

Attitudes towards People with Intellectual and Developmental Disabilities¹

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Abstract

This study aimed to determine if Best Buddies is effective in instilling positive attitudes in college students towards people with intellectual and developmental disabilities (IDD). Best Buddies is a nonprofit organization dedicated to establishing a global volunteer movement that implements integration programs for people with IDD. This study entailed an electronic questionnaire sent via email to all full-time students at a small, liberal arts college in upstate New York in the spring of 2011. A total of 121 respondents completed the questionnaire, 25 of whom were members of Best Buddies. The questionnaire mimicked Gething & Wheeler's (1992) scale to measure attitudes towards people with IDD, which included twenty statements. The results supported the main hypothesis that members of Best Buddies hold more positive attitudes towards people with IDD. The study also indicated that these members feel more comfortable than non-members when interacting with people who have IDD. Overall, students in the sample reported moderately favorable attitudes towards people with intellectual and developmental disabilities.

Introduction

Daruwalla and Darcy (2005) reported that 500 million people in the world have disabilities and that somewhere between 10% and 19% of Western populations live with disabilities. These disabilities include physical, developmental, intellectual and psychological issues that not only interfere with the individual's daily life but can also attract various stereotypes and prejudices.

People with disabilities experience many hardships in their daily lives. In addition to the complications they face due to their physical, intellectual and developmental disabilities, they face a world of people who do not understand them. People who lack understanding about disabilities often form stereotypes and place stigmas on people with disabilities out of sheer ignorance. This ignorance may then spread to those

around them and act as a barrier to integration for those with disabilities who aim to overcome the obstacles brought to them by their disabilities.

People with IDD face particularly negative stigmas in the social realm. Because of their disabilities, others often view them as undesirable and not suitable for social interactions. Non-disabled people shy away from this population either because they do not know how to interact with them, or simply because they do not want to interact with someone who is “different.” This creates a sense of otherness for those with disabilities; it belittles them and puts them in a separate, less valued, world than the population without disabilities.

To assist people with IDD in overcoming such obstacles, Anthony Kennedy-Shriver created the global organization known as Best Buddies International. Best Buddies is a “nonprofit 501(c)(3) organization dedicated to establishing a global volunteer movement that creates opportunities for one-to-one friendships, integrated employment and leadership development for people with intellectual and developmental disabilities” (bestbuddiesonline.org). This program aims to help people with disabilities build social networks that not only build self-esteem but also bring about further integration into the community, workplace, and the world of leadership.

The Best Buddies program pairs people without disabilities with people that have IDD based on common interests. The pair then builds a relationship that may eventually develop into a deep, personal friendship. Most Best Buddies programs require the person without a disability to contact their Buddy, or person with a disability, at least once a week by phone or email. They also must spend time together at least twice a month in addition to attending monthly group events planned by the local Best Buddies chapter.

Best Buddies is important to people with disabilities because it provides them with opportunities that they might not encounter elsewhere. In a comfortable, fun-loving environment, Best Buddies International makes people with disabilities feel like what they really are: *people*. Some events typically hosted by Best Buddies chapters include fundraising walks, proms, attendance at sporting events, community service, holiday parties, and many more. These events preserve or even create a sense of normalcy in the lives of those with disabilities as they allow each person to experience a social life similar to that of their peers.

Cloerkes (1981) served as an inspiration for this research due to his findings on the relationship between personality traits and their influence on attitudes towards people with disabilities. Davidson's (2010) study on autism also contributed to this research because he considered not only attitudes of the non-disabled, but also the viewpoint of those with disabilities – more specifically, those with autism. This information was pertinent to this study because it helped to gain insight from the minds of people with disabilities regarding their integration into society.

Attitudes towards People with Disabilities

Many sociologists have conducted research regarding people with disabilities and the manner in which others perceive and treat them. Loo (2004) studied attitudes towards those with disabilities together with the respondent's views on euthanasia. He found that religious and moral values are influential in shaping attitudes towards euthanasia and towards those with disabilities. Negative attitudes towards people with disabilities are more prominent among males, younger adults, and those with lower levels of education. Schwartz and Armony-Sivan (2001) found that social work students are more likely to support inclusion of people with disabilities than students studying law, natural sciences, or social sciences.

Parasuram (2006) found that age, gender, and level of education also influenced attitudes towards people with disabilities. Young adults had more positive attitudes than older adults; females held more positive attitudes than males; and those with higher levels of education were more likely to display positive attitudes than those with less education. Skar's (2010) study showed that children portrayed positive attitudes toward people with disabilities. The combination of certain character traits, religious values, field of study, age, gender and level of education contribute to the attitudes formed towards people with disabilities.

Attitudes towards people with IDD are also affected by the level of exposure to those with disabilities. Daruwalla and Darcy's (2004) study revealed that attitudes towards people with disabilities can be altered by intervention programs. Vehmas (1999) found that greater value is placed on the lives of non-disabled infants than on the lives of infants with disabilities. The level of prejudgment involved in interactions with

people with disabilities has a strong impact on the actions and attitudes expressed towards that population.

Claes (2010) developed a method for determining the quality of life for persons with intellectual disabilities. The most critical elements of quality of life were self-determination, interpersonal relations, and emotional well-being. Since society views people with disabilities as having less self-determination, lower-quality interpersonal relations, and lower emotional well-being than those without disabilities, their quality of life is viewed as lower than that of the general population. Van Alphen et al. (2010) conducted a series of interviews that indicated that people fear what they do not know, and not knowing a great deal about what it means to have a disability leads people to want to keep their distance.

Effects of Attitudes towards People with Disabilities

Past research has found that people with disabilities suffer from a number of obstacles and struggles in their daily lives as a result of social stigmas resulting from their disabilities (Jahoda, et al. 2010; Titchkosky, 2005; Sheets, 2005; Shtayerman, 2009). Jahoda et al. (2010) found that people with disabilities struggle tremendously in forming healthy identities and self-concepts. Titchkosky (2005) discussed the continuous limits and prejudices that restrict people with disabilities and how these limits are maintained by mainstream media. Sheets (2005) found that one method of reducing prejudices against people with disabilities is to “increase opportunities for positive interaction with people with a disability” (39).

Shtayerman (2009) found that 20% of the respondents who had Asperger’s Syndrome met the criteria for major depressive disorder and 30% met the criteria for anxiety disorder as a result of the stigmas they face. Negative attitudes may lead people to treat their disabled peers unfavorably, which can lead to increased levels of depression and anxiety for the disabled.

The results of Davidson’s (2009) study indicated that people who have autism do not want to reshape their worldviews and follow societal norms, but rather to create a mutual understanding of acceptable behaviors to be shared among those with and without autism. This study coincided with the findings of Hahn et al.’s (2004) study of

disabilities activists, which concluded that not all people with disabilities want to be “cured” in order to appease the general public and that many are filled with a sense of dignity and pride that is formed by their group identity.

Inclusion Programs

Very little research has been done on inclusion programs such as Best Buddies. In Titchkosky’s (2010) content analysis of government-implemented inclusion programs, the author claimed that by attempting to create inclusion programs, the government deems people with disabilities as exclude-able thus perpetuating the notion of otherness. On the contrary, Tomlinson’s (2010) review of Barton’s study on the political perspectives of special education found that inclusion programs and the abolition of segregation in intellectual settings would improve quality of life for people with disabilities. Wiesel (2009) provided a differing view on inclusion programs, stating that, although inclusive programs can enhance the relationships between those with and without disabilities, these programs lead to the abuse of power which would reduce the quality of these programs.

Inclusion programs geared towards instilling a mutual understanding of the difference between those with and without disabilities are the most prominently cited starting point for gaining greater acceptance in society. Do programs similar to Best Buddies increase integration and acceptance of people with disabilities?

Hypotheses & Theoretical Framework

This research tested five hypotheses regarding the effectiveness of Best Buddies.

1. Attitudes towards people with disabilities are more favorable for people involved in Best Buddies than for people who are not. Daruwalla and Darcy (2005) found that people without disabilities become more sympathetic towards and accepting of those with disabilities when they are more aware of what the disabilities entail. The means of communicating information about disabilities in this study included attending a lecture, watching a video, and interacting with a person with disabilities. Since these actions led to more favorable attitudes towards those with disabilities, it is clear that

knowledge about disabilities has a positive effect on one's attitude. Those who were involved in Best Buddies were predicted to have more favorable attitudes towards people with disabilities.

2. People involved in Best Buddies feel more comfortable around people with disabilities than those who are not involved. This hypothesis aimed to determine whether or not interacting with people with disabilities increases the comfort level that the non-disabled experience. This hypothesis is derived from a combination of Bornstein's (1989) psychological theory that familiarity breeds fondness, along with Gething and Wheeler's (1992) study on interactions with disabled persons. As people become more familiar with one another, they are likely to grow accustomed to one another and thus develop friendly relations. These interactions can be experienced in inclusion programs, such as Best Buddies, which aim to provide members with a sense of familiarity amongst one another. As the research of Daruwalla and Darcy (2005) indicated, people are uncomfortable with the unfamiliar. Those who are not involved in inclusion programs may not be aware of the world of disabilities and will, therefore, experience greater discomfort upon interacting with people who have disabilities.
3. Females have more positive attitudes towards people with disabilities than males. The theoretical basis for this hypothesis was drawn from Parasuram's (2006) study of variables that affect attitudes towards disabilities. Although the differences were not found to be statistically significant, there were still differences between male and female attitudes. Therefore, it was expected that this research would show a difference in the attitudes held by males and those held by females.
4. Those who are involved in Best Buddies demonstrate more compassion towards people with IDD than do non-members. Similar to the theoretical framework for hypothesis two, it was expected that familiarity breeds fondness with regard to social interactions. If a person is fond of someone they are likely to show compassion towards that person. It was predicted that repeated interaction with people with disabilities would increase such compassion.
5. Members of inclusion programs experience greater satisfaction after interacting with and helping people with disabilities in comparison to non-members. Gething and Wheeler (1992) indicated that people who have frequent interaction with people with

IDD experience greater satisfaction after helping them because they understand more fully the difficulties and needs of people with disabilities.

Methodology

This study took place in the spring of 2011 and used a questionnaire to uncover information about college students' interactions with people with IDD, along with their general attitudes towards people with disabilities. Gething and Wheeler (1992) created an attitude scale that was adapted for the purposes of this study. The attitude statements were altered slightly in order to include specific references to people with disabilities. For example, question one was changed from "It is rewarding when I am able to help" to "It is rewarding when I am able to help people with disabilities." The purpose of the rewording was to ensure that the respondent completely understood the situation described by each statement.

Following each statement was a five-point set of fixed responses: strongly agree, agree, don't know, disagree, and strongly disagree. Nine questions included "does not apply" as an option for situations that the respondent may not have experienced. Scoring the attitude scale involved a point-value system that awarded the respondent one point for answering "strongly disagree," two points for "disagree," three points for "don't know," four points for "agree," and five points for "strongly agree" for positively worded items. The scoring was reversed for negatively worded items. The mean for all twenty attitude statements was then calculated for each respondent to represent the respondent's attitude towards people with disabilities.

Each of the statements on the attitude scale referred to thoughts, feelings, and emotions experienced at a time when the respondent had interacted with a person with disabilities. The measures were predicted to be reliable because people who demonstrate positive attitudes towards those with disabilities are likely to maintain those attitudes over time, and those who report more negative attitudes are also likely to maintain these attitudes over time. The results may not have been completely accurate, however, in that people may have chosen what they considered "socially desirable" responses.

Level of comfort was measured by asking the respondents to indicate their level of agreement with three statements: “When interacting with a person with developmental disabilities, it is difficult for me to look them in the eyes,” “I tend to make interactions with people with disabilities brief and finish them as quickly as possible,” and “I feel uncomfortable and find it hard to relax when interacting with a person with disabilities.” The mean score of the three responses was used to determine the level of comfort each respondent felt about interacting with people with disabilities. A score of five indicated complete comfort, while a score of one indicated that the respondent always felt uncomfortable when interacting with people with disabilities.

The level of compassion felt by the respondent was measured by items three, four, and sixteen: “It is rewarding when I am able to help people with developmental disabilities,” “It upsets me when a person with an intellectual and/or developmental disability wants to do something but cannot,” and “I feel sorry for people with disabilities.” The score was calculated for each respondent in the same fashion as comfort level. A score of five indicated the highest degree of compassion whereas a score of one represented minimal compassion towards people with intellectual and developmental disabilities.

The level of satisfaction experienced when interacting with people with disabilities was measured by asking the respondent to indicate his or her level of agreement with the statement, “It is rewarding when I am able to help people with disabilities.”

Sample

This study involved the comparison of two groups. The first group included students who were not involved Best Buddies. The second group included students who were, at the time, active participants in Best Buddies. Both groups received the same questionnaire. It was assumed that members of Best Buddies maintain regular contact with people with disabilities due to the frequent events planned and executed by this club. Active members attend the majority of the events which occur once a month. In addition to this, many club members maintain weekly contact with their assigned Buddy, or person with a disability, as per the requirements for being paired with someone in this club. This study also took into account the possibility of interaction with

people with disabilities outside of Best Buddies by asking the respondent to report such instances.

The original sample size was approximately 3,000 people, as that was the estimated number of full-time students. The response rate was relatively low; only 121 students filled out the survey. The number of respondents involved in Best Buddies was 25 – two males and 23 females. The remaining 96 were not members of Best Buddies with a gender breakdown of 19 males and 77 females.

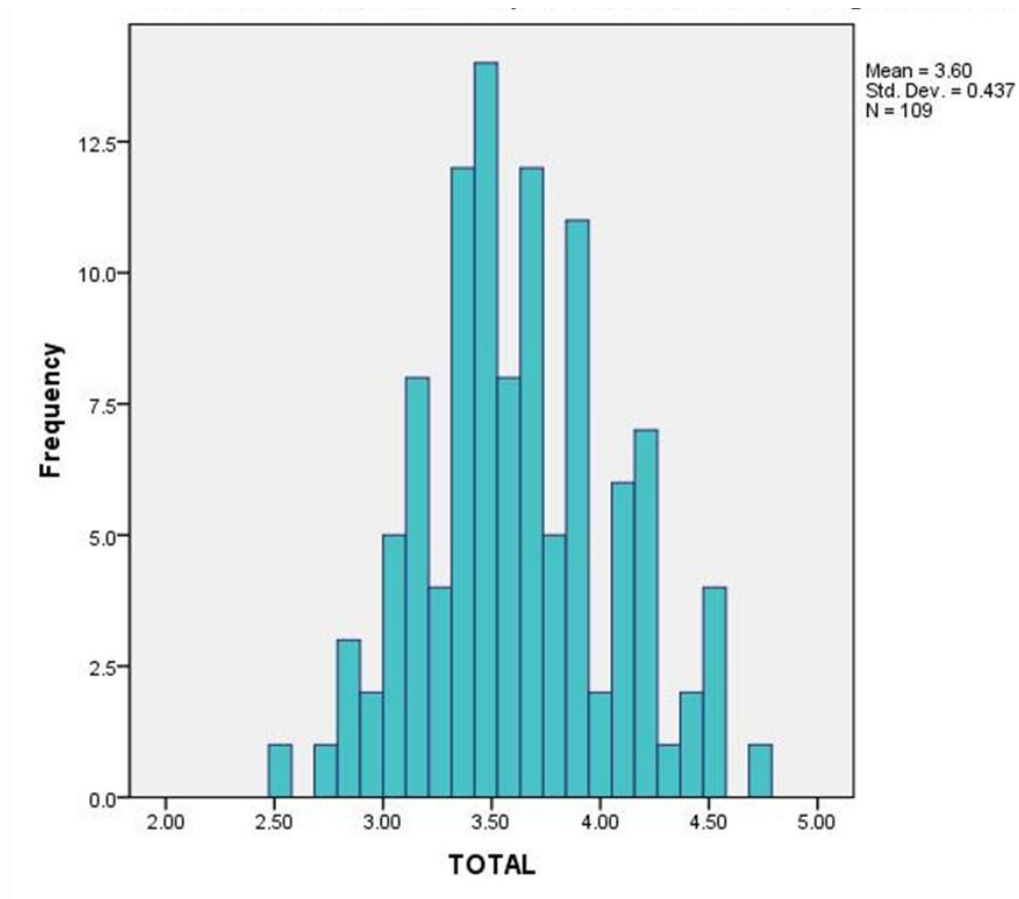
The sample was not representative of the population. While 55% of all students were female at this college, approximately 83% of the respondents were female. This sample was also not representative of college students nationally for a number of reasons. The students in attendance are primarily Catholic, which may influence their views on people with disabilities. On the one hand, these students may demonstrate religious values that would lead them to be more accepting of all types of people. On the other hand, they could possibly be more sheltered which could have a negative influence on their views towards people with disabilities.

Findings

Overall, students in this study showed positive attitudes towards people with intellectual and developmental disabilities. Figure 1.1 shows the distribution of attitude scores, with a mean score of 3.6. As seen in the graph, 102 respondents scored three or higher on the attitude scale whereas only seven respondents scored lower than three.²

Figure 1.1

Attitudes towards People with Intellectual and Developmental Disabilities



When making the distinction between members of Best Buddies and non-members, however, a noteworthy difference lies in the overall attitudes towards people with intellectual and developmental disabilities. For example, 32% of members of Best Buddies demonstrated a mean of four or higher whereas 16.7% of non-members scored four or higher. Four percent of members of Best Buddies demonstrated a mean attitude score less than three while 7.14% of non-members held a mean attitude score under three. These statistics are presented in Figures 1.2 and 1.3.

Figure 1.2

Mean Attitudes towards People with IDD:
Members of Best Buddies

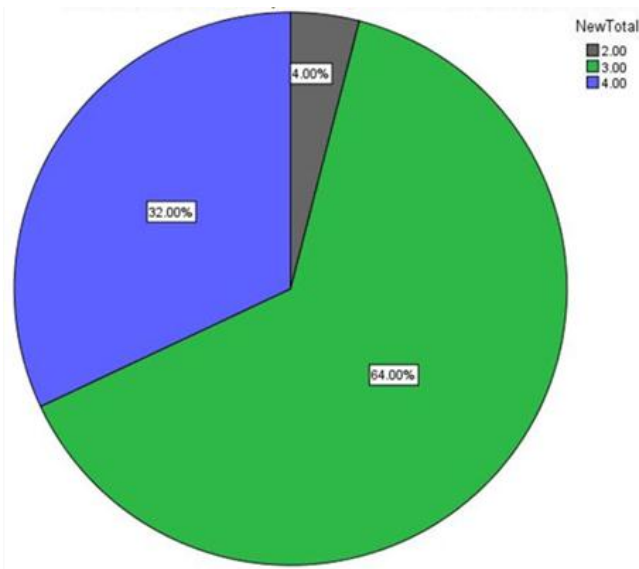
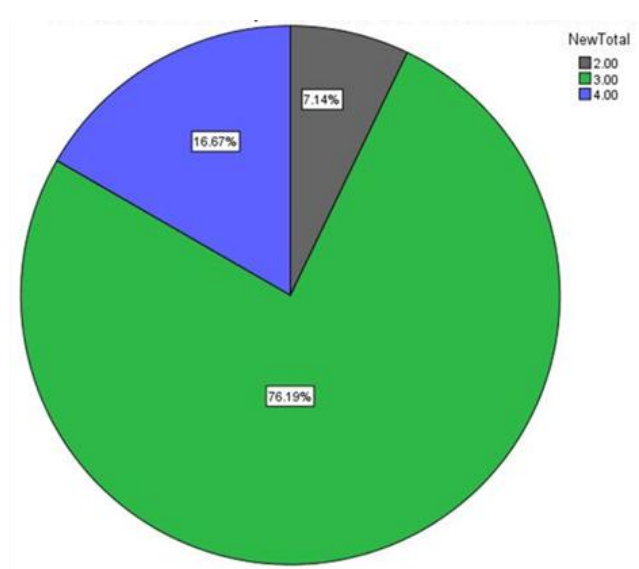


Figure 1.3

Mean Attitudes towards People with IDD:
Non-members of Best Buddies



Hypothesis one predicted that members of Best Buddies would demonstrate more positive attitudes than non-members. The mean attitude for members of Best Buddies was 3.77, whereas the mean attitude for non-members was 3.55 ($t=2.24$; $p=.0135$). As a result of these findings, the null hypothesis was rejected. The difference in attitudes between members and non-members was statistically significant and not due to chance.

Hypothesis two, that members of Best Buddies are more comfortable around people with intellectual and developmental disabilities, was also supported by means of a one-tailed t-test. The mean comfort level for members of Best Buddies was 4.2 while the mean comfort for non-members was 3.58 ($t=3.52$; $p < .001$). Again, the null hypothesis was rejected. The difference between members and non-members was statistically significant and not due to chance. Figure 2.1 demonstrates that none of the members of Best Buddies experience complete discomfort when interacting with people with disabilities, while Figure 2.2 shows that 6.5% of non-members scored the lowest possible comfort level on the attitude scale.

Figure 2.1
Comfort when Interacting with People
with IDD:
Members of Best Buddies

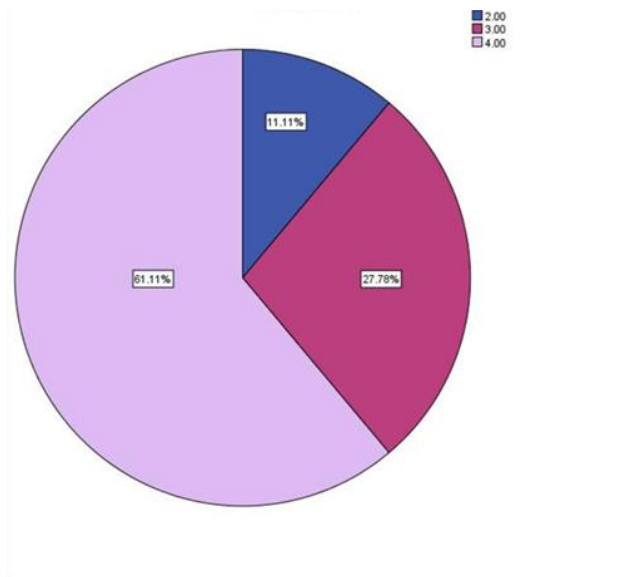
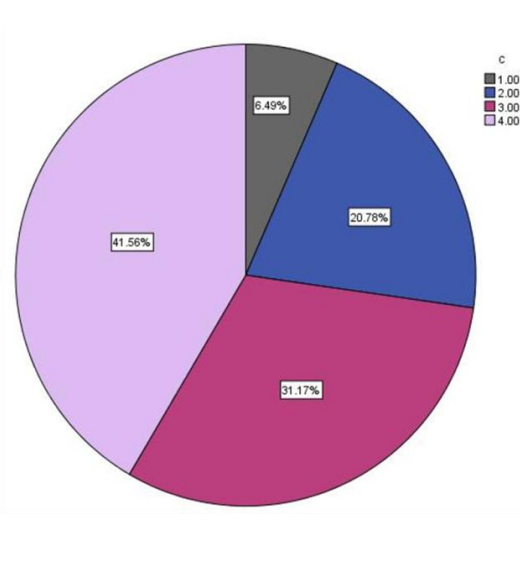


Figure 2.2
Comfort when Interacting with People
with IDD:
Non-members of Best Buddies



Hypothesis three predicted that females would hold more positive attitudes towards people with disabilities. The mean attitude for females was 3.61 and the mean for males was 3.54 ($t = .581$; $p = .281$). Despite the fact that this difference between males and females was in the predicted direction, the difference was not large enough to be statistically significant. This indicated that the difference in attitudes between males and females may have been due to chance.

Hypothesis four stated that those in Best Buddies would feel more compassion towards people with disabilities. The mean level of compassion of members was 4.31 while that of non-members was 4.08. The difference between members and non-members was in the predicted direction and the null hypothesis was rejected ($t = 1.814$; $p = .036$).

The fifth hypothesis stated that people involved in Best Buddies experience greater satisfaction after helping people with intellectual and developmental disabilities. The mean satisfaction score for members of Best Buddies was 4.6 whereas the mean satisfaction score for non-members was 4.52. These results were in the predicted

direction. The null hypothesis was accepted because the results were not found to be statistically significant ($t=.393$; $p=0.35$). This indicated that the difference in level of satisfaction between members and non-members may have been due to chance.

A number of other findings were evident. One of the attitude items asked the respondents to indicate to what degree they agreed with the statement, "When interacting with a person with intellectual and developmental disabilities, I find it difficult to look them in the eyes." The mean for members of Best Buddies was 4.16 whereas the mean for non-members was 3.58. This one-tailed t-test indicated that the difference was statistically significant and not due to chance ($t=3.08$; $p=.003$). This further supported the hypothesis that members of Best Buddies feel more comfortable when interacting with people with intellectual and developmental disabilities.

This study also showed that people who frequently interact with people with intellectual and developmental disabilities outside of Best Buddies hold more positive attitudes towards people with IDD. Question twenty-four asked the respondents, both members and non-members of Best Buddies, "Have you ever been in frequent contact with a person with an intellectual and/or developmental disability?" and provided a list of various relationships the respondent may have had with a person or persons with IDD. The list of responses included "immediate family member, other relative, friend, classmate, neighbor, Special Olympics, and other." The respondent was given an opportunity to elaborate on the relationship if they selected "other." Some of the responses included having worked at summer camps for people with disabilities, previous experiences with Best Buddies, and internships or jobs where people with intellectual and developmental disabilities were present. Here, one can hypothesize that those who have experienced more interactions with people with disabilities would have a more favorable attitude score. The mean attitude score for people who answered "yes" to the original question was 3.79 while the mean score for those who answered "no" was 3.51. Because these results were statistically significant, the null hypothesis was rejected and the difference in mean attitude scores was, therefore, not due to chance ($t=3.309$; $p=.001$). This expands upon hypothesis one in that it shows that prolonged exposure to people with intellectual and developmental disabilities may cultivate more favorable attitudes towards them.

Conclusions and Recommendations

Best Buddies changes the minds and hearts of a broad range of people, as it exists in all fifty states and in fifty countries around the world. This international organization strives not only for the integration of people with disabilities but for the acceptance, love, and respect to which each human being is entitled. “As a result of their involvement with Best Buddies, people with IDD secure rewarding jobs, live on their own, become inspirational leaders, and make lifelong friendships” (www.bestbuddies.org). Best Buddies has proven in a short time, since its founding in 1989, that it can change the lives of both people with disabilities and the non-disabled population. It creates a sense of unity that resonates with all who are involved for a lifetime.

In order to further develop this research, the sample of future studies should be expanded beyond a single campus. Since Best Buddies is an international organization, the study could potentially be conducted as a global research study. A more representative sample may provide statistically significant results and could potentially further explore the attitudes of people who are involved in Best Buddies.

Appendix A.

The Interaction with Disabled Persons Scale

The following attitude scale is an adapted version of Gething and Wheeler’s (1992).

1. I dread the thought that I could, one day, have a child with intellectual and/or developmental disabilities.
2. It is rewarding when I am able to help people with developmental disabilities.
3. It upsets me when a person with intellectual and/or developmental disabilities wants to do something but cannot.
4. I feel frustrated when interacting with people with developmental disabilities because I don’t know how to help.
5. Contact with people with developmental disabilities reminds me of my own vulnerability.
6. I wonder how I would feel if I had a developmental disability.
7. I feel uninformed about people with developmental disabilities.

8. I am grateful I do not have the burdens that people with developmental disabilities face.
9. Upon interacting with people with developmental disabilities, I try to pretend they do not have a disability.
10. I feel uncomfortable when interacting with a person with developmental disabilities.
11. I am aware of the day-to-day problems that people with intellectual and/or developmental disabilities face.
12. I sometimes find myself staring at people with developmental disabilities.
13. I feel unsure because I do not know how to behave around people with disabilities.
14. I admire people's ability to cope with their developmental disabilities.
15. I feel sorry for people with developmental disabilities.
16. After frequent contact, I find I just notice the person and not the disability.
17. I feel uncomfortable about my lack of disability when interacting with people with disabilities.
18. When interacting with or passing by a person with developmental disabilities, it is difficult for me to look them in the eyes.
19. I tend to make interactions with people with disabilities brief and finish them as quickly as possible.
20. I feel better about my interactions with people with disabilities after I have discussed their disability with them.

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Endnotes

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Selected as the outstanding undergraduate paper.

² Although the total number of respondents was 121, the mean attitude score was based only on fully completed surveys.