



5-2019

Examining the Influence of Knowledge and Experience on Attitudes Toward Disability

Nicholas Antoni Giecek
University of Tennessee

Follow this and additional works at: https://trace.tennessee.edu/utk_gradthes

Recommended Citation

Giecek, Nicholas Antoni, "Examining the Influence of Knowledge and Experience on Attitudes Toward Disability. " Master's Thesis, University of Tennessee, 2019.
https://trace.tennessee.edu/utk_gradthes/5401

This Thesis is brought to you for free and open access by the Graduate School at TRACE: Tennessee Research and Creative Exchange. It has been accepted for inclusion in Masters Theses by an authorized administrator of TRACE: Tennessee Research and Creative Exchange. For more information, please contact trace@utk.edu.

To the Graduate Council:

I am submitting herewith a thesis written by Nicholas Antoni Giecek entitled "Examining the Influence of Knowledge and Experience on Attitudes Toward Disability." I have examined the final electronic copy of this thesis for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Science, with a major in Recreation and Sport Management.

Jason Scott, Major Professor

We have read this thesis and recommend its acceptance:

Steven Waller, Angela Wozencroft

Accepted for the Council:

Dixie L. Thompson

Vice Provost and Dean of the Graduate School

(Original signatures are on file with official student records.)

**Examining the Influence of Knowledge and Experience
on Attitudes Toward Disability**

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

Nicholas Antoni Giecek
May 2019

Copyright © 2019 by Nicholas Antoni Giecek
All rights reserved.

ACKNOWLEDGEMENTS

This work would not have been possible without the University of Tennessee, Knoxville Department of Kinesiology, Recreation, and Sport Studies. I am especially appreciative of Dr. Bob Rider, Dean of the College of Education, Health and Human Sciences, for his continued support throughout my entire academic career.

Each of my committee members Dr. Jason Scott, Dr. Angela Wozencroft, and Dr. Steven Waller, has played an integral role in not only this research endeavor, but also in shaping me into the student, professional, and person I am today. I would especially like to thank the chairman of my committee, Dr. Jason Scott. By continuously pushing me to become a better scholar, I have been able to reach heights in my education that I never thought possible and for that, I thank you.

Finally, I am forever grateful for the constant and unconditional love from my family and friends. All of your support and guidance has not gone unnoticed. In particular, I would like to thank Andrew Giecek, Stanley Giecek, Natalie Hatfield, Carlie Simms, and Vincenzo Nocera who have all assisted and encouraged me greatly throughout this process.

ABSTRACT

This study examined how attitudes of able-bodied individuals towards disability can be influenced by individuals with disabilities' participation in an adaptive sport program. The *Scale of Attitudes Toward Disabled Persons* (SADP) was used to determine if adaptive sport participation, as well as knowledge and experience on disability can create an attitudinal change regarding disability in society. The theories of the contact theory, social constructionism, and identity negotiation are all used to offer insight into if and why sport can be utilized as an effective tool in generating intrapersonal and interpersonal change. Inclusion for people with disabilities in all settings can be viewed as a benefit to society, but when paired with sport can have a higher likelihood of acceptance due to the reputation of value that most cultures combine with sport (Modell, 2007). Sport has often been a driving force in relation to equality within societies, specifically in the case of women and ethnic minorities (Harada, Siperstein, Parker, & Lenox, 2011). In the same way, sport has the potential to expedite the process of gaining equal opportunity and societal acceptance in all facets of life for people with disabilities (Harada et al., 2011).

Keywords: attitudes, adaptive sport, integration, contact theory

TABLE OF CONTENTS

Chapter One Introduction and General Information	1
Problem Statement.....	2
Purpose	2
Significance of the Study.....	3
Limitations.....	3
Delimitations	4
Definitions	5
Chapter Two Literature Review	6
Physical Benefits	6
Cognitive and Emotional Benefits.....	7
Social Benefits.....	9
Integration of Individuals with Disabilities	10
Contact Theory	12
Social and Self-Identity	14
Attitudes and Perceptions	16
Research Questions	19
Chapter Three Materials and Methods	20
Participants	20
Instrumentation.....	21
Data Collection.....	22
Data Analysis.....	23
Chapter Four Results	24
Tables and Summaries.....	24
Chapter Five Discussion.....	37
Contact Theory Principles	37
Social Contact.....	39
Theoretical Framework	40
Demographic Influence on Attitudes.....	41
Scale Reliability.....	42
Limitations.....	44
Future Research	45
Chapter Six Conclusions	46
List of References.....	47
Appendix	56
SADP Info Form.....	57
SADP Response Form.....	59
SADP Answer Key.....	61
Vita	62

LIST OF TABLES

Table 1. Demographic Characteristics of Participants	25
Table 2. Descriptive Statistics for Gender with SADP Statements	27
Table 3. Descriptive Statistics for General Knowledge, Frequency of Interaction, and Intensity of Interaction with Individuals with Disabilities and SADP Scores	28
Table 4. Descriptive Statistics for Gender, Race, and College Major with SADP Total and Subscale Scores	30
Table 5. Differences Between Gender, Race, and College Major Scores of Scale of Attitudes Toward Disabled Persons	32
Table 6. Correlation Results for Total and Subscale Scores with General Knowledge, Frequency, and Intensity of Interaction with Disability	32
Table 7. Stepwise Regression for Scores of the Scale of Attitudes Toward Disabled Persons	34
Table 8. Reliability Statistics for the Scale of Attitudes Toward Disabled Persons and its Subscales	34
Table 9. Factor Analysis for the Scale of Attitudes Toward Disabled Persons Statements	34

CHAPTER ONE

INTRODUCTION AND GENERAL INFORMATION

Since the 21st century, the world of adaptive sport has experienced a great degree of growth in both the number of athletes and attendees. This growth can be seen when looking at the attendance and participation of the 2000 Sydney Paralympics, in comparison to the 2016 Rio de Janeiro Paralympics. In the 2000 Paralympic Games, there were 3,879 participating athletes and 1.2 million attendees (“Sydney 2000 Paralympics,” n.d.). In the 2016 Paralympic Games, there were 4,328 participating athletes and 2.15 million attendees (“Rio 2016 Paralympics,” n.d.). In addition to the growth that the Paralympics has experienced, the Special Olympics has grown in a similar fashion. From starting as a summer camp in Eunice Kennedy Shriver’s backyard in 1968, the Special Olympics as of 2016, has grown to have 5.7 million athletes across 172 countries (Shriver, 1983). The growth of these organizations signifies both the interest and the need for adaptive sport in society.

It is important to note that both individuals with and without disabilities benefit from exposure to adaptive sport. Those with disabilities experience improvements within the physical, cognitive, emotional, and social domains (Lape, Katz, Losina, Kerman, Gedman, & Blauwet, 2017). People without disabilities can experience equally valuable benefits from gaining exposure to adaptive sport such as attaining a better understanding of empathy versus sympathy and focus more on the positive attitudes toward a person rather than the negative (Patel & Rose, 2013). There is a great deal of stigma attached to disability. These kinds of negative perceptions toward people with disabilities have

shown to affect many aspects of their life, such as, employment, education, and overall integration into society (Patel & Rose). This study plans to show how adaptive sport can affect stigma and improve the perceptions toward people with disabilities. Concepts taken from Allport's (1954) contact theory, Berger's (1976) social constructionism theory, and Swann, Sherman, Reis, Sarason, and Kihlstrom's (1987) identity negotiation theory aid in illustrating relationship development between adaptive sport and improved attitudes.

Problem Statement

There has been limited research on why people have varying attitudes toward disability. Subsequently, the research on how adaptive sport may affect those attitudes is even more limited. This study is meant to take a closer look at the perceptions and attitudes of individuals with a diverse experience and knowledge level with disability. Similarly, this study will also survey those who may lack these experiences and knowledge.

Purpose

The purpose of this study is to determine if knowledge, experience, and personal background can influence a person's attitude towards individuals with disabilities. By using a reliable scale, the researcher will be able to establish how perceptions of disability vary based on experience with adaptive sport and experience or knowledge of disability.

Significance of the Study

Although there have been considerable amounts of research conducted on the perception of disability, few researchers have focused on the role that adaptive sport can play in shaping those attitudes. The research question of this study focuses on if knowledge and experience with disability, as well as adaptive sport participation can impact people who are able-bodied and their attitudes toward disability.

Limitations

Throughout this study, there will be extensive efforts made to decrease limitations; however, there is room for improvement. The first limitation is the number of completed surveys. This study is completely voluntary, so there will likely be eligible participants that do not respond and complete the survey. This could potentially skew the data, thus creating unreliable results. (Posserud, Lundervold, Lie, & Gillberg, 2010). Another potential limitation is having an unequal number of participants in terms of demographics. It is unlikely this study will have the same number of participants for gender, race, and college major, so that one groups response does not weigh more than the other, but this is a factor that this study will need to take into account. Lastly, although the survey is anonymous, some of the participants may feel embarrassed or ashamed of their answers (Brenner & DeLamater, 2014). This lack of honesty among participants could also affect the research.

Delimitations

This study focused on the effects that knowledge and experience with disability, as well as adaptive sport participation, can have on attitudes toward disability. A quantitative approach was chosen for this study. The sample population is delimited to University of Tennessee, Knoxville students and adaptive sport professionals/volunteers from select adaptive sport organizations. Another delimitation was using adaptive sport as a field of focus due to its ability to align with the contact theory, social constructionism, and identity negotiation. This research is geared toward examining if attitudes toward disability can be affected based on exposure to disability.

Definitions

Able-bodied: A person who does not have a physical or intellectual impairment.

Adaptive sport: Sports played by persons with a disability, including physical and intellectual disabilities (Lievense, Osborne, Weight, Malekoff, n.d.).

Attitude: A mental and neural state of readiness, organized through experience, exerting a directive and dynamic influence upon the individual's response to all objects and situations with which it is related (Dibra, Osmanaga, & Bushati, 2013).

Disability: A physical or mental condition that limits a person's movements, senses, or activities (Goldstein & Naglieri, 2016).

Identity: The ways in which individuals and collectivities are distinguished in their social relations with other individuals and collectivities (Jenkins, 1966).

Integration: The coming together and socializing of people from different races, cultures, genders and ages (Kirkpatrick & Mhlaba, n.d.).

Perception: The way a person interprets and understands their environment and surroundings.

CHAPTER TWO

LITERATURE REVIEW

The purpose of this information is to highlight past and current findings regarding the attitudes and perceptions of disability. Sport participation has numerous benefits and these benefits have been well documented across disciplines (Eime, Young, Harvey, Charity, & Payne, 2013; Martin, 2013; Chan, Liu, Liang, Deng, Wu, & Yan, 2018; Lape et al., 2017) whereas lack of participation in sport related pursuits presents significant health challenges for individuals with disabilities. Among those with disabilities, more than half of the population fail to engage in exercise, thus leading to obesity through a sedentary lifestyle (Lape et al.). According to the World Health Organization (2014), this kind of lifestyle contributes to around 3.2 million deaths per year. The rate of obesity only increases in individuals with disabilities partially due to the fact that only 53% of those individuals engage in at least one 10-minute exercise session per week (Lape et al.).

Physical Benefits

Participating in sport provides many physical benefits for individuals of all ability levels such as increased muscle strength, maintenance of a healthy weight, as well as improvements for individual specific conditions. (Lape et al., 2017). Including physical activity into everyday life has also been shown to decrease the risk of heart disease, Type 2 Diabetes Mellitus, Alzheimer's and Dementia (Reiner, Niermann, Jekauc, & Woll, 2013). When looking at the obesity levels of both individuals with and without a disability, those with a disability have an obesity rate 66% higher than those without a disability (Rimmer & Wang, 2005).

Living a sedentary lifestyle is considered to be one of the leading preventable causes of death (“Physical Activity,” 2018). Individuals with disabilities are at a higher risk of living a sedentary lifestyle because of the many societal barriers that prevent those individuals from participating in physical activity. Some of these barriers include a social stigma that discourages participation as well as a lack of knowledge, resources, and equipment required for disability specific adaptations (Charles & Chinaza, 2018). In addition to the health risks of not participating in physical activity, 40.3% of individuals with disabilities self-rate their health between fair or poor, which is drastically higher than the 9% of those without a disability (Drum, Horner-Johnson, & Krahn, 2008).

According to Blinde and McClung (1997) it has been determined that participation in physical activity can impact the physical self in four ways. These four ways are: (a) experiencing the body differently, (b) improving perceptions of their physical attributes, (c) discovering new physical capabilities, (d) higher levels of competence to participate in physical activity (Blinde & McClung). All of these impacts have the common theme of having a more in depth understanding of what their own body can do. By participating in physical activity, individuals with disabilities are able to develop more skills and do things that they never knew they had the ability to do. Although these four improvements all directly relate to the physical aspects of life, they also impact the social and emotional domains.

Cognitive and Emotional Benefits

In addition to physical improvements of participating in sport, there are also intrapersonal cognitive and emotional benefits, as well as interpersonal aspects of life that

an individual can improve upon. When playing sport, athletes are challenged to think critically while utilizing their decision-making skills in a way that pushes them to cognitively think through their choices in a step-by-step manner. Additionally, through participating in sport, one can benefit intellectually by developing stronger communication skills and further improving his or her ability to process directions more efficiently (Grandisson, Tetreault, & Freeman, 2012). All of which can ultimately result in a higher likelihood of employment (Lape et al., 2017). In regard to emotional gain, an individual can experience positive affect from a higher level of life satisfaction (Lape et al.). Hence, through finding an activity program they enjoy and excel in, the emotional benefits will extend far beyond the gains of the activity itself, thus bringing about a higher degree of life satisfaction.

By nature, sport includes a degree of physical activity that can aid personality development, independence, and confidence, all of which can be paired to improved self-efficacy (Linsenbigler et al., 2018). Self-efficacy, according to Maddux and Kleiman (2016), is a person's belief that they can successfully perform the required action to meet situational demands. It can be inferred that physical activity is linked to increased self-efficacy by the decreased levels of depression after participating in moderate exercise (Craft, 2005). In addition to the direct cognitive and emotional benefits from exercising, individuals with and without disabilities also benefit indirectly from interacting with other participants and staff members (Allen, Dodd, Taylor, McBurney, & Larkin, 2004). Through these types of face-to-face social interactions, participants are given the opportunity to gain and improve upon their communication skills. These kinds of

interactions play a major role in explaining why joy is often cited as a theme from physical activity participation (Charles & Chinaza, 2018).

Social Benefits

Socially, those who participate in sport can expect to experience improvements due to the sense of community that is naturally built through sport (Grandisson et al., 2012). Aside from the strong sense of community and involvement, individuals are able to create and develop long lasting friendships. Consequently, peer relationships have been shown to play a large role in one's motivation to join and participate in sport. Through these face-to-face interactions, participants are encouraged to socialize and collaborate with one another in order to work effectively as not only a team, but also a team member (Shapiro & Martin, 2014). By recognizing accomplishments and success in athletics, one can experience a higher degree of companionship and esteem support (Shapiro & Martin, 2014). Through higher levels of esteem support, sport participants are given a sense of value and significance.

It has also been proven that individuals with disabilities who participate in physical activity experience heightened social status (Martin, 2013). Research found that able-bodied individuals consider those with disabilities who are physically active to be friendlier, self-reliant, persistent, and ultimately more favorable than those who are not physically active (Arbour, Latimer, Jung, & Ginis, 2004). Kissow (2013) recognizes that individuals with disabilities can socially benefit both *into* sport and *through* sport. Socializing *into* sport happens by exposing the individual with a disability to the many factors of sport including working towards goals, learning discipline, and improving

interactions with others (Rudell & Shiness, 2006). Socialization *through* sport occurs when the individual with a disability takes the skills and knowledge that they learned when participating in sport and transform it to extend to help improve other areas of their life (Kissow, 2013). Sport has the capacity to be the starting point for a person with a disability to develop their social skills and use those skills to participate in other social opportunities (Kissow). Through sport participation, and other social interactions, individuals are taught to interpret and respond to verbal and nonverbal messages in a public setting among their peers, thus allowing them to develop and grow their interpersonal relationships.

Integration of Individuals with Disabilities

Historically, sport has served as a catalyst in relation to integrating people of all genders, ages, races, and ethnicities into society. Individuals with disabilities have experienced an increased sense of integration. However, these individuals can still value the benefits of sport as an empowering life experience that relates to all in hopes to expedite the process of equal opportunity (Harada et al., 2011). Inclusion is a broad term that spotlights the quality of orientation and incorporation of an often-underrepresented population of people through a societal change, wherein this case is individuals with disabilities (Fujimoto, Rentschler, Le, Edwards, & Hartel, 2014). Under the umbrella of inclusion comes integration. In terms of disability, integration focal points are the rights and policies that lead to the assimilation of those individuals into all areas of society (Fujimoto et al.).

Involving individuals with disabilities in sport began in the early 1800s; however, the relationship between individuals with disabilities and sport is one that has seen great progress in the 21st century. Although exclusive to only those with disabilities, the first adaptive sport program was created in 1888 in Berlin, Germany as a sport club for athletes who were deaf (The Paralympic Movement, 2014). The next milestone for adaptive sport took place at the Stoke Mandeville Games in London, England created by Sir Ludwig Guttman (Roman & Parry, 2017). The Stoke Mandeville Games were designed as rehabilitation effort for injured service men and women. These games consisted of 16 sports and is recognized as the forerunner of the Paralympic Games (Roman & Parry). In the 1960s, Eunice Kennedy Shriver founded the Special Olympics, an event for athletes with intellectual disabilities to showcase their skills and reward them for their efforts (Shriver, 1983).

The growth of adaptive sport across the world has been vast and widespread (“Rio 2016 Paralympics,” n.d.). Thus, displaying a serious need and interest for the growth and development of adaptive sport. The need and interest of adaptive sport became evident in the 1980’s as adaptive sport organizations began to pop up all over the world. Some of these organizations include; United States Amputee Athletic Association (USAAA), United States Quad Rugby Association (USQRA), and International Paralympic Committee (IPC) among many others. In 2016, the Paralympics at Rio de Janeiro set new records as 4,350 athletes from more than 160 countries further indicating that adaptive sport is an important movement around the world that draws the attention of those both with and without disabilities (“Rio 2016 Paralympics,” n.d.).

Integrating people with and without disabilities in sport improves society by providing reciprocity to all of those involved. For those with disabilities, benefits include a higher degree of social interaction, as well as a heightened awareness of disability, whereas individuals without disabilities are granted the knowledge and setting to welcome all populations of people in an environment of respect and equality (Grandisson et al., 2012). In a sense, integration can be seen as an opportunity for people with and without disabilities to not only learn about each other, but also learn from each other (Patel & Rose, 2013). As previously mentioned, sport has often been a driving force in relation to equality within societies, specifically in the case of women and ethnic minorities. In the same way, sport has the potential to expedite the process of gaining equal opportunity in all facets of life for people with disabilities (Harada et al., 2011). One theory that explains how sport can help individuals with disabilities gain equality is the contact theory.

Contact Theory

Allport (1954) proposed that social contact has the ability to improve relationships among members of both majority and minority groups. Allport's theory posits, when the circumstances are right, contact between people different from oneself have the opportunity to bring about an attitudinal change (Allport). Often, inaccurate depictions are portrayed in the media with a lack of knowledge about disability. Consequently, this interferes with the idea of creating an attitudinal change amongst those with negative attitudes towards those with disability (Patel & Rose, 2013). Before one can start working to change the attitude of individuals with disabilities, one must first

understand the four pillars in which the theory is founded on. Four of the principal conditions for this theory are: (a) equal status, (b) cooperation, (c) personal interactions, and (d) support from authority (Allport). These principles can be seen in a study conducted by Slininger, Sherrill, and Jankowski (2000) looking at the effects of physical education on attitudes of children toward their peers with disabilities.

Equal status, as a main condition of the contact theory, plays an integral role in creating an attitudinal change. Equality is important to this process by virtue of eliminating stereotypes and feelings of inferiority (McKay, 2018). By emphasizing equal status, individuals do not feel the need to fixate on the hierarchical dynamics of a group, but rather are able to focus on similarities and the positive aspects of the encounter. The next principle in which the contact theory is founded is cooperation. The advantage relating to cooperation in regards to activities involving interactions is that by highlighting unity, the risk of an activity becoming competitive decreases (McKay).

When an activity becomes competitive the problem that arises is that groups can grow contentious, which eradicates the possibility of cooperation amongst individuals. Personal interactions are integral when applying the contact theory to inclusive sport programs. By participating in meaningful personal interactions, individuals are able to connect on a more complex level allowing for more profound connections (McKay, 2018). When deep connections between differing populations are created, the possibility of a perceptual change is subject to increase. The final precept of the contact theory is having support from an individual of authority. The influence of an authoritative figure

showing support of a cause or change leads to an increased probability that the said cause or change will be socially accepted (McKay).

The principles of the contact theory align ideally with the nature of adaptive sport and can be applied to help alter the perception of individuals with disabilities to have a more positive reputation within society. This phenomenon can be seen in Tindall's (2013) study that utilizes contact theory and sitting volleyball as the framework to gauge student's reactions to disability awareness. Additionally, another example of the contact theory being utilized in the adaptive sport world is the Special Olympics. For decades, the Special Olympics has been offering a widespread variety of sports for individuals of all abilities to compete in events where the emphasis is less on winning and losing and more on the merit of the athlete's effort (Harada et al., 2011). Adaptive sport fosters a culture of equality and a notion that all athletes deserve respect as well as provides a platform for people with and without disabilities to interact in a setting of shared interests. Adaptive sport are also offered on a variety of different competitive levels ensuring that each participant gains the experience they are seeking while still putting an emphasis on cooperation. Finally, coaches and instructors are in a place to not only educate athletes on each specific sport, but to also set standards of acceptance and inclusion that will help guide society to change its views on individuals with disabilities (McKay, 2018).

Social and Self-Identity

The influences of an individual's social experiences, including personal interactions, play a large part in molding self-identity and self-concept (Lape et al., 2017). The idea that we are shaped by our social environment is known as the social

construction theory. The social construction theory states that the reality that a person lives in is created by their environment and surroundings. The environment and surroundings include family, friends, conversations, and experiences. All of these factors play a significant role in shaping our self-identities (Berger, 1976). The logic of this ideology as it relates to adaptive sport and attitudes toward disability is broad, but can be refined into more specific examples. Social construction infers that by participating in an adaptive sport program, a person without a disability can gain the acceptance of minority groups, whereas individuals with a disability can improve their social skills by interacting with others (Lundberg, Taniguchi, McCormick, & Tibbs, 2011). According to social constructionism, the benefits of social experiences are subconsciously gained simply through interaction with others and the environment itself.

In addition to the theory of social construction, the concept of *identity negotiation* provides an explanation of the relationship between social and self-identity and adaptive sport. Identity negotiation breaks down social interactions into behavioral confirmation and self-verification (Swann et al., 1987). Behavioral confirmation is when one person known as “the perceiver” encourages another person known as “the target” to behave in a way that will confirm their own expectations, whereas self-verification is when “the target” convinces “the perceiver” to view “the target” in a way that affirms their own self-identity (Swann et al.). Individuals experience the most development of identity in opportunities where a person is free to express oneself, as well as receive feedback from others (Lundberg et al., 2011). Adaptive sport run parallel with identity negotiation due to the nature of the characteristics that are included such as; commitment, exploration,

interrelatedness and feedback. All of these attributes are considered to be fundamental functions for identity development (Lundberg et al.). In regard to the relationship between adaptive sport and identity negotiation, it has been shown that this affiliation generates success for social acceptance. Within adaptive sport, participants with disabilities experience a higher level of social acceptance, meaning that those without disabilities are experiencing an identity change that can be attributed to the social interaction that is involved in integrated programs (Devine & Datillo, 2001). This kind of identity change relating to social acceptance can also include a change in attitudes and perceptions toward individuals with disabilities.

Attitudes and Perceptions

Attitudes of individuals without disabilities have a substantial impact on those with disabilities that extends far beyond just the emotional toll of feeling stigmatized and incompetent. Negative perceptions of people with disabilities can influence a person's likelihood of gaining employment, receiving fair education, and general integration into society (Patel & Rose, 2013). Sport has the ability to be used as an effective technique for managing stigmas as investigated by Lundberg, Taniguchi, McCormick, and Tibbs (2011). Within their research, they found that individuals with a disability used physical activity to demonstrate a variety of skills that would help break down the stigma around disability and prove incorrect the notion that those with disabilities lack competence.

The idea of competence is often tied to the negative stereotypes given towards individuals with disabilities. Additionally, because this is such a prevalent issue, ample research has been done to examine the perception of competency levels of those with

disabilities. Page, O'Connor, and Peterson (2001) conducted a study where the athletes with disabilities viewed sport as a way to invalidate the perception of incompetence. Sousa, Corredeira, and Pereira (2009) performed a similar study, but rather than invalidating competence, the participants aimed to use sport participation to emphasize ability rather than disability, which it turn focuses on the proven competence of the individual. These studies use physical activity as a way to break down negative stereotypes. The negative stereotypes are included in a stigma that is often associated with people who differentiate from the norm (Goffman, 1990). By using sport to examine and reframe the way society views people who vary from the norm, there is a great opportunity to create inclusive environment for individuals with disabilities (Kissow, 2013).

Socially, little is typically expected out of individuals with disabilities, which brings about diminished feelings and the cultural attitude that focuses on what an individual cannot do rather than what they can do. A way to improve the societal view of disability is to value and respect individual's capabilities no matter what differences they may possess. Capability refers to "the potential of a person to accomplish physical and mental activities...without taking environment into account" (Fougeyrollas, Cloutier, Bergeron, Cote, & St-Michel, 1998: p. 35). Rather than viewing disability as something that hinders an individual, society should recognize the aptitude of a person and what they can contribute to the world if given a chance (Linsenbigler et al., 2018).

In the community of adaptive sport and integration of individuals with disabilities, few people have accomplished more than Eunice Kennedy Shriver, founder of the

Special Olympics. In 1968, the first international Special Olympics Games were held to create opportunity and awareness for individuals with intellectual disabilities and continues to impact the lives of millions of people throughout 170 countries (Elysissy, 2013). Shriver believed that if people with intellectual disabilities were treated and offered the same opportunities as able-bodied individuals, they would be able to far surpass the cultural expectations for them (Elysissy). By educating others that all populations deserve respect and equality, society can benefit both individuals with and without disabilities.

Misuse of the terms “empathy” and “sympathy” have created an uphill battle for individuals with disabilities. In most cases, people with a disability are not interested in receiving sympathy or the feeling of others’ pity. Rather, they would prefer a sense of empathy, which by nature offers an environment of understanding. Empathy has been recognized as a positive influence on the perceptions for marginalized individuals. If empathy can be instilled in youth, society would greatly benefit from the outcome of minimizing the negative attitudes and maximizing the positive ones (Patel & Rose, 2013). According to the Women’s Sports Foundation, 68% of youth in America participate in sport (Zarrett, Veliz, & Sabo, 2018). If society can begin to teach youth that every person is capable and deserving of inclusion, regardless of ability or disability, then the negative stigma surrounding individuals with disabilities will change (Grenier, Collins, Wright, & Kearns, 2014).

Research Questions

The following questions were developed in alignment with the purpose of this study. As previously stated, the purpose of this research was to determine if knowledge, experience, and personal background can influence a person's attitude towards individuals with disabilities.

RQ1: What are the attitudes of students, practitioners, and volunteers toward individuals with disabilities?

RQ2: Does general knowledge of disability influence a person's attitude toward individuals with disabilities?

RQ3: Does experience with disability influence a person's attitude toward individuals with disabilities?

RQ4: How does the reliability of the SADP in the current study compare to previous studies?

RQ5: What are the underlying dimensions of the SADP?

CHAPTER THREE

MATERIALS AND METHODS

To determine the effect that knowledge and experience with disability may have on an individual's attitude towards disability, this study used the *Scale of Attitudes Toward Disabled Persons* (SADP) (Antonak & Livneh, 1988). This study includes participants from three separate groups. The first group consisted of practitioners and volunteers working in adaptive sport. The second group were therapeutic recreation students at the University of Tennessee, Knoxville (UTK), and the third group were students at UTK that were enrolled in Physical Education Activity Program (PEAP) courses. By using these three groups, this study can examine how differences in attitudes toward disability do indeed exist based on knowledge and experience with disability.

Participants

For this study, 88 participants. All participants were 18 and older and no identifiable information was obtained. As seen in Table 1, of the 88 participants, there were 28 males, 57 females, and three unreported their gender. Seventy-four of the participants identified as white, 11 identified as a minority (Black, Hispanic, Asian, or other) and three were unreported. The participants varied in terms of knowledge and experience with disability depicted by differences in highest education level attained and college major. Seventy-nine participants knew a person or persons with a disability, six of them did not, and three were unreported Adaptive sport professionals and volunteers were affiliated with the National Ability Center, The Center for Individuals with Physical Challenges, and Ability360. A member of the management staff of each of

the participating organizations were contacted and informed of the study. Participation was completely voluntary and the organization correspondents had the option to send the survey link to their members and the members had the option to participate. The survey link was sent to therapeutic recreation professors at the University of Tennessee, Knoxville and further distributed to their students via email. The survey link was also sent to PEAP instructors and further distributed to their students via email. Participation from UTK professors, instructors, and students was completely voluntary.

Instrumentation

The *Scale of Attitudes Toward Disabled Persons* (SADP) contains 24 questions, all of which are answered with a 6-point Likert scale ranging from -3 to +3 and no neutral option. The entire scale reads as follows: -3 = I disagree very much; -2 = I disagree pretty much; -1 = I disagree a little; +1 = I agree a little; +2 = I agree pretty much; +3 = I agree very much. Half of the SADP statements are worded so a response with a positive number represents a positive attitude and can be typically summed. The other half of the SADP statements are worded so a response with a negative number represents a positive attitude and must be reverse coded to provide an accurate score. The SADP scores can fall between 0 and 144, with higher scores indicating that the person completing the survey has a more positive attitude towards individuals with disabilities. A constant of 72 is added to every completed SADP to eliminate all negative scores. The SADP is considered reliable with a Cronbach's Alpha score of .85

The 24 SADP statements are also split into three subscales. Subscale one, Optimism-Human Rights, contains 11 statements that all have the common theme or

relate to optimism and or human rights for individuals with disabilities. Subscale one scores range from 0 to 66. Subscale two, Behavioral Misconceptions, contains seven statements that all have the common theme or relate to behavioral misconceptions of individuals with disabilities. Subscale two scores range from 0 to 42. Subscale three, Pessimism-Hopelessness, contains six statements that all have the common theme or relate to a pessimistic of hopeless outlook toward individuals with disabilities. Subscale three scores range from 0 to 36.

In addition to the 24 SADP statements, the participants were also asked to complete a brief demographic section. Demographic questions included gender, race, highest education level attained, college major, and knowledge and experience with disability. There were also three demographic questions that assessed the knowledge of the conditions and life circumstances of a person with a disability, as well as, the frequency and intensity of their contact with persons with a disability. These three questions were answered using a 6-point Likert scale (1-6) with 1 meaning no knowledge, very infrequent, and not intense at all, and 6 meaning extensive knowledge, very frequent, and very intense respectively.

Data Collection

Approval from the Institutional Review Board (IRB) was received, and the approval letter was sent to each of the participating organizations. An online version of the SADP was created using QuestionPro and distributed via email to potential participants at the National Ability Center, The Center for Individuals with Physical Challenges, Ability360, as well as therapeutic recreation students and students enrolled in

PEAP courses at the University of Tennessee, Knoxville. Specifically, a survey link was sent to therapeutic recreation students at the University of Tennessee, Knoxville, students enrolled in the Physical Education Activity Program (PEAP) courses at UTK, and adaptive sport professionals and volunteers at participating organizations. Once a participant completed the survey, their responses were stored within QuestionPro until they were downloaded and exported to Statistical Package for the Social Sciences (SPSS) Version 24. All completed surveys, data, and information were stored on a password-protected laptop.

Data Analysis

Data were entered into SPSS Version 24. The researcher conducted a frequency statistics test to understand the demographic break down of the participants. The researcher also ran a descriptive statistics test to get the mean scores of males and females for each of the 24 SADP statements. A descriptive statistics test was conducted to learn the mean scores of gender, race, and college major for the SADP total and subscale scores. An independent samples t-test was conducted to compare the SADP scores for gender, race, and college major. The researcher then conducted a correlation test to better understand the association between knowledge and experience with disability and SADP total and subscale scores. A stepwise regression was used to assess the ability of the *Scale of Attitudes Toward Disabled Persons* demographics to predict attitudes toward individuals with disabilities. Finally, reliability test and factor analyses were conducted to learn the validity of the SADP and its subscales, as well as, determine the suitability for each of the SADP statements.

CHAPTER FOUR

RESULTS

In this study, a series of tests were conducted to learn information about the participants and understand attitudes toward disability. The tests conducted include: descriptive statistics, independent samples t-test, correlation, stepwise regression, reliability, and factor analysis.

Tables and Summaries

As shown in Table 1, the survey was completed by 88 participants, of whom 32 percent were male, 65 percent were female, and three percent were unreported. Eighty-five percent of the participants identified as white, 12 percent identified as a minority (Black, Hispanic, Asian, or other), and three percent were unreported. When looking at the highest education level attained by the study participants, two percent were high school graduates, 83 percent were currently working towards or have received their Bachelor's degree, eight percent have received their Master's degree, three percent have received their Doctorate degree, and four percent were unreported. While in college, 27 percent of the participants majored in therapeutic recreation, 6 percent majored in sport management, 21 percent majored in kinesiology, 36 majored in an unidentified "other" major, and 10 percent were unreported. When asked if the participants knew a person or persons with a disability, 90 percent responded yes, seven percent responded no, and three percent were unreported.

Table 1

Demographic Characteristics of Participants

	Frequency	Percent
Gender		
Male	28	32
Female	57	65
Missing	3	3
Race		
White	74	85
Black	6	7
Hispanic	2	2
Asian	1	1
Other	2	2
Missing	3	3
Highest Education Level Attained		
High School Graduate	2	2
College Freshman	2	2
College Sophomore	13	15
College Junior	18	21
College Senior	18	21
Bachelor's Degree	21	24
Master's Degree	7	8
Doctorate	3	3
Missing	4	4
College Major		
Therapeutic Recreation	24	27
Sport Management	5	6
Kinesiology	18	21
Other	32	36
Missing	9	10
Do you know a person or persons with a disability?		
Yes	79	90
No	6	7
Missing	3	3

Table 2 examines the mean (M) and standard deviations (SD) of male ($N= 28$) and female ($N= 57$) responses to the 24 individual statements of the *Scale of Attitudes Toward Disabled Persons* (SADP). Statements are responded to on a 6-point Likert scale (-3 to +3) with -3 representing “I disagree very much” and +3 representing “I agree very much.” Twelve of the SADP statements (2, 5, 6, 11, 12, 13, 15, 16, 20, 21, 23, and 24) are worded so a response with a positive number represents a positive attitude and can be summed accordingly. The other 12 of the SADP statements (1, 3, 4, 7, 8, 9, 10, 14, 17, 18, 19, and 22) are worded so a response with a negative number represents a positive attitude and must be reverse coded to provide an accurate score.

Table 3 examines the mean (M) and standard deviation (SD) of varying responses for general knowledge, frequency of interaction, and intensity of interaction and the *Scale of Attitudes Toward Disabled Persons* (SADP) total scores. SADP scores range between 0 and 144 with a higher score representing a more positive attitude towards individuals with disabilities collectively. A constant of 72 is added to every completed SADP to eliminate all negative scores. General knowledge was rated on a 6-point Likert scale (1 to 6) with 1 representing “no knowledge” and 6 representing “extensive knowledge.” Frequency of interaction was rated on a 6-point Likert scale (1 to 6) with 1 representing “very infrequent” and 6 representing “very frequent.” Intensity of interaction was rated on a 6-point Likert scale (1 to 6) with 1 representing “not at all intense” and 6 representing “very intense.”

Table 2

Descriptive Statistics for Gender with SAPD Statements

SADP Statement	Mean \pm SD	
	Male	Female
1. Children who are disabled should not be provided with a free public education.	2.14 \pm 1.56	2.49 \pm 1.24
2. Persons who are disabled are not more accident prone than are other people.	-.54 \pm 1.75	-.47 \pm 1.73
3. Individuals who are disabled are not capable of making moral decisions.	2.57 \pm .69	2.35 \pm .79
4. Persons who are disabled should be prevented from having children.	2.36 \pm .83	2.26 \pm 1.13
5. Persons who are disabled should be allowed to live where and how they choose.	.82 \pm 2.23	1.21 \pm 1.78
6. Adequate housing for persons who are disabled is neither too expensive nor too difficult to build.	.29 \pm 2.03	-.07 \pm 2.28
7. Rehabilitation programs for persons who are disabled are too expensive to operate.	.96 \pm 1.88	.93 \pm 1.94
8. Persons who are disabled are in many ways like children.	1.39 \pm 1.62	1.07 \pm 1.78
9. Persons who are disabled need only the proper environment and opportunity to develop and express criminal tendencies.	1.04 \pm 1.91	1.6 \pm 1.6
10. Adults who are disabled should be involuntarily committed to an institution following arrest.	1.39 \pm 1.73	2.26 \pm 1.2
11. Most persons who are disabled are willing to work.	1.54 \pm 1.48	1.93 \pm 1.29
12. Individuals who are disabled are able to adjust to life outside an institution.	1.82 \pm 1.47	2.04 \pm 1.12
13. Adults who are disabled should not be prohibited from obtaining a driver's license.	1 \pm 2.06	.72 \pm 1.81
14. Persons who are disabled should live with others who are similarly disabled.	.71 \pm 1.70	1.4 \pm 1.36
15. Zoning ordinances should not discriminate against persons who are disabled by prohibiting group homes in residential districts.	1.18 \pm 2.06	2 \pm 1.36
16. The opportunity for gainful employment should be provided to persons who are disabled.	2.11 \pm 1.42	2.4 \pm .92
17. Children who are disabled in regular classrooms have an adverse effect on other children.	1.25 \pm 1.84	1.54 \pm 1.69
18. Simple repetitive work is appropriate for persons who are disabled.	.54 \pm 1.64	.03 \pm 1.77
19. Persons who are disabled show a deviant personality profile.	1.57 \pm 1.57	2.07 \pm 1.33

Table 2 (continued)

SADP Statement	Mean \pm SD	
	Male	Female
20. Equal employment opportunities should be available to individuals who are disabled.	2.04 \pm 1.67	2.49 \pm .85
21. Laws to prevent employers from discriminating against persons who are disabled should be passed.	2.11 \pm 1.34	2.28 \pm 1.32
22. Persons who are disabled engage in bizarre and deviant sexual activity.	2.39 \pm .96	2.53 \pm .83
23. Workers who are disabled should receive at least the minimum wage established for their jobs.	1.89 \pm 1.81	2.54 \pm 1.14
24. Individuals who are disabled can be expected to fit into our competitive society.	1.14 \pm 1.78	1.09 \pm 1.62

Table 3

Descriptive Statistics for General Knowledge, Frequency of Interaction, and Intensity of Interaction with Individuals with Disabilities and SADP Scores

	Mean \pm SD	N
General Knowledge		
1- No Knowledge	98.50 \pm 21.98	4
2	111.18 \pm 15.50	11
3	97.05 \pm 16.76	21
4	112.75 \pm 12.61	16
5	115.41 \pm 17.45	22
6- Extensive Knowledge	119.00 \pm 13.53	9
Frequency of Interaction		
1- Very Infrequent	102.73 \pm 23.57	11
2	99.70 \pm 25.19	10
3	109.00 \pm 10.89	11
4	109.13 \pm 11.98	16
5	108.25 \pm 17.81	12
6- Very Frequent	116.75 \pm 13.86	24
Intensity of Interaction		
1- Not At All Intense	103.13 \pm 23.04	8
2	115.08 \pm 15.08	7
3	99.00 \pm 14.57	20
4	110.14 \pm 17.91	14
5	112.50 \pm 16.85	18
6- Very Intense	119.50 \pm 11.53	16

For general knowledge, it can be seen that participants who reported having extensive knowledge of disability scored on average about 20 points higher on the SADP than those who reported having no knowledge. For frequency of interaction, it can be seen that participants who reported having very frequent interactions with individuals with disabilities scored on average almost 15 points higher on the SADP than those who reported having very infrequent interactions. For intensity of interaction, it can be seen that participants who reported having very intense interactions with individuals with disabilities scored about 15 points higher on the SADP than those who reported their interactions to be not intense at all. With all of this information, it can be inferred that the more knowledge of disability, more frequent interactions with disability, and more intense interactions with disability, the more positive attitudes an individual will have toward disability.

Table 4 examines the mean (*M*) and standard deviation (*SD*) of the *Scale of Attitudes Toward Disabled Persons* (SADP) total and subscale scores for gender, race, and college major. The 24 SADP statements are divided into three subscales: optimism-human rights, behavioral misconceptions, and pessimism- hopelessness. The first subscale, optimism- human rights, contains 11 statements (2, 5, 6, 11, 12, 13, 15, 16, 20, 23, and 24) with the scores ranging from -33 to +33. The subscale, behavioral misconceptions, contains seven statements (7, 9, 10, 14, 17, 18, and 21) with the scores ranging from -21 to +21. The subscale, pessimism- hopelessness, contains six statements (1, 3, 4, 8, 19, and 22) with scores ranging from -18 to +18. Female (N= 57) participants averaged a higher total and subscale scores than male (N= 28) participants. White (N=

Table 4

Descriptive Statistics for Gender, Race, and College Major with SADP Total and Subscale Scores

	Mean \pm SD			
	Total	Optimism- Human Rights	Behavioral Misconceptions	Pessimism- Hopelessness
Gender				
Male	105.71 \pm 19.68	46.29 \pm 12.57	29 \pm 7.6	30.43 \pm 4.38
Female	110.70 \pm 16.08	48.88 \pm 8.73	31.05 \pm 6.34	30.77 \pm 3.91
Race				
White	110.46 \pm 16.6	48.70 \pm 9.88	30.93 \pm 6.45	30.82 \pm 4.05
Non-white	99.64 \pm 20.47	43.45 \pm 11.25	26.64 \pm 8.24	29.55 \pm 4.03
College Major				
KRSS	111.17 \pm 15.23	48.74 \pm 7.91	31.21 \pm 6.49	31.21 \pm 3.57
Other	106.56 \pm 19.56	48.22 \pm 10.6	28.66 \pm 7.25	29.69 \pm 4.53

74) participants averaged higher total and subscale scores than non-white (N= 11) participants. Therapeutic recreation, sport management, and kinesiology are collectively labeled “KRSS” because that is the program in which they fall under at the University of Tennessee, Knoxville. Participants who major/ majored in KRSS (N= 47) averaged higher total and subscale scores than participants who major/ majored in other (N= 32).

As shown in Table 5, an independent-samples t-test was conducted to compare the *Scale of Attitudes Toward Disabled Persons* (SADP) scores for males and females. There was no significant difference in scores for males (M= 105.71, SD= 19.68) and females (M= 110.70, SD= 16.08); $t(83) = 1.25, p = .22$ (two-tailed).

An independent-samples t-test was conducted to compare the SADP scores for white and non-white participants. Although it was close, there was no significant difference in scores for white participants (M= 110.46, SD= 16.59) and non-white participants (M= 99.64, SD= 20.47); $t(83) = -1.96, p = .054$ (two-tailed).

An independent-sampled t-test was conducted to compare SADP scores for KRSS and other majors. There was no significant difference in scores for KRSS majors (M= 111.17, SD= 15.23) and other majors (M= 106.56, SD= 19.56); $t(77) = -1.18, p = .24$ (two-tailed).

Table 6 examines the relationship between general knowledge, as well as interactions with individuals with disabilities and SADP total and subscale scores. These relationships were investigated using Pearson correlation coefficient.

Table 5

Differences Between Gender, Race, and College Major Scores of Scale of Attitudes Toward Disabled Persons

	N	Mean	SD	t	df	p
Gender						
Male	28	105.71	19.68	1.25	83	.22
Female	57	110.70	16.08			
Race						
White	74	110.46	16.59	-1.96	83	.054
Non-white	11	99.64	20.47			
College Major						
KRSS	47	111.17	15.23	-1.18	77	.24
Other	32	106.56	19.56			

Note. $p < 0.05$

Table 6

Correlation Results for Total and Subscale Scores with General Knowledge, Frequency, and Intensity of Interaction with Disability

	SADP Scores	Optimism-Human Rights	Behavioral Misconceptions	Pessimism-Hopelessness
General Knowledge	.329*	.159	.405*	.340*
Interaction Frequency	.297*	.145	.337*	.347*
Intensity	.297*	.162	.314*	.338*

Note. * = $p < 0.05$; Scale of Attitudes Toward Disabled Persons (SADP)

As seen in Table 7, a stepwise multiple regression was used to assess the ability of the *Scale of Attitudes Toward Disabled Persons* (SADP) demographic section to predict attitudes toward individuals with disabilities. The results of the regression indicated that two predictors explained 15.8 % of the variance ($R^2 = .158$, $F(2, 73) = 6.86$, $p > .001$). In the final model, no measures were statistically significant. General knowledge of the conditions and life circumstances of persons with a disability recorded a higher beta value (beta = .313, $p > .001$) than race (beta = .225, $p > .001$).

Table 8 examines the Cronbach's Alpha scores of The *Scale of Attitudes Toward Disabled Persons* (SADP), which consists of 24 statements ($\alpha = .85$). The optimism-human rights subscale consists of 11 statements ($\alpha = .79$). The behavioral misconceptions subscale consists of seven statements ($\alpha = .70$). The pessimism-hopelessness subscale consists of six statements ($\alpha = .53$). This data shows that as a whole the SADP is reliable. In terms of the individual subscales, the optimism-human rights subscale and behavioral misconceptions subscale are also reliable as their Cronbach's Alpha scores are .7 or higher. The pessimism-hopelessness subscale has the lowest score and is not considered reliable.

Table 9 examines the factor analysis for the SADP statements. The 24 statements of the *Scale of Attitudes Toward Disabled Persons* (SADP) were subjected to principal components analysis (PCA) using SPSS Version 24. Before performing PCA, the suitability of data for factor analysis was determined. Investigating the correlation matrix revealed that there were many coefficients .3 and above. The Kaiser-Meyer-Olkin value was .75.

Table 7

Stepwise Regression for Scores of the Scale of Attitudes Toward Disabled Persons

Model	Predictor	r ²	beta	t	p
1	General	.108	.328	16.96	.000*
	Knowledge			2.99	.004*
2	Race	.158	.313	12.59	.000*
				.225	2.90
				2.09	.040

Note. * = $p < 0.05$

Table 8

Reliability Statistics for the Scale of Attitudes Toward Disabled Persons and its Subscales

	Cronbach's Alpha	N
SADP	.85*	24
Optimism- Human Rights	.79*	11
Behavioral Misconceptions	.70*	7
Pessimism- Hopelessness	.53	6

Note. * = $\alpha > .7$

Table 9

Factor Analysis for the Scale of Attitudes Toward Disabled Persons Statements

SADP Statement	Component		
	1	2	3
12. Individuals who are disabled are able to adjust to life outside an institution.	.818		
16. The opportunity for gainful employment should be provided to persons who are disabled.	.748		
20. Equal employment opportunities should be available to individuals who are disabled.	.725		
15. Zoning ordinances should not discriminate against persons who are disabled by prohibiting group homes in residential districts.	.679		

Table 9 (continued)

SADP Statement	Component		
	1	2	3
21. Laws to prevent employers from discriminating against persons who are disabled should be passed.	.584		
23. Workers who are disabled should receive at least the minimum wage established for their jobs.	.573		
11. Most persons who are disabled are willing to work.	.477		
4. Persons who are disabled should be prevented from having children.	.437		
24. Individuals who are disabled can be expected to fit into our competitive society.	.434		
3. Individuals who are disabled are not capable of making moral decisions.	.331		
19. Persons who are disabled show a deviant personality profile.		.661	
10. Adults who are disabled should be involuntarily committed to an institution following arrest.		.631	
17. Children who are disabled in regular classrooms have an adverse effect on other children.		.624	
9. Persons who are disabled need only the proper environment and opportunity to develop and express criminal tendencies.		.602	
14. Persons who are disabled should live with others who are similarly disabled.		.597	
7. Rehabilitation programs for persons who are disabled are too expensive to operate.		.584	
22. Persons who are disabled engage in bizarre and deviant sexual activity.		.514	
18. Simple repetitive work is appropriate for persons who are disabled.			.435
2. Persons who are disabled are not more accident prone than are other people.			.803
13. Adults who are disabled should not be prohibited from obtaining a driver's license.			.556
8. Persons who are disabled are in many ways like children.			.494
5. Persons who are disabled should be allowed to live where and how they choose.			.413
6. Adequate housing for persons who are disabled is neither too expensive nor too difficult to build.			
1. Children who are disabled should not be provided with a free public education.			

Principal components analysis using a Varimax rotation revealed three factors that explained a total of 41.84% of the variance for the entire set of variables. Factor 1 was labeled “societal integration” due to the high loadings of the following statements: individuals who are disabled are able to adjust to life outside an institution; the opportunity for gainful employment should be provided to persons who are disabled; equal employment opportunities should be available to individuals who are disabled; refer to Table 9 for the complete list. The first factor total extraction was 6.131 and explained 25.54% of the variance. Factor 2 was labeled “personality traits/ environmental impact” due to the high loadings of the following statements: persons who are disabled show a deviant personality profile; adults who are disabled should be involuntarily committed to an institution following arrest; children who are disabled in regular classrooms have an adverse effect on other children; refer to Table 9 for the complete list. The second factor total extraction was 2.28 and explained 9.5% of the variance. Factor 3 was labeled “capability” due to the high loadings of the following statements: simple repetitive work is appropriate for persons who are disabled; persons who are disabled are not more accident prone than are other people; adults who are disabled should not be prohibited from obtaining a driver’s license; refer to Table 9 for the complete list. The third factor extraction was 1.63 and explained 6.8% of the variance. The following statements did not load a high enough absolute value and therefore did not fit into any of the three factors: adequate housing for persons who are disabled in neither too expensive nor too difficult to build; children who are disabled should not be provided with a free public education.

CHAPTER FIVE

DISCUSSION

The purpose of this research was to determine if knowledge, experience, and personal background influences a person's attitude towards individuals with disabilities. This study contributes to the literature supporting Allport's (1954) contact theory by measuring SADP scores between individuals who have differing levels of contact with people with disabilities. The findings that those who had more frequent and intense interactions with individuals with disabilities resulted in more positive attitudes toward disability than those who had less frequent and intense interactions can be explained in part by the contact theory and its four principles: equal status, cooperation, personal interactions, and support from authority. According to Allport (1954), these four principles play an integral role in majority groups experiencing an attitudinal change toward minority groups. In this study, participants who have experience with disability likely had one or more of these principles present, which can help explain why those who had more frequent and intense interactions with individuals with disability also had more positive attitudes.

Contact Theory Principles

Equal status can be used to influence more positive attitudes by eliminating negative stigmas and feelings of inferiority. Murata, Hodge, and Little (2000) conducted a study in a physical education class and found that equal status created a positive impact on attitudes. In the same study, a common theme that emerged was appreciable differences. Meaning, although there were recognized differences between participants,

they were able to look past those differences and see value in each classmate. An environment of equal status may be responsible for the disparity in SADP scores between participants with differing experience levels with individuals with disabilities. When individuals with a disability are given comparable opportunities in a setting of equal status, they are put in a position to succeed. These successes can positively change attitudes toward people with disabilities and create higher SADP scores.

Cooperation is another principle within contact theory that may have influenced the samples attitudes. Placing an emphasis on cooperation rather than competitiveness highlights a sense of unity and reduces the stressors of winning and losing (McKay, 2018). By participating in cooperative based experiences opposed to competitive based experiences, individuals with disabilities may feel more inclined to participate and portray their capabilities, and thus influencing other's attitudes toward them. University of Tennessee, Knoxville therapeutic recreation students participate in many community programs that are founded on cooperation and participation, rather than winning and losing. Twenty-four of the 88 participants in this study were therapeutic recreation students, a major within KRSS, thus, it can be inferred that cooperation had an impact on the higher SADP scores for KRSS majors, as opposed to other majors.

Personal interactions play a significant role in how the contact theory influences attitudes toward disability (McKay, 2018). Allport (1954) notes that although the interaction itself is important, the level or intensity of the interaction is more likely to make a greater impact. The results from this study support this claim. The results of the current study portray how much of an impact the intensity of the personal interactions has

on attitudes toward disability (see Table 3 for details). Within the study sample, those who considered their intensity of interaction to be “very intense” scored on average about 16 points higher on the SADP, meaning that their attitudes toward those with disabilities was more positive than those who considered their intensity of interaction “not intense at all.” The final principle of the contact theory is support from authority. The contact theory heavily relies upon support from authority to create an attitudinal change because as the support for the change is gained from authority, acceptance of the change is established.

Social Contact

As previously stated, the contact theory is partly responsible for the more positive attitudes toward disability upon more frequent and intense interactions with individuals with disabilities. The findings from this study suggest that people who spend more time with individuals with disabilities will learn to understand and become more open to those who have a disability. Tindall (2013) conducted a study that successfully utilized the contact theory as a foundation to create more positive attitudes towards individuals with disabilities. In his research, he designed a Sport Education course using the contact theory as the framework to create disability awareness through sport. Three themes that emerged from the qualitative study: team roles, enjoyment, and openness to disability which all support Allport’s claim that social contact has the ability to improve relationships between minority and majority groups (1954). Openness to disability can be deemed the most significant theme to emerge from the study. As people become more

open to disability, they consequently become more open to inclusion and the integration of disability into society.

Theoretical Framework

Along with supporting Allport's contact theory, this study also affirms Berger's (1976) theory of social constructionism and Swann, Sherman, Reis, Sarason, and Kihlstrom's (1987) theory of identity negotiation. Berger's (1976) theory states that the reality that an individual creates is molded by their environment and surroundings. A person's environment includes family, friends, interactions and experiences. Intensity of interaction within the findings (see Table 3 for details) provides an explanation for how social constructionism can influence SADP scores. Participants with very intense interactions with individuals with disabilities had the most positive attitudes toward disability. Using social constructionism, this means when a person's environment includes someone with a disability in any intensity, it would likely positively influence their attitudes toward disability with the extent depending on the intensity to which disability is included in their environment.

Similar to how one's environment and surroundings shapes his/her reality, identity negotiation shapes and confirms ones attitudes. More specifically, identity negotiation divides social interactions into behavioral confirmation and self-verification (Swann et al., 1987). By viewing social interactions as preconceived expectations vs. self-views, it can be easily understood why personal experience and interactions are so important to forming attitudes. The findings regarding frequency and intensity of interactions (see Table 3 for details) provide insight on how identity negotiation can

influence SADP scores. Participants with very frequent and very intense interactions with individuals with disabilities had more positive attitudes toward disability than all other participants. By utilizing identity negotiation, the person with a disability was able to use their own self-views to positively influence a person's preconceived expectations strictly through social interactions. Unfortunately, if a person has no experience with disability, it is likely that he/she will form negative attitudes as a result of negative societal stereotypes and stigmas associated with people who differ from the norm (Goffman, 1990).

Demographic Influence on Attitudes

This study also examined how knowledge of disability can influence an individual's attitude toward disability. The findings support the idea that the greater knowledge a person has of disability, the more positive their attitude toward disability will be. Those who consider their knowledge of disability to be "extensive" scored on average about 20 points higher on the SADP than those who consider themselves to have no knowledge. Additionally, the results from the current study support the hypothesis that more knowledge of disability equates to more positive attitudes toward disability. When college majors were examined, those who study/ studied in a KRSS program (kinesiology, recreation, sport studies), which also includes therapeutic recreation scored on average about five points higher on the SADP than those study/ studied an unidentified "other" major.

In addition to the role that knowledge and experience with disability play in influencing attitudes toward disability, the role of gender and race was also examined.

The findings from this study suggest that females have more positive attitudes toward disability than males. On average, the females in the study sample scored on average five points higher on the SADP compared to their male counterpart. An explanation for this result could be, as of 2016, 76% of certified recreational therapists are women, showing that it is a female dominated field (Recreational therapists, n.d.). Meaning, because these women have extensive knowledge and interaction with disability, they are more likely to develop these positive and constructive attitudes. The results of this study also suggest that white participants have more positive attitudes toward disability than minority participants, with white participants scoring on average about 11 points higher on the SADP. Similar to gender, one explanation for this result could be that as of 2016, 76.4% of certified recreational therapists are white (Recreational therapists, n.d.). Thus, leading one to infer that again, because of their vast knowledge and experience, they are more likely to develop more positive attitudes.

Scale Reliability

The *Scale of Attitudes Toward Disabled Persons* has been used for over thirty years, and although widely respected, it is important to verify its reliability. For this study, the SADP has a Cronbach's Alpha of .85, confirming this scale is a reliable measure. However, when investigating the reliability of its subscales, optimism- human rights, behavioral misconceptions, and pessimism- hopelessness resulted in Cronbach's Alpha of .79, .70, and .53 respectively. In a study conducted in 2002, using the same scale to examine medical students' attitudes toward persons with disability, the Cronbach's alpha ranged from .88 to .91, with each subscale reporting in order .81, .77,

and .82 (Tervo, Azuma, Palmer, & Redinius, 2002). Both studies reported reliable scores, but it is important to note the decline of Cronbach's Alpha between studies. A possible reason for this downward trend could be time. Thus, it should be noted that some of the statements on the SADP may no longer be relevant or consistent with the trends of the world. For example, the following statements may no longer be applicable: children who are disabled should not be provided with a free public education; adults who are disabled should be involuntarily committed to an institution following arrest; laws to prevent employers from discriminating against persons who are disabled should be passed.

A factor analysis was conducted using a 3-factor solution with an absolute value requirement of .3 and above. The 3-factor solution divided the SADP statements and each factor was relabeled depending on the statements loaded within that factor. The statements were then reset into new subscales. Factor 1 is labeled "societal integration" in that the statements within the factor all relate to life outside an institution, employment, and other similar areas. Factor 2 is labeled "personality traits/ environmental impact" based on statements related to personal tendencies and their effects on those around them. Factor 3 is labeled "capability" based on statements related to the type of work that they do and decision making. Ultimately, this test was conducted to better understand how each statement best fits into the SADP and determine which statements would benefit from being updated or removed altogether.

The statements: adequate housing for persons who are disabled in neither too expensive not too difficult to build and children who are disabled should not be provided with a free public education did not load high enough on any factor. This could be for a

variety of reasons such as, the two questions do not fit on the scale, they are outdated, or they were unclear to the participants completing the survey. However, by utilizing and incorporating the concept of empathy, the SADP could potentially update and restructure their statements in a beneficial manner. By using empathy in this scale, results would show the degree to which a participant understands those with disabilities and disability as a whole in addition to their attitudes.

Limitations

The first limitation to this study was the number of participants. The difficulty in only having 88 participants is when demographics such as race or gender do not split evenly, the descriptive statistics of the group with fewer participants carry a more significant weight. Second, was the current state of the SADP. Some of the statements could be considered outdated and therefore confusing the participant and influencing their score. For example, statements pertaining to public education and laws preventing discrimination are topics that have been addressed since the creation of the SADP. Third, was the reliance on instructors, professors, and organizational correspondents to distribute the survey link to potential participants. Unfortunately, there was no way to know whether the link was forwarded to participants or not, which may have played a significant role in number of completed surveys. Fourth, was the setting in which the surveys were completed in. The survey link was distributed via email and could have been completed on any computer or smart phone.

Future Research

This study revealed valuable information regarding the influences of attitudes toward disability, but there are suggestions to be made in continuing the examination of attitudes toward disability. Future research would benefit first and foremost from a larger number of completed surveys. By having more completed surveys, each participant's responses would not carry as much weight and potential outliers would not be as big of a factor. Future research would also find value in breaking down the demographic descriptive data further. More specifically, understanding why certain genders or races have more positive attitudes toward disability than others. Perhaps a qualitative study would be an appropriate way to examine why a certain demographic has generally more positive attitudes toward disability and what can be done to improve the attitudes of other populations. Another recommendation for the future is to have more specific groups in terms of knowledge and experience with disability. By confirming that there are an ample number of participants in the little to no knowledge or experience with disability group as well as extensive knowledge and experience group, data will depict a more accurate representation of its influences on attitudes. Future research should also consider creating their own instrument that focuses solely on the areas that needs to be covered. Customizing an instrument to cater to the needs of the research could be a great benefit and give in depth information on an area that has not been addressed with past scales.

CHAPTER SIX

CONCLUSIONS

This study examined if knowledge, experience, and personal background can influence an individual's attitude toward disability. This study examined if demographic factors influence a person's attitudes toward disability. The findings determine that females, white participants, and KRSS majors have more positive attitudes than males, non-white participants, and other majors. This study also examined if knowledge, experience, and personal background can influence an individual's attitude toward disability. The data from this study support Allport's claim that social contact under the right conditions can create a positive attitudinal change for minority groups such as those with disabilities. Although groups were small, there were significantly higher SADP scores for participants who were considered to have extensive knowledge of disability in comparison to participants who were considered to have no knowledge of disability. Those considered to have very frequent and very intense interactions with individuals with disabilities also scored significantly higher SADP score in comparison to those who had no interactions with individuals with disabilities. Although the *Scale of Attitudes Toward Disabled Persons* is still considered reliable, but according to its Cronbach's Alpha, the scale as a whole and its subscales are not as reliable as it was in the past. As laws and legislature continue to change along with societal attitudes toward individuals with disabilities, the SADP would benefit from an update to align with these changes.

LIST OF REFERENCES

- Allen, J., Dodd, K. J., Taylor, N. F., McBurney, H., & Larkin, H. (2004). Strength training can be enjoyable and beneficial for adults with cerebral palsy. *Disability & Rehabilitation, 26(19)*, p.1121-1127, 26(19).
doi:10.1080/09638280410001712378
- Allport, G. W. (1954). *The nature of prejudice*. Reading, MA: Addison-Wesley
- Antonak, R. F., & Livneh, H. (1988). *The measurement of attitudes toward people with disabilities: Methods, psychometrics, and scales*. Springfield, IL: C C Thomas.
- Arbour, K., Latimer, A. E., Jung, M. E., & Ginis, K. (2004). Moving beyond the stigma: Self-presentational benefits of exercise in individuals with a physical disability. *Journal of Sport & Exercise Psychology, 26*, S27-S27.
- Berger, P. L. (1976). *The social construction of reality*. Harmondsworth: Penguin Books.
- Blinde, E., & McClung, L. (1997). Enhancing the physical and social self through recreational activity: Accounts of individuals with physical disabilities. *Adapted Physical Activity Quarterly, 14(4)*, 327-344.
- Brenner, P., & DeLamater, S. (2014). Social desirability bias in self-reports of physical activity: Is an exercise identity the culprit? *Social Indicators Research, 117(2)*, 489-504.
- Chan, J. S. Y., Liu, G., Liang, D., Deng, K., Wu, J., & Yan, J. H. (2018). Special issue – therapeutic benefits of physical activity for mood: A systematic review on the effects of exercise intensity, duration, and modality. *The Journal of Psychology, 1-24*. doi:10.1080/00223980.2018.1470487

- Charles, O. O., & Chinaza, N. K. (2018). Barriers and facilitators of physical activity participation among youth with visual and hearing impairments in Nigeria: A qualitative study. *Palaestra*, 32(3), 21.
- Craft, L. L. (2005). Exercise and clinical depression: examining two psychological mechanisms. *Psychology of Sport & Exercise*, 6(2), 151-171.
doi:10.1016/j.psychsport.2003.11.003
- Devine, M., & Dattilo, J. (2000). Social acceptance and leisure lifestyles of people with disabilities. *Therapeutic Recreation Journal*, 34(4), 306-322.
- Dibra, Gezim, Osmanaga, Fatbardha, & Bushati, Jozef. (2013). Students' attitudes toward disability. *European Scientific Journal*, 9(31), 214.
- Drum, C. E., Horner-Johnson, W., & Krahn, G. (2008). Self-rated health and healthy days: examining the "disability paradox". *Disability. Health Journal*, 1(2), 71-78.
doi:10.1016/j.dhjo.2008.01.002
- Eime, Rochelle M., Janet A. Young, Jack T. Harvey, Melanie J. Charity, and Warren R. Payne. (2013). A systematic review of the psychological and social benefits of participation in sport for children and adolescents: informing development of a conceptual model of health through sport. *International Journal Of Behavioral Nutrition And Physical Activity* 10(1), 135.
- Elsissy, A. (2013). Effects of unified sports program on athlete self-concept.(recreation and sport for all). *Ovidius University Annals, Series Physical Education and Sport/Science, Movement and Health*, 13(2), S740.

- Fougeyrollas P., Cloutier C., Bergeron H., Cote J. & St-Michel R. (1998) *The Quebec Classification: Disability Creation Process*. International Network on the Disability Creation Process/CSICIDH, Quebec, QC.
- Fujimoto, Y., Rentschler, R., Le, H., Edwards, D., & Härtel, C. E. J. (2014). Lessons learned from community organizations: Inclusion of people with disabilities and others. *British Journal of Management*, 25(3), 518-537. doi:10.1111/1467-8551.12034
- Goffman, E. 1990. *Stigma*. London: Pinguin Books.
- Goldstein, S., & Naglieri, J. A. (2016). *Assessing impairment: From theory to practice*. New York: Springer.
- Grandisson, M., Tetreault, S., & Freeman, A. R. (2012). Enabling integration in sports for adolescents with intellectual disabilities. *Journal of Applied Research in Intellectual Disabilities*, 25(3), 217-230. doi:10.1111/j.1468-3148.2011.00658.x
- Grenier, M., Collins, K., Wright, S., & Kearns, C. (2014). Perceptions of a disability sport unit in general physical education. *Adapted Physical Activity Quarterly*, 31(1), 49-66. doi:10.1123/apaq.2013-0006
- Harada, C. M., Siperstein, G. N., Parker, R. C., & Lenox, D. (2011). Promoting social inclusion for people with intellectual disabilities through sport: Special Olympics international, global sport initiatives and strategies. *Sport in Society*, 14(9), 1131-1148. doi:10.1080/17430437.2011.614770
- Jenkins, Richard. 1996. *Social identity*. London: Routledge.

- Kirkpatrick, C., & Mhlaba, D. (2013). *Sport as a tool for social integration: The design of a multi-purpose sport and leisure precinct for Durban, eThekwin* (Unpublished master's thesis). University of KwaZulu-Natal, Durban, South Africa.
- Kissow, A.-M. (2013). Participation in physical activity and the everyday life of people with physical disabilities: A review of the literature. *Scandinavian Journal of Disability Research, 17*(2), 1-23. doi:10.1080/15017419.2013.787369
- Lape, E. C., Katz, J. N., Losina, E., Kerman, H. M., Gedman, M. A., & Blauwet, C. A. (2017). Participant-reported benefits of involvement in an adaptive sports program: A qualitative study. *Physical Medicine & Rehabilitation, 10*(5), 507-515. doi:10.1016/j.pmrj.2017.10.008
- Lievens, E., Osborne, B., Weight, E., & Malekoff, R. (2017). *Adaptive sports: Assessing the inaugural year of the ECAC and adaptive sport NCAA championships* (Unpublished master's thesis). University of North Carolina at Chapel Hill, Chapel Hill, North Carolina.
- Linsenbigler, K., Petersen, S., & Lieberman, L. (2018). Barriers to physical activity for children with visual impairments: How far have we come and where do we still need to go? *Palaestra, 32*(1).
- Lundberg, N. R., Taniguchi, S., McCormick, B. P., & Tibbs, C. (2011). Identity negotiating: Redefining stigmatized identities through adaptive sports and recreation participation among individuals with a disability. *Journal of Leisure Research, 43*(2), 205. doi:10.1080/00222216.2011.11950233

- Maddux, J. E., & Kleiman, E. M. (2016). Self-efficacy: A foundational concept for positive clinical psychology. In *The Wiley Handbook of Positive Clinical Psychology* (pp. 89-101). Wiley Blackwell
- Martin, J. (2013). Benefits and barriers to physical activity for individuals with disabilities: A social-relational model of disability perspective. *Disability and Rehabilitation, 35*(24), 2030-2037.
- McKay, C. (2018). The value of contact: Unpacking Allport's contact theory to support inclusive education. *Palaestra, 32*(1), 21.
- Modell, S. (2007). Student perceptions about sports for persons with physical disabilities- an exploratory study. *Palaestra, 23*(3), 32-37.
- Murata, N. M., Hodge, S. R., & Little, J. R. (2000). Students' attitudes, experiences, and perspectives on their peers with disabilities. *Clinical Kinesiology, 54*(3), 59-66.
- Page, S. J., O'connor, E., & Peterson, K. (2001). Leaving the disability ghetto: A qualitative study of factors underlying achievement motivation among athletes with disabilities. *Journal of Sport & Social Issues, 25*(1), 40-55.
doi:10.1177/0193723501251004
- Patel, M., & Rose, J. (2014). Students' attitudes towards individuals with an intellectual disability. *Journal of Intellectual Disabilities, 18*(1), 90-103.
doi:10.1177/1744629513511355
- Physical activity. (2018). *Britannica Online Academic Edition*, Encyclopedia Britannica, Inc.

- Posserud, M., Lundervold, A. J., Lie, S. A., & Gillberg, C. (2010). The prevalence of autism spectrum disorders: Impact of diagnostic instrument and non-response bias. *Social Psychiatry & Psychiatric Epidemiology*, *45*(3), 319–327.
- Recreational therapists. (n.d.). Retrieved from <https://datausa.io/profile/soc/291125/#demographics>
- Reiner, M., Niermann, C., Jekauc, D., & Woll, A. (2013). Long-term health benefits of physical activity - a systematic review of longitudinal studies. *BMC Public Health*, *13*(1), 1–9.
- Rimmer, J. H., & Wang, E. (2005). Obesity prevalence among a group of Chicago residents with disabilities. *Archives of Physical Medicine and Rehabilitation*, *86*(7), 1461-1464. doi:10.1016/j.apmr.2004.10.038
- Rio 2016 Paralympics - Ceremonies, medals, torch relay. (n.d.). Retrieved from <https://www.paralympic.org/rio-2016>
- Roman, R., & Jim, P. (2017). The Kladruby Games, the Paralympics, and the pre-history of disability sport. *Acta Universitatis Carolinae: Kinanthropologica*, *53*(1), 79-89. doi:10.14712/23366052.2017.6
- Ruddell, J. L., & Shinew, K. J. (2006). The socialization process for women with physical disabilities: The impact of agents and agencies in the introduction to an elite sport. *Journal of Leisure Research*, *38*(3), 421. doi:10.1080/00222216.2006.11950086

- Shapiro, D. R., & Martin, J. J. (2014). The relationships among sport self-perceptions and social well-being in athletes with physical disabilities. *Disability and Health Journal*, 7(1), 42-48. doi:10.1016/j.dhjo.2013.06.002
- Shriver, E. K. (1983). Eunice Kennedy Shriver: Driving force behind the Special Olympics. Interview by Dick Dietl. *Journal of Rehabilitation*, 49(2), 9, 11, 13-14.
- Slininger, D., Sherrill, C., & Jankowski, C. (2000). Children's attitudes toward peers with severe disabilities: Revisiting contact theory. *Adapted Physical Activity Quarterly*, 17(2), 176-196.
- Sousa, A. I., Corredeira, R., & Pereira, A. L. (2009). The body in persons with an amputation. *Adapted Physical Activity Quarterly*, 26(3), 236-258.
doi:10.1123/apaq.26.3.236
- Swann, W., Sherman, Steven J., Reis, Harry T., Sarason, Irwin G., & Kihlstrom, John F. (1987). Identity negotiation: Where two roads meet. *Journal of Personality and Social Psychology*, 53(6), 1038-1051.
- Sydney 2000 Paralympics - Ceremonies, medals, torch relay. (n.d.). Retrieved from <https://www.paralympic.org/sydney-2000>
- Tervo, R. C., Azuma, S., Palmer, G., & Redinius, P. (2002). Medical students' attitudes toward persons with disability: A comparative study. *Archives of Physical Medicine and Rehabilitation*, 83(11), 1537-1542. doi:10.1053/apmr.2002.34620
- The Paralympic Movement. (2014). *Cross Country Skier*, 34(1), 54.

Tindall, Daniel. (2013). Creating disability awareness through sport: Exploring the participation, attitudes and perceptions of post-primary female students in Ireland. *Irish Educational Studies*, 32(4), 457-475.

Zarrett, N., Veliz, P., & Sabo, D. (2018). Teen sport in America: Why participation matters. East Meadow, NY: Women's Sports Foundation.

APPENDIX

SADP Info Form

SADP - Form R Personal Information Form

- (1) Today's date: ___ / ___ / ___ (2) Age last birthday: _____ (3) Sex: ___ M ___ F
- (4) Marital status: ___ Single ___ Married ___ Separated ___ Divorced ___ Widowed
- (5) Heritage: ___ White ___ Black ___ Hispanic ___ Oriental ___ Other: _____
- (6) Highest educational level attained (Check only one):
- ___ Some High School ___ High School Graduate
- ___ College Freshman ___ College Sophomore ___ College Junior ___ College Senior
- ___ Bachelor's Degree ___ Bachelor's Degree +15 credits
- ___ Master's Degree ___ Specialist Degree ___ Doctorate
- (7) If you attended college, what was your:
- Undergraduate Major: _____
- Graduate Major: _____
- (8) Recent occupations (most recent first) Years
- | | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
- (9) Do you know a person or persons with a disability? ___ If "Yes," in what ways do you know this person or persons (Check all that apply):
- ___ Spouse ___ Child ___ Sibling ___ Relative (explain): _____
- ___ Client, patient, or student ___ Co-worker ___ Employee
- ___ Neighbor ___ Acquaintance (explain): _____
- ___ Other (explain): _____

Please rate your general knowledge of the conditions and life circumstances of persons with a disability:					
<i>No Knowledge</i>			<i>Extensive Knowledge</i>		
1	2	3	4	5	6

Please rate the frequency of your contact with persons with a disability:

Very Infrequent

Very Frequent

1

2

3

4

5

6

Please rate the intensity of your contact with persons with a disability, regardless of the frequency of that contact:

Not At All Intense

Very Intense

1

2

3

4

5

6

SADP Response Form

Directions: The statements presented below express opinions or ideas about persons who are disabled. There are many differences of opinion; many persons agree and many persons disagree with each statement. We would like to know your opinion about them. Circle the appropriate number, from -3 to +3, that best corresponds with how you feel about the statement. There are no right or wrong answers. You should work as quickly as you can, but don't rush. There is no time limit.

Please respond to every statement.

KEY

-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

- | | | |
|-------------------|-----|-----------------------------------------------------------------------------------------------------------------------|
| -3 -2 -1 +1 +2 +3 | 1. | Children who are disabled should not be provided with a free public education. |
| -3 -2 -1 +1 +2 +3 | 2. | Persons who are disabled are not more accident prone than are other people. |
| -3 -2 -1 +1 +2 +3 | 3. | Individuals who are disabled are not capable of making moral decisions. |
| -3 -2 -1 +1 +2 +3 | 4. | Persons who are disabled should be prevented from having children. |
| -3 -2 -1 +1 +2 +3 | 5. | Persons who are disabled should be allowed to live where and how they choose. |
| -3 -2 -1 +1 +2 +3 | 6. | Adequate housing for persons who are disabled is neither too expensive nor too difficult to build. |
| -3 -2 -1 +1 +2 +3 | 7. | Rehabilitation programs for persons who are disabled are too expensive to operate. |
| -3 -2 -1 +1 +2 +3 | 8. | Persons who are disabled are in many ways like children. |
| -3 -2 -1 +1 +2 +3 | 9. | Persons who are disabled need only the proper environment and opportunity to develop and express criminal tendencies. |
| -3 -2 -1 +1 +2 +3 | 10. | Adults who are disabled should be involuntarily committed to an institution following arrest. |
| -3 -2 -1 +1 +2 +3 | 11. | Most persons who are disabled are willing to work. |
| -3 -2 -1 +1 +2 +3 | 12. | Individuals who are disabled are able to adjust to life outside an institution. |
| -3 -2 -1 +1 +2 +3 | 13. | Adults who are disabled should not be prohibited from obtaining a driver's license. |

- 3 -2 -1 +1 +2 +3 14. Persons who are disabled should live with others who are similarly disabled.
- 3 -2 -1 +1 +2 +3 15. Zoning ordinances should not discriminate against persons who are disabled by prohibiting group homes in residential districts.
- 3 -2 -1 +1 +2 +3 16. The opportunity for gainful employment should be provided to persons who are disabled.
- 3 -2 -1 +1 +2 +3 17. Children who are disabled in regular classrooms have an adverse effect on other children.
- 3 -2 -1 +1 +2 +3 18. Simple repetitive work is appropriate for persons who are disabled.
- 3 -2 -1 +1 +2 +3 19. Persons who are disabled show a deviant personality profile.
- 3 -2 -1 +1 +2 +3 20. Equal employment opportunities should be available to individuals who are disabled
- 3 -2 -1 +1 +2 +3 21. Laws to prevent employers from discriminating against persons who are disabled should be passed.
- 3 -2 -1 +1 +2 +3 22. Persons who are disabled engage in bizarre and deviant sexual activity.
- 3 -2 -1 +1 +2 +3 23. Workers who are disabled should receive at least the minimum wage established for their jobs.
- 3 -2 -1 +1 +2 +3 24. Individuals who are disabled can be expected to fit into our competitive society.

Thank You For Your Assistance In Responding To This Questionnaire

Richard F. Antonak SADP-Form R Revised ©1992

SADP Answer Key

Scale of Attitudes Toward Disabled Persons – Form R

SADP – Form R Scoring Key											
Item #	+/-	Sub	Item #	+/-	Sub	Item #	+/-	Sub	Item #	+/-	Sub
1	-	III	7	-	II	13	+	I	19	-	III
2	+	I	8	-	III	14	-	II	20	+	I
3	-	III	9	-	II	15	+	I	21	+	II
4	-	III	10	-	II	16	+	I	22	-	III
5	+	I	11	+	I	17	-	II	23	+	I
6	+	I	12	+	I	18	-	II	24	+	I

Scoring the SADP – Form R

Half the items on the **SADP – Form R** are worded so that a positive response (that is, +3, +2, or +1) indicates a positive attitude, while the other half are worded so that a negative response (that is, -3, -2, or -1) indicates a positive attitude.

To score the **SADP – Form R** in the direction of a positive attitude, first reverse the sign of the response (that is, from + to - or from - to +) for those items that are worded negatively (i.e., items # 1, 3, 4, 7, 8, 9, 10, 14, 17, 18, 19, and 22). Sum the respondent's signed responses to all 24 items; signed scores range from -72 to +72). Finally, add a constant of 72 to the total to eliminate negative scores. The overall SADP score ranges from 0 to 144 with a higher score indicating a more positive attitude toward persons with disabilities as a group.

To determine scores on the three proposed **subscales**, first reverse the sign of the response for those items that are worded negatively and then sum the respondent's signed responses. For subscale I, the sum of the signed responses to the 11 items ranges from -33 to +33; for subscale II, the sum of the signed responses to the 7 items ranges from -21 to +21, and for the subscale III, the sum of the signed responses to the 6 items ranges from -18 to +18. Add constants of 33, 21, and 18 to the signed scores for subscales I, II, and III, respectively, to eliminate negative scores. The scores for subscale I range from 0 to 66, for subscale II from 0 to 42, and for subscale III from 0 to 36.

VITA

Nicholas Giecek was born in Detroit, Michigan to the parents of Beth Tatigian and Rick Giecek. He has an older sister named Alison and a twin brother named Andrew. His family moved to Knoxville, TN where Nick attended Knoxville Catholic High School. After graduating from high school, he attended the University of Tennessee, Knoxville where he obtained his Bachelor's of Science degree in Therapeutic Recreation. From there, Nick continued his education and started graduate school at the University of Tennessee, Knoxville. Nick was also selected to be the first Graduate Teaching Assistant for the Adaptive Recreation Program. He will graduate in May 2019 with a Master's of Science degree in Therapeutic Recreation with plans to begin working in the adaptive sport world. Nicholas hopes to use sport as a way to improve the quality of life for those with disabilities.