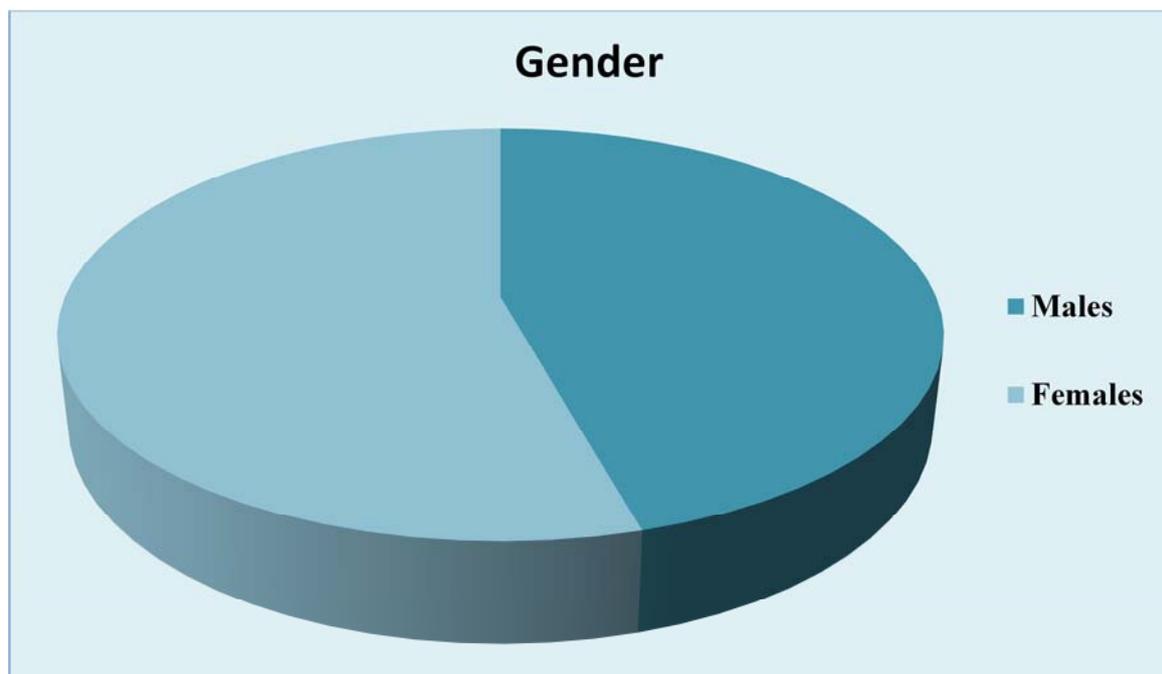
The data was entered into Statistical Package for Social Science (SPSS) version 18 to analyse statistical tests. Descriptive statistics were carried out on the data to find the mean, minimum, maximum, and standard deviation values. A Spearman Rank Order was employed to determine if there was a relationship between each variables (attitudes towards the self, others and individuals with disabilities). A Mann-Whitney U test was also used to examine the relationship between knowing someone with a disability and having no experience of disability. Detailed statistics such as a Spearman Rank Order, Kruskal- Wallis was also applied to make comparisons of the different variables.

### 3.0 Results

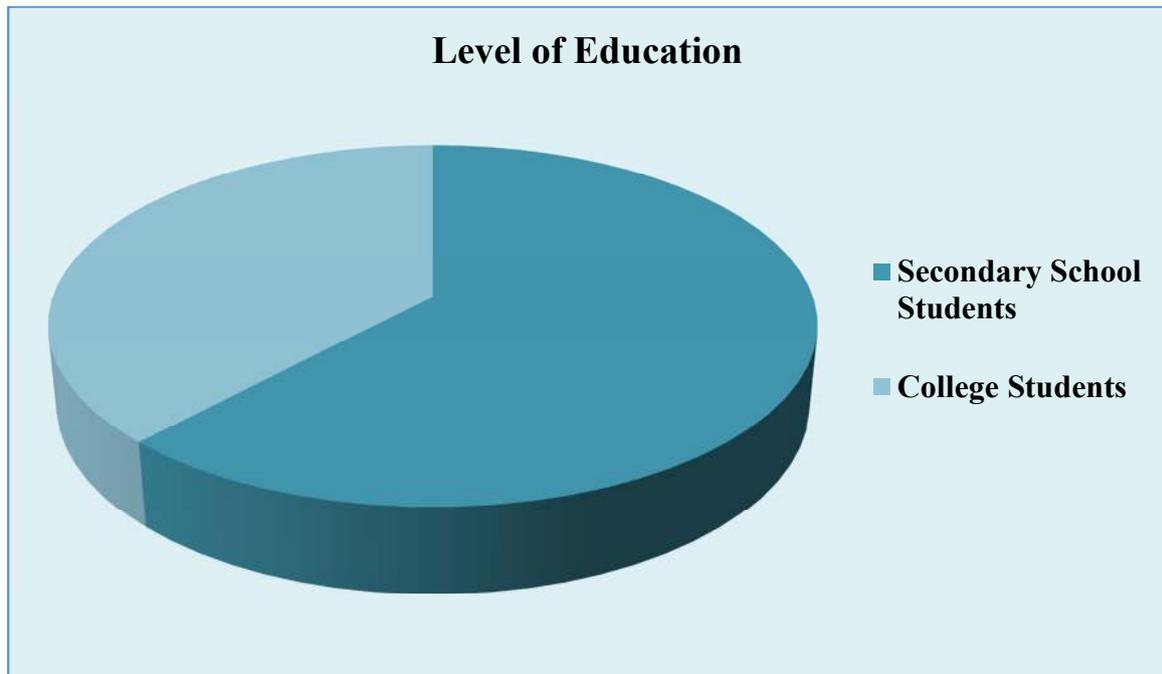
#### 3.1 Descriptive Statistics

Descriptive statistics were completed for all variables in this research project; gender, age, education, life-orientation, self-esteem, empathy, acceptance of others and attitudes towards individuals with disabilities. The descriptive statistics for males was 45.7%, while females consisted of 54.3% of the sample size, as can be seen in figure 1. The age range was from 15-60, while the mean age was 20.08, with a standard deviation of 7.44. There was 186 secondary school students consisting of 62% of the sample and 114 college students consisting of 38% of the sample took part in this study as can be seen in figure 2.

**Figure 1** *Gender distributions*



**Figure 2** *Level of education*



Life-orientation saw a minimum score of 7 and a maximum score of 40, with a mean score of 24.85 and a standard deviation of 5.69. The response rate for this variable was 298 out of 300 participants. Rosenberg self-esteem saw a minimum score of 4 and a maximum score of 30, with a mean score of 19.39 and a standard deviation of 5.12. The response rate for this variable was 299 out of 300 participants. Empathy saw a minimum score of 11 and a maximum score of 64, with a mean score of 45.86 and a standard deviation of 8.11. The response rate for this variable was 291 out of 300 participants. Acceptance of others saw a minimum of score 31 and a maximum score of 105, with a mean score of 61.42 and a standard deviation of 10.06. The response rate for this variable was 286 out of 300 participants. Attitudes towards the disabled person saw a minimum score of 14 and the maximum score of 108, with a mean score of 73.15 and a standard deviation of 16.66. The response rate for this variable was 280 out of 300 participants. All the variables means and standard deviations can be seen in table 1.

**Table 1** *Descriptive Statistics of Psychological Measures*

<b>Variable</b>	<b>Mean</b>	<b>Min</b>	<b>Max</b>	<b>Standard Deviation</b>
Life Orientation	24.85	7	40	5.69
Self-Esteem	19.39	4	30	5.12
Empathy	45.86	11	64	8.11
Acceptance of Others	61.42	31	105	10.06
Attitudes towards Disabled Persons	73.15	14	108	16.66

Test of normality were done, and it was found that the data violated assumptions of the norms, thus, non-parametric tests were conducted.

### **3.2 Hypothesis one; predicted that females show a significantly higher level of positive attitude towards others and individuals with disabilities than males.**

A Mann-Whitney U test was used to test the hypothesis that there will a significant difference between the ratings given by males and females towards acceptance of others and attitudes of individuals with disabilities. A significant difference was found between males (M=130.72) and females (M=153.57;  $Z = -2.32$ ,  $p = 0.020$ ) towards the acceptance of others. A significant difference was found between males (M= 109.76) and females (M= 164.94;  $Z = -5.67$ ,  $p = 0.000$ ) for attitudes towards individuals with disabilities. This means that females' attitudes were significantly more positive than males towards others (without disabilities) and individuals with disabilities. This supports the original hypothesis.

### **3.3 Hypothesis two: predicted that knowing someone with a disability and how well you know them will result in a significantly higher level of attitudes towards individuals with disabilities.**

#### **3.3.1 Hypothesis two, part one; *knowing someone with a disability will result in a significantly higher level of attitudes towards individuals with disabilities.***

A Mann-Whitney U test was used to test the hypothesis that there will a significant difference between knowing someone with disability or not knowing someone with a disability and their attitudes of disabled persons. No significant difference was found between mean attitude score of knowing someone with a disability (M= 140.56) and mean attitude score of not knowing someone with a disability (M= 125.97;  $Z = -1.058$ ,  $p = 0.29$ ) towards attitudes of individuals with disabilities. This did not support the original hypothesis.

#### **3.3.2 Hypothesis two, part two; *how well you know someone with a disability will result in a significantly higher level of attitudes towards individual with disabilities.***

A Kruskal-Wallis test was used to explore the difference in level of attitudes of individuals with disabilities across seven groups; a family member having it, a friend having it, acquaintance, studied it at some point, voluntary work, no experience, or more than options of the above mentioned list, see table 2. There was a significant difference across the groups,  $\text{Chi-sq.} = 28.18$ ,  $p=0.000$ . Those who had experience of someone with a disability, by studying it at some point, scored significantly higher (M=245.33) than other groups of experiences of some disability. The mean scores of the level of attitudes towards individuals with disabilities and level of education is seen in table 2.

**Table 2** *Level of experience with disability*

<b>Variable</b>	<b>Experience</b>	<b>N</b>	<b>Mean Score</b>
<b>Attitudes towards disabilities</b>	A family member	67	121.87
	A friend having it	34	114.66
	Acquaintance	19	150.87
	Studied it	3	245.33
	Voluntary work	8	106.50
	No Experience	40	117.25
	More than one	109	166.35
	Total	280	

Post hoc tukey tests were run. It found that those who had more than one type of experience of knowing someone with a disability had a significantly higher level of attitude score (M=78.47, SD= 14.63) than those who had experience by having a family member with a disability (M= 68.69, SD= 17.95) see table 3 for descriptive statistics. Chi-square = 28.18, p = 0.000. More than one experience (M= 78.47, SD= 14.63) had a significantly higher level of attitude score than a friend having a disability (M=68.42, SD= 14.64) Chi-square =28.18, p = 0.000. More than one experience (M= 78.47, SD= 14.63) had a significantly higher level of attitude score than no experience (M= 68.48, SD= 15.87). Marginal means for level of experience and attitudes towards individuals with disabilities can be seen in figure 3.

**Figure 3:** Means of level of experience and attitudes towards individuals with disabilities.



**Table 3 Descriptive Statistics**

Level of Experience	Mean	Std. Deviation	N
Family member	68.69	17.95	67
Friend	68.12	14.64	34
Acquaintance	76.58	18.85	19
Studied disabilities	93.33	6.81	3
Voluntary Work	67.25	15.91	8
No Experience	68.48	15.87	40
More than one	78.47	14.63	109
<b>Total</b>	<b>73.15</b>	<b>16.66</b>	<b>280</b>

### **3.4 Hypothesis three predicted that older students show a significantly higher level of attitude than younger students towards others (without disability) and individuals with disability.**

#### *3.4.1 Hypothesis three, part one: Older students show a significantly higher positive level attitude than younger students towards others without disabilities and individuals with disabilities*

The relationship between age and attitudes of others (without disabilities- as measured by the Acceptance of Others scale) and individuals with disabilities (as measured by the Attitudes towards the disabled person) was investigated using Spearman's Rho. There was a weak significant positive relationship between age and acceptance towards others [ $r = .140$ ,  $n = 286$ ,  $p < .05$ ]. There was a medium, significant, positive relationship of age and attitudes towards disabilities [ $r = .308$ ,  $n = 280$ ,  $p < .05$ ]. The older they are, the less positive their attitudes are towards acceptance of others (without disability) and the more positive their attitudes are of individuals with disabilities, therefore, somewhat accepting the original hypothesis.

#### *3.4.2 Hypothesis three, part two: College students show a significantly higher positive level of attitude than would secondary school students towards others (without disability) and individuals with disability.*

A Mann-Whitney U test was used to test the hypothesis that there will a significant difference between the level of education and attitudes towards others (without disability) and individuals with disabilities. No significance was found between secondary school students ( $M = 136.04$ ) and college students ( $M = 154.92$ ,  $z = -1.88$ ;  $p = 0.059$ ) in level of acceptance of others (without disability) see table 4 for means ranks of the level of education and acceptance of individuals with and without disabilities. A significant difference was found

between secondary school students (M= 120.17) and college students (172.40,  $z = -5.264$ ,  $p = 0.000$ ) in level of attitudes towards disabilities.

This means that level of education one is at does not have an impact on the level of attitudes of the others (without disability) but it does have a significant impact on the level of attitudes towards individuals with disabilities. This somewhat supports the original hypothesis.

**Table 4** *Mean Rank of the level of education and acceptance of individuals with and without disabilities.*

	<b>Education</b>	<b>N</b>	<b>Mean Rank</b>	<b>Sum of Ranks</b>
<b>Acceptance of Others- without disabilities</b>	Secondary School Students	173	136.04	23535.50
	College Students	113	154.92	17505.50
	Total	286		
<b>Attitudes towards individuals with disabilities</b>	Secondary School Students	171	120.17	20548.50
	College Students	109	172.40	18791.50
	Total	280		

**3.5 Hypothesis four predicted a significantly higher level of life-orientation score, would see a significantly positive level of optimism/positivity towards others and individuals with disabilities.**

The relationship between life-orientation and attitudes of others (without disabilities- as measured by the Acceptance of Others scale) and individuals with disabilities (as measured by the Attitudes towards the disabled person) was investigated using Spearman’s Rho see table 5. There was a significant medium positive relationship between life-orientation (LOTR) and acceptance towards others [ $r = .332$ ,  $n = 284$ ,  $p = 0.000$ ]. There was no significant relationship between life-orientation (LOTR) and attitudes towards individuals with disabilities [ $r = .070$ ,  $n = 278$ ,  $p = 0.244$ ]. This somewhat supports the original hypothesis.

**Table 5** *Spearman’s rho correlation*

			<b>Life-orientation</b>	<b>Acceptance of others- without disabilities</b>	<b>Attitudes towards individuals with disabilities</b>
Spearman’s rho	Life orientation	Correlation Coefficient	1.000	.332**	.070
		Sig. (2-tailed)	.	.000	.244
		N	298	284	278
	Acceptance of others- without disabilities	Correlation Coefficient	.322**	1.000	.235**
		Sig. (2-tailed)	.000	.	.000
		N	284	286	272
	Attitudes towards individuals with disabilities	Correlation Coefficient	.070	.235**	1.000
		Sig. (2-tailed)	.244	.000	.
		N	278	272	280

\*\* . Correlation is significant at the 0.01 level (2-tailed).

**3.6 Hypothesis five predicted a significantly higher level of life-orientation, self-esteem and empathy should also see a significantly higher attitude towards individuals with disabilities.**

The relationship between life-orientation, self-esteem and empathy and individuals with disabilities (as measured by the Attitudes towards the disabled person) was investigated using Spearman’s Rho. There was a positive, medium significant relationship between life-orientation and self-esteem ( $r = 0.561, n = 297, p = 0.000$ ). There was a positive, small significant relationship between life-orientation and empathy ( $r = 0.127, n = 290, p = 0.030$ ). There was a positive, medium, significant relationship between empathy and attitudes towards individuals with disabilities ( $r = 0.404, n = 272, p = 0.000$ ). As seen in table 6, the higher the level of life-orientation, self-esteem and empathy, will see a more positive score of attitudes towards individuals with disabilities. Thus supporting the original hypothesis

**Table 6** Spearman Rho Correlation

			LOTR	Self-esteem	Empathy	ATDP
Spearman’s rho	LOTR	Correlation Coefficient	1.000	.561**	.127*	.070
		Sig. (2-t)	.	.000	.030	.244
		N	298	297	290	278
	Self-esteem	Correlation Coefficient	.561**	1.000	.076	.020
		Sig. (2-t)	.000	.	.195	.734
		N	297	299	291	280
	Empathy	Correlation Coefficient	.127*	.076	1.000	.404**
		Sig. (2-t)	.030	.195	.	.000
		N	290	291	291	272
	ATDP	Correlation Coefficient	.070	.020	.404**	1.000
		Sig (2-t)	.244	.734	.000	.
		N	278	280	272	280

\*\* . Correlation is significant at the 0.01 level (2-tailed). \* . Correlation is significant at the 0.05 level (2-tailed).

**3.7 Hypothesis six predicted a significantly higher level on acceptance of others (without disabilities), will see a significantly higher the level of attitudes towards individuals with disabilities.**

The relationship between acceptance of others (without disability- as measured by the Acceptance of Others scale) and individuals with disabilities (as measured by the Attitudes towards the disabled person) was investigated using Spearman’s Rho as seen in table 7. There was a positive, small, significant relationship between acceptance towards others and attitudes towards disabilities [r= .235, n = 272, p = 0.000]. This means the higher the level of acceptance of others the greater level of attitudes towards the disabled person. Therefore, accepting my original hypothesis.

**Table 7** *Spearman’s rho correlation*

			<b>Acceptance of Others-without disabilities</b>	<b>Attitudes towards individuals with disabilities</b>
<b>Spearman’s rho</b>	Acceptance of others-without disabilities	Correlation Coefficient	1.000	.235**
		Sig. (2-tailed)	.	.000
		N	286	272
	Attitudes towards individuals with disabilities	Correlation Coefficient	.235**	1.000
		Sig. (2-tailed)	.000	.
		N	272	280

\*\* Correlation is significant at the 0.01 level (2-tailed).

## **4.0 Discussion**

The main aim of this study was to investigate the attitudes of secondary school students and college students towards themselves, others (without disabilities) and individuals living with disabilities. This study also explored whether knowing someone with a disability and if the extent of this relationship had any influence on attitudes towards individuals with disabilities. Furthermore, the following variables were examined life-orientation, self-esteem, empathy, acceptance to others (without disabilities) and attitudes towards the individuals with disabilities. All variables were explored to see if negative or positive attitudes existed among secondary school students and college students.

### **4.1 Summary of Findings**

Descriptive statistics were completed to explore the demographic section and for all the variables including life-orientation, self-esteem, empathy, acceptance to others and attitudes towards individuals with disabilities. Test of normality were done, and it was found that the data violated assumptions of the norm, thus, non-parametric tests were conducted. Results indicated that females showed a significantly more positive attitude towards males on acceptance of others (individuals without disabilities) and individuals with disabilities.

There was no significant result in knowing someone with a disability and not knowing someone. However, more than one experience type from the list of seven showed a more positive attitude than having no experience of disabilities. Therefore, experience with individuals with disabilities is beneficial to increasing more positive attitudes. Older students showed a less positive attitude when accepting others (without disabilities) and a more positive attitude towards individuals with disabilities in relation to younger students. Thus

intervention should be put in place to increase more positive attitudes of older students on acceptance of others (without disabilities) and younger students' attitudes towards individuals with disabilities. Furthermore, college students showed a more positive attitude than secondary school students towards others (without disabilities) and individuals with disabilities. Thus intervention should be made compulsory to secondary school students to improve their level of attitudes on both variables.

Furthermore, there was a significant medium positive relationship between life-orientation and acceptance to others; thus indicating the higher the level of optimism the greater level of acceptance to others. However, no significant relationship existed between life orientation and attitudes towards individuals with disabilities. Thus the level of optimism didn't influence attitudes towards individuals with disabilities. There was a positive medium significant relationship between life orientation and self-esteem, thus both variables influencing attitudes towards individuals with disabilities. A positive small significant relationship existed between life orientation and empathy, thus indicating a small influence on attitudes towards attitudes towards disabilities.

Furthermore, empathy and attitudes towards individuals with disabilities saw a positive, medium significant relationship. Lastly, the higher the level of acceptance to others saw a greater positive level of attitudes towards individuals with disabilities. Thus indicating the higher the level acceptance of others (without disabilities) also saw a positive level of attitudes towards individuals with disabilities. All hypotheses will be discussed in detail below, with argument around accepting or rejecting the original hypotheses. Furthermore, emphasis will be placed on previous research and theory with the main focus around explaining and interpreting the research project findings.

## **4.2 Implications of results and applications of research**

### **4.2 Hypothesis one**

This hypothesis predicted that females would show a significantly higher level of positive attitude towards others with and without disabilities than males. Research by (Jaffe 1966 & Sandberg cited by Royal & Roberts, 1987) found that female students compared to male students were more accepting and less rejecting of classmates with disabilities. In contrast, studies by Siperstein & Gottlieb (1977) found that males were more accepting of disabled peers as opposed to females. This research focused on gender and attitudes towards others (without disabilities) and individuals with disabilities. Results indicated that females' attitudes were significantly more positive than males in relation to these two variables of acceptance to others and individuals with disabilities. Thus these findings supported the original hypothesis.

#### *4.3.1 Hypothesis two, part one*

This hypothesis predicted that knowing someone with a disability will result in a significantly higher level of positive attitudes towards individuals with disabilities. This research focused on whether knowing someone with a disability influences their level of attitudes towards individuals with disabilities. Results of this study indicated that no significant difference was found between knowing someone and not knowing someone with a disability. Thus these finding did not support the original hypothesis.

Interestingly, favourable attitudes are believed to increase the probability of certain behaviours reoccurring, as highlighted by Antonak & Livneh (1988) while unfavourable attitudes may reduce the probability of other behaviours occurring as a result. Furthermore,

attitudes that are learned through experience and interaction with other individuals, social objects and environmental events, rather than being inherently determined. It must be noted by Antonak & Livneh (1988) that although the role of heredity or constitutional aspects in attitude foundation has not been fully investigated, attitudes comprise of many multi-components. This research project asked participants to identify if they knew someone with a disability; as supported by Royal and Roberts, (1987) it is highlighted that familiarity with a disability may indeed affect the way in which students answer the questionnaire, being particularly accurate for younger students. However, this was not the case in this research project, as no significant difference was found between knowing someone and not knowing someone with a disability

#### *4.3.2 Hypothesis two, part two*

This hypothesis predicted that how well you know someone with a disability will result in a significantly higher level of positive attitudes towards individuals with disabilities. This research focused on the level of experience of individuals with disabilities obtained by participants. A Post hoc tukey tests were run, it found that those who had more than one type of experience of knowing someone with a disability had a significant positive attitude score than those who had experience by having a family member with a disability. This suggests that individuals should try gain more than one experience of disability to create higher levels of attitudes towards individuals with disabilities.

Furthermore, participants that had more than one experience of disabilities had a more positive attitude than students who had no experience. This suggests that experience of disability influences greater level of attitudes towards individuals with disabilities. In addition, as highlighted by Triandis et al. (1984) when an individual has a favourable attitudes towards individuals with disabilities; behaviours which were formerly learned and

previously linked with the favourable attitude may be invoked by making the attitude most noticeable. Thus, the greater level of positive interaction between an individual and an individual with a disability will diminish any pre-existing negative attitudes, thus creating a more positive level of attitudes towards individuals with disabilities.

In addition, the level of experience involves having previous contact with individuals with disabilities in terms of having a relative, close friend, and/or colleagues with disabilities. Six studies (Askamit et al., 1987; Baggett, 1993; Benham, 1995; Fonosch & Schwab, 1981; Kleinsasser, 1999; Rao, 2002 cited by Rao, 2004) stated a significantly more positive attitude of the “experienced” faculty. In addition, Wai Au et al (2006) compared attitudes of students and health professional toward individuals with disabilities using an international attitude scale. The quality of contact was found to a dominant factor as noted by National Development Authority (2004) affecting the attitude scores. The level of contact and knowledge factors as highlighted by studies from (Gelber 1993; Elmaleh, 2000; Wai Au et al., 2006 cited by NDA, 2004) encourages the improvement of positive attitudes towards individuals with disabilities.

#### *4.4.1 Hypothesis three, part one*

This hypothesis predicted that older students will show a significantly higher level of positive attitude than younger students towards others (without disabilities) and individuals with disabilities. In relation to this study, Spearman Rank Order Correlation was employed to determine the extent to which age levels of secondary school student and college students had on attitudes of others (without disabilities) and towards individuals with disabilities. Results indicated that the older students were the less positive attitudes existed compared to younger students towards acceptance of others (without disability). Furthermore, the older students are

the more positive their attitudes are compared to younger students towards individuals with disabilities, therefore, somewhat accepting the original hypothesis.

In addition, it has been explored that attitudinal research towards individuals with disabilities are not continuous across different age groups. Younger children tend to be far more accepting of disabled peers than older children according to (Goodman, Gottlieb, & Harrison, 1972 cited by Corman & Gottlieb, 1978). Furthermore, younger children were least familiar and accepting of disabling conditions, as noted by Royal & Roberts (1987), thus intervention programs should be started immediately when the child is enrolled in school. However, more recent research by (Baggett, 1993; Benham, 1995; McGee, 1989; Schoen et al., 1987; Williamson, 2000) examined the effect of age of faculty on their attitude toward individuals with disabilities; however, these studies did not find any significant effect of age on faculty attitude. This research did however find that older students were less positive towards individuals without disabilities and more positive towards individuals with disability.

#### *4.4.2 Hypothesis three, part two*

This hypothesis predicted that college students would show a significantly higher level of positive attitude than would secondary school students towards others (without disabilities) and individuals with disabilities. In addition, a Mann-Whitney U test were also employed to determine if the level of education one is at, impacts the level of attitudes of others (individuals without disabilities) and individuals with disabilities. The level of education one is at, does not have an impact on the level of attitudes of others (without disabilities) however, it does have a somewhat significant impact on the level of attitudes towards individuals with disabilities. Furthermore, it is important to note that individuals' attitudes impact the decisions they make in life. Rice (2009) stated the attitudes are frequently formed early and are upheld by individuals throughout their lives. Thus early intervention is very

important to inform students on quality and integration of others (without disabilities) and individuals with disabilities within society today.

## **4.5 Hypothesis Four**

This hypothesis predicted that significantly higher levels of life-orientation will see a more positive level of optimism/positivity towards others with and without disabilities. A Spearman's Rho was employed to determine the relationship between these variables. There was a significant medium positive relationship between life-orientation and acceptance towards others however; there was no significant relationship between life-orientation and attitudes towards individuals with disabilities.

Research suggests that the level of optimism as noted by (Peterson and Bossio, 1991 cited by Burke et al. 2000) signifies a bias in perceptions and beliefs in support of positive features in life. This study displayed a significant relationship for the higher the level of life-orientation therefore displaying a more positive attitude towards acceptance of others without disabilities. Furthermore, individuals that embrace an optimistic viewpoint on life as noted by (Carver et al., 1979; Taylor and Brown, 1988 cited by Burke, K.L et al., 2000) reveal higher levels of motivation, determination, and performance.

However, there was no significant relationship between life-orientation and attitudes towards individuals with disabilities. Thus research by (Peterson and Bossio, 1991 cited by Burke et al. 2000) suggests pessimism signifies a negative bias as seen in this study. In addition, pessimistic individuals tend to look at the world and future experiences in a negative approach, viewing the world as a place of bad experiences and events.

## 4.6 Hypothesis Five

This hypothesis predicted a significantly higher level of life-orientation, self-esteem and empathy should also see a significantly higher level of attitudes towards individuals with disabilities. Life-orientation and self-esteem saw a positive, medium significant relationship. Life-orientation and empathy saw a positive, small significant relationship. Furthermore, empathy and attitudes towards individuals with disabilities saw a positive medium significant relationship.

Research has shown as highlighted by Taylor & Montgomery (2007) that the preservation of a healthy and relatively high self-esteem becomes progressively challenging during transitions periods for students. The confusions at this stage as noted by (Adlaf, Gliksman, Demers, & Newton- Taylor, 2001 cited by Zafar, Saleem & Mahmood, 2012) makes college students more exposed to mental health issues and low levels of self-esteem. Furthermore, within this research sample participants are both in this stage of transition. Secondary school students are experiencing change from the junior cycle into the senior cycle, while college students are facing the transition from secondary school to college life. Thus self-esteem levels were explored in both participant groups.

Interestingly, this study saw a positive small significant relationship between life-orientation and empathy, thus indicating that participants showed an optimistic view and high level of empathy. It is important to understand the nature of empathy, its development, and its role in behaviour, with such an understanding according to Eisenberg and Strayer (1990) we may be able to improve the quality of human interrelationships as a greater understanding of another individuals emotional state is formed. This study highlighted that a positive medium significant level of empathy resulted in more positive attitudes towards individuals with disabilities.

## **4.7 Hypothesis Six**

This hypothesis predicted that significantly higher levels on acceptance of others will also see higher positive attitudes towards individuals with disabilities. Results indicated the higher the level of acceptance of others the greater level of attitudes towards individuals with disabilities thus, accepting the original hypothesis.

Acceptance is defined by Segel, Williams, & Tesdale, (2002) as the process of purposefully and non-judgementally engaging with negative emotions, thus it is an active process creating more emotional awareness and understanding. Yunker (1965) proposed that familiarity of attitudes of individuals without disabilities toward individuals with disabilities helps us to comprehend the interaction between the two groups. Studies measuring these attitudes as summarised by (Yunker 1965, cited by Antonak & Livneh, 1988) may highlight components of negative attitudes such as avoidance and rejection ,as well as positive attitudes such as friendless and interaction toward individuals with disabilities.

## **4.8 Strengths**

Overall this research project went according to plan; the introduction chapter was completed end of January, all questionnaires were administered and collected within the proposed research timeline thus inputting the data into Statistical Package for Social Science (SPSS) was also completed on time. The methodology, data analysis, findings and discussion were all completed with the timeframe also.

## **4.9 Limitations**

Overall this research project went according to plan. However there was two limitations; firstly, correspondents from the principals of the four chosen schools took some time, numerous calls and emails were sent to these school to get a response. One school was unable to take part in this research, therefore another school had to be chosen and a letter had to be administered from the year head, which all took time to complete. Secondly, a small sample size of 300 participants was attained, thus the generalising of findings cannot occur, but nonetheless some themes and theories emerged that were drawn upon.

## **4.10 Future Research**

Perhaps a further study on pre and post intervention to investigate whether providing positive information, such as a presentation from a disability awareness programme, will alter pre-existing negative attitudes towards individuals with disabilities. Most research as highlighted by Favazza & Odom, (1997) is on children's attitudes and has focused on assessing the attitudes of children with little attention given to effective strategies to promote positive attitudes. This study would give grounds to investigating if disability awareness programmes should be included within the Irish educational curriculum to help create and maintain a more positive level of attitudes towards individuals with disabilities.

## **4.11 Conclusion**

This research project set out to conduct a correlational research design exploring secondary school students' and college students' attitudes towards themselves by examining life-orientation, self-esteem and empathy. Furthermore acceptance of others (without

disabilities) was also examined as were the attitudes towards individuals with disabilities. As discussed throughout this research project, some significant results were obtained from the above variables, however no significance was found in some cases also. This research is important as it will create a foundation for possible future interventions, while overall providing effective services to create and maintain positive attitudes towards the students' self, others (without disabilities) and individuals with disabilities. Future research should aim to understand the principal dimensions of negative attitudes among students, help create and maintain positive attitudes towards the self, others and individuals with disabilities. While also giving grounds for change procedures and promote suitable assessment on the effects of these interventions within educational settings.

## References

- Ajzen, I., & Fishbein, M. (2000). Attitudes and the attitude-behavior relation: Reasoned and automatic processes. *European review of social psychology*, 11(1), 1-33. DOI: 10.1080/14792779943000116
- Antonak, R.F and Livneh, H. (2000) Measurement of attitudes toward persons with disabilities. *Disability and Rehabilitation*, 22 (5) 211-224. DOI:10.1080/096382800296782
- Antonak, R.F. and Livneh, H. (1995) Direct and indirect methods of measure attitudes towards persons with disabilities, with an exegesis of the error-choice test method. *Rehabilitation Psychology*. 40 (1) 3-24
- Arampatzi, A. Moouratidou, K et al., (2011) Social developmental parameters in primary schools: inclusive settings' and gender differences on pupils' aggressive and social insecure behaviour and their attitudes towards disability. *International Journal of Special Education*. 26(2) 1
- Asch, A. (1984) Personal Reflections. *American Psychologist*. 39 (5) 551-552.
- Burke, K. L., Joyner, A. B., Czech, D. R., & Wilson, M. J. (2000). An investigation of concurrent validity between two optimism/pessimism questionnaires: The life orientation test-revised and the optimism/pessimism scale. *Current Psychology*, 19(2), 129-136.
- Castaneto, M.V and Willemsen, E.W. (2006) Social Perception of the Personality of the Disabled. *Social Behaviour and Personality*. 34 (10), 1217-1232.
- Centers, L., & Centers, R. (1963). Peer group attitudes toward the amputee child. *The Journal of Social Psychology*, 61(1), 127-132. DOI: 10.1080/00224545.1963.9919471
- Chesler, M.A (1965) Ethnocentrism and Attitudes toward the Physically Disabled. *Journal of Personality and Social Psychology*. 2 (6) 877-882.
- Corman, L., & Gottlieb, J. (1978). Mainstreaming mentally retarded children: A review of research. *International review of research in mental retardation*, 9, 251-275.
- Eisenberg, N and Strayer J. (1990) *Empathy and its development*. Cambridge: Cambridge University Press.
- Favazza, P. C., & Odom, S. L. (1997). Promoting Positive Attitudes of Kindergarten-Age Children toward People with Disabilities. *Exceptional Children*, 63(3), 405-18.
- Fey, W.F. (1955). *Acceptance by others and its relation to acceptance of self and others: A revaluation. Measures of personality and social psychological attitudes*. San Diego, CA: Academic Press.

- Glynis M. Breakwell, Sean Hammond, Chris Fife-Schaw and Jonathan A. Smith. (2006). *Research Methods in Psychology*. (3<sup>rd</sup> ed.). London; Sage Publications Ltd.
- Health, Disability and Carers in Ireland (2012) Census- Statistics on people with disabilities. <http://www.cso.ie/en/census/census2011reports/census2011profile8ourbillofhealth-healthdisabilityandcarersinireland/>
- Jenkinson, J. C. (1993). Integration of students with severe and multiple learning difficulties. *European Journal of Special Needs Education*, 8 (3), 320-335. DOI: 10.1080/0885625930080310
- Kelly, A.E, Sedlacek, W.E and Scales, W.R. (1994) How college students with and without disabilities perceive themselves and each other. *Journal of Counselling and Development*. 73 (1) 178-182.
- Livneh, H. (1982) Factor Analysis of the Attitudes toward Disabled Persons Scale- Form A. *Rehabilitation Psychology*, 27 (4), 235-243.
- Livneh, H. (1985). The Disability Factor Scale- General: Second-Order Factor Structure. *The Journal of General Psychology*. 112 (3), 279-283. DOI:10.1080/00221309.1985.9711013
- Livneh, H. (2000). Measurement of attitudes towards persons with disabilities. *Disability & Rehabilitation*, 22(5), 211-224. DOI:10.1080/096382800296782
- Marigold, D. C., Holmes, J. G., & Ross, M. (2010). Fostering relationship resilience: An intervention for low self-esteem individuals. *Journal of Experimental Social Psychology*, 46(4), 624-630.
- Martin, J., Allegra, R.A., & Graham, J.W. (2007). Scale of technology. *Journal of Postsecondary Education and Disability*, 20 (1), 1-91.
- National Development Authority (2004). *Literature review on attitudes towards disability*. Dublin: NDA
- Noonan, J.R. and Barry, J.R (1970) Personality determinants in attitudes toward visible disability. *Journal of Personality*. 38 (1) 1-15. DOI: 10.1111/j.1467-6494.1970.tb00633.x
- Nowicki, E. A. (2006). A cross-sectional multivariate analysis of children's attitudes towards disabilities. *Journal of Intellectual Disability Research*, 50(5), 335-348. DOI: 10.1111/j.1365-2788.2005.00781.x
- Oguz-Duran, N., & Tezer, E. (2009). Wellness and self-esteem among turkish university students. *International Journal for the Advancement of Counselling*, 31(1), 32-44. DOI: 10.1007/s10447-008-9066-9
- Rao, S. (2004). Faculty attitudes and students with disabilities in higher education: a literature review. *College Student Journal*, 38 (2) 191-198.

- Rice, C.J. (2009) Attitudes of undergraduate students toward people with intellectual disabilities: considerations for future policy makers. *College Student Journal*. 43 (1) 207-215
- Rillotta, F and Nettelbeck, T. (2007). Effects of an awareness program on attitudes of students without an intellectual disability towards persons with an intellectual disability. *Journal of Intellectual and Developmental Disability*.32 (1) 19-27. DOI:10.1080/13668250701194042
- Robinson, J.P, Shaver, P.R and Wrightsman, L.S. (1991) *Measures of Personality and Social Psychological Attitudes*. California: Academic Press.
- Rosenberg, Morris. (1989). *Society and the Adolescent Self-Image*. Revised edition. Middletown, CT: Wesleyan University Press.
- Royal, G.P., and Roberts, M.C (1987). Students' Perceptions of and Attitudes toward Disabilities: A Comparison of Twenty Conditions. *Journal of Clinical Child Psychology*, 16 (2), 122-132. DOI: 10.1207/s15374424jccp1602\_4
- Salkind, N.J (2012). *Exploring Research* (8<sup>th</sup> ed.).New Jersey; Pearson Education, Inc.
- Scheier, M.F., Carver C.S., and Bridges, M.W. (1994). Distinguishing optimism from neuroticism (and trait anxiety, self-mastery, and self-esteem): A re-evaluation of the Life Orientation Test. *Journal of Personality and Social Psychology*, 67, 1063-1078.
- Shallcross, Amanda J. Ford, Brett Q. Floerke, Victoria A. Mauss, Iris B. (2013). Getting better with age: The relationship between age, acceptance, and negative affect. *Journal of Personality and Social Psychology*, 104 (4),734-749.
- Shapiro, A. (2002) Everybody Belongs: Changing Negative Attitudes toward Classmates with Disabilities. *Remedial and Special Education*. 23 (3) 188-190.
- Shavitt, S. (1989) Products, Personalities and Situations in Attitude Functions: Implications for Consumer Behaviour. *Advances in Consumer Research*. 16, 300-305.
- Siperstein, G. N., & Gottlieb, J. (1977). Physical stigma and academic performance as factors affecting children's first impressions of handicapped peers. *American Journal of Mental Deficiency*, 8, 334-345
- Solis, S. (2004) The Disability making Factory: Manufacturing "Differences" through Children's Books. *Disability Studies Quarterly*, 24 (1)
- Spreng, R. N., McKinnon, M. C., Mar, R. A., & Levine, B. (2009). The Toronto empathy questionnaire: Scale development and initial validation of a factor-analytic solution to multiple empathy measures. *Journal of Personality Assessment*, 91, 62-71.

- Taylor, T. L., & Montgomery, P. (2007). Can cognitive-behavioral therapy increase self-esteem among depressed adolescents? A systematic review. *Children and Youth Services Review, 29* (7), 823-839.
- Teasdale, J. D., Segal, Z. V., & Williams, J. M. G. (2003). Mindfulness training and problem formulation. *Clinical psychology: Science and practice, 10*(2), 157-160. DOI: DOI: 10.1093/clipsy.bpg017
- Tufan, I. (2008) Prejudices against, and social responsibilities towards, the disabled. *Social Behaviour and Personality. 36* (1), 67-76.
- Yuker, H.E., Block, J.R., & Young, J.H. (1966). *The Measurement of Attitudes Toward Disabled Persons*. Albertson, NY: Human Resources Center.

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Appendix 1 Statutory Declaration



13/14 Aungier Street  
 Dublin 2, Ireland  
 Telephone : (01) 417 7500  
 Facsimile : (01) 417 7543  
 E-mail: admissions@dbi.ie  
 Web site: www.dbi.ie

DUBLIN BUSINESS SCHOOL / DBS SCHOOL OF ARTS  
 STATUTORY DECLARATION

*[Signature]* Kate Hughes of ~~\_\_\_\_\_~~ *[Signature]*  
 aged 18 years and upwards do solemnly and sincerely, declare that:

1. I am not and have never been engaged in any conduct which could result in a conviction for any offence under the Child Pornography Act 1998. I understand that the offences under the Act comprise child trafficking, the taking of children for the purposes of sexual exploitation, allowing children to be used for the production of child pornography, the dissemination of child pornography, and the possession of child pornography.
2. I have never been convicted of any criminal offence for assault, battery, rape, murder, false imprisonment or unlawful carnal knowledge.
3. I have also never been convicted of any criminal offence relating to the trafficking or possession of drugs for supply.
4. I have never been excluded from working with children.
5. I have read and agree to abide by the code of ethical conduct set out by the Psychological Society of Ireland currently in force at the date of making this Declaration and I agree to abide by this code as subsequently amended from time to time.
6. I have read and agree to abide by the guidelines as set out in the DBS Ethics Policy.
7. I have been informed and understand that if I make a false declaration regarding any of these matters Dublin Business School will immediately terminate my research in the department and that any qualifications from the School will be negated.

I make this declaration for the satisfaction of Dublin Business School believing the same to be true and by virtue of the Statutory Declarations Act 1938.

Kate Hughes *[Signature]* DECLARED before me by the said Kate Hughes  
 Signature *[Signature]* Who is personally known to me *[Signature]*  
 (or who is identified to me by *[Signature]* the holder of this  
 Declaration by the production of student *[Signature]*  
 Who is personally known to me at *[Signature]* 1634313 at  
 9110 South Georges Street  
 In the City of Dublin this 3<sup>rd</sup> day of December 2012 *[Signature]*  
 Commissioner for Oaths / Practising Solicitor *[Signature]*

**Appendix 2 Letter to principal**



**Dublin  
Business  
School**  
excellence through learning

Registrar's Office  
13/14 Aungier Street  
Dublin 2, Ireland  
Telephone : (01) 417 7500  
Facsimile : (01) 417 7595  
E-mail: businessschool@dbs.ie  
Web site: www.dbs.ie

Psychology Department  
School of Arts  
Dublin Business School  
Castle House  
73-83 South Great George's St.  
Dublin 2

5<sup>th</sup> November 2012

[REDACTED]

Dear Ms. [REDACTED]

**RE: PERMISSION TO CONDUCT RESEARCH**

Kate Hughes is enrolled as a final year psychology student at Dublin Business School. DBS psychology students are required to complete an independent research project during their final year of study. Kate wishes to [REDACTED]

[REDACTED]  
Questionnaire would be administered to students and following this a member of the REHAB group would deliver a presentation on disabilities. A week or two later questionnaires would be again administered to see if there is a change in attitudes to disabilities.

All research conducted by final year students is done for the purpose of meeting course requirements. All results obtained are anonymous, and to be used for assessment of the researching student's qualifications for receipt of a BA in Psychology. Kate is requesting written permission, as soon as possible, to collect research data (conditional on her receiving formal ethical approval from DBS student ethics committee for her research to go ahead).

### Appendix 3 Cover letter



#### **Secondary School Students' and College Students' Attitudes towards Themselves, Others and Individuals with Disabilities.**

Dear participant,

My name is Kate Hughes and I am conducting research in the Department of Psychology that explores attitudes towards individuals with disabilities. This research is being conducted as part of my studies and will be submitted for examination.

You are invited to take part in this study and participation involves completing and returning the attached anonymous survey. While the survey asks some questions that might cause some minor negative feelings, it has been used widely in research. If any of the questions do raise difficult feelings for you, contact information for support services are included on the final page.

Participation is completely voluntary and so you are not obliged to take part. This questionnaire will take approximately 10-12 minutes to complete.

Participation is anonymous and confidential. Thus responses cannot be attributed to any one participant. For this reason, it will not be possible to withdraw from participation after the questionnaire has been collected.

The questionnaires will be securely stored and data from the questionnaires will be transferred from the paper record to electronic format and stored on a password protected computer.

It is important that you understand that by completing and submitting the questionnaire that you are consenting to participate in the study.

Should you require any further information about the research, please contact me at [REDACTED]. My supervisor can be contacted at [REDACTED].

Thank you for taking the time to complete this survey.

---

Kate Hughes

## Appendix 4 Demographic Information

1. Are you..... Male  Female

2. What age are you? \_\_\_\_\_

3. Which are you currently?

Secondary School Student

Undergraduate College Student

Postgraduate College Student

4. Do you know someone with a disability?

Yes  No  Unsure

5. Which disabilities do you have experience of? Please tick all that apply:

Chronic Illness

Hearing Loss and Deafness

Intellectual Disability

Learning Disability

Memory Loss

Mental Illness

Physical Disability

Speech and Language Disorders

Vision Loss and Blindness

None

Other

(Please specify) \_\_\_\_\_

6. Please identify whether the experience you have is due to...

A family member having it

A friend having it

Acquaintance

I studied it at some point

Voluntary work

No experience

## Appendix 5 Life Orientation Test LOT-R (Scheier and Carver, 1985)

Please be as honest and accurate as you can throughout. Try not to let your response to one statement influence your responses to other statements. There are no "correct" or "incorrect" answers. Answer according to your own feelings, rather than how you think "most people" would answer.

<b>I agree a lot</b>	<b>I agree a little</b>	<b>I neither agree nor disagree</b>	<b>I Disagree a little</b>	<b>I Disagree a lot</b>
<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>

<b>1.</b>	In uncertain times, I usually expect the best.	
<b>2.</b>	It's easy for me to relax.	
<b>3.</b>	If something can go wrong for me, it will.	
<b>4.</b>	I'm always optimistic about my future.	
<b>5.</b>	I enjoy my friends a lot.	
<b>6.</b>	It's important for me to keep busy.	
<b>7.</b>	I hardly ever expect things to go my way.	
<b>8.</b>	I don't get upset too easily.	
<b>9.</b>	I rarely count on good things happening to me.	
<b>10.</b>	Overall, I expect more good things to happen to me than bad.	

## Appendix 6 Rosenberg Self-Esteem Scale (Rosenberg, 1989)

Below is a list of statements dealing with your general feelings about yourself.

If you *strongly agree* with the statement circle **SA**.

If you *agree* with the statement circle **A**.

If you *disagree* with the statement circle **D**.

If you *strongly disagree* with the statement circle **SD**.

1.	On the whole, I am satisfied with myself.	SA	A	D	SD
2.	At times, I think I am no good at all.	SA	A	D	SD
3.	I feel that I have a number of good qualities.	SA	A	D	SD
4.	I am able to do things as well as most other people.	SA	A	D	SD
5.	I feel I do not have much to be proud of.	SA	A	D	SD
6.	I certainly feel useless at times.	SA	A	D	SD
7.	I feel that I'm a person of worth, at least on an equal plane with others.	SA	A	D	SD
8.	I wish I could have more respect for myself.	SA	A	D	SD
9.	All in all, I am inclined to feel that I am a failure.	SA	A	D	SD
10.	I take a positive attitude toward myself.	SA	A	D	SD

## Appendix 7 The Toronto Empathy Questionnaire (Spreng et al. 2009)

Below is a list of statements. Please read each statement carefully and rate how frequently you feel or act in the manner described. Circle your answer on the response form. There are no right or wrong answers or trick questions. Please answer each question as honestly as you can.

		Never	Rarely	Someti mes	Often	Always
1.	When someone else is feeling excited, I tend to get excited too	0	1	2	3	4
2.	Other people's misfortunes do not disturb me a great deal	0	1	2	3	4
3.	It upsets me to see someone being treated disrespectfully	0	1	2	3	4
4.	I remain unaffected when someone close to me is happy	0	1	2	3	4
5.	I enjoy making other people feel better	0	1	2	3	4
6.	I have tender, concerned feelings for people less fortunate than me	0	1	2	3	4
7.	When a friend starts to talk about his/her problems, I try to steer the conversation towards something else	0	1	2	3	4
8.	I can tell when others are sad even when they do not say anything	0	1	2	3	4
9.	I find that I am "in tune" with other people's moods	0	1	2	3	4
10.	I do not feel sympathy for people who cause their own serious illnesses	0	1	2	3	4
11.	I become irritated when someone cries	0	1	2	3	4
12.	I am not really interested in how other people feel	0	1	2	3	4
13.	I get a strong urge to help when I see someone who is upset	0	1	2	3	4
14.	When I see someone being treated unfairly, I do not feel very much pity for them	0	1	2	3	4
15.	I find it silly for people to cry out of happiness	0	1	2	3	4
16.	When I see someone being taken advantage of, I feel kind of protective towards him/her	0	1	2	3	4

## Appendix 8 Acceptance of Others Scale (Fey, 1955)

**Almost Always**

**Half of the time**

**Very Rarely**

**1**

**2**

**3**

**4**

**5**

1. People are too easily led.	
2. I like people I get to know.	
3. People these days have pretty low moral standards.	
4. Most people are pretty smug about themselves never really facing their bad points.	
5. I can be comfortable with nearly all kinds of people.	
6. All people can talk about these days it seems is movies, TV and foolishness like that.	
7. People get ahead by using “pull” and not because of what they know.	
8. Once you start doing favors for people they’ll just walk all over you	
9. People are too self-centered.	
10. People are always dissatisfied and hunting for something new.	
11. With many people you don’t know how you stand.	
12. You’ve probably got to hurt someone if you’re going to make something out of yourself.	
13. People really need a strong, smart leader.	
14. I enjoy myself most when I am alone, away from people.	
15. I wish people would be more honest with me.	
16. I enjoy going with a crowd.	
17. In my experience people are pretty stubborn and unreasonable.	
18. I can enjoy being with people whose values are very different from mine.	
19. Everybody tries to be nice.	
20. The average person is not very well satisfied with himself.	

## Appendix 9 Attitudes towards Disabled Persons Scale (Yuker, Block & Chapman, 1966)

Use the scale below to identify how much you agree or disagree with each statement in the survey. Then, circle your response on the right.

+3 = I agree very much.                      +2 = I agree pretty much.                      +1 = I agree a little.

-3 = I disagree very much.                      -2 = I disagree pretty much.                      -1 = I disagree a little.

1	Parents of disabled children should be less strict than other parents.	+3	+2	+1	-1	-2	-3
2	Physically disabled persons are just as intelligent as non-disabled ones.	+3	+2	+1	-1	-2	-3
3	Disabled people are usually easier to get along with than other people.	+3	+2	+1	-1	-2	-3
4	Most disabled people feel sorry for themselves.	+3	+2	+1	-1	-2	-3
5	Disabled people are the same as anyone else.	+3	+2	+1	-1	-2	-3
6	There should not be a special school for disabled children.	+3	+2	+1	-1	-2	-3
7	It would be best for disabled person to live and work in special communities.	+3	+2	+1	-1	-2	-3
8	It is up to the government to take care of disabled persons.	+3	+2	+1	-1	-2	-3
9	Most disabled people worry a great deal.	+3	+2	+1	-1	-2	-3
10	Disabled people should not be expected to meet the same standards as non-disabled people.	+3	+2	+1	-1	-2	-3
11	Disabled people are as happy as non-disabled ones.	+3	+2	+1	-1	-2	-3
12	Severely disabled people are no harder to get along with than those with minor disabilities.	+3	+2	+1	-1	-2	-3
13	It is almost impossible for a disabled person to lead a normal life.	+3	+2	+1	-1	-2	-3
14	You should not expect too much from disabled people.	+3	+2	+1	-1	-2	-3
15	Disabled people tend to keep to themselves much of the time.	+3	+2	+1	-1	-2	-3
16	Disabled people are more easily upset than non-disabled people.	+3	+2	+1	-1	-2	-3
17	Disabled persons cannot have a normal social life.	+3	+2	+1	-1	-2	-3
18	Most disabled people feel that they are not as good as other people.	+3	+2	+1	-1	-2	-3
19	You have to be careful of what you say when you are with disabled people.	+3	+2	+1	-1	-2	-3
20	Disabled people are often grouchy.	+3	+2	+1	-1	-2	-3

## **Appendix 10 De-brief and Support Services Contact Details**

**Thank you very much for filling in this questionnaire, if you have any questions or are interested in the results, please contact me**



### **Contact information for support services**

#### **Aware**

Phone: 1890-303-302 Email: aware@iol.ie

#### **Headstrong**

Phone: 01 472 7010 E-mail: info@headstrong.ie

#### **Teenline Ireland**

Phone: 1800 833 634 Email: info@teenline.ie

#### **Childline**

Phone: 1800 66 66 66 or text Talk to 50101