

ABSTRACT

Faculty Religiosity and Attitudes Towards Persons with Disabilities

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Previous research suggests that religiosity may influence attitudes towards out-groups. The present study investigated the effects of faculty religiosity on attitudes towards persons with disabilities at large, faith-based private university in the southwest United States. The central research question of the study was, "How does a faculty member's religiosity affect their attitudes towards persons with disabilities?" Participants (N = 79) responded to an online survey that included the Attitudes Towards Disabled Persons scale (Form O) and a self-reported measure of general religiosity. A polychoric correlation was used to examine the relationship between faculty religiosity and attitudes towards people with disabilities. The analysis did not find a significant relationship at the $\alpha = .05$ confidence level. ANOVAs were conducted to examine interactions between gender, age, academic discipline, and income level.

Religiosity as a Predictor of Attitudes Towards Students with Disability

by

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CHAPTER ONE

Introduction

A new step towards social equality was taken when the Americans with Disabilities Act of 1990 (ADA) was passed. Since the passing of the ADA, more attention has been placed on individuals who have been diagnosed with some form of disability, whether it is physical or intellectual in nature. The Higher Education Opportunity Act of 2008 was enacted to support the efforts of institutions of higher education to improve transition, support and instructional services for students with disabilities, including students with intellectual disabilities. According to the National Center for Education Statistics, the percentage of undergraduate students with disability has steadily increased over the past two decades. In 1995 the percent of students with disabilities at a four-year institution was 6% (Horn & Berkold, 1999). In 1999 the estimate grew to 9% (Horn, Peter, & Rooney, 2002), and in 2003 the population of students with disabilities was 11% among all undergraduates (Horn & Nevill, 2006).

Additionally, trends in healthcare indicate that there been an increase in diagnoses of various disorders including autism and attention-deficit hyperactivity disorder (ADHD) over the past 30 years. Between 1990 and 1998, diagnosis rates for ADHD rose 250% (Robinson, Skaer, Selar, et al., 2002), and similar studies suggest an increase of 373% of autism diagnosis rates from 1980 to 1994 (Dales, Hammer, & Smith, 2001). Because the Individuals with Disabilities Education Act was expanded to include early intervention services for children ages 3-5, school systems had to implement new methods for screening and diagnosis, which may have increased the number of diagnoses

altogether (Mandell, et al., 2005). It is possible that the prevalence rates of disabilities are in fact increasing, or the increase in diagnoses could be the result of various factors such as screening techniques, social expectations, and an overall increase in knowledge of disabilities. Regardless of the reasons for this observed increase of disabilities, we can be certain that faculty members in all levels of education are encountering students with disabilities more frequently than before.

College Students with Disabilities

Disabilities affect people in many ways. Not only do disabilities affect people socially and emotionally, but they can also cause interference with the educational aspect of life. In the past, much of the research regarding students with disabilities focused on primary and secondary education. More recent research on disabilities has included postsecondary education and beyond (May & Stone, 2010).

In college, students are presented with additional challenges as they become more independent and face life on their own. College students with disabilities experience further challenges including: stereotyping, increased risk of substance abuse, difficulty making friends, being misunderstood by faculty, and a stigma of being labeled with a disability (May & Stone, 2010; Janusis & Weyandt, 2010; Wight & Chapparo, 2008; Denhart, 2008). In addition, schools often have trouble supporting students with disabilities due to financial constraints, lack of staffing and space, and coordination (Mamiseishvili & Koch, 2011). The combination of these factors, along with typical college challenges, proves to be detrimental as grades and retention rates of college students with disabilities are often lower than nondisabled peers (Adelman & Vogel, 1990; Bursuck, et. al., 1989). Although this may seem rather discouraging, recent studies

on college students with disabilities provide much needed insight on why they struggle and how they can be successful.

Learning Disabilities in College

Learning disabilities (LD) is an appropriate subject area to consider since we are talking about education and learning within college. Among learning disabilities, ADHD is of special concern and is estimated to comprise of 1% to 3% of the total college student population. Research on adults with ADHD found that they are more likely to experience job changes, workplace conflicts, underemployment, depression, anxiety, divorce, and a sense of underachievement and frustration (Wilens et. al., 2004; Murphy & Barkley, 1996; Biederman et. al., 1993; Murphy, 1995). College students with LD experience similar struggles such as having higher levels of stress, poorer coping skills, low self-esteem, and feelings of incompetence and helplessness (Heiman & Kariv, 2005; Barton & Fuhrman, 1994). As you can see, both adults and college students with LD face similar difficulties in life.

The question remains: what factors contribute to success for college students with LD? Adelman and Vogel (1990) set out to uncover the differences between students with LD at Barat College who graduated and those who did not. They found that students who graduated had better oral language skills, were more motivated, and had more positive attitudes toward learning. In a related study comparing students with LD who graduated and those who were dismissed or dropped out, students who graduated took more vigorous high school courses, received more tutoring, were older, and were more likely to have attended a previous college (Vogel, Hruby, Adelman, 1993).

In a qualitative study, Greenbaum et al. (1995) interviewed 49 adults with LD about their experiences in college. Participants indicated that the reasons for attending college were to obtain a better job, to fulfill family expectations, and to learn more about a subject of interest. Reasons for not wanting to attend college shared a common theme of having low self-esteem and self-efficacy. Even those who initially did not wish to pursue a college education ended up with their undergraduate degree. When asked about their learning disabilities, participants indicated difficulties in reading comprehension, spelling, handwriting, composition, organization, note taking, mathematics, and information processing. Due to the effects of certain disabilities, many students with LD require special academic services and accommodations while attending college. Of the 49 participants interviewed, 42 of them used at least one service including testing accommodations, priority registration, counseling, advocacy assistance, tutoring, taped textbooks, and note-takers. These services are helpful when available, but they may not always be present. Discovering ways college students with LD can be successful is important; however, there may be other factors to consider such as interactions between students and faculty.

Faculty Members and Attitudes Towards Disabilities

Regardless of the size of an institution—a large public university versus a smaller private university—the student-professor relationship can affect the overall quality of the education and the success of the student. Faculty members play a key role in the acquisition of knowledge and are a major resource for college students. It is not surprising that the success of students with disabilities depends not only on their own

efforts and the physical accessibility and availability of services on campus, but is affected by faculty knowledge and attitudes towards students with disabilities.

Research shows that the more experience a faculty member has with working with students with disabilities, the more positive their attitudes are and the more willing they are to make special accommodations (Leyser et al., 2003). Although the literature reports both positive and negative attitudes of faculty members toward students with disabilities, there are a number of trends that reoccur. Faculty attitudes have been found to be related to several factors including gender, experience, knowledge of disabilities, field of study, and academic rank (Leyser & Greenberger, 2008). Female faculty members tend to express more positive attitudes towards disabilities and so do those who work in the field of education. Interestingly, research has shown that instructors without a doctorate degree are more willing to provide special accommodations than faculty members with a doctorate (Leyser et al., 2003).

To what extent do faculty attitudes really affect college students with LD? Hartman-Hall and Haaga (2002) performed a study to investigate student reactions to scenarios where faculty members reacted positively or negatively to requests for accommodations. They found that negative reactions from faculty resulted in students being less likely to seek future assistance and positive reactions increased student willingness to seek for future assistance. Also taking a student's point of view, Farone et al. (1998) asked college students with disabilities about their perceptions towards faculty members regarding disabilities. Students reported that they felt faculty members lacked knowledge on disabilities, had poor attitudes towards students with disabilities, and were not responsive to requests for accommodations. Needless to say, "developing further

understanding about the attitudes and perceptions of faculty is important because this information may be used to develop ecologically oriented, targeted interventions that are designed to build natural supports for students with LD within university contexts” (Murray, Wren, & Keys, 2008, p. 96).

Religiosity and Attitudes Towards Disability

Currently, research does not indicate how other factors and attributes of faculty affect attitudes towards students with disability. One such factor is religiosity. Religiosity refers to the degree to which a person feels religious, or connected to their religion. Religiosity has been shown to cause an increase in intergroup bias, which may result in out-group derogation or prejudice (Johnson, 2011). Studies on the effect of religiosity on attitudes of out-groups indicate that higher reports of religiosity negatively correlate with attitudes toward other religious groups, atheists, and gay men (Rowatt et al., 2006; Duckitt & Sibley, 2007; Whitley, 2009). Further investigation on religiousness and prejudice shows that an individuals’ general religiosity may not be what accounts for prejudiced attitudes among religious individuals. Rather, rigid ideologies often associated with religiosity and responsible for how some religious individuals practice their faith in a closed-minded manner may account for prejudiced attitudes (Johnson et al., 2011).

The purpose of the current study is to further expand on the effect religiosity may have on prejudice and attitudes towards an out-group—specifically people with disabilities. It is possible that high reports of religiosity may produce similar attitudes towards people with disabilities within faculty members of a private faith-based university. Historically, society has attributed great importance to physical and

intellectual perfection. Therefore, people with physical or mental disabilities may cause fear, apprehension and dismay (Dembo et al., 1975).

Religion and Prejudice

Much of the research on religion and prejudice has focused mainly on attitudes towards certain racial groups and homosexuality. Although religion generally teaches compassion and acceptance of others, many studies reveal contrary attitudes towards specific racial groups and homosexuals (Altemeyer & Hunsberger, 1992; Rowatt & Franklin, 2004; Rowatt et al., 2006; Whitley & Lee, 2000). Because homosexuality in many religions conflicts with their value systems and often condemned, prejudice against homosexuals may be tolerated (Whitley, 2009). Hall et. al. (2010) suggests that race may serve as a proxy to religious affiliation and those who strongly identify with a religion may be inherently ethnocentric. Race may also be utilized in categorization during religious socialization (Altemeyer, 2003). Religion, therefore, creates somewhat of a paradoxical effect in that it simultaneously promotes an attitude of compassion for others and stimulates prejudices towards certain groups of people.

One issue with studying religion and prejudice is with how religion is defined. Because it is difficult to “measure” religion, it is important to operationally define it. Allport and Ross (1967) chose to use *religiosity* which they defined as the degree to which people are involved in their religions. This was seen as more important than *religious affiliation*, which only indicates a particular association with a specific religious group.

Allport also emphasized the distinction between *intrinsic* and *extrinsic* religiosity. Intrinsically oriented religiosity reflects the degree to which a person truly believes the

teachings of their religion and lives according to those beliefs. Intrinsically religious individuals tend to be more racially tolerant (Donahue, 1985). In contrast, extrinsically oriented religiosity reflects the degree to which a person uses religion to accomplish non-religious goals. Two components of extrinsic religiosity were later identified: social and personal (Kirkpatrick, 1989). The social component utilizes religion to obtain social rewards such as wealth or fame and the personal component seeks comfort and protection.

Another important aspect of religion is fundamentalism. Religious fundamentalism reflects an unwavering certainty in basic religious truths and values conformity and tradition. Many religious groups are characterized by being fundamentalists including Baptists, Evangelicals, and Pentecostals (Altemeyer, 2003). Hunsberger et al. (1996) suggested that religious fundamentalism may produce prejudice by creating a rigid and dogmatic way of thinking. Furthermore, fundamentalism may be elicited by right-wing authoritarianism which reflects obedience to authority, conventionalism, and rejection of out-groups (Altemeyer & Hunsberger, 2005). Multiple studies have demonstrated the positive relationship of religious fundamentalism and right-wing authoritarianism with self-reported prejudice (Altemeyer & Hunsberger, 1992; Hunsberger, 1995; Laythe et al., 2001; Wylie & Forest, 1992).

Hypotheses

Religiosity and Attitudes towards People with Disabilities

Given the relationship between religiosity and prejudice, the main objective is to investigate the relationship between religiosity and attitudes towards people with

disabilities. It is expected that faculty members who score high on religiosity would have more negative attitudes toward people with disabilities (hypothesis 1).

Gender and Attitudes toward People with Disabilities

Previous literature suggests that females tend to have more positive attitudes towards people with disabilities. Therefore, female faculty members are expected to exhibit more positive attitudes towards people with disabilities (hypothesis 2).

CHAPTER TWO

Method

Participants

One hundred and sixteen faculty members from a large, private, faith-based university in the southwest United States were recruited to participate in the study. An e-mail was sent to 35 departments that asked for voluntary participation on a survey. Faculty members who chose to participate were directed to an online survey hosted on Qualtrics and took approximately 30 minutes to complete. There were no benefits or compensation offered for participation.

After the data was collected, some participants were excluded from the final analyses based on having two or more omitted responses on the Attitudes Towards Disabled Persons scale (ATDP) or any omitted response on the general religiousness scale. After applying these limitations, 37 participants were excluded from the analysis, and 79 participants remained.

This sample consisted of 43 (54.4 %) males and 36 (45.6%) females. Seventy-three (92.4%) were Caucasian, 2 (2.5%) were Asian American, 2 (2.5%) were Hispanic American, 1 (1.3%) was Native American, and 1 (1.3%) reported as “other”.

Participants were also asked about their personal experiences with disabilities. Of the responses, 63 (79.7%) participants reported having taught students with disabilities, 51 (65.6%) knew a family member with a disability, 11 (13.9%) had a personal disability, 3 (3.8%) had a spouse with a disability, and 2 (2.5%) reported having no experience with disabilities. Additionally, participants were given the opportunity to give a free response

to their experience with disabilities. Such responses included “having close friends with disabilities”, “worked with people with disabilities”, and “having an educational background in disabilities”. Finally, participants reported how many class periods they taught per semester ($M = 2.77, SD = 1.1$).

Procedure

Faculty members of Baylor University were recruited for this study through an e-mail sent by their respective department chair or administrator. If they chose to volunteer for the study, they followed a link provided within the body of the e-mail that directed them to an online survey hosted by Qualtrics. Participants were presented with an informed consent document and had to select “yes” to the statement “I have read and understood this form, and am aware of my rights as a participant, and have agreed to participate in this research.” Next participants answered several demographic questions and completed the Attitudes Towards Disabled Persons (Form O) scale and a 4-item measure of self-reported general religiousness. See Appendix A for a copy of the questionnaire items.

Measures

The survey included three categories of information: (1) demographics; (2) attitudes towards people with disabilities; and (3) general religiousness.

Demographics. Participants reported the following information about themselves: age range, gender, ethnicity, household income, academic affiliation, number of classes taught, number of students encountered during classes, years of teaching, and experiences with disabilities. Frequency information for age groups and academic departments are displayed in Table 1.

Table 1

Frequency of Age Groups and Academic Departments

Age Range	<i>n</i>
20-29	3
30-39	12
40-49	20
50-59	20
60+	24

Academic Department	<i>n</i>
Anthropology	1
Biology	3
Chemistry	3
Classics	4
Education	6
Electrical Engineering/Computer Science	2
English	4
Environmental Science	3
Family and Consumer Sciences	2
Finance	4
Geology	2
HHPR	4
Journalism	5
Marketing	3
Mathematics	1
Mechanical Engineering	3
Modern Foreign Languages	8
Music	1
Physics	7
Political Science	5
Religion	4
Sociology	1
Other	2

Attitudes Towards Disabled People. In order to measure faculty attitudes towards students with disabilities, a computer-adapted version of the Attitudes Towards Disabled Persons (ATDP-O) scale was used. This scale was developed by Yuker & Block (1986) and consists of 20 items. Each item allows respondents to make a selection on a 6-point Likert-type scale with no option for a neutral response. Responses range from “I agree very much” (+3) to “I disagree very much” (-3). Items 2, 5, 6, 11, and 12 are reverse scored. Responses are summed up and a constant of 60 is added to each score to eliminate negative values. Thus, the possible range of scores is 0 to 120. Higher scores on the ATDP-O, signify more positive attitudes towards people with disabilities and lower scores signify more negative attitudes towards people with disabilities. Examples of a normal item and a reverse scored item respectively are: “Most disabled people feel sorry for themselves” and “Disabled people are the same as anyone else”. The scale is one-dimensional. An internal consistency estimate of reliability produced a Cronbach’s alpha value of .808.

General Religiousness. To measure faculty religiosity, a four-item scale of general religiousness (Rowatt et al, 2009) was used. Participants self-reported their involvement in the following areas regarding religiousness: degree of religiousness, frequency of attendance at religious services, frequency of reading religious texts, and frequency of praying outside of religiousness services. Examples of items on the general religiousness scale are as follows: How religious do you consider yourself to be? (1 = not at all religious, 2 = not too religious, 3 = somewhat religious, 4 = very religious); How often do you attend religious services? (1 = never, 2 = less than once a year, 3 = once or twice a year, 4 = several times a year, 5 = once a month, 6 = 2–3 times a month, 7 =

about weekly, 8 = weekly, 9 = several times a week. Responses were converted into z-scores and averaged. The full scale can be found in Appendix A.

CHAPTER THREE

Results

Attitudes Towards People with Disabilities

The range of possible scores on the ATDP-O is 0 to 120, with lower scores representing more negative attitudes toward people with disabilities and higher score representing more positive attitudes. The average score on the ATDP-O was 34.9 ($SD = 13.8$). Scores ranged from 9 to 80, with a median of 33, and mode of 30 ($n = 6, 7.6\%$). The normative data provided with the original scale indicates that across 38 studies, the range of scores on the ATDP-O is 52 to 90 with a median of 79.7.

Table 2

Descriptive statistics for ATDP-O Scores

	<i>n</i>	Range	Min	Max	<i>M</i>	<i>SD</i>
ATDP-O score	79	71.00	9.00	80.00	34.94	13.76

General Religiousness

Each of the raw scores on the four items on the general religiousness scale were converted into a z-score and summed. The final summed z-scores had a standard deviation of 3.14 and ranged from -13.39 to 3.56. The responses on this measure were internally consistent (Cronbach's $\alpha = .80$). Tests for normality indicated that the responses were not normally distributed. Descriptive statistics are displayed in Table 3.

Table 3

Descriptive Statistics for General Religiousness Scale

	Min	Max	<i>M</i>	<i>SD</i>
How religious do you consider yourself to be?	1	4	3.61	.61
How often do you attend religious services?	1	9	7.16	1.71
How often do you read the Bible, Koran, Torah or other sacred book?	1	9	6.92	2.13
About how often do you pray or meditate outside of religious services?	1	6	4.96	1.20

Regression Analyses

Linear regression analysis was conducted to determine how well faculty religiosity predicted attitudes towards people with disabilities. The results suggest that there was almost no predictability ($r = .02$; $R^2 = .00$; $p = .86$).

To further examine the relationship between overall religiousness, attendance of religious services, reading of religious texts, and frequency of prayer the individual items of religiousness, a multiple regression analysis was conducted with each item. This analysis produced an $F(4, 74) = .36$ and a sample multiple correlation coefficient of $r = .14$, indicating no significant relationship between the religiousness items and attitudes towards disabilities. Correlational data between the four items and ATDP can be seen in Table 4.

Table 4

Correlations among measures of religiousness and ATDP

	ATDP	(1) How religious do you consider yourself to be?	(2) How often do you attend religious services?	(3) How often do you read the Bible, Koran, Torah or other sacred book?	(4) About how often do you pray or meditate outside of religious services?
ATDP	---	-.034	.034	.032	-.096
(1) How religious do you consider yourself to be?	-.034	---	.657*	.472*	.400*
(2) How often do you attend religious services?	.034	.657	---	.653*	.303*
(3) How often do you read the Bible, Koran, Torah or other sacred book?	.032	.472	.653	---	.469*
(4) About how often do you pray or meditate outside of religious services?	-.096	.400	.303	.469	---

* $p < .001$

The data suggest that the frequency of prayer or meditation outside of religious services (Item 4) had the strongest relationship to ATDP score ($r = -.096$). Overall religiousness (Item 1) and religious service attendance (Item 2) were the most correlated ($r = .657$), followed by attendance (Item 2) and sacred text reading (Item 3) ($r = .653$), and sacred text reading (Item 3) and frequency of prayer or meditation (Item 4) ($r = .469$). This suggests that the items that measure religiousness are highly correlated with one another, but not with attitudes towards people with disability.

Analysis of Variance. A one-way ANOVA was conducted to compare the effect of gender on attitude towards people with disabilities. There was not a significant effect of gender on ATDP scores ($F(1,77) = 3.28, p = 0.074$).

Table 5

Descriptive Statistics for Final ATDP scores by Gender

Gender	<i>M</i>	<i>SD</i>	<i>N</i>
Male	37.47	15.32	43
Female	31.92	11.09	36

A one-way ANOVA was conducted to compare the effect of age group on attitude towards people with disabilities. There was not a significant effect of age group on ATDP scores ($F(1,4) = 0.268, p = 0.897$). A second ANOVA was conducted on age by combining participants in one of two groups: 40 years and older and younger than 40. There was not a significant effect based on this grouping ($F(1,77) = 0.469, p = 0.496$).

Table 6

Descriptive Statistics for Final ATDP scores by Age Group

Age Group	<i>M</i>	<i>SD</i>	<i>N</i>
< 40	37.13	10.42	15
≥ 40	34.42	14.45	64

A one-way ANOVA was conducted to compare the effect of academic department on attitude towards people with disabilities. Departments were grouped into the following categories: sciences, social sciences, business, education, and humanities. There was not a significant effect of academic department on ATDP scores ($F(1,69) = 1.10, p = 0.363$).

Table 7

Descriptive Statistics for Final ATDP scores by Academic Department

Department	<i>M</i>	<i>SD</i>	<i>N</i>
Sciences	32.67	9.90	24
Business	34.00	12.17	7
Social Sciences	35.00	7.44	7
Humanities	38.77	18.19	26
Education	29.30	11.53	10
Total	34.70	13.73	74

A final one-way ANOVA was conducted to compare the effect of income level on attitude towards people with disabilities. Participants were separated into two income levels: ≤ \$100,000 and > \$100,000. There was not a significant effect of income level on ATDP scores ($F(1,71) = 2.67, p = 0.907$).

Table 8

Descriptive Statistics for Final ATDP scores by Income

Income	<i>M</i>	<i>SD</i>	<i>N</i>
≤ \$100,000	34.21	14.71	39
> \$100,000	34.59	12.86	34

Principal Components Analysis and Polychoric Correlation

Using the statistical software R, a principle components analysis (PCA) was performed on the religiosity variable in order to address the issue of the four items on the religiosity measure being correlated with one another. PCA is a procedure that uses a mathematical transformation to convert a set of possible correlated variables into a set of linearly uncorrelated variables called principal components. This transformation ensures that the first principal component has the largest possible variance, and each succeeding component in turn has the highest variance possible under the constraint that it be uncorrelated with the preceding components (Stevens, 2009).

Using this transformed religiosity variable, a polychoric correlation was performed with the ATDP-O final score. This technique allows the estimation of correlation between two variables, assumed to be continuous but measured as ordinal variables, such as religiosity and attitudes (Olsson, 1979). This analysis produced an $R^2 = .0002$ ($F(1, 77) = .016, p = .90$). This suggests there is not a significant relationship between the transformed religiosity variable and ATDP-O final scores.

CHAPTER FOUR

Discussion

Since religiosity had been found to be related to higher levels of intergroup bias and prejudice toward other religious groups and homosexuals (Johnson, et al., 2011), the goal of the present study was to examine the relationship between faculty religiosity and their attitudes towards people with disabilities. Leyser and Greenberger (2008) found several variables that impacted faculty willingness to provide accommodations for students with disabilities. Their study found that gender, academic rank, and contact with individuals with disabilities all influenced a faculty member's willingness to accommodate students, but did not measure their attitudes toward people with disabilities. Much of the prior research on faculty attitudes towards students with disabilities did not include measurement of religiosity. This may be of interest, especially at faith-based, private universities.

The analyses did not reveal any significant relationship between a faculty members' religiosity and their attitudes toward people with disabilities. Additionally, there was not a gender effect on attitudes. Further analyses of other variables such as age group, academic department, and income level also did not show any significant effects on attitudes. This is in contrast to similar studies which found females, faculty members within education and special education, and younger faculty members to be more willing to accommodate students with disabilities (Bigaj, Shaw and McGuire 1999; Leyser et al., 2003).

Barnard, et al. (2008) suggests that faculty members may not consider having a disability to be an aspect of diversity. Unlike race or gender, having a disability is not universally relatable and therefore may not contain a strong link to personal bias. If this is the case, attitudes toward people with disabilities may not be accounted for by religiously manifested prejudice as seen towards racial out-groups or homosexuals.

In sacred religious texts, like the Bible, disabilities are not presented in a way that would cause moral dilemma and therefore attitudes towards people with disabilities may not be mediated through religiosity. Topics such as religious tolerance and homosexuality, however, are areas that are more deeply rooted within certain religious teachings and may have more of a relationship with religiosity.

The area of intrinsic and extrinsic religiosity was not accounted for in this study. The religiosity variable used only measured a self-reported religiosity that did not differentiate between individuals who saw religion as a means to an end or a means unto itself. Research suggests that extrinsic religiosity produces more prejudiced attitudes than intrinsic religiosity (Hall et al, 2010; Donahue, 1985).

Limitations and Directions for Future Research

Improvements to this study may produce different observations by eliminating social desirability bias. The items used to measure both religiosity and attitudes towards people with disabilities were self-reported and responses may have not been accurate due to the respondents answering in a socially favorable manner. A possible solution to this would be to use a different measure of religiosity scale that would differentiate between intrinsic and extrinsic religiosity. One such scale is the Religious Orientation Scale developed by Allport and Ross (1967).

Several of the demographical items should also be modified in order to represent a more comprehensive sample. By grouping participants into age groups rather than a specific age, some information was lost due to age becoming an ordinal rather than interval measurement. To improve future investigations, age should be taken as a single interval variable and not as a group.

Another possible explanation for the observed results may be that the sample had little variance in regards to reported religiosity, as shown in Figure 1. Having little variance of data could mask any relationships between the variables, which have been visible in a larger, more diverse sample.

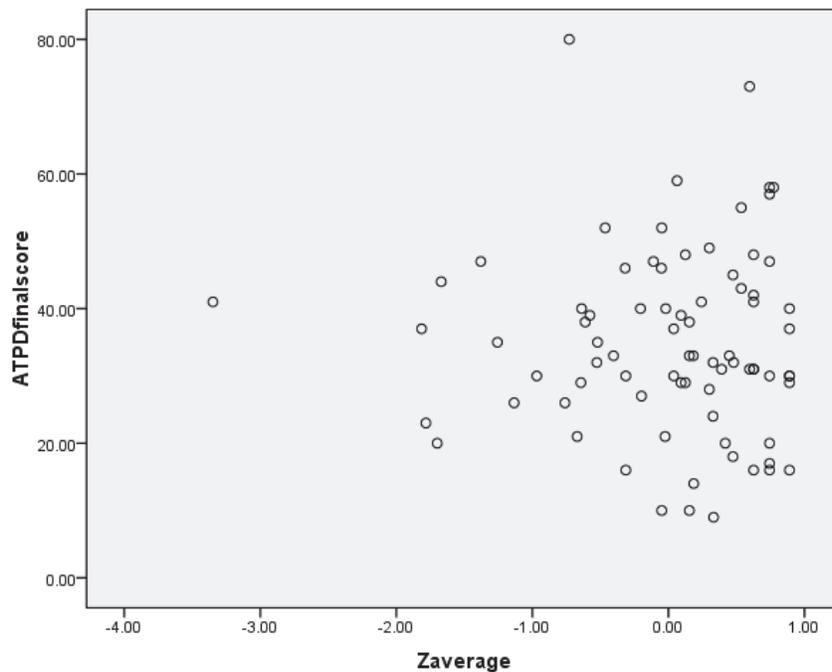


Figure 1. Scatterplot of ATPD-O scores and Religiosity z-scores

The participants in the study were all recruited from a private, faith-based institution. A large portion of faculty members reported high levels of religiosity and comparison to less religious groups was unavailable. To expand on future studies, faculty members should be recruited from multiple universities, both public and private, which would allow for a more diverse measurement of religiosity.

As mentioned above, this study did not cover the differences between intrinsic and extrinsic religiosity from faculty members. With the items used in this study, there was not a way to measure whether the religiosity levels that were reported by the faculty were intrinsic or extrinsic. To address this issue in the future, the use of a multi-dimensional scale that targets intrinsic and extrinsic religiosity would allow further analysis of the link between religiosity and attitudes towards people with disabilities.

APPENDIX A
Survey Materials

Demographics

What is your gender?

- Male
- Female

With which racial/ethnic group do you most closely identify? (Choose one): With which racial/ethnic group do you most closely identify? (Choose one)

- African American / Black
- Asian / Pacific Islander
- Hispanic
- Native American
- White
- Another race / ethnicity (please specify) _____
- Multi-ethnic

How old are you?

- 20-29
- 30-39
- 40-49
- 50-59
- 60+

By your best estimate, what was your household income last year, before taxes?

- \$10,000 or less
- \$10,001-\$20,000
- \$20,001-\$35,000
- \$35,001-\$50,000
- \$50,001-\$100,000
- \$100,001-\$150,000
- \$150,001 or more

Which academic departments are you associated with?

- Accounting
- Anthropology
- BIC
- Biology
- Chemistry
- Classics
- Communications
- Economics
- Education
- Electrical Engineering/Computer Science
- English
- Environmental Science
- Family and Consumer Sciences
- Finance
- Geology
- Great Texts
- HHPR
- History
- Honors College
- Information Systems
- Journalism
- Management
- Marketing
- Mathematics
- Mechanical Engineering
- Modern Foreign Languages
- Music
- Philosophy
- Physics
- Political Science
- Psychology/Neuroscience
- Religion
- Sociology
- Statistics
- Theater
- Other: (please specify) _____

Approximately, how many years have you taught / worked in higher education?

- 1-11 months
- 1-2 years
- 3-5 years
- 5-9 years
- 10-19 years
- 20-29 years
- 30+ years

On average, how many class periods do you teach per semester?

- 1
- 2
- 3
- 4
- 5+

On average, how many students do you encounter during classes per semester?

- 1-30
- 31-60
- 61-100
- 101+

What is your experience with disability? (physical, mental, and/or learning) Choose all that apply.

- personal disability
- spouse with disability
- immediate family member with disability (children/parents/siblings/grandparents)
- extended family member with disability (aunt/uncle, cousins)
- taught students with disability
- other: (please specify) _____
- no experience

Attitudes Towards Disabled Persons (Form O)
(Yuker & Block 1985)

Parents of disabled children should be less strict than other parents.

- I agree very much
- I agree pretty much
- I agree a little
- I disagree a little
- I disagree pretty much
- I disagree very much

Physically disabled persons are just as intelligent as non-disabled ones.

- I agree very much
- I agree pretty much
- I agree a little
- I disagree a little
- I disagree pretty much
- I disagree very much

Disabled people are usually easier to get along with than other people.

- I agree very much
- I agree pretty much
- I agree a little
- I disagree a little
- I disagree pretty much
- I disagree very much

Most disabled people feel sorry for themselves.

- I agree very much
- I agree pretty much
- I agree a little
- I disagree a little
- I disagree pretty much
- I disagree very much

Disabled people are the same as anyone else.

- I agree very much
- I agree pretty much
- I agree a little
- I disagree a little
- I disagree pretty much
- I disagree very much

There should NOT be special schools for disabled children.

- I agree very much
- I agree pretty much
- I agree a little
- I disagree a little
- I disagree pretty much
- I disagree very much

It would be best for disabled persons to live and work in special communities.

- I agree very much
- I agree pretty much
- I agree a little
- I disagree a little
- I disagree pretty much
- I disagree very much

It is up to the government to take care of disabled persons.

- I agree very much
- I agree pretty much
- I agree a little
- I disagree a little
- I disagree pretty much
- I disagree very much

Most disabled people worry a great deal.

- I agree very much
- I agree pretty much
- I agree a little
- I disagree a little
- I disagree pretty much
- I disagree very much

Disabled people should not be expected to meet the same standards as non-disabled people.

- I agree very much
- I agree pretty much
- I agree a little
- I disagree a little
- I disagree pretty much
- I disagree very much

Disabled people are as happy as non-disabled people.

- I agree very much
- I agree pretty much
- I agree a little
- I disagree a little
- I disagree pretty much
- I disagree very much

Severely disabled people are no harder to get along with than those with minor disabilities.

- I agree very much
- I agree pretty much
- I agree a little
- I disagree a little
- I disagree pretty much
- I disagree very much

It is almost impossible for a disabled person to lead a normal life.

- I agree very much
- I agree pretty much
- I agree a little
- I disagree a little
- I disagree pretty much
- I disagree very much

You should not expect too much from disabled people.

- I agree very much
- I agree pretty much
- I agree a little
- I disagree a little
- I disagree pretty much
- I disagree very much

Disabled people tend to keep to themselves much of the time.

- I agree very much
- I agree pretty much
- I agree a little
- I disagree a little
- I disagree pretty much
- I disagree very much

Disabled people are more easily upset than non-disabled people.

- I agree very much
- I agree pretty much
- I agree a little
- I disagree a little
- I disagree pretty much
- I disagree very much

Disabled persons cannot have a normal social life.

- I agree very much
- I agree pretty much
- I agree a little
- I disagree a little
- I disagree pretty much
- I disagree very much

Most disabled people feel that they are not as good as other people.

- I agree very much
- I agree pretty much
- I agree a little
- I disagree a little
- I disagree pretty much
- I disagree very much

You have to be careful of what you say when you are with disabled people.

- I agree very much
- I agree pretty much
- I agree a little
- I disagree a little
- I disagree pretty much
- I disagree very much

Disabled people are often grouchy.

- I agree very much
- I agree pretty much
- I agree a little
- I disagree a little
- I disagree pretty much
- I disagree very much

General Religiousness
(Rowatt et al., 2009)

How religious do you consider yourself to be?

- not at all religious
- not too religious
- somewhat religious
- very religious

How often do you attend religious services?

- never
- less than once a year
- once or twice a year
- several times a year
- once a month
- 2–3 times a month
- about weekly
- weekly
- several times a week

How often do you read the Bible, Koran, Torah or other sacred book?

- never
- less than once a year
- once or twice a year
- several times a year
- once a month
- 2–3 times a month
- about weekly
- weekly
- several times a week

About how often do you pray or meditate outside of religious services?

- never
- only on certain occasions
- once a week or less
- a few times a week
- once a day
- several times a day

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