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An Examination of the Effects of Religious Orientation on Attitudes toward the Disabled

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An Examination of the Effects of Religious Orientation on Attitudes toward the Disabled

Abstract
People's attitudes have been shown to have a profound impact on the disabled at both an individual and societal level. In addressing people's attitudes toward the disabled it is important to determine what shapes these attitudes. A number of factors have been shown to affect people's attitudes toward the disabled. Of particular importance to this study is the impact of religious orientation on these attitudes. Religious orientation has been shown to have a significant correlation with certain types of prejudice - racial, religious, sexual orientation. The current study aims at determining the relationship between religious orientation and attitudes toward the disabled. Results indicated that Extrinsic religious orientation was associated with less positive attitudes toward the disabled, while Intrinsic and Quest orientations did not reveal a significant relationship to people's attitudes toward the disabled. Implications for future research were addressed.

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AN EXAMINATION OF THE EFFECTS OF RELIGIOUS ORIENTATION ON ATTITUDES TOWARD THE DISABLED

A DISSERTATION

SUBMITTED TO THE FACULTY

OF

SCHOOL OF PROFESSIONAL PSYCHOLOGY

PACIFIC UNIVERSITY

HILLSBORO, OREGON

BY

ROSS GINKEL

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF DOCTOR OF PSYCHOLOGY

APRIL 8, 2011
ATTITUDES TOWARD THE DISABLED

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People’s attitudes have been shown to have a profound impact on the disabled at both an individual and societal level. In addressing people’s attitudes toward the disabled it is important to determine what shapes these attitudes. A number of factors have been shown to affect people’s attitudes toward the disabled. Of particular importance to this study is the impact of religious orientation on these attitudes. Religious orientation has been shown to have a significant correlation with certain types of prejudice- racial, religious, sexual orientation. The current study aims at determining the relationship between religious orientation and attitudes toward the disabled. Results indicated that Extrinsic religious orientation was associated with less positive attitudes toward the disabled, while Intrinsic and Quest orientations did not reveal a significant relationship to people’s attitudes toward the disabled. Implications for future research were addressed.

Keywords: Disabled, Disability, Religious Orientation, Intrinsic, Extrinsic, Quest
As defined in the Americans with Disabilities Act of 1990 (ADA), a disabled person is anyone with a physical or mental impairment that substantially limits one or more major life activities of the individual. Census data estimates there are over 49 million people in the United States who report having a disability (ICDI). That is almost one out of every five people in this country who suffers from some type of debilitating condition. Most disabled individuals strive for normalization and integration into mainstream society (Nagler, 1993). Unfortunately, because of people’s negative attitudes towards the disabled, they often encounter social, economic, psychological, and political barriers in attempting to achieve this goal of integration.

At 49 million plus, disabled persons make up the largest minority group in America, although the experience of the disabled is very different from other minority groups (Meyerson, 1988). For example, most, if not all, ethnic groups from birth on, experience the cohesion, identity, and the shared fate of the group to which they belong. People with disabilities do not necessarily share this experience. Their parents, siblings, relatives, and friends typically consist of nondisabled individuals. Disabled children can go years without knowing another with a similar affliction. The sense of community is rarely as strong as the sense of community amongst ethnic minorities. Without a strong sense of community, there is an increased risk for feelings of isolation and marginalization.

While the disabled have not fully developed a minority consciousness, it is important to note that in a survey of disabled Americans, 74% indicated they felt some common identity with other disabled individuals and that 45% see themselves as a minority group in the same sense as ethnic minority groups (Hill, Mehnert, Taylor, Kagey, Leizhenko, et al., 1986). Using Dworkin and Dworkin’s (1976) model of a minority group—“identifiability, differential power, differential
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and pejorative treatment, and group awareness” (p. viii)- the disabled community would definitely meet criteria for minority status. This minority specification is helpful in considering the experience of the disabled as not simply a physical impairment but a social and psychological one as well (Fine & Ash, 1988). It is crucial to acknowledge that the absence of a shared consciousness of some does not undo the value of understanding the social, structural, and psychological experiences of the disabled in minority group terms.

Hahn (1988) argues the consequences of disability cannot be appreciated without giving consideration to the environmental issues of the disabled individual, which include the physical, structural, social, economic, psychological, and political environment. People with disabilities not only have psychological responses to their impairments, but are confronted with environmental factors that can create barriers of discrimination, marginalization, and social isolation. People with disabilities face ambiguous and even rejecting social responses from others toward which they respond psychologically and socially. These responses from others, some argue, are not part of the problem but the problem. This is a major shift from the medical approach to disability because the problem no longer lies with the person having a defect or deficiency but in an environment that has become debilitating to the individual.

One major factor when considering the environmental influences on the experience and well-being of the disabled is the attitudes of able-bodied individuals towards the disabled. Like other minority groups, attitudes from the majority culture can greatly affect the social, political, economic, and even the psychological worlds of the marginalized group. In this case, the majority group would be able-bodied individuals. Much research has been done to investigate able-bodied attitudes toward the disabled. This research provides an insight into many of the factors that shape these attitudes. Some of these factors include sex and gender (Bell, 1962; Chesler, 1965; English,
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1977; Tait & Purdie; 2000; Loo, 2001; Tervo, et al, 2002; Parasuram, 2006), socioeconomic status
(Greenbaum & Wang, 1965; Farber, 1968; Parasuram, 2006), age (Bell, 1962; Siller, 1963;
English, 1977; Tait & Purdie, 2000; Parasum, 2006), education (Au & Man, 2006; Parasuram,
2006), disability, occupation (English & Oberle, 1971; Au & Man, 2006), and religion (English,
1977; Zertinsky-Shurka, 1988; Weisel & Zaidman, 2003). The latter variable will be the primary
focus of this paper and subsequent study.

The present review of the literature will begin with an examination of the attitudes toward
persons of disabilities and how these attitudes can affect the lives of the disabled. Following is an
investigation of the literature highlighting what factors affect able-bodied individuals’ perceptions
of the disabled and what researchers have found in terms of how each factor affects these
perceptions. The specific focus of the present study will be the role of religion in the development
of people’s attitudes toward the disabled. This will include an investigation of how religion has
historically viewed disability and how religion can affect people’s views of the disabled.

Attitudes toward the Disabled

Attitudes toward the disabled can be empowering as well as injurious to persons with
disabilities. In a review of the history of people’s perceptions of disability, Covey (1998)
identified several categories within which people with disabilities have been, and continue to be,
viewed. One traditional category that lasted through the nineteenth century was that disabled
persons were subhuman; they were closer to wild animals than humans. Another perception of the
disabled is that they have special gifts or compensations and that they are signs of good luck. A
more negative view of the disabled that is abound in literature and religious texts is that people
with disabilities are evil and are either sent or possessed by the devil or are being punished by
God. Another, seemingly harmless, perception of the disabled is that they are worthy and in need
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of pity and charity. The problem with this line of thought is that it places disabled persons in a position of powerlessness and of feeling inferior to those that are giving them charity and showing them pity. Charity and pity, though at times well-intentioned, frequently interferes with communication, isolates the disabled from the nondisabled majority, and is oppressive. Examining what variables lead to these perceptions is the most effective next step in helping to determine what affects people’s perceptions of the disabled.

In attempting to understand attitudes toward the disabled, as English (1977) suggests, a careful examination of the variables contributing to the formation of these attitudes is needed. Extensive research has aimed at parsing out the individual characteristics that shape people’s attitudes and several factors have been found to either increase or decrease the likelihood of negative attitudes toward disabled persons. Following is an examination of demographic determinants of perceptions of the disabled including sex or gender, socioeconomic status, age, education, occupation, and religion.

Demographic Determinants

Research on sex differences among attitudes toward the disabled has revealed several significant and interesting findings. In general, studies have found that women display more favorable and accepting attitudes toward the disabled as compared to men (Chesler, 1965; Tervo, Azuma, Palmer, & Redinius, 2002) and that women have more sympathetic attitudes towards the disabled than men do (Tait & Purdie, 2000). These findings are somewhat expected given the difference in socialization between men and women; that women tend to be more nurturing and less evaluative than men (English, 1977). Other research, however, has found no significant relationship between sex or gender and attitudes toward the disabled (Bell, 1962; Loo, 2001; Parasuram, 2006).
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Very little research has been done comparing different income levels and socioeconomic status with regard to attitudes toward the disabled. One study found that individuals with lower income levels were more likely to endorse positive attitudes toward the mentally disabled than members of higher income groups (Greenbaum & Wang, 1965). Other studies have yielded opposite results; that higher income groups were more accepting of individuals with intellectual and emotional difficulties (Farber, 1968; Parasuram, 2006).

One demographic category that has been studied extensively as it relates to attitudes toward individuals with disabilities is age (English, 1977). Studies have shown significant relationships that suggest that younger people hold more positive views of the disabled than do older individuals (Bell, 1962; Siller, 1963; Tait & Purdie, 2000). These findings should be taken with caution as correlations have been significant but low, under .20, accounting for a limited amount of variance in attitudes. Some conflicting research has shown an inverse relationship with attitudes and age. Parasuram (2006) found younger (20-30 years of age) and older (50.1-60 years) participants held significantly more positive attitudes than the middle age group (40.1-50 years).

Education level has been found to have an impact on attitudes toward the disabled as well. Studies have shown people with higher education levels tend to have more positive attitudes toward the disabled when compared to groups with lower educational achievement (Parasuram, 2006). Participants with graduate level education have been found to have more favorable views of the disabled than those with college degrees or a high school education or lower. Au and Man (2006) found that students held more negative attitudes toward the disabled than did professionals in their field of study. Since the professionals had already graduated from similar academic programs the students were attending, the main difference between the two groups was education level, with the professionals having a higher educational achievement.
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In this same study (Au & Man, 2006), professionals from four areas of healthcare-occupational therapy, physiotherapy, nursing, and social work- were compared. Results indicated nurses had the most negative views of disability when compared to the other groups. The authors pointed out as an explanation for this finding was that nurses reported the lowest self-rated knowledge about people with disabilities, indicating a confounding relationship between knowledge and attitudes. Additional research has revealed significant relationships between occupation and attitudes toward the disabled. English and Oberle (1971) found individuals with occupations that were more concerned with physique (i.e. flight attendants) held more negative perceptions of the disabled as compared to individuals with occupations that held little concern for physique (i.e. typists). Although it is clear a relationship between occupation and attitudes toward the disabled exists, it is unclear the exact nature of this relationship.

Finally, Religion has also been shown to affect people’s attitudes toward the disabled (English, 1977; Weisel & Zaidman, 2003; Zernitsky-Shurka, 1988). The following is a review of how religion has affected and continues to affect people’s perceptions of the disabled and how the relationships between religion and such attitudes have been traditionally studied.

Religion and the Disabled

There have traditionally been three ways in which the relationships between religiosity and attitudes towards persons with disabilities have been studied (Weisel & Zaidman, 2003). One way is an analysis of the values and norms of particular religious traditions. These values can be studied by looking at the religious texts of these religions for insight into how disability is viewed and treated within these religious contexts. Another way of studying religion and disability is to examine differences in personality characteristics of religious and non-religious individuals and
see how these differences, if they exist, affect attitudes and behavior toward disabled persons. The third way is to compare directly the attitudes between secular and religious people.

An analysis of the world’s major religious texts is a complex and oftentimes contradictory quest (Weisel & Zaidman, 2003). In a review of the Christian Old Testament and the Hebrew Bible, Abrams (1998) found an abundance of conflictual statements regarding disability. One perspective is that disability can be seen as God’s will as a punishment, which would likely not breed positive attitudes. Another is that disability may be perceived as a test of the religious person’s faith. Finally, Abrams posits that since all people are created in God’s image, including those with disabilities, people would feel a moral obligation to care for the disabled in fear that God may disapprove of indifference toward the needs of these individuals. In Rose’s (1997) examination of theological references of disability, he categorized religious attitudes toward those with disabilities into four distinct groups. These categories included viewing disability as a sign of punishment, evil incarnation, and disease; disability as a challenge to divine perfection; disability as an object of pity and charity; and disability as incompetence and exemption from religious practice. Fitzgerald (1997) pointed out that these religious perspectives on disability left disabled persons on the margins of society. If they are not being condemned for their disability, they are being viewed as abnormal and someone or something to be pitied. This approach turns caring and support for the disabled into a strategy to achieve unequal social status.

Following Weisel and Zaidman’s (2003) protocol, the second area of focus in the research on religious attitudes is the examination of differences in personality characteristics of religious and non-religious individuals and how these differences affect their attitudes toward disabled persons. Research has found several personality characteristics to be associated with increased levels of dogmatism including authoritarianism, ethnocentrism, and rigidity (Rokeach & Fruchter,
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1956). Cloerkes (1981) found that these personality characteristics were at the “nucleus of the prejudiced personality” (p. 43) and are closely related to prejudice toward the disabled. As logic follows, religious individuals should be expected to exhibit more dogmatic viewpoints than those of secular individuals, and in turn hold more negative views of the disabled. However, the research findings on the attitudes of the religious versus secular have yielded inconsistent support for this hypothesis (Weisel & Zaidman, 2003).

This brings us to the third way of viewing religion and disability- through an analysis of the relationships between religious affiliation and attitudes towards the disabled. Several studies have shown non-religious individuals to hold more positive views of the disabled (Weisel & Zaidman, 2003). Other studies, however, have shown the opposite results with religious Christians holding more positive views of the disabled than non-religious Christians (Bishop, 1987; Erin, Rudin, & Njoroge, 1991; McQuilkin, 1990). Stubblefield (1965) found Catholics to be more accepting of the mentally retarded than were Protestants and Jews. English (1977), however, found no significant differences in attitudes toward the disabled between college students from different religions. Weisel and Zaidman (2003) offered an explanation for these contradictory findings; that different outcomes may result from the use of different measures across these studies. This explanation does not account for studies that yielded opposing results that used the same outcome measures. Another explanation, offered over 25 years before Weisel and Zaidman, provides an explanation that may more clearly elucidate the causes of these findings.

In a review, English (1977) theorized these conflicting results may be more related to factors of religious orientation or motivation. He stated, “These contradictory findings may possibly be explained by differences in dogma or theological beliefs” (p. 212). The problem is not necessarily in the measurements used. The problem is in the information left out when looking
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only at religious versus non-religious or if different religions foster different attitudes toward the disabled. The missing information English is referring to is how each individual approaches religion and spirituality in his or her daily life, no matter what religion he or she practices or if he or she practices any religion at all. Religious orientation, as a motivational construct for approaching religion, and its effects on people’s attitudes toward the disabled is the focal point of the current research project. The aim of the study is to fill this gap in the research to help better determine the link between religion and attitudes toward the disabled.

*Religious Orientation*

Religious orientation will be defined here as a motivational construct to explain why individuals seek religion and spirituality in their lives. Allport and Ross (1967) offer two types of religious orientation—extrinsic and intrinsic. Extrinsic religious orientation refers the use of religion as a tool to obtain something. Extrinsic individuals follow beliefs and religious traditions only to the extent that this might aid in achieving some sort of mundane goal, such as a feeling of comfort or even to obtain a certain social status. Extrinsically oriented persons use religion as a means to an end.

Intrinsic individuals do not simply *use* their religion, they *live* their religion (Allport & Ross, 1967). Motivation for these individuals comes not from the hope of obtaining some personally preset goal, but from the goals which are set forth by the church itself. Religion for these individuals is thought to have a non-mundane, self-defining quality. “Other needs, strong as they may be, are regarded as of less ultimate significance” (p. 434). Both intrinsic and extrinsic orientations can be measured using the Religious Orientation Scale (Allport & Ross, 1967) or the Religious Life Inventory (Batson, 1967).
A third dimension was offered by Batson that is concerned with feelings of growth and seeking in an individual’s religious search (Batson & Schoenrade, 1991a, b; Batson, Schoenrade, & Ventis, 1993). This third dimension was referred to as the quest religious orientation. Quest is characterized as “the degree to which an individual’s religion involves an open-ended, responsive dialogue with existential questions raised by the contradictions and tragedies of life” (Batson, Schoenrade, & Ventis, 1993, p. 169). This dynamic stance allows for a more flexible outlook on religious and spiritual matters. Quest refers to three general aspects of an individual’s religious perspective- “readiness to face existential questions without reducing their complexity”, “self-criticism and perception of religious doubts as positive”, and “openness to change” (Batson & Schoenrade, 1991b, p. 431). This religious orientation can be measured with the Quest Scale (Batson & Schoenrade, 1991a, b).

These three religious orientations have been found to be linked to a variety of social behaviors (Donahue, 1985). One behavior that has been correlated to these orientations that is of particular interest in the current study is the correlation with religious orientation and various measures of prejudice (Allport & Ross, 1967; Donahue, 1985). Extrinsic religious orientation was found to have a significant positive correlation with levels of prejudice. Donahue (1985) pointed out that intrinsic orientation has a negative relationship with prejudice but added that research has been mixed and, at times, has revealed insignificant relationships between intrinsic orientation and prejudice. Quest has been shown to correlate negatively with a broad range of prejudice measures (Batson & Burris, 1994). What has not yet been investigated is the relationship with these three religious orientations and attitudes toward disabled persons.
The purpose of the current study is to address this gap in the research in the area of religion and disability. Survey data were collected to elicit information regarding specific demographic variables, participants’ religious orientation, the extent of contact with the disabled, and attitudes toward the disabled. The aim of the study was to determine the relationship between religious orientation and attitudes toward disabled persons. Based on results from previous literature on attitudes and religious orientation, several hypotheses were developed. First, it was expected that individuals who score high on the extrinsic scale would show more negative attitudes toward the disabled. It is expected that individuals scoring high on the intrinsic scale will show more positive attitudes towards the disabled. Individuals scoring high on the quest scale were also predicted to endorse more positive views of the disabled. Significant differences of attitudes between religious denomination groups were also expected. Amount of contact with the disabled was expected to be positively correlated with favorable views of the disabled. Further, demographic variables were examined to determine any interactions of these variables with religious orientation on people’s attitudes toward the disabled.

Method

Participants

Participants were undergraduate and graduate students drawn from two independent and diverse study locations (Houston, Texas and Portland, Oregon) to provide for a full-range of responses across study variables. In total, 396 (282 Female and 114 Male) individuals participated in the study.
Procedure

Participants were recruited via e-mail at their respective study location. Upon agreeing to participate in the proposed study, participants entered a secure website wherein they were provided a document of informed consent (Appendix A). Upon agreeing to the conditions for participation detailed within the consent document, they were welcomed to the study and asked to complete a brief demographic questionnaire (Appendix B) asking such things as their gender, ethnicity, and age. Also within the demographic questionnaire was a series of questions aimed at determining whether the participants were disabled, if any member of their immediate family was disabled, and the nature of either disability (if applicable). Finally, presented within the demographic questionnaire was a series of questions that determined the participants’ current religious affiliation (if any).

Upon completion of the demographic questionnaire, the participants were then presented with and asked to complete the Contact with Disabled Persons scale, the Attitudes toward Disabled Persons Scale, the Religious Orientation Scale, and the Quest Scale. A brief description of each measure is presented below. Upon completion of all study surveys, the participants were thanked for their time and presented with a screen detailing their participation in the research project that they could print as receipt toward any applicable research requirement (Appendix F).

Measures

The Contact with Disabled Persons Scale- CDP (Yuker & Hurley, 1987) (Appendix C). The Contact with Disabled Persons Scale is a 20-item Likert-type measure aimed at indicating the level of overall interaction one has had with disabled individuals. Some questions inquire about the amount and type of contact with a disabled individual. Other questions add an affective component to determine whether the contact was perceived as positive or negative. Questions
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were answered on a scale from 1 to 5 indicated the frequency of various contacts with disabled individuals (1 = never, 2 = once or twice, 3 = a few times, 4 = often, 5 = very often). Scores on the CDP are calculated by summing all responses. These scores can range from 20, indicating a total lack of contact, to 100, indicating the maximum amount of contact.

The Attitudes Toward Disabled Persons Scale (Form B) (Yuken, H. E., Block, J. R., & Campbell, W. J., 1962) (Appendix D). The Attitudes toward Disabled Persons Scale is a well-known and widely-used measure of attitudes toward disabled persons. The scale consists of 30 items representing statements suggesting differences (or similarities when a statement is rejected) between disabled and non-disabled individuals. Participants are asked to indicate their level of agreement with each question on a scale from 1 to 6 (1 = “I disagree very much”, 2 = “I disagree pretty much”, 3 = “I disagree a little”, 4 = “I agree a little”, 5 = “I agree pretty much”, 6 = “I agree very much”).

The Religious Orientation Scale- ROS (Allport & Ross, 1967) (Appendix E). The Religious Orientation Scale is a 21-item measure that operationalizes religious orientation along two dimensions of expressed value, extrinsic and intrinsic, that religion holds for the individual. The extrinsic subscale assesses an individual’s belief that religion plays a peripheral, socially-based role in their life. The intrinsic subscale assesses the degree that religion plays a central role in one’s life. On each of the subscales, participants were asked to indicate their level of agreement using a 5-point Likert Scale (Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree).

The Quest Scale (Batson & Schoenrade, 1991a; 1991b) (Appendix E). The Quest Scale is a 12-item measure of religious orientation purported to assess motivation to engage in religious practice beyond the intrinsic and extrinsic factors of Allport’s Religious Orentation Scale. In particular, the quest dimension is characterized as “the degree to which an individual’s religion
ATTITUDES TOWARD THE DISABLED involves an open-ended, responsive dialogue with existential questions raised by the contractions and tragedies of life” (Batson, Schoenrade, & Ventis, 1993, p. 169). Participants were asked to indicate their level of agreement using a 5-point Likert Scale (Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree).

Results

Sample Characteristics

In total, 396 individuals participated in the present study (282 Female and 114 Male). The average age of study participants was 23.48 years (sd = 6.59, range: 17 to 61). Of the participants, 81 were students from a Portland, OR university and 315 were from a university in Houston, TX. The sample contained 12 (3.0%) participants who identified themselves as having a disability and 62 who had at least one family member with a disability (15.7%). The study sample was ethnically and religiously diverse. Table 1 presents the breakdown of study participants by identified ethnicity. Table 2 describes the participants’ current religious affiliation.

Table 1. Participants’ Identified Ethnicity

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>N (Total)</th>
<th>N (Female)</th>
<th>N (Male)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caucasian</td>
<td>125</td>
<td>94</td>
<td>31</td>
</tr>
<tr>
<td>African American</td>
<td>90</td>
<td>76</td>
<td>14</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>133</td>
<td>86</td>
<td>47</td>
</tr>
<tr>
<td>Asian</td>
<td>40</td>
<td>22</td>
<td>18</td>
</tr>
<tr>
<td>Other*</td>
<td>8</td>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>

*Other category included responses such as Biracial, American Indian, Indian, and Middle Eastern.
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Table 2. Participants’ Religious Affiliation

<table>
<thead>
<tr>
<th>Religion</th>
<th>N</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>98</td>
<td>24.7</td>
</tr>
<tr>
<td>Christian</td>
<td>240</td>
<td>60.6</td>
</tr>
<tr>
<td>Jewish</td>
<td>8</td>
<td>2.0</td>
</tr>
<tr>
<td>Muslim</td>
<td>13</td>
<td>3.3</td>
</tr>
<tr>
<td>Other</td>
<td>37</td>
<td>9.3</td>
</tr>
</tbody>
</table>

*Other category included responses such as Buddhist, Hindu, and Wiccan.

Demographic Comparisons.

Comparisons were made based on the demographic data provided by participants regarding attitudes toward the disabled and contact with people with disabilities. Ethnicity, religious affiliation, sex, and location were the variables analyzed. Attitudes towards the disabled were determined using the Attitude Toward Disabled Persons Scale (ATDP; Form B) (Block & Campbell, 1962). Total scores on this scale were used for statistical analyses. Contact with the disabled was determined by scores on the Contact with Disabled Persons Scale (CDP) (Yuker & Hurley, 1987). Total scores were also used in all statistical procedures with this scale.

Contact with the Disabled.

A one-way ANOVA analysis revealed significant differences between ethnic groups in their indicated level of contact with the disabled ($F (4, 391) = 8.24, p < .001$). Post hoc comparisons revealed both Hispanic/Latino ($M = 41.22$, $SD = 13.91$) and Asian ($M = 41.08$, $SD = 15.47$) individuals indicated less contact with disabled individuals than did Caucasian participants ($M = 50.62$, $SD = 14.48$).
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A one-way ANOVA revealed no significant differences when examining differences in contact with the disabled between current religious affiliations ($F(4, 391) = 1.59$, n.s.).

An independent samples t-test was conducted to determine the relationship between participants’ sex and their level of contact with the disabled. There was no significant difference between males and females on their levels of contact with persons with disabilities ($t(394) = -1.53$, n.s.).

An independent samples t-test was performed to determine existing differences between Portland and Houston regarding level of contact. There was a significant difference between study location ($t(394) = 4.83$, $p < .01$) with Portland participants ($M = 52.27$, $SD = 14.31$) having significantly more contact than Houston participants ($M = 43.70$, $SD = 14.23$).

**Attitudes Toward the Disabled.**

A one-way ANOVA was performed to determine differences in attitudes toward the disabled between ethnic groups. A significant difference amongst ethnic groups was found ($F(4, 391) = 6.73$, $p < .01$). Post hoc comparisons revealed Caucasian ($M = 124.02$, $SD = 13.80$) and African American ($M = 123.12$, $SD = 14.42$) participants held significantly more positive attitudes towards the disabled than did Hispanic/Latino ($M = 116.47$, $SD = 12.90$) individuals in this study.

A one-way ANOVA revealed a significant difference in attitudes between religious affiliations ($F(4, 391) = 2.50$, $p < .05$). Post hoc comparisons showed those belonging to Christian religions ($M = 119.11$, $SD = 13.43$) held more negative attitudes toward the disabled than those belonging to the Other group ($M = 125.97$, $SD = 14.18$).

An independent samples t-test (equal variances not assumed) revealed a significant difference between gender group on their attitudes toward the disabled ($t(250.06) = -3.30$, $p < .01$). Female participants ($M = 125.97$, $SD = 12.79$) were shown to have significantly more
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positive attitudes toward people with disabilities than were male respondents ($M = 117.15$, $SD = 11.90$).

An independent samples t-test showed a significant difference in attitudes depending on the location of the participant ($t (394) = 6.59$, $p < .01$). Participants in Portland ($M = 129.04$, $SD = 11.87$) revealed significantly higher attitudes toward the disabled than the Houston participants ($M = 118.24$, $SD = 13.45$).

Comparing Contact with the Disabled and Attitudes Toward the Disabled.

Relationships between contact with the disabled, as determined by the CDP and scores on the Attitude Toward Disabled Persons Scale (ATDP) (Block & Campbell, 1962) were analyzed to determine whether amount of contact is related to whether an individual holds a positive or negative attitude toward the disabled. The Pearson product-moment correlation was used for determining the relationship between the CDP and the ATDP. Also, independent samples t-tests were used to determine whether being disabled or having family members who were disabled affected participants’ attitudes toward people with disabilities.

Across the entire sample, there was a significant positive correlation between scores on the CDP and scores on the ATDP ($r (396) = .136$, $p < .01$). When comparing differences in attitudes toward the disabled between individuals who are disabled themselves and those who are not disabled, results revealed a significant difference ($t (394) = 2.49$, $p < .05$). Those with a disability ($M = 130.17$, $SD = 13.14$) held significantly more positive attitudes toward people with disabilities than those without a disability ($M = 120.15$, $SD = 13.76$). Interestingly, no significant difference was found between individuals with an immediate family member with a disability and those without ($t (394) = 1.21$, n.s.).

Religious Orientation and Attitudes Toward the Disabled
A Pearson Product-Moment correlation was used to determine the relationship between the three religious orientations. Using the Bonferroni approach to control for Type I error across the 6 correlations, a p value of less than .008 (.05/3 = .017) was required for significance. Significant positive correlations were found between the Extrinsic and Intrinsic scales ($r(396) = .19, p < .001$) and the Extrinsic and Quest scales ($r(396) = .41, p < .001$). No significant relationship was found between the Intrinsic and Quest scales ($r(396) = -.04, n.s.$).

Religious orientation was determined by total scores on the Extrinsic and Intrinsic subscales of The Religious Orientation Scale (Allport & Ross, 1967) and on The Quest Scale (Batson & Schoenrade, 1991a, 1991b). Total scores on each of these scales were used in analyses. Pearson product-moment correlations were used to determine the relationships, if any exist, between the three religious orientation scales and the ATDP. Using the Bonferroni approach to control for Type I error across the 6 correlations, a p value of less than .008 (.05/6 = .008) was required for significance. Analyses revealed a significant correlation between scores on the Extrinsic subscale and the ATDP ($r(396) = -.20, p < .001$). No significant correlation was found between scores on the Intrinsic subscale and scores on the ATDP ($r(396) = .05, n.s.$). No significant correlation was found between scores on the Quest scale and scores on the ATDP ($r(396) = .04, n.s.$).

Using a Pearson Product-Moment correlation, contact with the disabled was found to have a significant relationship with Quest scale scores ($r(396) = .11, p < .05$) as well as Extrinsic subscale scores ($r(396) = -.12, p < .05$). Given this relationship, a partial correlation was conducted to control for contact with the disabled when determining the relationship between religious orientation and attitudes toward the disabled. Again, using the Bonferroni correction to control for Type I error across the correlations, a p value of less than .008 (.05/6 = .008) was
required for significance. Similar to the above findings, a significant correlation was found between attitudes toward the disabled and Extrinsic religious orientation \( r(396) = -0.19, p < .001 \). Again, no significant correlations were found between attitudes and Intrinsic orientation \( r(396) = 0.04, \text{n.s.} \) or between attitudes and Quest orientation \( r(396) = 0.03, \text{n.s.} \).

**Discussion**

The purpose of the current study was to assess the relationship between religious orientation and people’s attitudes toward the disabled. Additionally, information regarding contact with the disabled and demographic factors was also collected to determine possible interactions these variables had with attitudes toward the disabled. The sample consisted of 396 (282 female, 114 male) college students from universities in Houston, TX and Portland, OR and was found to be religiously and ethnically diverse.

As expected, amount of contact with the disabled positively correlated with more positive attitudes toward the disabled. Students who identified themselves as having a disability showed significantly more positive attitudes toward the disabled than their able-bodied peers. Interestingly, family members of disabled individuals showed no significant differences in attitudes than those without disabled relatives. This is contrary to the logic that those with disabled family members would have increased contact, leading to more positive attitudes. A number of factors could have contributed to this outcome including variation in contact with the disabled family member, quality of relationship and experiences with the disabled relative, type of disability, or other extraneous variables.

A significant difference between ethnicities was found in attitudes toward the disabled between Caucasian and African American students as compared with Hispanic/Latino students. The latter group has significantly less positive attitudes than the former groups. This difference
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may partially explained by the fact that Hispanic/Latino students had significantly less contact with the disable than did Caucasian students. This only partially explains the difference because African American and Hispanic/Latino students showed no difference in contact. Also, Asian students reported significantly less contact than Caucasian students but showed no difference in attitude. Determining the reasons these differences amongst ethnic groups in attitudes toward and contact with the disabled is beyond the scope of this study but is an important direction for further investigation.

Significant differences in attitudes were found in regards to location of the participants. Students from the Portland, OR university showed significantly more positive attitudes than did students from the Houston, TX university. This is likely a result of Portland students having significantly more contact with disabled individuals than Houston students. Another factor may be the religious and sociopolitical differences between the two locations. Houston, TX is traditionally viewed as more conservative politically and socially than Portland, OR. It is not possible to determine whether and how these specific characteristics of the two locations factors into the reported differences. This is another recommended area for future research in the area of people’s attitudes toward the disabled.

Differences were found between religious affiliations of the students. Christian students were found to have significantly more negative views toward the disabled when compared to the Other group. There was no difference in amount of contact between these two groups. Given the wide variety of religions represented in the Other religious group (e.g. Hindu, Buddhist, Wiccan), it is difficult to determine the origin of the reported differences.

The examination of the relationships between religious orientation and attitudes toward the disabled yielded mixed results. First, the more extrinsically oriented a person was, the more
negative views they had of the disabled. This is consistent with previous research and the expected outcomes of the current study. Examination of the relationships between the Intrinsic and Quest scales and attitudes toward the disabled revealed more puzzling results. Scores on the Intrinsic and Quest scales were not found to be significantly related to attitudes toward the disabled. Even after controlling for contact with the disabled, the results remained unchanged. These results may be called into question given the fact that the Intrinsic and Quest scales were both found to be significantly correlated with the Extrinsic scale.

An additional factor that may explain the results regarding the Intrinsic scale was cited by Batson and Burris (1994). They argue the relationship between religious orientation and prejudice is dependent, in part, on whether an individuals’ religious community proscribes a particular type of prejudice, which, in this case, is negatively held beliefs toward the disabled.

The extrinsic, means dimension of personal religion is related to increased prejudice, but only when prejudice is proscribed… [The intrinsic, end dimension] is related to increased prejudice when the prejudice is not proscribed by the religious community (p. 166).

The lack of correlation between the intrinsic scale and attitudes toward the disabled could be accounted for by a separate factor- the differences among religious affiliations’ proscription of prejudice toward the disabled. This factor was not accounted for in the present study but would offer direction for future research. Accounting for proscription of this type of prejudice according to each participant’s religious affiliation could offer a more accurate view of the relationship between these religious orientation and attitudes toward the disabled.

The fact that both the Intrinsic and Quest scales were not found to be significantly related to attitudes toward the disabled may be partially attributable to the limitations of the current study.
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First, the study sample consisted of only college students, although two universities from distinct regions of the country were used. Sampling universities from additional regions in the U.S. may offer a more complete answer to the research question. Also, the use of survey data only assesses overt beliefs toward the disabled and this study did not account for social desirability or other factors that may have affected the responses of the participants.

The current study was aimed at determining the relationship between religious orientation and attitudes toward the disabled. Some of the results were unexpected, which serves to only highlight the complexity of these topics—religious orientation and disability. Debates have continued to rage on since Allport and Ross (1967) began examining the concept of religious orientation in the 1960’s. Fueled by conflicting research findings and personal biases, religious orientation remains a contentious and perplexing construct. Disability, as discussed earlier, has long been difficult to define and the social implications have been ever changing. Although the results of this study did not yield a clear description of the relationship between religious orientation and attitudes toward the disabled, the investigators believe this was an important first step in defining this relationship. In addition to religious orientation, future research should assess the impact an individual’s religious beliefs or doctrine has on their attitudes toward the disabled. Specifically, addressing the question whether prejudice toward the disabled is proscribed by the respondent’s religious community would be of importance.
References


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Appendix A

Informed Consent

PACIFIC UNIVERSITY

INFORMED CONSENT TO ACT AS A RESEARCH PARTICIPANT

An Investigation of the Relationship between Religious Orientation and Attitudes toward the

Disabled

Investigator Contact Information

Principal Investigator:

Dr. Shawn Davis

Pacific University

School of Professional Psychology

(503) 352-7319
davissh@pacificu.edu

1. Introduction and Background Information

You are invited to be in a research study investigating a variety of held attitudes and the potential interrelationship of such attitudes. This study is being conducted by Dr. Shawn Davis, Assistant Professor in the School of Professional Psychology at Pacific University.

2. Study Location and Dates

The study is expected to begin June 2007, and to be completed by August 2007. This study will be located on the online SurveyMonkey.com website.

3. Procedures

If you agree to be in this study, we will ask you to complete a series of electronic surveys. Your participation will be approximately 30 minutes.
4. Participants and Exclusion

You are eligible to participate in this experiment because you are an enrolled student at Pacific University and because you are at least 18 years of age. Also, you are eligible to participate because you have (or have access to) a personal computer and access to the World Wide Web (the Internet). If you believe that you do not meet one or more of these selection criteria, please inform the investigator immediately.

5. Risks and Benefits

Risks

Your participation in this project involves no foreseeable risks. The surveys presented should not cause you any discomfort, but if discomfort occurs, you can notify the experimenter and he will take steps to eliminate any discomfort. You do not have to answer any question you do not wish to answer.

There is a possible risk of having your computer identified during electronic means of communication including, but not limited to, the use of electronic mail (e-mail) and use of the Internet while completing the survey. This could associate the computer with this study. Computer IP addresses, however, will not be collected as part of the online data collection procedure in the present study.

Benefits

There are no direct benefits for participating in this study. Your participation, however, will allow social scientists to gain a better understanding of religious attitudes and attitudes toward the disabled.

6. Alternatives Advantageous to Participants

Not applicable.
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7. Participant Payment

You may be eligible to earn extra credit for your participation according to the policies of your instructor if you complete the survey. Additionally, by completing this project, you will be eligible to participate in a random drawing for a $10.00 gift certificate to the Pacific University Bookstore.

8. Promise of Privacy

The records of this study and your participation in this project will be kept strictly confidential. Results from your participation will be available only to the experimenter and her thesis chair. If a publication or other educational use results from this experiment and case reports are presented, all identifying material will be substantially modified so that your identity will be safeguarded. Only a unique password code number assigned at the onset of the experiment will identify you as a valid research participant. The investigator will not maintain a list matching your code number to your name; you alone will know the password code number. If the results of this study are to be presented or published, we will not include any information that will make it possible to identify you as an individual.

9. Voluntary Nature of the Study

Your decision whether or not to participate will not affect your current or future relations with Pacific University. There are no costs to you for your participation, other than the time involved for the experiment itself. If you choose not to participate, you are free to withdraw at any time; withdrawal will not result in penalty. Participation in this project is voluntary and the only other alternative to this project is non-participation.

10. Compensation and Medical Care
11. Contacts and Questions

The researcher will be happy to answer any questions you may have at any time during the course of the study. The researcher can be reached at.

Principal Investigator:

Dr. Shawn Davis

Pacific University

School of Professional Psychology

(503) 352-7319

davissh@pacificu.edu

If you are not satisfied with the answers you receive, please call Pacific University’s Institutional Review Board, at (503) 352 – 2112 to discuss your questions or concerns further. All concerns and questions will be kept in confidence.

12. Statement of Consent

My taking of this survey demonstrates that I consent to participation in this project and that I agree to the following:

I have read and understand the above. All my questions have been answered. I am 18 years of age or over and agree to participate in the study. I am printing a copy of this page for my records.
Appendix B

Demographics

Please answer the following:

1. What sex are you?

___ Male
___ Female

2. What is your ethnicity?

___ Caucasian
___ African American
___ Hispanic
___ Asian
___ Other (Please Specify)_____________

3. What is your age?

__________________

4. How many years have you attended college?

__________________

5. What is your current standing?

___ Freshman
___ Sophomore
___ Junior
___ Senior
___ Graduate Student
6. Are you disabled?

___Yes
___No

7. If you indicated that you are disabled, please detail the nature of your disability.

_______________________________________________________

8. Is anyone in your immediate family disabled?

___Yes
___No

9. If you indicated YES in the previous question, please specify your relationship to the family member(s).

_______________________________________________________

10. What religion were you primarily raised in (if any)?

___None
___Baptist
___Methodist
___Jewish
___Pentacostal
___Muslim
___Other (Please Specify)_________
11. What religion (if any) would you consider your primary religious affiliation?

___None

___Baptist

___Methodist

___Jewish

___Pentacostal

___Muslim

___Other (Please Specify)_________
Appendix C

Contact with Disabled Persons Scale

Please indicate your choice for each of the following:

1. How often have you had a long talk with a person who is physically disabled?
   Never___ Once or Twice___ A Few Times___ Often___ Very Often___

2. How often have you had brief conversations with persons who are physically disabled?
   Never___ Once or Twice___ A Few Times___ Often___ Very Often___

3. How often have you eaten a meal with a person who has a physical disability?
   Never___ Once or Twice___ A Few Times___ Often___ Very Often___

4. How often have you contributed money to organizations that help disabled persons?
   Never___ Once or Twice___ A Few Times___ Often___ Very Often___

5. How often have physically disabled persons discussed their lives or problems with you?
   Never___ Once or Twice___ A Few Times___ Often___ Very Often___

6. How often have you discussed your life or problems with a physically disabled person?
   Never___ Once or Twice___ A Few Times___ Often___ Very Often___

7. How often have you tried to help physically disabled persons with their problems?
   Never___ Once or Twice___ A Few Times___ Often___ Very Often___

8. How often have physically disabled persons tried to help you with your problems?
   Never___ Once or Twice___ A Few Times___ Often___ Very Often___

9. How often have you worked with a physically disabled client, student, or patient on the job?
   Never___ Once or Twice___ A Few Times___ Often___ Very Often___
10. How often have you worked with a physically disabled co-worker?
   Never___  Once or Twice___  A Few Times___  Often___  Very Often___

11. How often has a disabled friend visited you in your home?
   Never___  Once or Twice___  A Few Times___  Often___  Very Often___

12. How often have you visited disabled friends in their homes?
   Never___  Once or Twice___  A Few Times___  Often___  Very Often___

13. How often have you met a physically disabled person that you like?
   Never___  Once or Twice___  A Few Times___  Often___  Very Often___

14. How often have you met a physically disabled person that you dislike?
   Never___  Once or Twice___  A Few Times___  Often___  Very Often___

15. How often have you met a physically disabled person that you admire?
   Never___  Once or Twice___  A Few Times___  Often___  Very Often___

16. How often have you met a physically disabled person for whom you feel sorry?
   Never___  Once or Twice___  A Few Times___  Often___  Very Often___

17. How often have you been annoyed or disturbed by the behavior of a person with a disability?
   Never___  Once or Twice___  A Few Times___  Often___  Very Often___

18. How often have you been pleased by the behavior of a physically disabled person?
   Never___  Once or Twice___  A Few Times___  Often___  Very Often___

19. How often have you had pleasant experiences interacting with physically disabled persons?
   Never___  Once or Twice___  A Few Times___  Often___  Very Often___
20. How often have you had unpleasant experiences interacting with physically disabled persons?

Never___  Once or Twice___  A Few Times___  Often___  Very Often___
Appendix D

Attitudes Toward Disabled Persons Scale

Mark each statement indicating how much you agree or disagree with each:

1. Disabled people are usually friendly.
   I Disagree Very Much___    I Disagree Pretty Much___    I Disagree A Little___
   I Agree A Little___    I Agree Pretty Much___    I Agree Very Much___

2. People who are disabled should not have to pay income tax.
   I Disagree Very Much___    I Disagree Pretty Much___    I Disagree A Little___
   I Agree A Little___    I Agree Pretty Much___    I Agree Very Much___

3. Disabled people are no more emotional than other people.
   I Disagree Very Much___    I Disagree Pretty Much___    I Disagree A Little___
   I Agree A Little___    I Agree Pretty Much___    I Agree Very Much___

4. Disabled people can have a normal social life.
   I Disagree Very Much___    I Disagree Pretty Much___    I Disagree A Little___
   I Agree A Little___    I Agree Pretty Much___    I Agree Very Much___

5. Most physically disabled persons have a chip on their shoulder.
   I Disagree Very Much___    I Disagree Pretty Much___    I Disagree A Little___
   I Agree A Little___    I Agree Pretty Much___    I Agree Very Much___

6. Disabled workers can be as successful as other workers.
   I Disagree Very Much___    I Disagree Pretty Much___    I Disagree A Little___
   I Agree A Little___    I Agree Pretty Much___    I Agree Very Much___

7. Very few disabled persons are ashamed of their disabilities.
   I Disagree Very Much___    I Disagree Pretty Much___    I Disagree A Little___
I Agree A Little___   I Agree Pretty Much___   I Agree Very Much___

8. Most people feel uncomfortable when they associate with disabled people.
I Disagree Very Much___   I Disagree Pretty Much___   I Disagree A Little___
I Agree A Little___   I Agree Pretty Much___   I Agree Very Much___

9. Disabled people show less enthusiasm than non-disabled people.
I Disagree Very Much___   I Disagree Pretty Much___   I Disagree A Little___
I Agree A Little___   I Agree Pretty Much___   I Agree Very Much___

10. Disabled persons do not become upset any more easily than non-disabled people.
I Disagree Very Much___   I Disagree Pretty Much___   I Disagree A Little___
I Agree A Little___   I Agree Pretty Much___   I Agree Very Much___

11. Disabled people are often less aggressive than normal people.
I Disagree Very Much___   I Disagree Pretty Much___   I Disagree A Little___
I Agree A Little___   I Agree Pretty Much___   I Agree Very Much___

12. Most disabled persons get married and have children.
I Disagree Very Much___   I Disagree Pretty Much___   I Disagree A Little___
I Agree A Little___   I Agree Pretty Much___   I Agree Very Much___

13. Most disabled persons do not worry anymore than anyone else.
I Disagree Very Much___   I Disagree Pretty Much___   I Disagree A Little___
I Agree A Little___   I Agree Pretty Much___   I Agree Very Much___

14. Employers should not be allowed to fire disabled employees.
I Disagree Very Much___   I Disagree Pretty Much___   I Disagree A Little___
I Agree A Little___   I Agree Pretty Much___   I Agree Very Much___
ATTITUDES TOWARD THE DISABLED

15. Disabled people are not as happy as non-disabled ones.
I Disagree Very Much___    I Disagree Pretty Much___    I Disagree A Little___
I Agree A Little___    I Agree Pretty Much___    I Agree Very Much___

16. Severely disabled people are harder to get along with than are those with minor disabilities.
I Disagree Very Much___    I Disagree Pretty Much___    I Disagree A Little___
I Agree A Little___    I Agree Pretty Much___    I Agree Very Much___

17. Most disabled people expect special treatment.
I Disagree Very Much___    I Disagree Pretty Much___    I Disagree A Little___
I Agree A Little___    I Agree Pretty Much___    I Agree Very Much___

18. Disabled persons should not expect to lead normal lives.
I Disagree Very Much___    I Disagree Pretty Much___    I Disagree A Little___
I Agree A Little___    I Agree Pretty Much___    I Agree Very Much___

19. Most disabled persons tend to get discouraged easily.
I Disagree Very Much___    I Disagree Pretty Much___    I Disagree A Little___
I Agree A Little___    I Agree Pretty Much___    I Agree Very Much___

20. The worst thing that could happen to a person would be for him or her to become severely injured.
I Disagree Very Much___    I Disagree Pretty Much___    I Disagree A Little___
I Agree A Little___    I Agree Pretty Much___    I Agree Very Much___

21. Disabled children should not have to compete with non-disabled children.
I Disagree Very Much___    I Disagree Pretty Much___    I Disagree A Little___
I Agree A Little___    I Agree Pretty Much___    I Agree Very Much___
22. Most disabled people do not feel sorry for themselves.

I Disagree Very Much___ I Disagree Pretty Much___ I Disagree A Little___
I Agree A Little___ I Agree Pretty Much___ I Agree Very Much___

23. Most disabled people prefer to work with other disabled people.

I Disagree Very Much___ I Disagree Pretty Much___ I Disagree A Little___
I Agree A Little___ I Agree Pretty Much___ I Agree Very Much___

24. Most severely disabled people are not as ambitious as physically normal persons.

I Disagree Very Much___ I Disagree Pretty Much___ I Disagree A Little___
I Agree A Little___ I Agree Pretty Much___ I Agree Very Much___

25. Disabled people are not as self-confident as physically normal persons.

I Disagree Very Much___ I Disagree Pretty Much___ I Disagree A Little___
I Agree A Little___ I Agree Pretty Much___ I Agree Very Much___

26. Most disabled persons don’t want more affections and praise than other people.

I Disagree Very Much___ I Disagree Pretty Much___ I Disagree A Little___
I Agree A Little___ I Agree Pretty Much___ I Agree Very Much___

27. It would be best if a physically disabled person would marry another disabled person.

I Disagree Very Much___ I Disagree Pretty Much___ I Disagree A Little___
I Agree A Little___ I Agree Pretty Much___ I Agree Very Much___

28. Most disabled people do not need special attention.

I Disagree Very Much___ I Disagree Pretty Much___ I Disagree A Little___
I Agree A Little___ I Agree Pretty Much___ I Agree Very Much___
29. Disabled persons want sympathy more than other people.

I Disagree Very Much___ I Disagree Pretty Much___ I Disagree A Little___
I Agree A Little___ I Agree Pretty Much___ I Agree Very Much___

30. Most physically disabled persons have different personalities than normal persons.

I Disagree Very Much___ I Disagree Pretty Much___ I Disagree A Little___
I Agree A Little___ I Agree Pretty Much___ I Agree Very Much___
Appendix E

Religious Orientation Scales

Please indicate the extent to which you agree or disagree with each of the following:

1. Certain people have served as “models” for my religious development.
   Strongly Disagree___ Disagree___ Neutral___ Agree___ Strongly Agree___

2. I was not very interested in religion until I began to ask questions about the meaning and purpose of my life.
   Strongly Disagree___ Disagree___ Neutral___ Agree___ Strongly Agree___

3. Religion helps to keep my life balanced and steady in exactly the same way as my citizenship, friendships and other memberships do.
   Strongly Disagree___ Disagree___ Neutral___ Agree___ Strongly Agree___

4. Occasionally I find it necessary to compromise my religious beliefs in order to protect my social and economic well-being.
   Strongly Disagree___ Disagree___ Neutral___ Agree___ Strongly Agree___

5. I believe in “original sin” (we are all born sinners).
   Strongly Disagree___ Disagree___ Neutral___ Agree___ Strongly Agree___

6. I read literature about my faith (or church).
   Strongly Disagree___ Disagree___ Neutral___ Agree___ Strongly Agree___

7. I believe Jesus Christ is the divine Son of God.
   Strongly Disagree___ Disagree___ Neutral___ Agree___ Strongly Agree___

8. Whether I turn out to be religious or not doesn’t make much difference to me.
   Strongly Disagree___ Disagree___ Neutral___ Agree___ Strongly Agree___
9. I believe Jesus Christ was resurrected (raised from the dead).

Strongly Disagree___  Disagree___  Neutral___  Agree___  Strongly Agree___

10. I have found it essential to have faith.

Strongly Disagree___  Disagree___  Neutral___  Agree___  Strongly Agree___

11. I find it impossible to conceive of myself not being religious.

Strongly Disagree___  Disagree___  Neutral___  Agree___  Strongly Agree___

12. If I were to join a church group I would prefer to join a Bible study group rather than a social fellowship.

Strongly Disagree___  Disagree___  Neutral___  Agree___  Strongly Agree___

13. One reason for my being a church member is that such membership helps to establish a person in the community.

Strongly Disagree___  Disagree___  Neutral___  Agree___  Strongly Agree___

14. I believe in the existence of a just and merciful personal God.

Strongly Disagree___  Disagree___  Neutral___  Agree___  Strongly Agree___

15. I believe Jesus Christ is the Messiah promised in the Old Testament.

Strongly Disagree___  Disagree___  Neutral___  Agree___  Strongly Agree___

16. The purpose of prayer is to secure a happy and peaceful life.

Strongly Disagree___  Disagree___  Neutral___  Agree___  Strongly Agree___

17. It doesn’t matter so much what I believe so long as I lead a moral life.

Strongly Disagree___  Disagree___  Neutral___  Agree___  Strongly Agree___

18. I believe there is a transcendent realm (an “other” world, not just this world in which we live).

Strongly Disagree___  Disagree___  Neutral___  Agree___  Strongly Agree___
19. A primary reason for my interest in religion is that my church is a congenial social activity.

Strongly Disagree___  Disagree___  Neutral___  Agree___  Strongly Agree___

20. For me, religion has not been a “must”.

Strongly Disagree___  Disagree___  Neutral___  Agree___  Strongly Agree___

21. My religion serves to satisfy needs for fellowship and security.

Strongly Disagree___  Disagree___  Neutral___  Agree___  Strongly Agree___

22. Quite often I have been keenly aware of the presence of God of the Divine Being.

Strongly Disagree___  Disagree___  Neutral___  Agree___  Strongly Agree___

23. I believe God has a plan for the universe.

Strongly Disagree___  Disagree___  Neutral___  Agree___  Strongly Agree___

24. Questions are far more central to my religious experience than are answers.

Strongly Disagree___  Disagree___  Neutral___  Agree___  Strongly Agree___

25. As I grow and change, I expect my religion also to grow and change.

Strongly Disagree___  Disagree___  Neutral___  Agree___  Strongly Agree___

26. The primary purpose of prayer is to gain relief and protection.

Strongly Disagree___  Disagree___  Neutral___  Agree___  Strongly Agree___

27. I believe in the “second coming” (that Jesus Christ will one day return to judge and rule the world).

Strongly Disagree___  Disagree___  Neutral___  Agree___  Strongly Agree___

28. I believe God created the universe.

Strongly Disagree___  Disagree___  Neutral___  Agree___  Strongly Agree___
29. God’s will/should shape my life.

Strongly Disagree___  Disagree___  Neutral___  Agree___  Strongly Agree___

30. Outside forces (other persons, church, etc.) have been relatively unimportant in my religious development.

Strongly Disagree___  Disagree___  Neutral___  Agree___  Strongly Agree___

31. If not prevented by unavoidable circumstances, I attend church.

Strongly Disagree___  Disagree___  Neutral___  Agree___  Strongly Agree___

32. There are many religious issues on which my views are still changing.

Strongly Disagree___  Disagree___  Neutral___  Agree___  Strongly Agree___

33. I have been driven to ask religious questions out of a growing awareness of the tensions in my world and in my relation to my world.

Strongly Disagree___  Disagree___  Neutral___  Agree___  Strongly Agree___

34. When it comes to religious questions, I feel driven to know the truth.

Strongly Disagree___  Disagree___  Neutral___  Agree___  Strongly Agree___

35. The church has been very important for my religious development.

Strongly Disagree___  Disagree___  Neutral___  Agree___  Strongly Agree___

36. Although I am a religious person I refuse to let religious considerations influence my everyday affairs.

Strongly Disagree___  Disagree___  Neutral___  Agree___  Strongly Agree___

37. I believe the Bible is the unique authority for God’s will.

Strongly Disagree___  Disagree___  Neutral___  Agree___  Strongly Agree___

38. I believe one must accept Jesus Christ as Lord and Savior to be saved from sin.

Strongly Disagree___  Disagree___  Neutral___  Agree___  Strongly Agree___
39. My minister (or youth director, camp counselor, etc.) has had a profound influence on my personal religious development.

Strongly Disagree___ Disagree___ Neutral___ Agree___ Strongly Agree___

40. The church is most important as a place to formulate good social relationships.

Strongly Disagree___ Disagree___ Neutral___ Agree___ Strongly Agree___

41. I believe in life after death.

Strongly Disagree___ Disagree___ Neutral___ Agree___ Strongly Agree___

42. Religion is especially important because it answers questions about the meaning of life.

Strongly Disagree___ Disagree___ Neutral___ Agree___ Strongly Agree___

43. What religion offers me most is comfort when sorrows and misfortune strike.

Strongly Disagree___ Disagree___ Neutral___ Agree___ Strongly Agree___

44. The prayers I say when I am alone carry as much meaning and personal emotions as those said by me during services.

Strongly Disagree___ Disagree___ Neutral___ Agree___ Strongly Agree___

45. I pray chiefly because I have been taught to pray.

Strongly Disagree___ Disagree___ Neutral___ Agree___ Strongly Agree___

46. My religious beliefs are really what lie behind my whole approach to life.

Strongly Disagree___ Disagree___ Neutral___ Agree___ Strongly Agree___

47. God wasn’t very important to me until I began to ask questions about the meaning of my own life.

Strongly Disagree___ Disagree___ Neutral___ Agree___ Strongly Agree___

48. I try hard to carry my religion over into all my other dealings with life.

Strongly Disagree___ Disagree___ Neutral___ Agree___ Strongly Agree___
49. It might be said that I value my religious doubts and uncertainties.

Strongly Disagree___ Disagree___ Neutral___ Agree___ Strongly Agree___

50. I am constantly questioning my religious beliefs.

Strongly Disagree___ Disagree___ Neutral___ Agree___ Strongly Agree___

51. My life experiences have led me to rethink my religious convictions.

Strongly Disagree___ Disagree___ Neutral___ Agree___ Strongly Agree___

52. My religious development is a natural response to our innate need for devotion to God.

Strongly Disagree___ Disagree___ Neutral___ Agree___ Strongly Agree___

53. Religion is something I have never felt personally compelled to consider.

Strongly Disagree___ Disagree___ Neutral___ Agree___ Strongly Agree___

54. I do not expect my religious convictions to change in the next few years.

Strongly Disagree___ Disagree___ Neutral___ Agree___ Strongly Agree___

55. Although I believe in my religion, I feel there are many more important things in my life.

Strongly Disagree___ Disagree___ Neutral___ Agree___ Strongly Agree___

56. It is necessary for me to have a religious belief.

Strongly Disagree___ Disagree___ Neutral___ Agree___ Strongly Agree___

57. It is important for me to spend periods of time in private religious thought and meditation.

Strongly Disagree___ Disagree___ Neutral___ Agree___ Strongly Agree___

58. A major factor in my religious development has been the importance of religion for my parents.

Strongly Disagree___ Disagree___ Neutral___ Agree___ Strongly Agree___
59. For me, doubting is an important part of what it means to be religious.

Strongly Disagree___ Disagree___ Neutral___ Agree___ Strongly Agree___

60. I find religious doubts upsetting.

Strongly Disagree___ Disagree___ Neutral___ Agree___ Strongly Agree___
Appendix F

Research Credit Form

PLEASE PRINT FOR YOUR RECORDS

This student has completed the following study for research credit through SurveyMonkey.com. Any questions may be directed to the principal investigator at davissh@pacificu.edu or (503) 352-7319.

Study Title: An Investigation of the Relationship between Religiosity and Attitudes toward the Disabled

IRB #: 126-07

Principal Investigator: Shawn Davis, Ph.D.

Time spent: 30 minutes

To the Instructor: This receipt indicates completion of an online research project. If you have any questions, please contact Dr. Davis.

To the Research Participant: If you would like to be informed of the results of this research project, please contact Dr. Shawn Davis at davissh@pacificu.edu for a summary report once one is available.

1. Please Enter Date of Participation.

   MM/DD/YYYY

2. Please Enter Your Name.

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