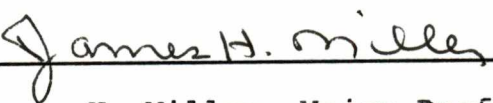


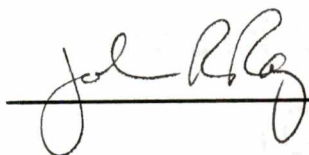
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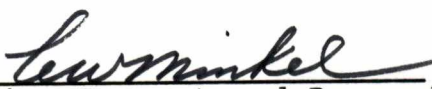

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ATTITUDES TOWARD PERSONS WITH
PHYSICAL DISABILITIES

A Thesis
Presented for the
Master of Science
Degree
The University of Tennessee, Knoxville

Krista Anne Whitesel

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ABSTRACT

Human service students along with any pre-professional student who intends to interact with people on a therapeutic basis need positive attitudes toward persons with physical disabilities. How can attitudes be changed to reflect the needed commitment and motivation it takes to be an effective helper? This particular question was investigated at The University of Tennessee, Knoxville, during the winter term of 1988. Data were collected on 69 undergraduate students who took a human services course with one of the two professors assigned. The sample, divided into two groups, experimental and control, took the Attitudes Toward Disabled Persons Scale (ATDP) Form-O pre and post-test.

The control group did not participate in any other treatments. The experimental group, however, was given three "Outside Assignments" (Appendix C) to be completed within the school term. The experimental subjects also participated in a one hour and fifteen minute role-play where they simulated various disabilities: blindness,

loss of fine motor control (finger dexterity), and paraplegia.

The results showed little improvement in scores on the pre- and post-test of the control group. Also, there were no differences between the post-test scores of the control and experimental groups. There was, however, a statistically significant difference in the pre-test and post-test scores of the experimental group. The results indicate that direct, equal contact with persons who have disabilities and knowledge about impairments help to reduce individual and societal prejudice towards people with disabilities.

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CHAPTER I

INTRODUCTION

Statement of the Problem

Societal prejudice is common in the United States. People with disabilities have been subjected to discrimination of various kinds for many years. This discrimination is harmful and has deleterious effects that result in low self-confidence, low self-esteem, discrimination at the job site, and limited access to buildings and programs. Research shows that education and contact are effective in attempting to change prejudicial attitudes.

Understanding the attitudes and perceptions of able-bodied persons toward persons with disabilities has been a frustrating problem researchers have faced for many years. Schneider (1980) has reviewed research studies that have attempted to distinguish reasons why able-bodied persons stigmatize persons with disabilities. The author divides his summary into four major areas: the ranking of disabilities in order of acceptability, personality factors involved in how a person responds to disabilities, how specific professional groups respond to

disabilities differently from one another, and how attitudes toward the stigmatized might be changed. After reviewing fifty-five research studies, the author concluded that the impairments most difficult for the general public to accept and understand usually draw the most negative reactions. Four factors that negatively affect the degree of prejudice are: (1) a less industrialized culture; (2) a culture with other strong stereotypes and prejudices against minority and racial groups; (3) the presence of the persons doing the judging of personality disturbance or anxiety; (4) and the sex of the judge, males having more negative reactions than females (Schneider, 1980).

The rank order of a disability from positive to negative is influenced by several factors. The first factor is the amount of contact a person has with people who have disabilities; i.e., the more time a person spends with the actual disability, the more positive the attitude. Another factor is that of personality differences. Persons having certain personality characteristics, i.e., a strong sense of internal control negatively rank disabilities with poor control, i.e., drug abuse. A third factor is certain occupational groups rank persons having physical disabilities more

negatively, i.e., occupations with more emphasis on physical strength. The fourth factor that influences an attitude to be either positive or negative is that certain occupational groups base their attitudes on a reality principle of how difficult how difficult it would be to work with the different disabilities (Schneider, 1980).

Amsel and Fichten (1988) reviewed the research that compared able-bodied students' thoughts concerning interaction with able-bodied and with disabled peers and found a replication of previous research showing that students have more thoughts about interacting with a person who has a disability, whether positive or negative, than about interacting with a non-disabled individual. Also, interaction with a disabled person elicits more negative thoughts, and relatively fewer positive ones, than interaction with an able-bodied individual. Finally, the largest differences in attitudes occur in the realm of negative thoughts (p. 63).

Amsel and Fichten (1988) conclude their study by stating that students with no previous contact with individuals with disabilities were shown to have significantly more negative thoughts than did students who had had previous contact. The authors elaborate on

the extent and type of contact and argue that "the best method to increase understanding, reduce prejudice, enhance comfort, and facilitate interaction between people who are able-bodied and those who have a disability is to have them experience extended close contact on an equal status basis" (p. 64). Likewise, in the field of race relations and research, contact as equals has long been known to reduce prejudice (Wrightsmen, 1972).

As is seen in many research articles and reviews, information regarding disabling conditions and extended contact with persons who have disabilities are important steps in reducing negative attitudes, prejudices, and stereotypes (Anthony, 1972; Donaldson, 1977; Evans, 1976; Florian, 1987; Hafer, 1979; Ibrahim, 1982; & Weinberg, 1978). Contacts need to be structured so that able-bodied persons can see the similarities rather than the differences and come to see persons with disabilities as their peers rather than their subordinates.

Purpose of the Study

The purpose of the study was to determine if selected types of interventions would cause human service students to perceive students with disabilities more

positively. The Attitudes Toward Disabled Persons Scale (ATDP) was used for the study.

Significance of the Study

Finding that intervention strategies with students' result in more positive attitudes toward persons with disabilities has implications for professionals in human service occupations and also for those who work in industry, centers, and schools. Further, intervention programs could be established for the purpose of educating the general public about certain types of impairments and resulting limitations. Education about and experience with people who have physical disabilities could lead to elimination of societal prejudicial attitudes.

Hypotheses

1. There will be no significant differences in pre- and post- mean scores of the control group as measured by the Attitudes Toward Disabled Persons Scale (ATDP).
2. There will be no significant differences in mean scores of attitudes as measured by the ATDP between the experimental group pre- and post-test scores.
3. There will be no significant differences in mean

scores of attitudes as measured by the ATDP between the control group and experimental group at post-testing.

Definition of Terms

For the purposes of this study, the definition of terms was as follows:

disability-"any restriction or lack resulting from an impairment of ability to perform an activity in the manner or within the range considered normal for a human being" (WHO, 1980, p. 28). Disability corresponds to functional limitation.

impairment-"any loss or abnormality of psychological, physiological, organatomical structure or function" (WHO, 1980, p.27). Impairment corresponds to medical diagnosis.

attitude-"1) A mental position with regard to a fact or state. A position assumed for a specific purpose. 2) An organismic state of readiness to respond in a characteristic way to a stimulus" (Webster, 1973, p. 73). Negative attitudes are a main deterrent to the rehabilitation of people with disabilities.

prejudice-"1) Preconceived judgment or opinion. 2) An opinion or leaning adverse to anything without just grounds or before sufficient knowledge" (Webster, 1973, p. 907). To abate prejudices, individuals must know and

realize their own strengths and weaknesses, understand how people can become prejudiced, and respect differences in others.

stereotype-"2) A standardized mental picture that is held in common by members of a group and that represents an oversimplified opinion, affective attitude, or uncritical judgment" (Webster, 1973, p. 1141). People with physical disabilities gain much of their inferiority from initially false myths and stereotypes-false images of out-groups.

Organization of the Study

Chapter I contains the statement of the problem, purpose of the study, significance of the study, hypotheses, definition of terms, assumptions, and organization of the study. Chapter II consists of a review of related literature and the summary. Chapter III contains methods and procedures, instrumentation, subjects, treatment, intervention, and data analysis. Chapter IV contains the results of the study and discussion. Chapter V includes a summary of the study, conclusions and recommendations for further research.

CHAPTER II

REVIEW OF RELATED LITERATURE

Introduction

People with physical, intellectual, and emotional disabilities are stigmatized by the perceived appearance or delimiting nature of their disabilities. People with disabilities are seen as having different personality traits, moral characteristics, social abilities, and political attitudes (Comer & Piliavin, 1975; Weinberg, 1976; & Weinberg, 1978). Research regarding negative attitudes toward people with psychiatric disabilities include fear of the "mentally handicapped" individuals. This is reinforced further when persons with mental disorders are kept shut away from others (Shennan, 1984). Negative attitudes toward people with intellectual disabilities usually include a preference to a more "stable and dependable" type of disability rather than those with functional disorders (Florian, 1978). The focus of the current literature review is prejudicial attitudes toward people with physical disabilities. Special attention is given to attitudes held by the general public, employers, human service personnel, and

college students. The final section of the review documents research regarding attempts to modify attitudes toward people with disabilities.

Perceived Public Attitudes

Yuker's (1976) presentation at the White House Conference on Handicapped Individuals summarized the general findings regarding attitudes of the public toward people with disabilities. The report indicated that although people make distinctions among types of disabilities, they also are willing to express attitudes toward disabled people in general. People tend to speak of "the handicapped," not a person with a disability. More than 50% of the people in the U.S., however, express slightly positive attitudes toward disabled people and indicate that they have sympathetic feelings for them. Other people have negative, rejecting attitudes, and a few of them express these attitudes quite openly. Yuker also reported that many non-disabled individuals perceive handicapped people as "different" and in some ways inferior to "normal" people. They are uncomfortable in the presence of handicapped people. Although many persons portray positive attitudes in public, persons with disabilities are often discriminated against. Many

people favor segregation rather than integration of handicapped individuals. One reason for this stems from the fear that many people have of "this could happen to me." This thought varies from one person to another depending on their knowledge and past experiences.

In an effort to explain the discomfort people sometimes experience when they are in the presence of a person who has a physical disability, Weinberg and Davis (1987) present three theories on this phenomenon. Social psychologists have postulated that people are uncomfortable when interacting with persons who have disabilities because clear social norms for conducting such interactions are lacking. This theory suggests that able-bodied persons see someone with a disability and then want to ask questions about why and how "it" happened, but they realize that this might make the person uncomfortable, therefore tension results. A second theory is psychodynamic in nature. These theorists stress the importance of interpersonal factors in explaining why people feel discomfort with those who have disabilities. A third theory is that of psychoanalytic origin where theorists believe that disability creates uneasiness because it activates fears of castration. In general people are aware that

disasters and accidents which result in physical disability can occur at anytime. However, people do not think about this until they are confronted by someone who has a physical deformity and then they are vividly reminded of what a misfortune can do to a human life.

Recently, there has been an increasing amount of integration of persons with physical disabilities in our society and more importantly, in the work place. There have been many positive changes that have been fostered by Governmental initiatives advancing individual rights. For example, the Rehabilitation Act of 1973 mandated client participation in the development of the Individualized Written Rehabilitation Program (IWRP). Although these advancements have helped improve the quality of life for many persons with disabilities, there are still negative attitudes toward disability groups. Yuker (1976) summarizes some of these in his paper addressed to the White House Conference on Handicapped Individuals. The first being that attitudes toward people with sensory handicaps such as blindness and deafness are favorable compared to other physical disabilities. Although most people have aversive feelings toward people with a disability, they take their functional limitations for granted and many times are

impressed by the achievements of people with sensory handicaps. On the other hand, attitudes toward people with loss of one or two extremities, tend to be negative. People believe that this loss can be compensated by the use of prosthesis.

Attitudes toward people with facial or body deformities usually are negative, even though these persons may have all of their functional capacities. Because our society admonishes the thought of ugliness, people with visual deformities are considered to be ugly. Along the same lines, people who exhibit uncoordinated and unpredictable behavior, such as persons with cerebral palsy, often experience negative attitudes and a high degree of rejection. This is usually brought about by lack of knowledge about these disabilities and their effects. People are uncomfortable relating to individuals with these handicaps and assume that they are helpless and nothing can be done either by them or for them.

Most articles and books written about the psychosocial, emotional, and social aspects of disability indicate that society today fosters many contradictory attitudes toward people with disabilities. For example, persons with disabilities can be seen as able by a pleased employer, but disabled by an impatient customer

who feels as though the person is too slow.

Many of the authors reviewed in this study have suggested the development and administration of long-range programs aimed at changing prejudicial attitudes through combining relevant information and positive contact with persons who have disabilities.

Employer's Attitudes

A person's place in society today is somewhat determined by success in the work place, at home, and at play. Since individuals cannot have adequate home life or leisure time without being employed, employers play a large role in the success or failure of individuals in society at large. Sale (1976) posits that employers hire workers as a business practice and not as a display of tenderheartedness. Therefore, employers and possible employees do not always agree on reasons to hire, or not hire, persons with disabilities. Four employer opinions most noted are cited by Matkin (1983). The first being that increased costs are a barrier to hiring workers with disabilities especially when architectural changes are believed by the employer to be necessary. The second is that insurance rates for employee coverage will increase when clients with disabilities are hired. Attendance

among disabled workers will be substandard, job turnover will be higher, and productivity will be negatively affected is the third. The fourth is that employees with disabilities will be less flexible in their ability to perform a variety of jobs, thereby increasing the associated manpower needs (and costs) of the employer. Historically, many appeals have been made to hire persons with disabilities. Such appeals were encouraged by monetary incentives. Employers began to view hiring the handicapped as good business. However, persons with disabilities began to resent employers who hired them only for these monetary gains. These people advocated that work is the right of every American individual and that they too had a right to participate in the work force.

The passage of the Rehabilitation Act of 1973, (P.L. 93-112), and especially Section 503 of the Act makes it illegal for companies, who do at least \$2,500 worth of annual business for the federal government, to discriminate against persons with disabilities. This law has affected more than 2 million companies in the U.S. In fairness to employers as Sale (1976) points out, there are many perplexing parts of the Act. One such perdition is the "reasonable accommodation" section that says a

company must make offices and factories accessible to the employee with a disability. However, there are no specific directions about the financial, structural, or organizational aspects that need to be altered or included. In fact, the expenditures that most companies would have to make to make the job site accessible are not exorbitant. Once experts evaluate their needs, most organizations are pleasantly surprised at the results. For example, engineers at Kaiser Aluminum estimated it would cost \$150,000 to bring their corporate headquarters into compliance, but a consulting firm reviewed the facilities and concluded that it could be done for less than \$7,800 (Stanfield, 1978). Sale (1976) concludes by suggesting that the main thing to remember is that the struggle of individuals with disabilities is no different than the struggle of any other minority group in our culture that wants to obtain and enjoy its just rights.

Greenwood and Johnson (1987) reviewed more than 90 research studies regarding employer's concerns about workers with disabilities. The authors point out that legislative and social changes within the past forty years have brought about numerous changes which have positively influenced employers and people with disabilities. Because of legislation like the

Rehabilitation Act of 1973 (and subsequent amendments), employers are obviously more knowledgeable about disabilities and in many instances, more committed to the employment of people with disabilities. Unfortunately, however, people with disabilities continue to remain out of the work force in numbers disproportionate to their prevalence in the population.

Matkin (1983) discusses three possible approaches to work around employer discrimination which rehabilitation personnel can utilize in generating job source for their clients and in educating employers about various aspects of disabilities. The first is Private Industry Councils (PIC) that were created in 1978 to determine whether input by business into training programs would improve the chances of reducing unemployment among so-called "hard-core" unemployed workers. If persons with disabilities and rehabilitation professionals work together to educate employers to hire workers with disabilities, the PIC's could assist by supporting and recommending these workers to a variety of community-based employers. The second alternative is employment agencies. A successful employment agency has a sizeable and varied inventory of jobs from employers that they must fill. If the rehabilitation professional

can work closely with the employment specialist and thoroughly screen applicants before placing them on the job to ensure success, then the two respective agencies could work well together. A third source recommended (Matkin, 1983) is insurance representatives.

Rehabilitation professionals can work with insurance professionals to adequately educate employers because insurance representatives are more directly involved with employers. These representatives can explain how employers are affected by Workman's Compensation in business language; they can arrange the coverage best suited to the employer's needs; they can distribute safety literature and emphasize the benefits of loss control measures; and in the event that accidents occur, they can assist employers in the important aspects of contacting the insurer and working with the injured worker.

If rehabilitation professionals can convince the insurance industry that educating employers will ultimately reduce compensatory payments, the rehabilitation field will have developed the most influential ally for educating employers to hire workers with disabilities. One important point for rehabilitation professionals to remember is that

understanding the language of business professionals is very important and can ultimately increase the chances of hiring a person with a disability.

Finally, Florian (1978) suggests six points that can be derived to improve employers' attitudes:

- 1) More persons with disabilities should be referred to an increased number of employers to guarantee a greater number of employees who will have been confronted with the issue of employment for persons with disabilities.
- 2) In order to encourage more employers to hire the disabled in the future and to avoid failures and complaints, effort must be invested in vocational training for the disabled. In addition, the disabled must be prepared to cope actively with possible difficulties in adjusting to work.
- 3) It is important to know that employers differentiate between different kinds of disabilities.
- 4) In order to encourage employers to hire disabled persons, specific information campaigns must focus on employers as a group.
- 5) Employers tend to prefer the physically disabled to the functionally disabled and to justify their

preferences on the basis of considerations, there should be given special attention when attempts are made to modify employers' hiring practices.

- 6) A clear legal framework must be developed to ensure the rights and obligations of employers with regard to employing the worker with a physical disability" (p. 42).

If the rehabilitation professional can fully use all of the resources available, persons with disabilities who want and need to work will have a far better chance of succeeding. Instead of depending on private or public assistance, persons with disabilities can contribute tax dollars.

Attitudes of Human Service Professionals

Negative and stereotypical attitudes that the general public holds in regard to persons with disabilities has been extensively discussed and researched. More recently, researchers have begun to study the attitudes of rehabilitation professionals and, quite surprisingly, have found that many professionals have some of the same prejudicial attitudes. McDaniel (1976) states that attitudes and values held by rehabilitation professionals can be the most important

aspect in the way their cases are handled. For example, if helpers are not in touch with and do not have a grasp of what is going on within their own selves, problems will arise. All too often the helper is meeting internal needs by being protective of the client and not allowing the client to experience the pain and discomfort that generally accompanies choosing between alternatives. Yuker (1977) also suggests that the existence of such attitudes in the rehabilitation work force can be so devastating that it has been suggested that people holding these attitudes should be prevented from entering professions which interact with individuals with disabilities.

Chubon (1982) analyzed research dealing with attitudes held by rehabilitation professionals and found no studies which documented the degree to which attitudes must be negative in order to have a detrimental effect on performance. Similarly, none of the reviewed studies considered whether attitudes can be so positive that they result in a distortion of reality and have a detrimental effect on performance. It may well be that this situation is responsible for behavior such as overprotectiveness.

There are many variables that have the potential to influence a counselor's behavior and degree of counselor self-satisfaction. Leclair and Rockwell (1980) investigated the degree of counselor satisfaction with body image and how it shapes a counselor's attitude toward clients with disabilities. These authors found that "the greater the satisfaction (counselor) trainees have with their bodies, the more likely it is that they will feel comfortable as a personnel adjustment counselor with disabled persons" (p. 262). The study continues by stating that counselors who have a strong satisfaction with a particular part of their body will have a more positive attitude with clients who have impairments in that region.

One reason that counselor attitudes have seemed to become more positive could be the enactment of Public Law 94-142 and the Rehabilitation Act of 1973 (P.L. 93-112) which have made persons with disabilities a driving force that must be considered not only by professionals in the field, but by all who are in the "people-oriented" business. School counselors must be prepared to function well with students with all sorts of physical (and mental) disabilities. Further, all school teachers must begin to prepare students with the knowledge and

experience to effectively deal with these special needs students. Leclair and Rockwell (1980) continue by suggesting that "students should have the opportunity to learn more about themselves-their attitudes and feelings about themselves and their bodies-so they can be more 'free' when working with other people" (p. 264).

Physicians, psychiatrists, and psychologists also manifest negative attitudes toward persons with disabilities. This is especially true with disabilities that are self-controlling in nature such as alcoholism. Researchers are not quite certain that this negativism stems from the self-induced disease theory--meaning the patient or client could do something about it, or may be because theirs is a higher status occupation (Chubon, 1982). Another study reported that the interpersonal relationship between doctor and patient appears to be of primary importance. Physicians attitudes then are based on two conditions; one being when the physician feels he or she can exercise a professional skill, such as diagnosis or treatment; and the second being when he or she feels he can establish a satisfactory personal relationship with the patient (Ford, Liske, & Ort, 1962).

Many of these recommendations may seem like common sense, but there are a multitude of human service

professionals who are not quite sure how to relate to persons with disabilities. The best way to resolve any discrepancies between the client and professional is to keep effective communication lines open.

College Students' Attitudes

There have been extensive studies concluding that able-bodied people hold negative attitudes and/or stereotypical ideas toward persons with physical disabilities (Anthony, 1972; Bartel & Guskin, 1971; Evans, 1976; Fichten & Amsel, 1986; McDaniel, 1976; Weinberg, 1978; Whitemann & Lukoff, 1965). It has also been noted that contact with people who have disabilities is often avoided because of anxiety (Eberly, Eberly, & Wright, 1981). A study comparing anxiety and attitudes toward disabled persons, found that "students' scores were slightly below average which may indicate that human service students are not as comfortable or as prepared to work with this population as is desirable for effective service outcomes" (McClam & Kessler, in 1987, p. 7).

Although university students are far from being well educated and experienced in effectively interacting with people who have physical disabilities, there is and has been increasing awareness of people with physical

disabilities on college campuses. Fichten and Amsel (1986) reported that negative stereotyping is somewhat related to negative attitudes toward persons with disabilities. Stereotyping, both positive and negative, is related to lack of ease with students who have disabilities, and people tend to stereotype according to a social anxiety that they foster. These results reveal how students can slip into negative attitudes about persons with physical disabilities.

Other findings from research on college students reveal a relationship between negative attitudes toward persons with physical disabilities and negative attitudes toward ethnic and religious minorities (Stovall & Sedlacek, 1983). Yuker (1965) also found that those students who were prejudiced toward persons with physical disabilities had a strict categorizing system when they ranked certain minority categories. Such people tend to categorize all physically disabled persons as alike, just as they would categorize all persons of Jewish heritage.

Another variable that affects attitudes of able-bodied persons is that of social distance. For example, persons who have had contact that is continuous and positive in content, are more likely to have positive and accepting attitudes. (Anthony, 1972; Donaldson, 1977;

Florian & Kehat, 1987; Ibrahim & Herr, 1982; Sawyer & Clark, 1980; Westwood, Vargo, & Vargo, 1981). People who have negative attitudes usually do not have contact and instead have a "fear of the unknown." To the student with a physical disability, these seemingly negative attitudes are usually the reason why they drop out of school or become very discouraged. Information collected on this subject suggests that problems in adjusting to college life and social isolation are among the most common problems faced by students with physical disabilities (Fichten & Bourdon, 1986; Penn & Dudley, 1980). Able-bodied students who lack knowledge about persons with physical disabilities when coming into contact with them, usually become anxious and nervous because of their inadequate social behavior which is sometimes caused by lack of knowledge about the proper things to say and do.

Although there are many studies that have assessed attitudes toward persons who are physically disabled, little is known about how the student with a physical disability reacts to these different types of attitudes or about the attitudes of able-bodied students toward their peers with disabilities (Stovall & Sedlacek, 1983). One reason is that it is difficult to accurately assess

interaction. There are a variety of factors that make such an assessment difficult; i.e. "lack of knowledge about appropriate behavior, anxiety, and the belief that one cannot behave effectively in the situation" (Fichten, Bourdon, Amsel, & Fox, 1987, p. 449). These authors found that "worry about what the other person thinks and about the adequacy of one's own behavior contributes to problems in interaction " (p. 449). For example, when an individual has a poor self-concept and cannot interact in society, the person will avoid the behavior that needs to be targeted, and the attitude condition will worsen. The authors suggest that, "there is every reason to believe that low confidence in one's ability to function competently with a peer who has a physical disability will lead to a similar pattern" (p. 450).

Existing information suggests that human service professionals need to "do more than simply inform their students about disabilities. If an attitude predisposes a person to act a certain way, changing attitudes and behaviors toward disabled persons may require more than providing knowledge about disabilities" (McClam & Kessler, 1987, p.8). Since the Rehabilitation Act of 1973 and the Amendments of 1978, there have been many opportunities for persons with disabilities to attend

universities. In the same context, there has been many opportunities for able-bodied college students to have contact with persons with disabilities as peers. Furthermore, to facilitate the integration of students with disabilities into university life, it is particularly important for all professionals to become actively involved, i.e., student services personnel, student groups, and professors (Fichten, Bourdon, Amsel & Fox, 1987). Groups that advocate for the student with a disability should do everything in their power to ensure reciprocity, and able-bodied students should learn to see students with disabilities as equals, i.e., seeing their positive, giving, similar side and not their inabilities.

Modifying Negative Attitudes

Although much has been written on attitudes and how to change or modify them, the basis of attitudes toward persons with physical disabilities is not well understood (Weinberg, 1978). Many theories have been contemplated among rehabilitation specialists and others. Since the beginning of time, societies have been intolerant of the physically weak. In primitive times anyone who was not physically strong enough to contribute to meeting group needs was expendable. The Bible refers to physical

disabilities as dirt, sin, and evil. Christ is always portrayed opposite of this as clean and virtuous. Many places in the Bible persons with disabilities are abandoned or isolated from society because they were possessed with the Devil. Thus, positive images of able-bodied persons and negative images of persons with disabilities have always been etched deep in the minds of most people throughout history, and many persons continue these images in order to maintain their own sense of self-esteem.

A suggested guideline would have the most positive attitudes result from contact between the able-bodied and persons with a physical disability being on an equal status basis, friendly, cooperative, and aimed at a common goal, direct and personal, frequent, in a setting that emphasizes the normality of persons with disabilities, and supported by the administrative norms of the institution in which it occurs (Yuker, 1976). Researchers have hypothesized why these guidelines have been successful in modifying attitudes toward the physically disabled. Weinberg (1978) offered two major conclusions. First, "as contact between able-bodied and disabled is intensified, the stereotype of the disabled as different diminishes. There is a positive

relationship between contact and perceived similarity: as contact increases, perceived similarity increases. The second conclusion is somewhat more discouraging. A very intensive contact situation is needed to effect a major change in perceptions of persons with disabilities. Establishing situations in which this kind of contact can occur between able-bodied and persons with physical disabilities is quite limited" (p. 123). In a well respected and documented article written by Anthony and Carkhuff (1970), it was found that "advanced rehabilitation counseling training students, who generally had more contact and information about a physical disability, had more positive attitudes toward physically disabled individuals than beginning students" (p.122).

Recently, the media has played an important role in changing the image of individuals with disabilities. Public education and recent legislation could possibly be the best way to effectively change prejudice on the part of the able-bodied. One very important aspect of portraying a person with disabilities in the mass media is that they should be shown "as people who perform their social and familial roles with the same human emotions

demonstrated by people without disabilities (Safilios-Rothschild, 1968).

Able-bodied college students may have had academic contact with a student with a physical disability either in the classroom or on campus, but many students have not actually heard a student with a disability express their feelings (Donaldson, 1977). A majority of able-bodied college students have not heard persons with a physical disability talk about their conditions, barriers to overcome, and/or perceptions of the attitudes of the able-bodied majority. Donaldson (1977) states that both live and videotaped discussions by a panel of physically disabled individuals were effective in modifying stereotypic attitudes toward persons with physical disabilities. The author postulated that panel members represented nonstereotypic images of persons with disabilities. Instead, they portrayed a picture that was neither overly sensitive to discussing their disabilities nor indulgent in self pity as often thought. Also, previous research findings showed the importance of credibility of the presenter in attitude change. Statements made by the disabled panel members were opposite of many of the attitudes and stereotypes held by society. For example, persons with disabilities are

really not different except that they may move about in a wheelchair or use a guide dog. "Thus, not only were physically disabled members highly credible as conveyors of information related to physical disability, but credibility of their arguments of the relative normalcy of the disabled persons was enhanced by the personal images projected" (Donaldson, 1977, p. 340).

One educational method that has proven to successfully increase positive attitudes is role-play simulation. "Experiencing the disabled condition through role play and being exposed to information about the disability at a cognitive level is effective in creating the conditions necessary to change attitudes in a positive direction" (Ibrahim & Herr, 1982, p.34). It is very effective to provide training and education that not only focus on skills and knowledge of the specific profession, but also on the skills related to a specific profession that would enhance the awareness of personal attitudes toward persons with physical disabilities. Simulation training and role-play interaction have been widely used as educational and training techniques for students and educators alike (Sawyer & Clark, 1980). Feedback following the role-play activity has been proven to effectively increase the students' impression of the

activity. For example, a student may not have paid attention to a certain barrier until another student brings it to the attention of the class. Also, the opportunity to physically experience a disability through role-playing appears to stimulate thinking about how it feels to be a person with a disability. Florian (1987) suggested that direct exposure to social interaction leads to a deeper emotional understanding of what it is like to have a disability (p.61).

Finally, Fichten and Amsel (1986) suggest "sensitization" (p. 424) programs that can emphasize that commonly held attitudes and stereotypes are not always applicable to the majority of persons with physical disabilities. Using extended contact as equals which is quite easy in an academic environment, able-bodied persons may find that persons with disabilities are very much like themselves. Emphasis should be placed on the student with a physical disability abilities rather than on perceived disabilities (Reichel, 1975, p. 192). In summary, the public must learn to accept persons with disabilities as "normal", and to recognize that they can function adequately in educational, vocational and social situations.

Summary

People with disabilities are often discriminated against (or perceived negatively) by the general public, by employers, by human service professionals, and by college students (Anthony, 1972; Chubon, 1982; Colorez & Geist, 1987; and Stovall & Sedlacek, 1983). Prejudicial attitudes have been attacked by legislation (Rehabilitation Act of 1973 and subsequent amendments in 1978), education (Public Law 142-94), and by the media (Byrd, Byrd, & Allen, 1977). For decades, efforts have been made to eliminate prejudice, but people with disabilities continue to be stigmatized by insensitivity of and stereotyping by others. Negative attitudes can be modified as indicated by several successful research projects. Thus far it has been demonstrated that the most effective techniques for changing attitudes in a positive direction include, contact on an equal basis, information and knowledge about specific disabilities, and simulation exercises (Donaldson, 1980; Ibrahim & Herr, 1982; Sawyer & Clark, 1980; and Weinberg, 1978).

CHAPTER III

METHODS AND PROCEDURES

Introduction

The attitudes of undergraduate students in two different sections of an introductory human service course were compared on the basis of scores on the Attitudes Toward Disabled Persons Scale (ATDP) Form-O (Appendix A). Traditionally students who select this course are fulfilling requirements for a major in human services or as a social science elective in the Colleges of Education, Business, or Liberal Arts. The researcher believed that students in different sections of the same course would generally resemble each other, with their choice of one section versus the other relating to scheduling convenience and/or preference for a particular instructor. Each subject completed a personal data sheet that required information necessary for comparing the two groups (Appendix B). The statistical technique used for the comparisons on The Personal Data Sheet was the t-test.

Instrumentation

The Attitude Toward Disabled Persons Scale (ATDP) was developed by Harold E. Yuker, J.R. Block, and Janet H. Youngg (1970). The instrument was designed to provide an objective and reliable assessment of attitudes toward persons with physical disabilities.

Form-O, which was used in this study, is one of three test forms. Form-O, appropriate for college students (Yuker, et. al., 1970), is a 20-item Likert-type format with an administration time of approximately 20 minutes. The respondent rates each statement on a 6-point scale, ranging from -3 ("I disagree very much") to +3 ("I agree very much"). A weighted sum of item responses provides a measure of the respondent's global attitude towards persons with disabilities. Total scores range from 0 to 120, with a high score indicating an attitude of "acceptance" of persons with disabilities.

The ATDP is considered to be a valid and reliable instrument for assessing attitudes of groups toward persons with disabilities. Reliability studies have revealed coefficients from +.51 to +.85 (Antonak, 1980; Livneh, 1982; Yuker, 1986). The test manual reports

eight estimates of reliability of Form-O ranging from +.66 to +.89 with a median of approximately +.73 (Yuker, Block, and Youngg, 1970).

Subjects

A total of 69 subjects correctly completed the ATDP scale and accompanying personal data sheet; however, only 55 students were used as subjects because of absences during either the pre- or post-test. Thirty-one students were in the experimental group and all completed the personal data sheet and pre-test. The mean age of the subjects was 20.4. There were 9 males and 22 females, 22 Whites and 9 Blacks; ten subjects indicated that they had had exposure (some contact) with people who have disabilities.

In the control group, 38 students completed the personal data sheet and pre-test. The mean age of the subjects was 21.1. There were 9 males and 29 females, 35 Whites and 3 Blacks; 10 subjects indicated that they had had exposure to people who have disabilities.

The pre-test was given to the experimental group on January 12, 1988, at 10:30 a.m. in Claxton Addition, Room 108 before the first class meeting of Winter Quarter 1988 at the University of Tennessee. As mentioned previously,

all 31 students qualified as study subjects. A total of 33 students from the experimental group completed the post-test given March 3, 1988 at 10:30 a.m. in the same University classroom. Data obtained from only the original 31 subjects were used in the study. The results of the pre-test comparison show that the groups were not statistically significantly different.

The control group was given the pre-test on January 4, 1988 in Claxton Addition Room 108 at 9:00 a.m. before the first class meeting of Winter Quarter 1988 at the University of Tennessee. All 38 students completed the personal data sheet and pre-test. However, only 24 of the original 38 students were available to take the post-test on March 8, 1988 at 9:00 a.m. in Claxton Addition, Room 108. The results from all 24 post-tests were used in the study (Fourteen subjects were absent from class on the day the post-test was given).

Treatment

The treatment program for the experimental group consisted of three assigned extracurricular activities and a role-play simulation. The control group received no assignments. Subjects in both groups knew that they

were participating in a research project, but were given no details.

The "Outside Assignments" sheet (Appendix C) given to the experimental group allowed the subjects approximately six weeks to complete. The first assigned activity was to watch a short movie entitled "Like Other People." The movie is a 37-minute color movie that has been used as an intervention strategy in several studies (Hafer & Narcus, 1979; Matkin, Hafer, Wright, & Lotzker, 1983). Hafer and Narcus (1979) used the film in their study and described the movie as, "powerful...showing a very affectionate adult relationship between a man and a woman. They discuss how society has frustrated their need and desire to engage in work, to marry, and to care for each other" (p.97). The objective of using the movie in this study was to inform experimental subjects that people with cerebral palsy (and other physical disabilities) have needs and feelings similar to those of able-bodied persons. After viewing the film, the subjects were asked to write one page reaction papers answering the following questions:

- 1) How did this film influence your attitude towards persons who are physically disabled?

- 2) Did you feel that the individuals who were disabled should have been permitted to marry? Why or why not?

The second assigned activity was to read a short article entitled "Success In A World Of Silence" which appeared in Parade Magazine January, 1988. The article described a deaf man who began a microcomputer company nine years ago. Of the 375 present employees, 45 were deaf and 165 others knew sign language. The article explained how John Yeh was determined to get a good education but; despite his accomplishment, he still found doors that were closed. It discussed his rejection by banks until he discovered the Small Business Administration Handicapped Assistance Loan Program which helped him borrow \$100,000 to begin his company.

The third assigned activity was to interview a fellow student with a disability from the University Handicapped Student Services Office. The researcher contacted the director of the Center to ask for her help in the study. She agreed to cooperate, asking that results be sent to her at the conclusion of the study. Each experimental subject was asked to make an appointment with a student who had a disability. During

the interview, each student was asked the following questions:

- 1) What is your disability? How long have you had it?
- 2) What attitudinal barriers did you have to overcome before entering the university?
- 3) What environmental barriers exist here?
- 4) Are your peers helpful, friendly, and understanding?
- 5) Is there adequate transportation to and from the university and to and from classes?
- 6) How has Handicapped Student Services helped you?
- 7) What are your plans after you graduate?

Intervention

The experimental subjects participated in a one hour and fifteen minute intervention strategy on March 3, 1988 in Claxton Addition. The researcher recruited two doctoral students to assist in the procedure. The subjects were divided into three groups of approximately eleven and sent to one of the three role-playing stations.

The first station was "Stick Fingers." The assistant began the simulation by taping tongue depressors on the inside of each finger and thumb of the subject's dominant (writing) hand. The subjects were asked to write their name, address, telephone number, and draw a person on a piece of paper. The objectives for this station were:

- 1) To experience the lack of fine motor coordination.
- 2) To experience the frustration of not being able to perform simple motor tasks.
- 3) To realize the lack of speed and agility.

The second station was "Blind Walk." The assistant paired the subjects. The "blind" person was then led by the "seeing" person. Each pair was given a map similar to the one in Appendix D and instructions of exactly what they could say (or not say). The "blind" person could hold on only to the other person's forearm. There was to be no other contact. When the destination was reached, the subjects switched roles and followed a different path back to the station. The objectives for this simulation were:

- 1) To experience the fear and frustration of walking on unfamiliar ground without sight.

- 2) To increase awareness to people with blindness.
- 3) To understand the dependence on the able-bodied.

The third station was "Wheelchairs/Walkers." The assistant paired the subjects. One subject was placed in a wheelchair and the other with a walker. The pair was instructed to complete an "errand" (i.e. check out a book in the Teacher's Curriculum Lab). When the errand was completed the subjects switched places and returned to the station. There was to be no talking during this simulation. The objectives for this activity were:

- 1) To experience the fear, frustration, and embarrassment of people who rely on wheelchairs and/or walkers.
- 2) To increase subjects' awareness of people with paralysis.
- 3) To notice the architectural barriers that public walkways/streets and buildings have for people who are mobility-limited.

Each activity lasted approximately twenty minutes. At the end of the simulations the researcher debriefed the subjects by explaining that they had participated in an experiment that would be a part of a thesis. The subjects were assured that their identity would not be revealed. The subjects' anonymity was protected through

the use of the last four digits of their Social Security Numbers. After the pre- and post-tests were paired, the Social Security numbers were destroyed.

Data Analysis

The University of Tennessee Computer Center was utilized for data analysis. The t-test was used to determine if there were statistically significant differences in mean values among the two groups on any of the ATDP Scale items. A confidence level of .05 was used to check for significant differences between the groups.

CHAPTER IV

RESULTS AND DISCUSSION

Introduction

The purpose of this study was to determine if selected types of interventions would cause human services students to perceive students with disabilities more positively. In this chapter the three hypotheses and actual results of the study are discussed. The three hypotheses were tested by the Attitudes Toward Disabled Persons Scale Form-O (ATDP) and analyzed by t-test procedures.

Results from this study produced data that will provide information to professionals who are working in the field of human services and to those who are educating potential human service professionals. This study supported the findings of previous research regarding attitudes toward persons with physical disabilities and ways to improve these attitudes.

Results

The first hypothesis stated that there would be no significant differences in pre- and post- mean scores of

the control group as measured by the Attitudes Toward Disabled Persons Scale (ATDP). Examination of Table I revealed that data were analyzed by a t-test procedure and yielded a value of .345 with a probability of .7331. The slight difference in the mean scores of the two tests was not statistically significant (from 80.67 to 79.87).

The second hypothesis was that there would be no significant differences in mean scores of attitudes as measured by the ATDP between the experimental group pre- and post-test scores. Data were analyzed by a t-test procedure that yielded a value of -2.207 and a probability of .0354. The results show that this hypothesis was rejected (see Table II).

The third hypothesis stated that there would be no significant differences in mean scores of attitudes as measured by the ATDP between the control group and experimental group at post-testing. Data were again analyzed using the t-test procedure that yielded a value of .498 and a probability of .6236. Table III shows that this hypothesis was not rejected.

TABLE I
PRE- AND POST-TEST MEAN SCORES OF THE CONTROL GROUP

	n	x	S.D.
Pre	24	80.67	13.80
Post	23	79.87	13.34
	t=0.345	prob=.7331	DF=22

TABLE II
PRE- AND POST-TEST MEAN SCORES OF THE EXPERIMENTAL GROUP

	n	x	S.D.
Pre	30	75.13	17.81
Post	31	80.26	17.61
	t=-2.207	prob=.0354	DF=29

TABLE III
POST-TEST SCORES OF CONTROL VS. EXPERIMENTAL GROUPS

	n	x	S.D.
Post-E	31	80.26	17.61
Post-C	23	79.87	13.34
	t=.498	prob=.6236	DF=22

Discussion

Two groups of undergraduate students enrolled in different sections of a human service course participated in this research effort to determine if selected treatment and intervention strategies would significantly improve students' attitudes toward persons with disabilities.

Both groups completed pre- and post-testing with the ATDP Scale. The control group was subjected to no intervention strategies of any nature. The experimental group, however, participated in three specific outside assignments: (1) reviewing a film about persons with disabilities, (2) interviewing a university student who had a disability, and (3) reading an article about a man who, although deaf, established a successful business which employed people with disabilities. The null hypothesis stated that there would be no significant differences between pre- and post test scores of the experimental group. This hypothesis was rejected.

Student evaluations of the course at the end of the quarter provided positive reactions to the intervention. Students were asked to respond to the following: "Please

share the most important thing you learned from the course." Ninety-four percent of the class commented in a positive manner toward the interventions, and these comments were not specifically solicited from the researcher. Comments included:

"What it feels like to be disabled and how important human services are to our society."

"A great knowledge of handicapped people."

"That people with disabilities are human beings and should be treated as such."

"How hard it is to be disabled in our society."

"How fortunate I am to have my health, friends, and family."

"A better attitude toward the handicapped."

The increase in score on the ATDP indicates more positive attitudes toward persons with disabilities. This improvement in attitude enables people to be more comfortable in daily or casual contact with persons who have disabilities. A positive attitude is important for those future human service professionals in the class who will soon come into contact with persons who have disabilities. Research has shown that a more positive

attitude toward a certain population will effectively improve the delivery of services to the person in need (Chubon, 1982).

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS FOR FURTHER RESEARCH

Summary

The purpose of this study was to ascertain if certain intervention strategies would increase awareness of and positive attitudes toward persons with physical disabilities. The groups compared in this investigation were students in undergraduate human service classes; however, only a few of the students were human service majors. Other majors included communications, nursing, marketing, management, chemistry, education, fashion merchandising, and others. Subjects in each group completed a pre-test at the beginning of the school term and a post-test at the end of the same term. The experimental group also completed three outside assignments: the subjects interviewed a student who had a disability; they viewed a short film dealing with relationship, love, and family issues of people who have physical disabilities; and they read an article concerning a company that was started by a man who was deaf. The experimental group also participated in a one

hour and fifteen minute role-play exercise in which they simulated blindness, lack of fine motor coordination, and paraplegia. The control group did not participate in any activity other than pre- and post-testing. Subjects in both groups knew that they were participating in a research project, but they were provided no details about the study. After both groups had taken the post-test, the researcher de-briefed the subjects, thanked them for participating in the study, and stated that the final results would be provided by mail upon request.

Subjects in the experimental group increased their ATDP scores from 75.13 on the pre-test to 80.26 on the post-test. This change, in a positive direction, was statistically significant at the .05 level of confidence. The control group's scores decreased slightly from 80.67 to 79.87, but this change was not statistically significant.

Conclusions

Pre- and post-testing with the experimental group revealed significant mean score changes on the ATDP Scale when comparing the pre- and post-tests. It is apparent that the intervention strategies utilized in this study were effective in improving the subjects' attitudes

toward persons with disabilities. The results of this study are consistent with other research findings which have demonstrated that direct contact with and knowledge about people with disabilities are viable strategies for effectively reducing individual and societal prejudice towards persons with disabilities. Information suggests that pre-service, in-service, and continuing education programs for hospital, school, and agency personnel include teaching strategies similar to those discussed and utilized in this study. These include the need for positive attitudes among providers of services to people who have disabilities and the utility of selected intervention strategies. Educational programming should be directed towards helping able-bodied people become more aware and accepting of persons with physical disabilities as people with certain intellectual, physical, and emotional skills as opposed to "physically disabled people."

Recommendations for Further Research

1. This study should be replicated with students in classes outside the "human service" area for the purpose of ascertaining if similar results could be achieved in classes where students

do not have repeated exposure to professors who emphasize fairness, respect, and empathy with people who have disabilities.

2. The differential value of various intervention strategies regarding attitude change should be assessed.
3. Follow-up testing at six month intervals should be completed with study subjects to determine stability in attitude change.
4. Finally, a study should be conducted of both cognitive and affective changes resulting from various intervention strategies.

Additional research should be undertaken to address the above-stated questions. At present, guidelines for changing people's attitudes are established, but crude. Experimental studies will be necessary to further develop technique and application.

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APPENDICES

APPENDIX A

ATTITUDES TOWARD DISABLED PERSONS SCALE

FORM-O

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

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

PLEASE RESPOND TO EVERY STATEMENT

-
1. Parents of disabled children should be less strict than other parents.
 2. Physically disabled persons are as intelligent as non-disabled ones.
 3. Disabled people are usually easier to get along with than other people.
 4. Most disabled people feel sorry for themselves.
 5. Disabled people are the same as anyone else.
 6. There shouldn't be special schools for disabled children.
 7. It would be best for disabled persons to live and work in special communities.
 8. It is up to the government to take care of disabled persons.
 9. Most disabled persons worry a great deal.

10. Disabled people should not be expected to meet the same standards as non-disabled people.
11. Disabled people are as happy as non-disabled ones.
12. Severely disabled people are no harder to get along with than those with minor disabilities.
13. It is almost impossible for a disabled person to lead a normal life.
14. You should not expect too much from disabled people.
15. Disabled people tend to keep to themselves much of the time.
16. Disabled people are more easily upset than non-disabled people.
17. Disabled people cannot have a normal social life.
18. Most disabled people feel that they are not as good as other people.
19. You have to be careful of what you say when you are with disabled people.
20. Disabled people are often grouchy.

APPENDIX B

PERSONAL DATA SHEET ACCOMPANYING TEST

1. WHAT RACE ARE YOU? WHITE
BLACK
OTHER
2. AGE _____
3. SEX _____
4. DO YOU HAVE ANY DISABLED RELATIVES? _____
IF SO, WHAT RELATION ARE THEY TO YOU? _____
5. HAVE YOU EVER WORKED WITH ANY DISABLED PERSONS? _____
IF SO, GIVE A BRIEF EXPLANATION OF YOUR
RESPONSIBILITIES.
6. ARE YOU A FRESHMAN
SOPHOMORE
JUNIOR
SENIOR
7. HAVE YOU DONE ANY FIELDWORK IN HUMAN SERVICES
YET? _____
8. HAVE YOU EVER BEEN A VOLUNTEER WORKER? _____
WHERE? _____
9. HAVE YOU EVER WORKED IN THE HUMAN SERVICES
FIELD? _____ IF SO, WHERE? _____
10. HAVE YOU EVER ATTENDED A WORKSHOP/CLASS DEALING
WITH PERSONS WHO HAVE DISABILITIES?
11. BRIEFLY TELL HOW MUCH YOU KNOW ABOUT PERSONS
WITH DISABILITIES.

Thank you very much for your cooperation. If you would like the results of this study, I would be more than happy to send them to you. Please write your address here.

APPENDIX C

OUTSIDE ASSIGNMENTS

1. Review film, "Like Other People" on reserve at the library. Write a one-page reaction paper on the film. Answer the following questions: How did this film influence your attitude towards the physically handicapped? Did you feel that the handicapped individuals should have been permitted to marry? Why or why not?

2. Read article, "Success In A World Of Silence" written by Jack Anderson. (Parade Magazine, January 31, 1988, p.10-12)

3. Interview a physically handicapped person at the Handicapped Student Services. You can call Jan or Judy at 974-6087. Included in the interview should be the date, place, and name of student you interviewed. Call several days in advance to set up an appointment. Included is a list of questions that might be helpful:

- 1) What is the person's handicap? How long have they been disabled?
- 2) What attitudinal barriers did they have to overcome before entering the university?
- 3) What environmental barriers exist here?
- 4) Are their peers helpful, friendly, and understanding?
- 5) Is there adequate transportation to and from the university and to and from classes?
- 6) How has Handicapped Student Services helped you?
- 7) What are your plans after you graduate?

APPENDIX D

(R1)
REMEMBER - NO CONVERSING. HOWEVER, YOU MAY NEED TO WARN YOUR BLIND PARTNER OF OBSTACLES. YOU MAY USE THE FOLLOWING VOCABULARY.

* STOP GO LEFT RIGHT UP A STEP *
* DOWN A STEP MORE STEPS DOOR *

GUIDE YOUR BLIND PARTNER SAFELY. THEY ARE DEPENDENT ON YOU,
YOU ARE THEIR EYES. THIS IS YOUR ROUTE:

Turn RIGHT from Room 120. Go along the hall, pass the exit doors.

Go DOWN the staircase on your RIGHT, at the very end of the hall.

You are now on the ground floor. Turn RIGHT and go along the hallway, following it toward the elevators.

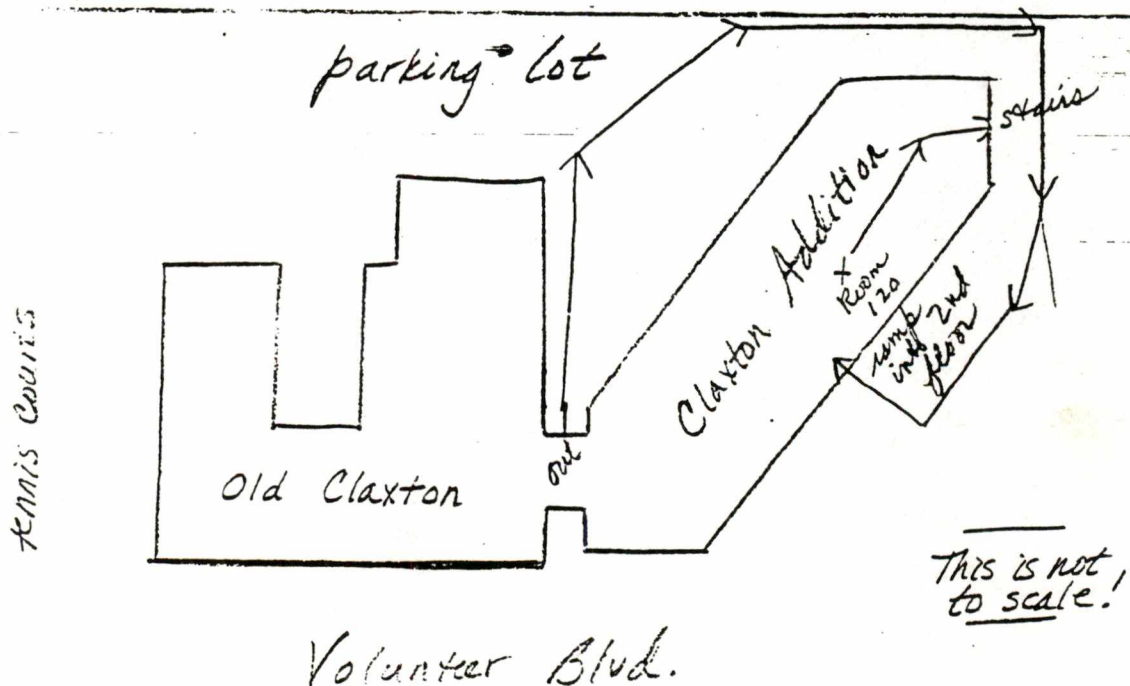
Leave Claxton Addition by going OUT the exit doors near the vending machines.

Follow the sidewalk, turn RIGHT and continue on the sidewalk around the back of the building. Continue on this sidewalk until you have a set of stairs on your LEFT and a door going into Claxton Addition on your RIGHT.

Turn LEFT, going ALL the way UP the stairs to the front sidewalk that is next to Volunteer Blvd.

Turn RIGHT onto the sidewalk to the FIRST ramp on your RIGHT that leads back into the building. Re-enter Claxton Addition.

Once inside, turn LEFT and go down the hall to the first staircase on your RIGHT. Take the stairs down to the FIRST floor and return to Room 120. YOU DID IT!!!!!!



VITA

Krista Anne Whitesel was born in Dayton, Ohio on April 13, 1965. From early childhood she lived in Middletown, Ohio, where she attended Lincoln Elementary and Roosevelt Middle Schools. She was graduated from Middletown High School in May, 1983. The following August she entered the College of Charleston in South Carolina. In September, 1984, she transferred to The University of Tennessee where she received her Bachelor of Arts degree with honors in Liberal Arts in June, 1987.

In September, 1987, she entered the Graduate School at The University of Tennessee and received the Master of Science degree with a major in Rehabilitation Counseling in December, 1988. She is a member of the National Rehabilitation Association, the National Rehabilitation Counseling Association, and Pi Lambda Theta, Honor and Professional Association in Education.

She is the daughter of Roger and Joan Whitesel and the sister of Karla and Kari Whitesel of Salem, South Carolina.